



CONVERTING SCREENINGS TO DIAGNOSTICS

Why does Delaney convert a screening mammography exam to a diagnostic exam?

To maintain a high standard of care in accordance with ACR guidelines, sometimes a **Screening Mammogram** exam needs to be converted to a **Diagnostic Mammogram** because the patient...

- A) presents with a new problem or issue: lump, mass, focal pain, etc.
- B) did not follow up on previous imaging recommendations



Per ACR guidelines, any time a patient has a breast issue that warrants short term follow-up or biopsy (BIRADS 3, 4 or 5), the area of concern should be followed for a minimum of 2 years. Screening Mammograms provide general breast imaging and do not focus on the area of concern, whereas Diagnostic Mammograms provide general and focused breast imaging. If, after following the area of concern for 2 years, there is no change, then the area is considered stable and the patient may return to routine annual screenings.

THINGS TO KNOW



There are options for providers to give **standing orders** to convert Screening Mammograms to Diagnostic Mammograms. This decreases the amount of phone calls to your office.



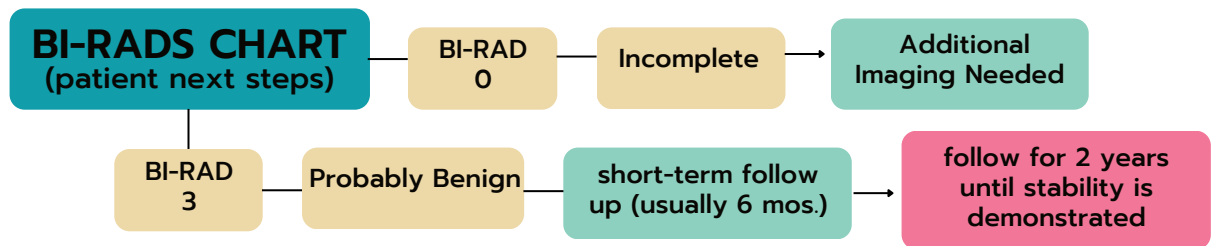
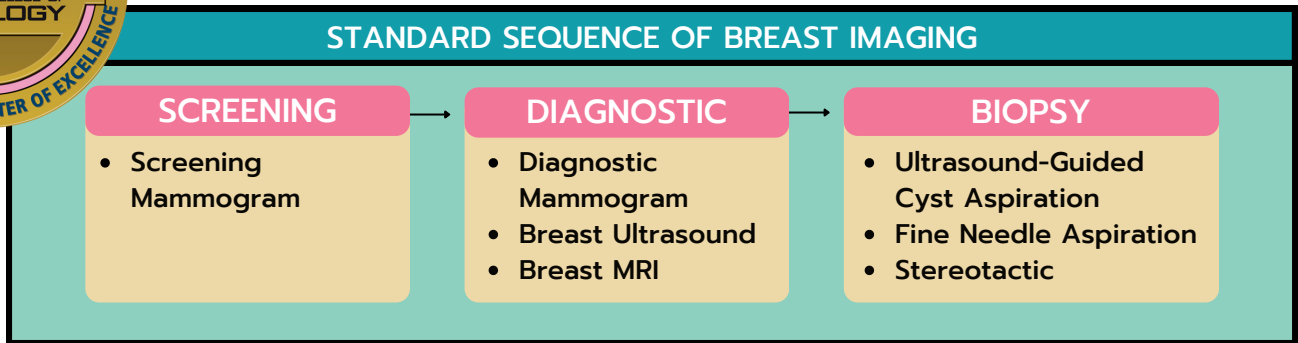
Insurance companies will not accept a Diagnostic Mammogram on one breast and a Screening Mammogram on the other so there are instances when the exam must be converted to a Bilateral Diagnostic Mammogram.



Unlike a Screening Mammogram, Diagnostic Mammograms are not covered under preventative care benefits. Therefore, diagnostic exams are subject to any copay, deductible or coinsurance per insurance policy.



STANDARD SEQUENCE OF BREAST IMAGING



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