Breast Imaging FAQs

WHAT IS A SCREENING MAMMOGRAM?

A screening mammogram uses low dose digital x-rays of the breast to check for breast cancer in patients with no signs or symptoms of the disease (asymptomatic). Screening mammograms create 2-dimensional (2D) images of the breast tissue that make it possible to detect findings that may be too small to be felt allowing for the early detection and treatment of breast cancer.

WHAT IS SCREENING BREAST TOMOSYNTHESIS OR 3D MAMMOGRAPHY?

Screening breast tomosynthesis, also referred to as 3D mammography, is added to all standard screening mammograms. Screening tomosynthesis uses a low dose x-ray machine that sweeps over the breast, taking multiple images from different angles; a computer combines these images to create a 3D picture of the breast. The 3D images used in combination with the 2D images have the benefit of helping to improve cancer detection as compared to standard digital mammography alone. Additional imaging obtained with breast tomosynthesis may also help reduce the need for additional testing.

WHO SHOULD GET A SCREENING MAMMOGRAM?

Current American College of Radiology Guidelines recommend screening mammograms, and a clinical breast examination every year beginning at age 40. Screening mammography is indicated for patients who are not experiencing any symptoms or breast problems (asymptomatic). Talk to your doctor to find out if a screening mammography is right for you.

WHAT TO EXPECT DURING THE EXAM?

During the exam each breast will be compressed for about 7 to 10 seconds by the digital mammography unit for each view required. Compression is important as it allows for a more detailed view of the breast. We perform mammography with state-of-the-art equipment, and our radiologists specializing in breast imaging read each exam using the most advanced workstations to review and interpret the images.



WHAT ABOUT IMAGING FOR PATIENTS WITH DENSE BREASTS?

Changes to New York State law requires us to notify patients if they are found to have dense breast tissue. Having dense breast tissue may increase your risk of getting breast cancer. Dense breasts also make it more difficult for radiologists to spot cancer on mammograms. While mammography in combination with breast tomosynthesis is still the best test available to detect breast cancer, patients with dense breasts may consider additional imaging exams such as complete (asymptomatic) breast ultrasound and MRI.

ARE SCREENING BREAST EXAMS COVERED BY INSURANCE?

Under the Affordable Care Act, screening mammography and screening breast tomosynthesis are considered preventative care typically covered at 100% with no cost sharing to the patient. Complete breast ultrasound and breast MRI used as additional breast imaging exams may be considered diagnostic and therefore subject to your individual policy benefits to include deductibles, co-insurance, and/or co-pays. Please check with your carrier to better understand your coverage benefits.

Our breast imaging specialists are pleased to offer consultations to answer your clinical questions and to review available options. If you have any questions regarding breast imaging, please contact us at 646-962-CARE (2273).



WHAT IS A DIAGNOSTIC MAMMOGRAM?

A diagnostic mammogram uses low dose digital x-rays of the breast to check for breast cancer in patients after suspicious results on a screening mammogram are detected or after sign(s) or symptoms alert the physician or patient to check the breast with additional imaging.

Such sign(s) can include:

- A lump
- Nipple discharge
- Breast pain (targeted area)
- Changes in the size or shape of the breast
- · Thickening of skin on the breast

A diagnostic mammogram can help determine if these symptoms are indicative of the presence of cancer. A diagnostic mammogram will take longer than a screening mammogram as additional imaging is required that may include views of the breast(s) from multiple vantage points and/or magnification of a specific area of the breast where there is a suspicion of an abnormality. Patients with a history of lumpectomy are followed with diagnostic mammography for two years after surgery and will return to screening mammography at three years. For patients who have had a mastectomy, the remaining breast will continue to be imaged with screening mammography. Patients receiving a diagnostic mammogram will be asked to remain in office to discuss the results of the exam with one of our dedicated breast imaging radiologists.

ARE DIAGNOSTIC BREAST EXAMS COVERED BY INSURANCE?

Diagnostic mammography, diagnostic tomosynthesis, breast ultrasound and breast MRI are not considered preventative care and are therefore subject to your individual policy benefits to include deductibles, co-insurance and/or co-pays. Please check with your carrier to better understand your coverage benefits that may include out-of-pocket costs.

IMPORTANT BILLING CODES TO KNOW:

Insurance carriers are billed for breast imaging services using **CPT** (Current Procedure Terminology) codes. Breast imaging codes are as follows:

CPT 77067: Screening digital mammography, 2-view study of each breast, bilateral

CPT 77063: Screening digital breast tomosynthesis (3D mammography), bilateral

CPT 77066: Diagnostic digital mammography, bilateral

CPT 77062: Diagnostic digital breast tomosynthesis, bilateral

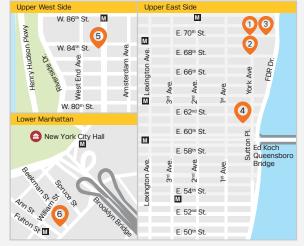
CPT 77065: Diagnostic digital mammography, unilateral

CPT 77061: Diagnostic digital breast tomosynthesis, unilateral

CPT 76641: Ultrasound, breast, complete, 4 quadrants, unilateral

CPT 76642: Ultrasound, breast, limited, targeted area, unilateral

To schedule a breast imaging appointment, please call 212-746-6000 To request an appointment online, please visit us at www.wcinyp.com



LOCATIONS

- 1305 York Ave, 3rd Floor, NY, NY 10021
- 2 1283 York Ave, 7th Floor, NY, NY 10065
- 3 520 East 70th St, Starr Pavilion, NY, NY 10021
- 425 East 61st St, 9th Floor, NY, NY 10065
- 5 2315 Broadway, 4th Floor, NY, NY 10024
- 🌀 53 Beekman Street, NY, NY 10038 🧘

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