

2016 Breast Tomosynthesis (3D Mammography)

FAQ's

Q: What is Digital Breast Tomosynthesis and why should I consider it?

A: Mammography has been the primary screening test for early breast cancer for more than five decades, but conventional mammography imaging continues to have limitations in sensitivity and specificity. Digital mammography detects some cases of cancer that are not identified by film mammography, but overall detection is similar for many women. Digital breast tomosynthesis offers the potential to overcome one of the primary limitations of mammography, which is the inability to image overlapping dense normal breast tissue. Clinical data suggest that digital mammography with tomosynthesis produces a better image, improved accuracy, and lower recall rates compared with digital mammography alone.¹

Q: Who can have breast tomosynthesis?

A: Currently, 3D mammography is an additional screening tool that is utilized in conjunction with 2D digital mammography. While this technology is still under investigation and will likely benefit all patients, it may be of particular benefit for women with a strong family history of breast cancer or increased predisposition for breast cancer, and dense breast tissue.

Q: Does my insurance cover this service?

A: **(Medicare Beneficiaries)** Effective January 1, 2015, screening digital breast tomosynthesis, bilateral may be billed/covered in conjunction with the screening mammography. Payment for this service will be made with an annual screening or high risk screening diagnosis. Also Effective January 1, 2015, beneficiary coinsurance and deductible does not apply with screening digital breast tomosynthesis, bilateral. Translated, screening digital tomosynthesis should not incur an out of pocket cost to the patient.

(Commercial or Private Payers) While Private payers are encouraged to also cover screening digital breast tomosynthesis under the new Medicare guidelines, Castle Medical Center cannot guarantee that your payer will cover. Castle Medical Center will work with their payers to see if they will begin to cover this important service.

Q: How can I find out if my insurance will cover this service?

A: If this is an option that you may consider when performing your mammogram, please contact your insurance company to verify if they will cover this service. When contacting insurance it is always helpful to have the CPT code available. These codes are published by the American Medical Association and stands for Current Procedural Terminology. Below are the three types of CPT codes used for tomosynthesis.

CPT: 77063 SCREEN TOMO BILAT (Screening 3D exam of both breasts. Charged when the patient has no signs or symptoms of breast cancer and exam is for screening purposes only)

CPT: 7706352 SCREEN TOMO UNI (Screening 3D exam of one breast. Charged when the patient has no signs or symptoms of breast cancer and exam is for screening purposes only. Typically these are post mastectomy patients who have been cancer free for >5 years and have resumed their screening mammogram schedule.)

CPT: 77051 DX TOMO UNI/BIL (Diagnostic 3D exam; could be one or both breasts. This code is used when the patient has a history of breast cancer, complains of pain or has a palpable lump or has had suspicious findings on prior mammograms).

¹Technology assessment No. 9: Digital breast tomosynthesis. *Obstet Gynecol.* 2013 Jun ;121(6):1415-7. doi: 10.1097/01.AOG.0000431055.71711.dc.

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Q: Can I decline this service?

A: Yes. Although we believe this service provides additional diagnostic value when used in conjunction with 2D Digital Mammography, you are under no obligation to accept this service.

Q: What if I have to return for a diagnostic study, will I be charged for tomosynthesis twice?

A: If you have been charged for your first 3D tomosynthesis this year and you are called to return for additional views, you will not be charged a second time for 3D tomosynthesis. Please note, that depending on the area of interest the radiologist may not need additional 3D views on your return.

If you have been charged for your first 3D tomosynthesis this year and you are required to do a 6 month follow up and you decide you want to supplement your exam with the 3D tomosynthesis, you will be charged again as this is your personal choice to repeat the 3D tomosynthesis within the same year.

Q: Who can I contact if I have additional questions about 3D mammography?

A: We will be happy to answer any questions you may have regarding this technology. For more information regarding 3D mammography please contact our Breast Health Navigator at 263-5434 or 263-5166 to schedule your 3D mammogram.

Q: I'm on a fixed income, are there any other options for me?

A: Yes. If you have been diagnosed with dense breast tissue or you have been deemed "high risk" by a qualified radiologist under you may want to talk with your primary doctor or gynecologist about MRI or Ultrasound as an additional screening tool.

Q: How will I know if I have dense breast tissue or I am high risk?

A: Beginning January 1, 2014 Castle Medical Center began providing patient with dense breast tissue, a mammography report and notification about associated cancer risks and supplemental screening benefits. If you are unsure of your breast density, and you have had prior mammograms, your technologist can look up your prior report and provide you with this information.

If you are unsure what your breast cancer risk is, you and your doctor should perform a risk assessment. This risk assessment will include questions about your personal medical history, family history, and lifestyle questions such as diet and smoking status. You might also chose to use a Breast Cancer Risk Assessment Tool such as the one provided by the National Cancer Institute <http://www.cancer.gov/bcrisktool/> to help prepare you for your discussion with your physician.

Q: Will my insurance cover a screening breast MRI or Ultrasound?

A: Certain states have mandated insurance coverage for ultrasound or MRI screening for women with dense breasts. To date, there is no mandated coverage in Hawaii. It is best to contact your insurance provider to determine what your out of pocket cost might be.