



Supplemental screening for dense breasts

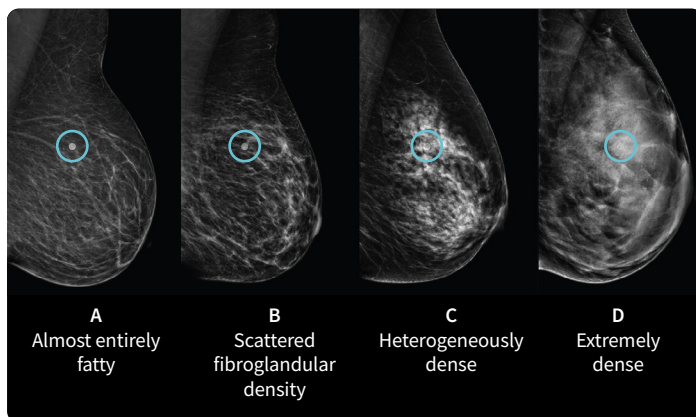
What referring physicians need to know

The topic of breast density has grown in importance and management of patients with dense breast tissue is of concern. After a mammogram, all patients will receive a letter that includes information about their breast density. In addition, they may be told supplemental screening may be beneficial and are directed to talk to their physician. Patients may ask you about the additional screening and whether it is covered by their insurance. You can use this article to inform patients about what it means to have dense breasts, supplemental screening options and insurance coverage for the additional screening.

Facts about dense breasts

Many patients do not understand what it means to have “dense breasts.” Physicians need to understand both the risks associated with dense breasts and be informed about supplemental screening benefits and options.

- “Density” is an indicator of how much connective tissue relative to the fatty tissue is in the breast. The picture below shows the four categories of “density”



- Mammography displays both dense tissue and masses as white, making masses harder to detect. Supplemental screening, such as ultrasound, helps uncover masses that may be obscured in dense tissue
- Over 40% of American women aged 40 to 74 years have dense breasts¹
 - 71% of cancers occur in dense breast tissue²
 - Up to 50% of cancer may be missed in extremely dense breasts³

- The Journal of the American Medical Association (JAMA) recently published a study that concluded breast density was the most common risk factor for breast cancer⁴
- Dense breast tissue increases the likelihood of developing cancer 4-6 times, compared to having non-dense breasts⁵

Supplemental screening options for dense breasts

- According to the American Cancer Society, women with dense breasts may benefit from supplemental imaging tests such as Breast Ultrasound or MRI⁶
- The American College of Radiology recommends the following:
 - Average to low risk women with dense breasts: ultrasound⁷
 - High risk with dense breasts: MRI⁷

Ultrasound and MRI may be able to detect additional cancer that would not be seen on a mammogram.^{3,8} If cancer is diagnosed at an earlier stage, it lowers the need for more aggressive treatments like surgery and chemotherapy.⁹

Automated Breast Ultrasound (ABUS) supplemental screening

The Invenia™ ABUS is the first ultrasound technology FDA approved for screening women with dense breasts. When used in addition to mammography, Invenia ABUS can improve breast cancer detection by 35.7 percent over mammography alone.¹⁰

- ABUS can detect more cancers over mammography alone¹¹
- It is relatively low cost
- There is no radiation

Will health insurance pay for supplemental screening like they do mammograms? What do I tell my patients?

Insurance may pay for the supplemental screening, but patients should check with their individual plan. Because this is supplemental screening, it may be applied to their deductible or include a co-pay like other examinations.

Beginning September 10, 2024, all states must inform patients of their breast density using approved MQSA language.¹⁰

Commonly asked questions from patients

1. My screening mammogram was covered 100% – will my ultrasound be?

Your insurance company pays for the cost of “screening” tests like mammography, which is considered under preventative and wellness programs. The ultrasound would be considered a supplemental screening test and may be subject to your deductible and co-pay.

2. Does my state mandate insurance coverage for supplemental screening?

As of January 2025, many states mandate coverage, but if your policy is with a self-insured plan, it may not follow state guidelines and may still require a co-pay and/or be subject to a deductible. Call your insurance company to confirm your coverage to avoid unexpected costs.

3. If my state does not mandate coverage, how will I know if my insurance company will cover it?

Most insurance companies will cover the supplemental screening,¹² but it is best to call and ask in advance. Your provider may also be able to help with payment options.

4. Will I have a deductible or co-pay?

This will depend on your individual insurance plan. Magellan¹³ recently reviewed claims data and the average out-of-pocket cost across the country was \$52 (ranging from \$3-\$351).

5. How do I find out what my insurance company will cover and pay?

- Call your insurance company and tell them you have been notified you have dense breasts and your physician is recommending a supplemental screening ultrasound
- Ask them if they will cover the cost of the exam. Also ask if you will have an out-of-pocket cost

6. What do I do if the exam is not covered?

- Ultrasound exams, like ABUS, are usually a covered procedure; however in some states, it is not covered under the Affordable Care Act as a screening procedure (like your screening mammogram). It may be subject to your deductible and/or you would have an out-of-pocket expense/co-pay
- Should it be denied, ask your healthcare provider to file an appeal
- If you do not want it to be subject to your deductible, you may ask your healthcare provider if there is an option for an out-of-pocket cash price

It is important that your patients understand their overall risk for breast cancer, if they have dense breasts, and that you speak to them about supplemental screening options. Like most other tests, supplemental screening may require a co-pay and/or be subject to a patient's deductible, but it is recommended patients talk with their insurance company in advance of scheduling to avoid any unexpected fees. The information provided in this document is general reimbursement information only; it is not legal advice, nor is it advice about how to code, complete, or submit any particular claim for payment. It is always the provider's responsibility to determine and submit appropriate codes, charges, modifiers and bills for the services that were rendered. Please consult with your reimbursement manager or healthcare consultant, as well as experienced counsel.

References:

1. Sprague BL, Gangnon RE, Burt V, Trentham-Dietz A, Hampton JM, Wellman RD, et al. Prevalence of mammographically dense breasts in the United States. *J Natl Cancer Inst.* 2014;106. [PMID: 25217577] doi:10.1093/jnci/dju255.
2. Arora N, King TA, Jacks LM., *Ann Surg Onc*, 2010; 17:S211-18.
3. Kolb et al, *Radiology*, Oct 2002;225(1):165-75.
4. Engmann NJ, Golmakani MK, Miglioretti DL, et al. Population-Attributable Risk Proportion of Clinical Risk Factors for Breast Cancer. *JAMA Oncol.* 2017 Sep 1; 3(9):1228-1236.
5. Boyd, et al, *NEJM* Jan 2007.
6. “American Cancer Society Recommendations for the Early Detection of Breast Cancer” American Cancer Society, www.cancer.org/cancer/breast-cancer/screening-tests-and-early-detection/american-cancer-society-recommendations-for-the-early-detection-of-breast-cancer.html.
7. “American College of Radiology ACR Appropriateness Criteria Supplemental Breast Cancer Screening Based on Breast Density” American College of Radiology, <https://acsearch.acr.org/docs/3158166/Narrative/>.
8. Berg, W. A., Zhang, Z., Lehrer, D., et al. (2012). Detection of breast cancer with ultrasound or MRI in women with elevated risk. *JAMA*, 307(13), 1394–1404. <https://doi.org/10.1001/jama.2012.388>.
9. Sparano, JA, et al. *N Engl J Med* 2018; 379:111-121.
10. Mammography Quality Standards Act. (2023, March 10). Federal Register. <https://federalregister.gov/d/2023-04550>.
11. Busch, SH, Hoag, JR, Aminawung JA, et al. Association of State Dense Breast Notification Laws with Supplemental Testing and Cancer Detection After Screening Mammography. *AJPH* May 2019 Vol. 109, No. 5.
12. Review of ABUS coverage via Canary Insights, a data base of 270 commercial and Medicare payers. Coverage review as of May 2019. Data on file with Emerson.
13. Magellan claims review. Commercial Reimbursement and Utilization for Invenia ABUS (Automated Breast Ultrasound) <https://www.gehealthcare.com/products/ultrasound/breast-ultrasound/invenia-abus-premium>.



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