

March
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NBCCEDP



Ask Dr. Coleman King

Acting Medical Director

Questions and Answers for NBCCEDP

Question 1: One of our providers wanted to know if NBCCEDP pays a referral fee for new clients in addition to the CPT fees.

Answer: No. NBCCEDP does not pay a referral fee to refer patients into the program.

Question 2: We have a client who received a biopsy of the left axillary lymph node and was diagnosed with invasive breast cancer in December 2025. With the lymph node result, the provider now recommends a second biopsy of a different areas of the same breast that looks suspicious. The patient has insurance that would cover up to the Medicare Part B rate. Will NBCCEDP cover additional costs association with this second biopsy?

Answer: The patient's biopsy should be submitted under her insurance. If the patient has a large deductible or cost-sharing and she otherwise meets the program's eligibility criteria, then the patient can be enrolled in the NBCCEDP as underinsured. However, the program cannot pay what the insurance will cover and if the insurance covers up to the Medicare Part B rate, then the program would not reimburse anything additional for the biopsy.

Question 3: A provider has a patient who is two years past her due date for her routine mammogram and is currently breastfeeding. The provider is concerned that a mammogram may not provide clear imaging due to lactation and would prefer that the patient have a breast MRI. Would the program cover the MRI in place of the mammogram?

Answer: Patients who are lactating should undergo mammography with tomosynthesis with a consideration of having a breast MRI however the breast MRI should not be done in place of the mammogram. The program can pay for both tests. These articles may help: <https://ajronline.org/doi/10.2214/AJR.20.23905> <https://pubs.rsna.org/doi/full/10.1148/rg.230014>

Question 4: Has the 2026 CMS Fee Schedule been released and has the 2026 NBCCEDP CPT Code list come out yet with allowable CPT codes for NBCCEDP?

Answer: Yes, the fee schedule can be found here: [Physician Fee Schedule | CMS](#) and the NBCCEDP 2026 CPT code list was shared in a blast in December 2025. Previous blast emails can be found at www.nbccedp.cdc.gov.

Question 5: If a patient needs to receive care at a critical access hospital because it's the closest facility to their home, will NBCCEDP pay for the additional costs associated with a critical access hospital?

Answer: CMS has a higher Medicare reimbursement rate for facilities that have been certified as a critical access hospital. Recipients may reimburse those facilities at the Medicare Rate that is established for critical access hospitals. They can ask the facility to share the reimbursement fee schedule with them. Your program may contact the Medicare Administration Contractor for your area for the reimbursement rates. The latest MLS from CMS explains Critical Access Hospital designation and payments: [MLN006400 - Information for Critical Access Hospitals](#).

Question 6: We are aware that 2026 Medicare telehealth coverage guidelines have changed and telehealth is limited to rural residents seen at rural medical sites with a few exceptions that don't include cancer screening. Does that mean that NBCCEDP doesn't pay for telehealth outside of rural locations?

Answer: No. Telehealth services are not restricted to rural residents. There has been recent legislation to extend telehealth services with no geographic restrictions through December 2027. See [CMS Telehealth FAQ](#) and [HHS overview](#) for more details.

Question 7: We have patient who has dense breast tissue and her provider wants to do a breast MRI. Can that be paid for by the NBCCEDP?

Answer: In Program Manual I, page 27 you'll see that the NBCCEDP will reimburse for a screening breast MRI when performed in conjunction with a mammogram when a client has had a risk assessment completed and been determined to be high risk (BRCA mutation, a first degree relative who is a BRCA carrier, or a lifetime risk of 20% or greater as defined by risk assessment models). 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. Therefore, the provider should make an informed discussion with the patient about risk factors that would increase their risk of breast cancer, including breast density. If the provider wishes to proceed with a breast MRI after an informed decision, your program can pay for the test. Programs should not automatically pay for breast MRI for dense breast tissue without patient/provider discussions.

Question 8: A 16-year-old patient undergoing IUD placement was found to have a triangular red granulation-like area above the cervix on exam. A Pap test with reflex HPV was done. Can the NBCCEDP cover this procedure?

Answer: If the patient qualifies for the program, she can be enrolled as symptomatic because of the suspicious finding and pay for the testing.