

September
2026

NBCCEDP



Ask Dr. Coleman King

Acting Medical Director

Questions and Answers for NBCCEDP

Follow up from NBCCEDP Business Meeting regarding data vendors:

CDC does not endorse or recommend specific data vendors. Award recipients can share experiences with products; however, our meetings are not open to data vendors or those representing business interests.

Question 1: Can award recipients still do patient navigation-only, and do these patients contribute to the number of women screened/served for the program.

Answer: While the program seeks to focus our efforts on providing patient screening, award recipients are still allowed to provide patient navigation-only when needed. These patients would not contribute to the women served or impact the number of women screened for the award recipients funding tier.

Question 2: Can my program get more than two Tableau licenses? We have additional staff who need access.

Answer: Unfortunately, due to budget constraints each program is limited to 2 Tableau Licenses. We recommend confirming that the most appropriate staff have access and using PDF exports and screenshots to share dashboards.

Question 3: Is the 2019 ASCCP Risk-Based Management Consensus Guidelines with management considerations for immunosuppressed patients the most up-to-date guideline for this population?

Answer: The best way to get the most up-to-date management information for immunocompromised patients is by using the free web-based app that ASCCP created: [ASCCP Management Guidelines Web Application](https://www.asccp.org/asccp-guidelines). The ASCCP provides a free on-line web application to assist with management. Recipients are urged to develop their clinical policies in close consultation with their medical consultants following the guidelines established by such organizations as the American Society for Colposcopy and Cervical Pathology (<http://www.asccp.org/asccp-guidelines>), the American College of Obstetricians and Gynecologists (<https://www.acog.org/Clinical-Guidance-and-Publications/Search-Clinical-Guidance>), the Society of Gynecologic Oncologist (<https://www.sgo.org/clinical-practice/guidelines/>), and HHS Guidelines for the Prevention and Treatment of Opportunistic Infections in Adults and Adolescents With HIV section on cervical cancer

screening

(<https://clinicalinfo.hiv.gov/sites/g/files/mnhhszr391/files/guidelines/documents/adult-adolescent-oi/guidelines-adult-adolescent-oi.pdf>). Please

review Program Manual I, page 32 for the section titled: Managing Women with Abnormal Cervical Cancer Screening Results.

Question 4: We are preemptively asking if a patient with BI-RADS 0 with a mammogram abnormality noted only in the axillary soft tissue can receive an axillary-only ultrasound reimbursed by the program using CPT code 76882?

Answer: We typically cover CPT code 76642 (ultrasound, limited examination of the breast including axilla, unilateral) and limited examination of soft tissue mass in the axilla (CPT 76882). If there is a need to only assess the soft tissue of the axilla as a follow up examination (e.g., enlarged lymph nodes identified on mammogram), you can reimburse for CPT 76882.

Question 5: We have a patient who was getting a stereotactic biopsy and experienced vasovagal syncope (passed-out) and was unable to complete the procedure. The provider wants to move forward with scheduling surgical excisional biopsy to get a final diagnosis. Can that be paid for by the program?

Answer: Yes, in this scenario we would say allow this patient to undergo a surgical excisional biopsy to finalize her diagnosis.

Question 8: We have a post-menopausal program eligible woman who received a Pap through NBCCEDP. Pathology was abnormal with endometrial cells on the Pap. Our clinician wants to do an endometrial biopsy to rule out endometrial hyperplasia or cancer. Can we do this with program funding?

Answer: Yes. Although the programs focus is on breast and cervical cancer screening, the abnormal results from the Pap

can be followed up with an endometrial biopsy paid for by the program to finalize a diagnosis.

Question 9: Is the HPV self-collection at home approved for use by the NBCCEDP?

Answer: Yes. HPV self-collection is considered as Primary HPV testing. HPV home self-collection can be paid for with program funds for average risk patients. Teal Wand, made by Teal Health, requires that patients be seen by a Teal Health provider for a telehealth visit to assess risk and appropriateness for use of Teal-Wand. If they assess the patient and agree, a Teal-Wand is then sent to the patient. Onclarity has recently been FDA approved and works similarly. Patients would be seen and assessed by a clinician who is authorized to prescribe the kit. This may include a telehealth visit.

Question 10: We have a 74-year-old patient who is uninsured and just found out she has a breast mass. She was seen at a clinic for pain in her chest wall and had an ultrasound showing the breast mass. She hasn't been able to afford enrollment in Medicare. Can she receive diagnostic services through the NBCCEDP?

Answer: Yes. If a patient is eligible for Medicare but doesn't qualify or can't afford the enrollment fees, they can be enrolled in the NBCCEDP. See guidance in NBCCEDP Program Manual I, page 28 on Breast Cancer Screening for Women Over 64 Years of Age.