Optimizing Patient Capture

Screening Mammography Scheduling Playbook

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Contents

Our Mission

1 in 8 women in the United States will be diagnosed with breast cancer in her lifetime

Each year in the United States approximately 264,000 women get breast cancer and 42,000 women die from the disease. Breast cancer is much easier to treat if caught early, and a regular screening mammogram is the best way to detect breast cancer in its earliest stages.

In partnership with forward-thinking providers across the country, Onsite Women's Health is on a mission to change how breast health services are delivered. Onsite offers breast cancer screening services with clinical expertise, innovative technology, proprietary protocols and a compassionate concierge patient experience – all within a familiar location: her provider's office.

We believe that convenience drives mammography compliance, and compliance saves lives. We offer patients the convenience of screening mammography in a location aligned with their providers office, often in conjunction with her regular provider visit or well woman exam. Together, we are best suited to ensure that every eligible woman receives her annual screening mammogram.

The general partnership responsibilities are divided as follows:

Practice	OWH
Provides the space	Provides all mammography equipment
Owns the mammography service line	Manages staffing for mammography services offered
Ensures all eligible patients are scheduled for mammograms	Coordinates radiologic interpretation of exams
Bills and collects for the mammogram services rendered	Performs all day-to-day operational support for mammography line of service

The commitment of each of our partners to ensure proactive patient scheduling and communication is critical to ensuring as many eligible women as possible are screened for breast cancer.

Our scheduling partners are key. Your role can save a woman's life.

Schedule a mammogram with every eligible Well Woman Exam!

Key Information

Eligible Patients

- Female patients age 40+ are eligible for a screening mammogram 1x every 12 months
    - The patient is not eligible if she:
        - Has had a mammogram within the last 12 months
        - Is currently on a diagnostic breast imaging follow up protocol from a previous mammogram
        - Has had a radical mastectomy
- CPT codes (billed together)
    - 77067 – bilateral screening mammogram
    - 77063 – 3D tomosynthesis
- Diagnosis code
    - Z12.31- screening mammogram for malignant neoplasm of breast
- Nearly all major insurance payers cover one 3D mammogram per year for women 40+ as a preventative service with no out-of-pocket expense to the patient
- Patients at high risk of breast cancer are eligible for a screening mammogram before the age of 40
    - The provider may conduct a risk assessment to determine if the patient is at high risk of breast cancer
- See your **Location Worksheet** for specifics related to your site

Scheduling

- ***Attempt to schedule a screening mammogram for every patient age 40+ receiving a Well Woman Exam***
    - This can be coupled with her Well Woman Exam or scheduled for another day / time that is convenient for her
    - If she is not due for a mammogram at that time, either:
        - Offer to push out the Well Woman Exam to "sync up" to her mammogram schedule
        - Schedule her next mammogram further out to align with when she is due
- Practice is responsible for scheduling mammography appointments
    - OWH staff do not have control over provider schedules
    - OWH staff may not have scheduling privileges unless otherwise indicated on your Location Worksheet
- Mammogram appointments are scheduled **every 15 minutes** unless otherwise indicated
    - The first six weeks of operation will be scheduled every 30 minutes
- Mammogram appointments should always be scheduled **30 minutes prior to the provider appointment**
    - If the patient must see the provider first the mammogram appointment should be scheduled 1 hour after the provider appointment
- If the patient was not pre-booked for her mammogram but is due at the time of her provider visit, OWH will accommodate add-on/same day patients
    - ***Please call the mammography suite to inform of add-on***
- Do not double book appointments
- Do not back fill appointment slots that have already passed

- If the patient declines to schedule her mammogram with the practice, please enter the **declination reason** in the patient's notes / on the provider appointment
- To facilitate the OWH team obtaining the patient's prior mammogram images for comparison, inquire where the patient had her last mammogram completed and enter the name in comments or notes on her appointment
    - We do attempt to get the downstream imaging facilities to accept our Continuing Care Form in lieu of individual patient releases
    - Patient may need to sign a release form if the imaging facility will not accept our Continuing Care Form
        - Via the website FormStack link
        - Mailed to her to fill out and send back
        - While in office if scheduling to come back
    - Please do not fax any release forms
        - Store them in a folder until OWH staff are onsite and they will manage getting them faxed to the appropriate facility

Exam

- Screening mammography only is provided unless otherwise indicated on your **Location Worksheet**
- 3D mammography is the highest standard of care and is provided to all eligible patients
- Patient should be directed not to wear deodorant, powder, perfume, or lotion the day of the exam
    - If they do, we provide wipes to utilize in advance of the exam
- The exam is normally completed within 15 minutes
- Patient must see her provider first if there are any noted breast issues, such as: lump, focal pain, nipple discharge, other breast changes or concerns
- The following patients are still able to be seen for a screening mammogram, but may require extra time:
    - Patients with breast implants
    - Patients with pacemakers and/or ports
    - Patients in wheelchairs if they can do one of the following:
        - Remove or move the arms of the wheelchair out of the way
        - Patient can transition and sit in a chair unassisted

Patient Results

- The radiologist interpreting the patient's exam is breast-specialized and located within the United States
- Results are turned around by the radiologist within 24-48 hours if prior exams are available the day of appointment
    - If the patient's results are normal, she will receive a letter within 7-10 days
    - If the patient's results require further diagnostic imaging, the OWH team will call to notify her and will inform the referring provider
        - A results letter is not mailed until we have made 3 attempts to contact the patient
- If no priors are available at the time of appointment the exam will be held for up to an agreed upon number of days while working to obtain prior exams
    - Three attempts will be made within this period to retrieve prior images and reports for comparison
- On average, 90% of patients will have a normal screening mammogram with no abnormal findings

- ~10% of patients will be asked to schedule a follow up visit to obtain additional mammogram or ultrasound images
- If the patient's screening mammogram results require additional diagnostic imaging she will be notified and sent to the diagnostic imaging facility of choice noted on your **Location Worksheet**

Mammo 101

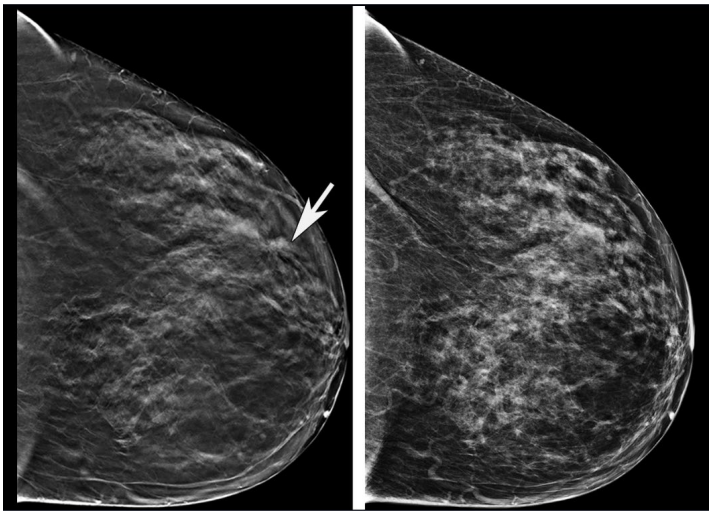
Key Facts

- A mammogram is an X-ray used to detect cancer before they have any signs or symptoms of the disease
- Screening mammograms consist of at least 2 images of each breast and detects lumps or any abnormalities
- We perform 3D mammography, which is the highest standard of care
    - 3D mammography (also referred to as "breast tomosynthesis") takes multiple images to recreate a 3-dimensional picture of the breast
- Mammograms are interpreted (read) by radiologists
- If the patient has had a prior mammogram, the radiologist will need those prior images for comparison before reading the new exam
- If the radiologist sees anything that appears abnormal, that is graded as a "B0" on the BIRADS scale, which means the patient should follow up for additional diagnostic imaging*
    - A diagnostic mammogram is used to follow up on a suspicious change found during a screening mammogram
- A patient should not be scheduled for a screening mammogram if she has a palpable lump and/or is experiencing breast-related issues
    - This patient will not qualify as a "screening" patient and instead will require a diagnostic mammogram

Exhibit 1: Hologic Selenia Dimensions 3D Mammography Machine & Workstation

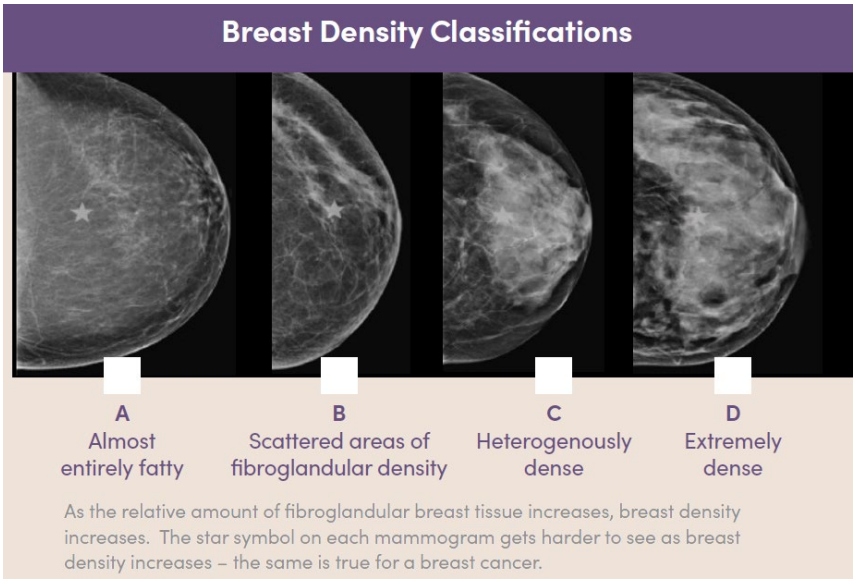
During the exam, the x-ray arm moves in a small arc over the patient's breast and acquires multiple low dose images, which are reconstructed into a 3D image

Exhibit 2: 3D Mammogram vs. 2D Mammogram



The mammogram image on the left is a 3D image showing an abnormality where the arrow is pointing. In the 2D image on the right, the abnormality is less clear. This patient underwent a biopsy, which revealed breast cancer.

Exhibit 3: Why Breast Density Matters



*Our AI Breast Density Software **and** the radiologist interpret the patient's breast density as a part of every mammogram, which informs if she may need additional imaging to get the most thorough assessment.*

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Five Touchpoints

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OVERVIEW OF PATIENT JOURNEY

THE FIVE TOUCHPOINTS

1. PATIENT SCHEDULES HER PROVIDER VISIT
2. PATIENT ARRIVES AT CHECK IN
3. PATIENT CLINICAL INTAKE COMPLETED BY MA / RN
4. PATIENT SEES PROVIDER
5. PATIENT CHECKS OUT

Every touchpoint has a responsibility. Every touchpoint could save a life.

If each touchpoint performs its role, together we ensure that every single eligible woman is offered a mammogram.

HOW IT WORKS

Scheduling every eligible patient at this point = better experience for patients and efficiency for all other touchpoints

Day Out / Week Out Checkpoints

1. 100 mammo eligible women call to schedule their WWE
   - 60 of them are offered mammograms while on the phone and schedule — 40 slip through
   - 40 patients get a call a week out from their WWE to add on their mammo — 20 slip through
   - 20 get a call 1 day out to add on — 10 slip through
2. 10 are offered mammo at check in — 5 slip through
3. 5 are offered mammo by the MA — 3 slip through
4. 3 are offered mammo by the MD — 1 slips through
5. 1 is offered mammo at check out

ALL CAPTURED!

Key Reports and Patient Notes Ensures Success

- Run a **daily** automated report for women 40+ on the office visit schedules **1 day out and 1 week out** (2 days of schedules)
- Assign a teammate to **cross check with mammogram schedules**
- If a patient is not on the schedule, confirm that she is due for a mammo / does not have a declination reason noted
- **If due, call to inform her of the added mammogram to her appointment & add notes for check-in**
- Always attempt to schedule the mammo alongside the Well Woman Exam; add a declination reason / notes for patients that do not

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Script Samples

Points of Emphasis

A patient's likelihood of scheduling can depend greatly on how the option is presented to them. Patients are much more likely to move forward with scheduling mammography if you:

1. Mention that their provider (specifically naming) would like it completed
2. Move through the scheduling process seamlessly combining the appointment visits as a standard practice

If patient moves forward with scheduling her mammogram, ask the below pre-screen questions:

- Confirm the date of her last mammogram matches what is in her record
  - Likely cannot have had a mammogram at any facility within the last 12 months to be eligible
    - Exception: If the patient's plan allows one per calendar year, may be able to schedule if slightly under the 12-month timeframe
  - Ensure that the scheduled appointment is at least 12 months out from her last appointment and note the details of the other facility if relevant
- Ask her for the name of the facility at which she had her last mammogram
  - Instruct her to complete the Records Release form
- Confirm that she is not experiencing any breast symptoms – e.g. lump, nipple discharge, focal pain
  - If the patient is experiencing any of these symptoms, advise her that she will not be eligible for a screening mammogram and should see her provider to discuss her symptoms and to get scheduled for a diagnostic mammogram
- Ask if she has breast implants, as her appointment will require extra time

If patient declines to schedule, ask for detail:

- Utilize the Common Concerns responses as appropriate
- Document in the patient's chart / on her appointment notes the reason for declination, including as many details as possible.
  - Reasons:
    - No longer an active practice patient
    - Not eligible for mammo currently
    - Obtain mammography at another facility
    - Not interested – time constraints
    - Not interested – financial / insurance issues
    - Not interested – other
    - Other

While Scheduling a Provider Visit

Great, let's get you scheduled for your annual Well Woman Exam. It looks like you may also be due for your annual screening mammogram. We offer those in our office now and the exam itself is only about 15 minutes!

[PROVIDER NAME] would like you to take care of that while you are here for your visit. You'll have your mammogram first and then your provider visit. Does [DATE] at [TIME] for your mammogram and [TIME] for your visit on work for you?

Reaching out to Add On to Previously Scheduled Provider Visit

I am calling about your upcoming visit with [PROVIDER] on [DATE] at [TIME]. It looks like you may also be due for your annual screening mammogram. We offer those in our office now and the exam itself is only about 15 minutes! [PROVIDER NAME] would like you to take care of that while you are here for your visit. You'll have your mammogram first and then your provider visit. Does [DATE] at [TIME] for your mammogram and [TIME] for your visit work for you?

Check-In

I've got you checked in! I also see that you are due for your screening mammogram today. [PROVIDER NAME] would like you to take care of this while you are here for your visit. I can see if we can squeeze you in before you see [PROVIDER] (depending upon how the schedule is running that day). If not, I can work with the mammo team to fit you in after you see [PROVIDER]. Do you have time to get that performed today?

Check-Out

Before we check out, let me confirm that you received everything you needed today. I see that you are due for your screening mammogram today. We offer the ability for you to do that while you are here. [PROVIDER NAME] would like you to take care of that before you leave. Do you have time to get worked in before you leave today? If not, let's go ahead and get a time scheduled for you to swing back over. It's only about a 15-minute exam.

Common Scheduling Objections

How to Respond

- **If they already go somewhere else:** We understand. If you change your mind, we are here. Our facility is unique because we can conveniently combine your appointments, saving you time. We also use the most state-of-the-art 3D mammography equipment available on the market and only have breast-specialized radiologists interpreting the exam. Please also know that we can work with any facility to obtain copies of your prior exams.

- **If time constraints:** Fortunately, this is just a quick appointment. You can be in and out of our office within 30 minutes and we can schedule at your convenience. The actual mammogram takes less than 15 minutes to perform.

- **If financial constraints:** Fortunately, screening mammography is covered as a preventative benefit – meaning there is typically no out-of-pocket cost to patients for staying up to date with your exam. However, we recommend you contact your insurance carrier for more specific plan benefits information if you are concerned.

- **If they say they don't have any symptoms / don't need an exam:** It is important to get regular screenings even if you are feeling fine as preventative care. In fact, only asymptomatic patients should be receiving screening mammograms.

- **If they thought they only needed screening every other year**: The American Cancer Society recommends annual screening as early as age 40, often earlier if you are considered high-risk due to family history or other factors. It's proven that annual screening beginning at age 40 saves the most lives. According to the CDC, breast cancer remains the second leading cause of death among women overall. Our goal is to prevent and detect any cancer as early as possible through routine annual mammogram screenings.

- **If they are worried about COVID-19:** Our office takes all CDC-recommended precautions. It is safe to resume regular screenings and best to schedule your test as soon as you can.

Frequently Asked Questions

Upon Scheduling a Mammogram

- **Is there a specific attire for patients to wear?** Wearing a two-piece outfit would be more comfortable since patients will need to remove their top completely and put on either a paper or cloth gown.

- **Should patients wear deodorant?** It is preferred that patients do not wear deodorant, powder, or lotion before their mammogram appointment. However, because we know women have busy lives, we provide wipes prior to the exam as well as deodorant wipes to apply afterward.

- **Do patients need to fast before their appt?** No, patients do not need to fast in any way before their mammogram. However, they may have been asked to fast for another appointment reason, so it's important to defer to those protocols if so. If the patient has been fasting, it's important to let the mammography technologist know so she can make adjustments to the positioning technique at the time of the visit.

- **Does getting a mammogram hurt?** Your breast will be compressed, so you might feel a little pressure or discomfort. Your mammogram should not be painful.

- **When will a patient receive their results?** It is our goal to have results back as quickly as possible. It typically takes 24-48 hours for our office to receive your results if prior mammograms are available for comparison. Patients with normal findings will receive a results letter within 7-10 days. Patients with abnormal findings will receive a phone call to schedule further imaging.

  If there are no prior images available, we will do our best to retrieve these before the radiologist reads your current study. If prior images are not available, we will hold your mammogram for **[# of days on Location Worksheet]** and make multiple attempts to retrieve prior studies.

- **Will the patient see their provider on the day of their mammogram appt?** The patient may have been coming to the office for another provider visit on the same day. If so, the patient will see her provider for that visit; however, her mammogram results will not yet be available. For the mammogram alone, there is no provider visit necessary.

  If the patient is experiencing symptoms (i.e. breast pain or a lump), our mammography team will send the patient for a clinical breast examination with her provider prior to conducting a screening mammogram.

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Billing & Coding: Quick Reference Guide

CPT Code	Description	ICD-10
	Screening Mammography Services	
77067*	Screening mammography, bilateral	Z12.31 Encounter for screening mammogram for malignant neoplasm of breast
77067-52*	Screening mammography, unilateral	
77063*	Screening digital breast tomosynthesis (3D), bilateral (Use this code in conjunction with 77067)	
77063-52*	Screening digital breast tomosynthesis (3D), "uniteral" (Use this code in conjunction with 77067). (Use 52 modifier for reduced level of service for unilateral screening)	
	Diagnostic Mammography Services	
77065	Diagnostic mammography, unilateral	Refer to CMS guideline (A56448) - group 2 diagnosis codes Article - Billing and Coding: Breast Imaging Mammography/Breast Echography (Sonography)/Breast MRI/Ductography (A56448)
77061	Diagnostic digital breast tomosynthesis (3D); unilateral	
77066	Diagnostic mammography, bilateral	
77062	Diagnostic digital breast tomosynthesis (3D); bilateral	
	For Medicare diagnostic patients, use G0279 as the 3D tomosynthesis code. Medicare only recognizes this "G" code for diagnostic tomosynthesis.	
	Breast Ultrasound Services	
76641	ABUS Ultrasound, breast, unilateral, including axilla when performed; complete	Refer to CMS guideline (A52849) - group 1 diagnosis codes Primary Diagnosis codes N63.0*, R92.0, R92.1, R92.2, R92.8 Article - Billing and Coding: Breast Imaging: Breast Echography (Sonography)/Breast MRI/Ductography (A52849)
76642	Ultrasound, breast, unilateral, including axilla when performed; limited.	