

# Ask Dr. Miller



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## Updated NBCCEDP guidelines

*Below are new program guidelines and updated reimbursement procedures. Please review carefully and contact your Program Consultant if you have any questions.*

1. NBCCEDP will reimburse for screening breast MRI performed in conjunction with a mammogram when a client has a BRCA mutation, a first-degree relative who is a BRCA carrier, or a lifetime risk of 20-25% or greater as defined by risk assessment models such as BRCAPRO that are largely dependent on family history. Breast MRI can also be reimbursed when used to better assess areas of concern on a mammogram or for evaluation of a client with a past history of breast cancer after completing treatment. Breast MRI should never be done alone as a breast cancer screening tool. Breast MRI cannot be reimbursed for by the NBCCEDP to assess the extent of disease in women who have already diagnosed with breast cancer. Providers should discuss risk factors with all clients to determine if she is at high risk for breast cancer. To be most effective, it is critical that breast MRI is done at facilities with dedicated breast MRI equipment and that can perform MRI-guided breast biopsies.
2. Transgender women (male-to-female), *who have taken or are taking hormones* and meet all program eligibility requirements, are eligible to receive breast cancer screening and diagnostic services through the NBCCEDP; therefore, federal funds may be used to screen these transgender women. Although there are limited data regarding the risk for breast cancer among transgender women, evidence has shown that long term hormone use does increase the risk for breast cancer among women whose biological sex was female at birth. While CDC does not make any recommendation about routine screening among this population, transgender women are thus eligible under federal law to receive appropriate cancer screening. CDC recommends that grantees and providers counsel all eligible women, including transgender women, about the benefits and harms of screening and discuss individual risk factors to determine if screening is medically indicated.

The Center of Excellence for Transgender Health and the World Professional Association for Transgender Health have developed consensus recommendations on preventive care services for the transgender population. Those recommendations include for

“transwomen with past or current hormone use, breast-screening mammography in patients over age 50 with additional risk factors (e.g., estrogen and progestin use > 5 years, positive family history, BMI > 35).” Those preventive care recommendations can be found at <http://transhealth.ucsf.edu/trans?page=protocol-screening#S2X>.

3. There have been changes to the 2014 CPT codes in reference to the image-guided breast biopsies and breast localization codes. These new codes will bundle services of image guided breast biopsy, placement of localization device, and imaging of the specimen when performed in the same setting. There are also separate codes when the image localization procedure is done without a biopsy. These codes 19081–19086 and 19281–19288 will be added to CDC’s 2014 Allowable Procedures and Relevant CPT Codes List (see accompanying revised document). CPT codes 19102, 19103, 19290, 19291, 19295, 77031, and 77032 have been deleted from the 2014 CPT codes. As per CMS, the new CPT changes will go into effect on January 1, 2014.

Additional CPT codes that have been added include:

- 77058 for unilateral breast MRI
- 77059 for bilateral breast MRI
- 77053 for mammary ductogram

Congress has recently passed a bill to prevent the scheduled reduction in physician reimbursement fee that was set to take effect on January 1, 2014 according to the Sustainable Growth Rate. It is expected to be signed into law by the President. This current delay will end on March 31, 2014. Revised reimbursement rates are expected to be posted on the CMS web site soon. We will notify grantees when we learn that they are posted. In the meantime continue to use your 2013 rates for your CCW estimates.