

Ask Dr. Miller



February 2024

The following questions were posed by NBCCEDP recipients:

Question #1: Will the new CMS rules for Principal Illness Navigation (PIN), Community Health Integration (CHI), and Social Determinant of Health (SDOH) rules apply to the NBCCEDP?

Answer: The PIN will not apply to NBCCEDP as it only applies after the patient has a diagnosis of an illness. It appears that the CHI may apply for those needing diagnostic work-up (e.g., assessing a breast mass or testing after an abnormal mammogram) as the criteria states it can be used to address SDOH needs that significantly limit the ability to diagnose a problem. The work must be tied directly to the problem. Also, the SDOH risk assessment can also be applied to the program. There are stipulations to each of these such as the CHW or other trained personnel must be under the supervision of the practitioner, the practitioner must identify the need, and only the practitioner can bill for the services. For the SDOH risk assessment, a standardized, evidence-based tool must be used and can only be done once every six months. These CPT codes will be added to the NBCCEDP list as we continue to learn more about how they may benefit the program. See attached updated CPT Allowable List for addition of CPT codes G0136, G0019, and G0022.

Question #2: Will the NBCCEDP continue covering telehealth visits?

Answer: The NBCCEDP will continue to cover telehealth visits for office visits as long as they are covered by Medicare since we are tied to Medicare coverage by law. The most recent list of CPT codes approved for telehealth include office visit codes of (see partial Medicare list below). These visits can no longer be done with audio only.

161	99202	Office/outpatient visit new	No	permanent
162	99203	Office/outpatient visit new	No	permanent
163	99204	Office/outpatient visit new	No	permanent
164	99205	Office/outpatient visit new	No	permanent
165	99211	Office/outpatient visit est	No	permanent
166	99212	Office/outpatient visit est	No	permanent
167	99213	Office/outpatient visit est	No	permanent
168	99214	Office/outpatient visit est	No	permanent
169	99215	Office/outpatient visit est	No	permanent

Question #3: Are recipients allowed to cover supplies and equipment for clinics? Does CDC have a list of allowable supplies?

Answer: Some supplies can be reimbursed through the NBCCEDP. These need to be included in your budget and cleared through your Program Consultant. As for as medical equipment, it really depends on what is being requested along with the justification for the equipment. The equipment must be directly related to providing breast and cervical cancer screening or diagnostic services. There is no blanket list of allowable supplies as needs vary from program to program. Recipients may submit a request for any needed supplies or equipment with the justification. We will work with you to determine if federal funds are allowed to cover those items. Sometimes we need to include your Grants Management Specialist to make sure it is appropriate under the federal rules.

Question #4: One of our providers has an uninsured BCCEDP participant who needs a diagnostic hysteroscopy and D&C with possible polypectomy. The CPT codes are 58558 and 58563. These are being done to work-up irregular vaginal bleeding, not for an irregular Pap test result. Can we cover these procedures?

Answer: Hysteroscopy and D&C are not screening or diagnostic procedures for cervical cancer. These are usually done when evaluating for uterine cancer as follow-up for abnormal bleeding. Therefore, these procedures are not covered by the NBCCEDP.

Question #5: Our provider has a young woman who is 19 years old with a large left breast mass. Breast ultrasound is consistent with a fibroadenoma and a biopsy was recommended. She has no medical insurance. The provider is requesting to enroll her in the program. Can we enroll this patient based on her age?

Answer: Yes, you may provide services to this young patient. As per our program guidance, young women who are symptomatic (eg, present with breast mass) or high risk can be served through the NBCCEDP. Please refer to our program manual for women under 40 for breast cancer.

Question #6: We have a few clients whose providers are recommending annual mammograms. Can we cover this?

Answer: Yes, our reimbursement policy in the program manual states that NBCCEDP reimburses for breast cancer screening that are provided every 1 to 2 years for women aged 40 and older. The NBCCEDP is mandated by HHS to continue allowing for reimbursement for mammograms based on the 2002 USPSTF recommendations. Therefore, if a provider determines that a patient should have annual mammograms, that can be covered with NBCCEDP federal funds.