

Scintimammography and Breast Specific Gamma Imaging, Imaging 24

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Member-specific benefits take precedence over medical policy and benefits may vary across plans. Refer to the individual's benefit plan for details*.

Purpose:

This policy addresses the medical necessity of - Scintimammography and Breast Specific Gamma Imaging

Description & Definitions:

Scintimammography utilizes radiopharmaceuticals that are given intravenously. These then accumulate in diseased breast tissue. Images are taken with a gamma camera to then try to capture the diseased tissue.

Breast Specific Gamma Imaging is a type of imaging machine with high-resolution gamma cameras used when performing Scintimammography.

Criteria:

Scintimammography and Breast Specific Gamma Imaging is considered **not medically necessary** for any indication.

Coding:

Medically necessary with criteria:

Coding	Description
	None

Considered Not Medically Necessary:

Coding	Description
78800	Radiopharmaceutical localization of tumor, inflammatory process, or distribution of radiopharmaceutical agent(s) (includes vascular flow and blood pool imaging, when performed); planar, single area (eg, head, neck, chest, pelvis), single day imaging.

78801	Radiopharmaceutical localization of tumor, inflammatory process, or distribution of radiopharmaceutical agent(s) (includes vascular flow and blood pool imaging, when performed); planar, 2 or more areas (eg, abdomen and pelvis, head and chest), 1 or more days imaging or single area imaging over 2 or more days.
78803	Radiopharmaceutical localization of tumor, inflammatory process, or distribution of radiopharmaceutical agent(s) (includes vascular flow and blood pool imaging, when performed); tomographic (SPECT), single area (eg, head, neck, chest, pelvis), single day imaging.
S8080	Scintimammography (radioimmunosциntigraphy of the breast), unilateral, including supply of radiopharmaceutical.

U.S. Food and Drug Administration (FDA) - approved only products only.

Document History:

Revised Dates:

- 2019: October
- 2016: April
- 2015: November

Reviewed Dates:

- 2024: May
- 2023: May
- 2022: May
- 2021: June
- 2020: July
- 2019: February
- 2018: February
- 2017: March
- 2015: January
- 2014: January
- 2013: June
- 2012: July
- 2011: July
- 2010: July
- 2009: July

Effective Date:

- July 2009

References:

Specialty Association Guidelines; Government Regulations; Winifred S. Hayes, Inc; UpToDate; Literature Review; Specialty Advisors; National Coverage Determination (NCD); Local Coverage Determination (LCD).

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Special Notes: *

This medical policy expresses Sentara Health Plan's determination of medical necessity of services, and they are based upon a review of currently available clinical information. Medical policies are not a substitute for clinical judgment or for any prior authorization requirements of the health plan. These policies are not an explanation of benefits.

Medical policies can be highly technical and complex and are provided here for informational purposes. These medical policies are intended for use by health care professionals. The medical policies do not constitute medical advice or medical care. Treating health care professionals are solely responsible for diagnosis, treatment and medical advice. Sentara Health Plan members should discuss the information in the medical policies with their treating health care professionals. Medical technology is constantly evolving and these medical policies are subject to change without notice, although Sentara Health Plan will notify providers as required in advance of changes that could have a negative impact on benefits.

Keywords:

SHP Scintimammography and Breast Specific Gamma Imaging, SHP Imaging 24, gamma cameras, radiopharmaceuticals, breast tissue, radioimmunoscintigraphy

