

Ask Dr. Miller



November 2025

The following questions were posed by NBCCEDP recipients:

Question #1: Can we reimburse for an office visit where a clinical breast exam (CBE) was done and mammogram referral was provided, even though the patient did not go to their scheduled mammogram appointment?

Answer: Yes. You can reimburse for that office visit. The provider did the appropriate assessment. You cannot hold the clinic responsible for the patient not showing up to the mammogram facility for their appointment. This is a case where patient navigation may be beneficial. The clinic and your program should contact the patient and work to provide any needed assistance to get their mammogram. A CBE alone does not count as breast cancer screening.

Question #2: Can we cover advanced breast screening tests such as breast MRI with and without contrast, whole breast ultrasound, contrast-enhanced mammography, or molecular breast imaging (for those who cannot undergo MRI) due to dense breast tissue?

Answer: If the provider orders additional testing after review of the screening mammogram, assessing the patient's risk level, and discussing the risks and benefits with the patient, then your program may cover breast MRI with or without contrast, contrast mammogram, or whole breast ultrasound. The NBCCEDP does not cover molecular breast imaging. The USPSTF and ACS do not recommend additional screening based on breast density alone. NCCN does have recommendations for additional testing based on the level of breast density. Providers should make an informed decision with each patient regarding any additional testing.

Question #3: When a client has a BI-RADS 0 screening mammogram, can our program reimburse for an axillary ultrasound (CPT code 76882) as follow up testing to rule out breast cancer based on the mammogram findings? There are times when the axillary finding is the only abnormal finding on the mammogram.

Answer: Yes. The follow up needs to be clear to distinguish between limited examination of the breast including axilla (CPT 76642) and limited examination of soft tissue mass in the axilla (CPT 76882). If it is truly soft tissue of the axilla only as a follow up examination, you can reimburse for the CPT 76882.

Question #4: Since we are able to cover axillary biopsies when the breast imaging is a BI-RADS 4, can we reimburse the CPT code for axillary clip placement at time of biopsy (10035)? Placing a biopsy clip marker at time of axillary biopsy is clinically important for follow-up.

Answer: If the biopsy is taken from breast tissue that extends into the axilla, then they should use the bundled CPT code of 19081-19086 (depends upon the imaging technique used). If the biopsy is taken from a lymph node, then CPT 10035 may be used for placement of marker. As biopsy of lymph nodes has become very common procedure, CDC will add CPT code 10035 and 10036 to the CPT Allowable List.

Question #5: Is there a limit on the number of anesthesia units that can be charged for a procedure? We have a provider who submitted 7 units.

Answer: Anesthesia units are 15-minute increments of time. This means that 7 units equates to 1 hour and 45 minutes. CDC does not have a limit on the number of anesthesia units allowed for any specific procedure. If you are concerned about the number of units charged, you can ask for medical record documentation to make sure the charge is appropriate.

Question #6: We have a 26-year old woman who was referred to our program with breast lump and associated breast pain. Can we enroll her in our program and cover her diagnostic mammogram?

Answer: Yes. This patient falls into the category of symptomatic women under the age of 40. In the NBCCEDP Manual Part I, guidance under the section Breast Cancer Screening and Diagnostics for Women Under 40 Years of Age states that “NBCCEDP funds can be used to evaluate women under the age of 40 who are symptomatic. If someone is symptomatic due to breast mass, nipple discharge, breast pain, etc., they can be provided a clinical breast examination, diagnostic testing, and/or a surgical consultation through the program.”