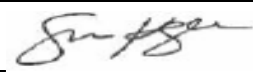



## North Carolina Breast & Cervical Cancer Control Program (NC BCCCP)

<b>Title:</b> BCCCP Eligibility for Digital Breast Tomosynthesis	<b>Category/Number:</b> N/A
<b>Approved By:</b>  NC BCCCP Medical Advisor  NC BCCCP Program Director	<b>Section:</b> NC BCCCP Training Manual-Overview  <b>Program:</b> NC BCCCP & WISEWOMAN
<b>Effective Date:</b> 04/13/18  <b>Current Revision Effective Date:</b> 04/01/21  <b>Revision History Date/s:</b> 02/25/19	<b>Review Date/s:</b> 02/17/21

**Introduction:** Digital breast tomosynthesis (also known as DBT or 3D mammography) has become popular and widely available for both screening and diagnostic mammograms. In November 2016, it was added to the list of approved codes for NC BCCCP.

**The problem:** Although DBT is an allowed procedure, it is not required. No national standard guidelines exist to whether it is or is not appropriate for a given woman. As a result, local radiology practices vary widely. Some facilities offer DBT only; others offer a choice; and still others do not have it available at all.

**Why it matters:** Demand has increased rapidly from both radiologists and women. On the one hand, providing the service adds to the short-term cost of providing a mammogram and may strain local BCCCP resources. On the other hand, it may decrease costs overall by reducing call-backs for unnecessary procedures and increasing early detection of breast cancer (when it is most treatable). It is now a covered procedure as a routine service through Medicare and through many health insurance plans.

**What our medical advisors say:** The medical advisor for the National Breast and Cervical Cancer Early Detection Program, Dr. Jacqueline Miller, has pointed out that the primary care provider who orders a mammogram is not usually the one who determines

whether 2D or 3D mammography will be done. The radiologist or radiology facility typically make that decision.

NC BCCCP medical advisors have suggested that the benefits may outweigh the risks for some women, and the long-term cost savings for all women may be something to consider.

**Policy:**

All women should be advised of the benefits and risks of mammography, and those who are offered DBT should be advised of the benefits and risks of the new technology versus 2D mammography.

**Responsibilities:** Local BCCCP Providers

**Procedure:**

1. Counsel all women on the benefits and risks of mammography.
2. Counsel women considering 3D mammography on the benefits and risks.
3. Know your local radiology practices and what options are available in your community.
4. Determine if your local radiology practice will consider contracting for 3D mammograms at a reduced rate, such as the 2D rate. This is not required, but some BCCCP agencies have done it successfully.
5. Develop a policy to state if you will pay for DBT for any woman who wants it, or if you will stratify priority cases for DBT and provide only 2D mammograms for non-priority cases.
6. If you do choose to stratify, be sure to address the following:
  - a. Develop clear criteria for who will be offered DBT and who will not.
  - b. Develop procedure authorization strategies that let your radiology facility know which 3D mammograms you will pay for and which you will not.
  - c. Develop standing orders with clearly defined decision criteria if registered nurses will be making the referrals to guide them regarding when to refer for 3D and when to refer for 2D mammograms.

**References:**

*National Breast and Cervical Cancer Early Detection Program Manual*