Digital Breast Tomosynthesis 3-D Mammography
Talking Points

December 2019

BACKGROUND:
As of January 1, 2020, TRICARE covers Digital Breast Tomosynthesis (DBT), commonly referred to as 3-D mammography, as a screening option for annual population-based breast cancer screening under the Provisional Coverage for Emerging Services and Supplies Program (“Provisional Coverage”). Annual screenings may be received by female beneficiaries age 40 and older and age 30 who are high-risk and have either a 15 percent or greater lifetime risk of breast cancer as determined by a screening instrument or who meet a risk factor.

Formerly, TRICARE only covered 2-D digital mammograms (DM) for breast cancer screening, and DBT was covered for diagnostic purposes (e.g., as a secondary mammogram after a patient receives a suspicious or positive result on a DM screening test). DBT is a 3-D digital mammogram, where an X-ray source moves over the breast to obtain cross-sectional images of the tissue. 3-D is considered advantageous to 2-D as it reduces imaging problems due to overlapping tissue and dense breast tissue, and has the potential to improve the accuracy of lesion detection.

Provisional Coverage is a special authority that allows extended coverage to eligible beneficiaries for items that are not yet proven, but are under considerable clinical trials and ongoing evaluation. Coverage can be extended for up to five years while additional reliable evidence is published. Provisional Coverage requires prior-authorization. TRICARE is evaluating options for removing this requirement; however, at this time we recommend that providers and patients seek prior authorization for this service to ensure they are not subject to point of service charges.

KEY MESSAGES:
• There has been considerable TRICARE Beneficiary interest in 3-D mammography and although DBT has not been recommended by the U.S. Preventive Service Task Force (USPSTF), the Defense Health Agency (DHA) has decided to authorize DBT for annual breast cancer screening while additional reliable evidence is published.
• TRICARE is committed to providing the best care for women’s health. We authorized DBT for diagnostic purposes (physician ordered for at-risk patients or where further diagnosis is warranted) in June 2017. We’re now expanding annual breast cancer screening to include DBT.
• Beginning January 1, 2020, TRICARE covers Digital Breast Tomosynthesis, or 3-D mammography, as a screening option for annual population-based breast cancer screening under the Provisional Coverage program.

TALKING POINTS:
PROVISIONAL COVERAGE
• TRICARE is mandated by Congress to follow the U.S. Preventive Service Task Force (USPSTF) recommendations for population-based screenings when establishing policy for preventive care under the TRICARE basic health plan. Provisional Coverage is a special authority that allows extended coverage to eligible beneficiaries for items that are not yet proven, but are under considerable clinical trials and ongoing evaluation.
• 3-D mammography has been authorized under TRICARE’s Provisional Coverage program, which allows DHA to approve services or supplies to be covered that are not yet proven effective.
• Provisional Coverage can be authorized for five years. TRICARE will determine if DBT will become a basic covered benefit as additional studies and trials are published.
• Provisional coverage requires prior-authorization. TRICARE is evaluating options for removing this requirement; however, at this time we recommend that providers and patients seek prior authorization for this service to ensure they are not subject to point of service charges.

ANNUAL BREAST CANCER SCREENING
• Annual screenings may be received by female beneficiaries age 40 and older and age 30 who are high-risk and have either a 15 percent or greater lifetime risk of breast cancer (as determined by a screening instrument or who meet a risk factor).
• TRICARE considers women’s health a priority and has taken recent strides in improving women’s health care and preventive health services. That commitment is reinforced by including DBT ahead of recommendation from the U.S. Preventive Service Task Force (USPSTF) for breast cancer screening.
• Between Fiscal Years (FY) 2016 and 2018, approximately 80,000 TRICARE beneficiaries were diagnosed with either malignant neoplasms of the breast or carcinoma in situ of the breast. We will continue to pursue effective preventive and diagnostic breast cancer detection and offer the best treatment options for our beneficiaries diagnosed with breast cancer.
• DBT is being provided now in some military treatment facilities (MTFs). However, not all of our MTFs that perform breast imaging have the DBT equipment/software. That said, In FY19, MTFs performed 240,000 total mammograms, 23% of which were DBT mammograms and 77% of which were conventional non-DBT mammograms. This is a 600% increase in direct care DBT mammography volume compared to FY16.
• TRICARE recognizes DBT as the new clinical quality standard for mammography and our goal is to DBT-enable all mammography services at both MTFs and through purchase care as soon possible. In MTFs, this upgrade is being done as mammography equipment and associated supporting radiology systems are replaced as part of logistics life-cycle management.
• Breast cancer is the second most diagnosed cancer in women, behind skin cancers. Even though DBT has not yet been proven effective as a screening tool by the U.S. Preventive Service Task Force (USPSTF), we are committed to using every means necessary to prevent or conduct early detection of breast cancer for TRICARE beneficiaries.

DIGITAL BREAST TOMOSYNTHESIS (3-D MAMMOGRAPHY)
• In traditional 2-D mammography, two X-ray images are taken, one from the top, and a second from the side. Dense or overlapping breast tissue may make reading a 2-D mammogram more difficult. When an anomaly is suspected a physician may order a DBT or a biopsy.
• 3-D mammography uses an X-ray machine to take multiple images of breast tissue to create a 3-D image. More images are taken, resulting in images of thin slices of the breast. This means that breast tissue from one side of the breast does not get in the way of the images of the other side of the breast. This has the potential to improve accuracy in detecting abnormalities.
Both are considered as safe and effective as a comparable X-ray. Some clinics and hospitals are replacing 2-D mammography with 3-D mammography equipment and only offering DBT for screening and diagnostic care. TRICARE factored this into our decision to cover DBT for annual screening.