

Scintimammography and Breast Specific Gamma Imaging, Imaging 24

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Effective Date	7/2009
Next Review Date	1/2026
Coverage Policy	Imaging 24
Version	6

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

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 current role remains uncertain, based on review of existing evidence, there are currently no clinical indications for this technology. Therefore, not medically necessary for any clinical indications.

Document History:

Revised Dates:

- 2025: January – Procedure coding updated to align with changes to service authorization status. Annual review completed, no changes references updated.
- 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

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 (radioimmunoscinigraphy of the breast), unilateral, including supply of radiopharmaceutical.

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

The preceding codes are included above for informational purposes only and may not be all inclusive. Additionally, inclusion or exclusion of a treatment, procedure, or device code(s) does not constitute or imply member coverage or provider reimbursement. Please refer to the member's contract benefits in effect at the time of service to determine coverage or non-coverage of these services as it applies to an individual member.

Special Notes: *

- Coverage: See the appropriate benefit document for specific coverage determination. Member specific benefits take precedence over medical policy.
- Application to Products: Policy is applicable to Sentara Health Plan Commercial products.
- Authorization Requirements: Pre-certification by the Plan is required.
- Special Notes:
 - 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.
 - Services mean both medical and behavioral health (mental health) services and supplies unless We specifically tell You otherwise. We do not cover any services that are not listed in the Covered Services section unless required to be covered under state or federal laws and regulations. We do not cover any services that are not Medically Necessary. We sometimes give examples of specific services that are not covered but that does not mean that other similar services are covered. Some services are covered only if We authorize them. When We say You or Your We mean You and any of Your family members covered under the Plan. Call Member Services if You have questions.

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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Breast Cancer. (2024). Retrieved 12 2024, from NCCN Clinical Practice Guidelines in Oncology (NCCN Guidelines): https://www.nccn.org/professionals/physician_gls/pdf/breast.pdf

Keywords:

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