



Breast Cancer Screening Diagnostic Imaging (DI) Ordering Guide

Standardization Guide

Version 1, Last Update: August 2023

Breast Cancer Screening Guidance

Dear Physicians, Providers & Staff,

As the Breast Health Nurse Navigator, one of my goals is to improve services between the hospital, physicians, and our mutual patients. To do this I am requesting a Diagnostic Imaging Breast Imaging Specific Order form be available to be on record in the Radiology Department. Having this order would not only reduce the time between abnormal mammogram and diagnosis, but the number of phone calls made by staff and received by the patient.

This order will only cover suggested follow up studies such as diagnostic mammograms and/or ultrasound or ultrasound guided breast biopsies if applicable and requested. I will be glad to assist in scheduling these to expedite the patient's care.

I look forward to helping you provide great care for our mutual patients. Please feel free to call me if I can be of assistance.

Thank you and have a good day!



*Breast Care Navigator, RN· Diagnostic Imaging
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St. Albans, VT 05478*

Mammography and Breast Imaging: General

Breast Imaging Studies are done on a scheduled basis at our main campus.

The CPT codes are for reference only.

This does not imply protocol standards for all radiology facilities.

Information is subject to change.

Appointment Type	Indication	CPT Code
Digital Mammo Needle Loc Left		76098/
Digital Mammo Needle Loc Right		76098/19287/A4648
Digital Mammo Needle Loc Right		19287
Digital Mammo Needle Loc Right		A4648
Digital Mammo Left Diagnostic		77065
Digital Mammo Left DX Acute		77065
Digital Mammo Left Implants Screening		77067
Digital Mammo Left Screening		77067
DIGITAL MAMMO BREAST SPECIMEN		77062
DIGITAL MAMMO BREAST SPECIMEN		G0279
DIGITAL MAMMO BREAST SPECIMEN		77066
Digital Mammo Right Diagnostic		77065
Digital Mammo Right Diagnostic Acute		77065
Digital Mammo Right Implants Screening		77067
Digital Mammo Right Screening		77067
Digital Mammo Suros Bilat		19081
Digital Mammo Suros Left		19081
Digital Mammo Suros Right		19081
Tomo Mammo Bil DX AC Panel		77062
Tomo Mammo Bil DX AC Panel		G0279
Tomo Mammo Bil DX AC Panel		77066
Tomo Dig Mammo Bilat Implnt Sc		77063
Tomo Dig Mammo Left Implants		77063
Tomo Dig Mammo Right Implants		77063
Tomo Dig Mammo Bilat DX Acute		77062
Tomo Dig Mammo Bilat DX Acute		G0279
Tomo Mammo Bilat DX Panel		77062
Tomo Mammo Bilat DX Panel		G0279
Tomo Mammo Bilat DX Panel		77066
Tomo Dig Mammo Bilat Diagnostic		77062
Tomo Dig Mammo Bilat Diagnostic		G0279
Tomo Dig Mammo Bilat Screening		77063
Tomo Mammo Bilat Scrn Panel		77063
Tomo Mammo Bilat Scrn Panel		77067
Tomo Mammo Bil Scrn Impl Panel		77063
Tomo Mammo Bil Scrn Impl Panel		77067
Tomo Dig Mammo LT DX Acute		77061
Tomo Dig Mammo LT DX Acute		G0279

Appointment Type	Indication	CPT
Tomo Dig Mammo RT DX Acute		77061
Tomo Dig Mammo RT DX Acute		G0279
Tomo Mammo LT DX AC Panel		77061
Tomo Mammo LT DX AC Panel		G0279
Tomo Mammo LT DX AC Panel		77065
Tomo Mammo RT DX AC Panel		77061
Tomo Mammo RT DX AC Panel		G0279
Tomo Mammo RT DX AC Panel		77065
Tomo Digital Mammo LT DX		77061
Tomo Digital Mammo LT DX		G0279
Tomo Mammo LT DX Panel		77061
Tomo Mammo LT DX Panel		G0279
Tomo Mammo LT DX Panel		77065
Tomo Digital Mammo RT DX		77061
Tomo Digital Mammo RT DX		G0279
Tomo Mammo RT DX Panel		77061
Tomo Mammo RT DX Panel		G0279
Tomo Mammo RT DX Panel		77065
Tomo Mammo LT Screening Panel		77063
Tomo Mammo RT Screening Panel		77063
Tomo Mammo RT Screening Panel		77067
Tomo Digital Mammo LT Screening		77063

Vermont Dense Breast Law

WHAT IS THE VERMONT DENSE BREAST LAW?

The law requires that a health care institution or facility that categorizes a patient as having heterogeneously dense or extremely dense breasts based on breast image reporting and the data system (BIRADS) established by the American College of Radiology, must include the following in the summary of the mammography report sent to the patient:

Your mammogram indicates that you have dense breast tissue. Dense breast tissue is common and is found in fifty percent of women. However, dense breast tissue can make it more difficult to detect cancers in the breast by mammography and may also be associated with an increased risk of breast cancer. This information is being provided to raise your awareness and to encourage you to discuss this with your health care provider.

Assessment	Management	Likelihood of Cancer
Category 0: Incomplete – Need Additional Imaging Evaluation and/or Prior Mammograms for Comparison	Recall for additional imaging and/or comparison with prior examination(s)	N/A
Category 1: Negative	Routine mammography screening	Essentially 0% likelihood of malignancy
Category 2: Benign	Routine mammography screening	Essentially 0% likelihood of malignancy
Category 3: Probably Benign	Short-interval (6-month) follow-up or continued surveillance mammography (Figure 155 , see page 152)	> 0% but ≤ 2% likelihood of malignancy
Category 4: Suspicious Category 4A: <i>Low suspicion</i> for malignancy Category 4B: <i>Moderate suspicion</i> for malignancy Category 4C: <i>High suspicion</i> for malignancy	Tissue diagnosis	> 2% but < 95% likelihood of malignancy > 2% to ≤ 10% likelihood of malignancy > 10% to ≤ 50% likelihood of malignancy > 50% to < 95% likelihood of malignancy
Category 5: Highly Suggestive of Malignancy	Tissue diagnosis	≥ 95% likelihood of malignancy
Category 6: Known Biopsy-Proven Malignancy	Surgical excision when clinically appropriate	N/A

So, Your Patient Wants to Discuss Screening Mammography, and . . .



She wants to know what approach will minimize her chance of dying of breast cancer¹:

Screening regimen, patient age (y)	Reduction in risk of dying of breast cancer ¹	Number of women whose lives will be saved (per 100,000) ¹	Life-years gained (per 100,000) ¹
Yearly, 40–84*	40%	1,190	18,900 (+72%)*
Yearly, 45–54; every other year, 55–79~	31%	925	14,900 (+35%)*
Every other year, 50–74 [†]	23%	695	11,000

¹American College of Radiology, Society of Breast Imaging, American Society of Breast Surgeons and National Comprehensive Cancer Network

^{*}American Cancer Society

[†]United States Preventive Services Task Force

[~]Percentage increase in number of life-years gained compared to screening every other year age 50–74.

She wants to know at what age she should start getting screened:

Breast cancer is the second leading cause of all deaths for women ages 40–49. One in six breast cancers and about 30% of total years of life lost to breast cancer are from women diagnosed in their 40s.²

1. Half of all fatal breast cancers are diagnosed before age 50.³
2. All major groups agree that annual screening beginning at age 40 saves the most lives and most years of life. These groups include the USPSTF, NCCN, ACOG, WHO, ACS, ASBrS, ACR and SBI.
3. One third of all breast cancers in Black, Asian and Hispanic women and one fourth of all breast cancers in White women are diagnosed under age 50.⁴
4. Starting screening at age 40 will save 100,000 more lives over a decade than starting at 50.¹
5. Women ages 40–49 years who do not get screened frequently are 3.4 times more likely to need a mastectomy and 2.5 times more likely to need chemotherapy if they get breast cancer.⁵



She worries she may need a biopsy:

1. The likelihood of needing a needle biopsy of a benign breast lesion found at screening is about 1% per year. Therefore, most women will never need a needle biopsy for a benign breast lesion.⁷
2. Almost all biopsies performed today are minimally invasive percutaneous needle biopsies. Very few women need a surgical biopsy to establish or exclude a diagnosis of breast cancer.
3. Percutaneous needle biopsies are well-tolerated. 90% of women report no pain or only mild discomfort during the procedure.⁸

She wants to know what approach will minimize her chance of unnecessary treatment:

Overdiagnosis refers to detection of a cancer that would not become clinically evident in a patient's lifetime.

1. The best-designed studies confirm that only 1% to 10% of breast cancers diagnosed by screening represent overdiagnosis.⁹ Most of those are DCIS and most are in women over 80 years of age.¹⁰
2. For women in their 40s, SEER data confirm that only 0.1% of screening-detected breast cancers are overdiagnosed. Because their life expectancy is long, nearly all would present with clinical signs or symptoms of breast cancer before they die of something else.¹⁰
3. Breast cancers never regress on their own without treatment. The few truly overdiagnosed cancers will be detected on the next exam. Screening later or less often will not reduce overdiagnosis.¹¹

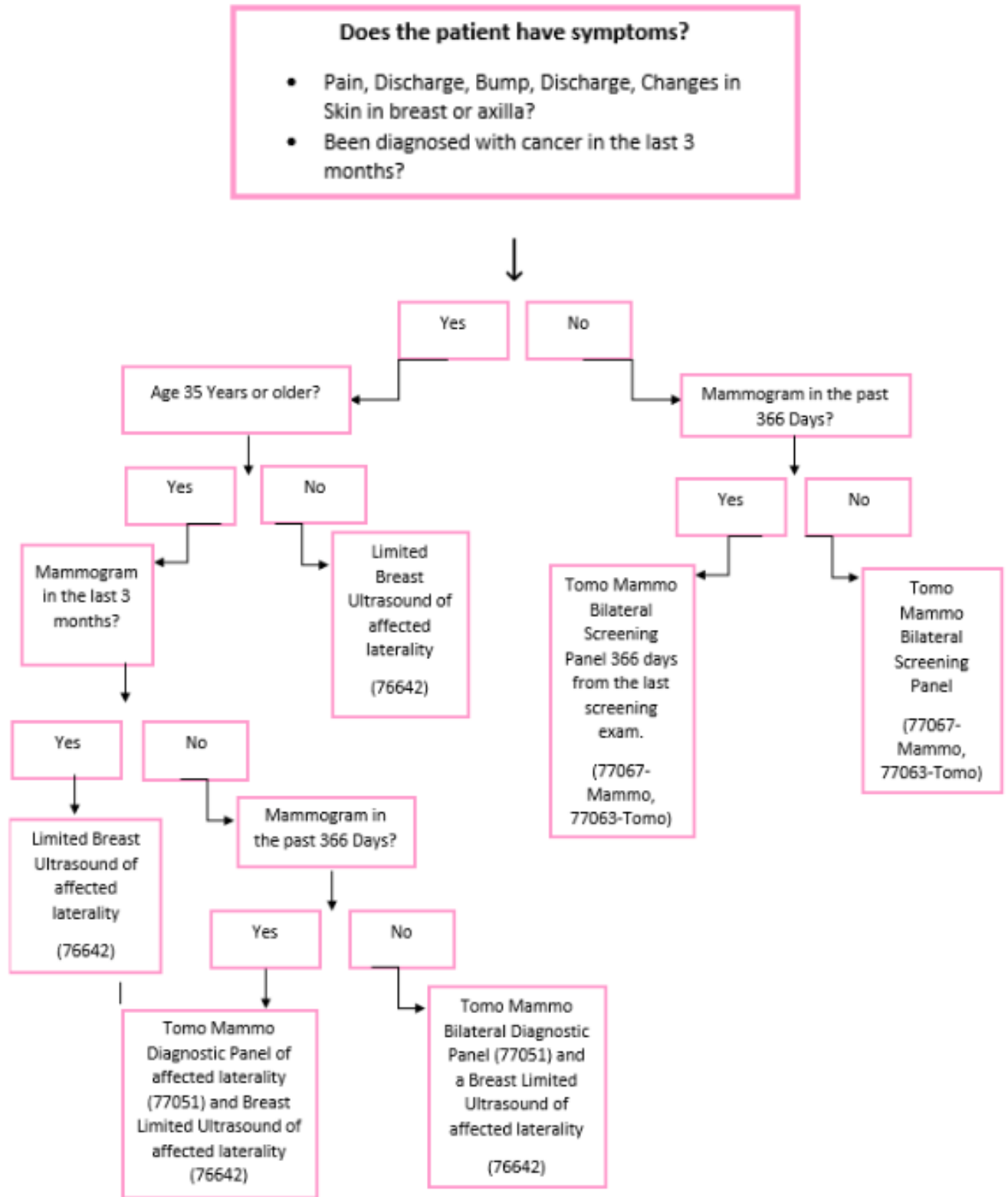
She wants to know at what age she should stop getting screened:

Data confirm that women 75 years of age and above reap the same benefits of early detection from screening as younger women: more lives saved through less invasive treatment.

1. Medicare claims data indicate that women ages 69–84 who are screened each year are 2.5 to 3 times less likely to die of breast cancer than those screened less frequently or not at all.¹²
2. According to the National Comprehensive Cancer Network (NCCN), an upper age limit for screening has not been established.¹³ Screening remains effective unless comorbid conditions limit life expectancy (e.g., ≤ 10 years) or therapeutic intervention would not be considered.



Breast Ordering Decision Tree



Ordering Breast Screening Ultrasound Exams (2024)

