Ask Dr. Miller

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The following questions were posed by NBCCEDP grantees:

Question #1: We have women who are eligible for our program but have their screening services paid for through our Family Planning program. This program pays for pelvic examinations, Pap testing, and clinical breast examinations. However, if any abnormality is identified the women are referred to our BCCEDP for diagnostic services. Can we enroll these women?

Answer: Yes. As long as these women are program eligible and do not otherwise have access to the services needed, they can be enrolled in the NBCCEDP for diagnostic services.

Question #2: Our program hosts mobile mammography days and on occasion gets a woman who just turned 65 and hasn't received her Medicare enrollment yet to walk in for screening. We don't want to turn her away. However, we want to institute a 30-day policy where the program will pay for a walk-in as long as she is within 30 days of turning 65. Is that okay under the NBCCEDP policy?

Answer: It is okay to set up such a policy. If a program-eligible woman has just turned 65 but not yet enrolled in Medicare, she may be screened and should be encourage to get enrolled in Medicare, highlighting the complete health care coverage benefits that are available to her. Our current policy states that low income Medicare-eligible women who cannot pay the premium to enroll in Medicare Part B are eligible to receive service through the NBCCEDP.

Question #3: Our Medical Advisory Board wants to include history of chest wall radiation therapy to the list of indications for a screening breast MRI. May we use CDC funds to pay for this?

Answer: Yes, CDC funds may be used to cover all indications for breast MRI screening for high risk women. The indications include:

- lifetime risk of breast cancer of about 20% to 25% or greater, according to risk assessment tools that are based mainly on family history
- known BRCA1 or BRCA2 gene mutation
- first-degree relative (parent, brother, sister, or child) with a BRCA1 or BRCA2 gene mutation, but have not had genetic testing themselves
- radiation therapy to the chest when they were between the ages of 10 and 30 years

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- Li-Fraumeni syndrome, Cowden syndrome, or Bannayan-Riley-Ruvalcaba syndrome, or have first-degree relatives with one of these syndromes

Question #4: Can we continue to screen women who may be eligible for either Medicaid Expansion or Marketplace insurance even though they have not yet enrolled?

Answer: At present, grantees can continue to screen women who are eligible but not enrolled in insurance made available through the Affordable Care Act. These women should be counseled about their eligibility and referred to an enrollment specialist.

Question #5: Are the new CPT codes effective now or is there an effective date?

Answer: The new CPT codes are effective January 1 according to CMS. Grantees may begin receiving these codes from their providers, so they should be able to process if received. These are not new procedures just a change in the code used. We do allow some flexibility for grantees to implement the changes. All grantees should discuss the plans for implementation with their Program Consultants. Below is a crosswalk of the deleted and new codes.

Procedure description	**Deleted CPT codes**	**New CPT codes**
Biopsy of breast; percutaneous, needle core, using imaging guidance	19102	19081-19086
Biopsy of breast; percutaneous, automated vacuum assisted or rotating biopsy device, using imaging guidance	19103	19081-19086
Preoperative placement of needle localization wire, breast	19290	19281-19288
Preoperative placement of needle localization wire, breast; each additional lesion (List separately in addition to code for primary procedure)	19291	19281-19288
Image guided placement, metallic localization clip, percutaneous, during breast biopsy/aspiration (List separately in addition to code for primary procedure)	19295	19081-19086, 19281-19288
Stereotactic localization guidance for breast biopsy or needle placement (eg, for wire localization or for injection), each lesion, radiological supervision and interpretation	77031	19081, 19082 19283, 19284
Mammographic guidance for needle placement, breast (eg, for wire localization or for injection), each lesion, radiological supervision and interpretation	77032	19281, 19282