

Scintimammography and Breast Specific Gamma Imaging, Imaging 24

Table of Content

[Purpose](#)

[Description & Definitions](#)

[Criteria](#)

[Coding](#)

[Document History](#)

[References](#)

[Special Notes](#)

[Keywords](#)

<u>Effective Date</u>	7/2009
<u>Next Review Date</u>	5/14/2025
<u>Coverage Policy</u>	Imaging 24
<u>Version</u>	5

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).

Code of Federal Regulations. Title 21 Chapter I Subchapter H Part 892 Subpart B § 892.1100. Scintillation (gamma) camera. Last amended 4.11.2024. Retrieved 4.15.2024. <https://www.ecfr.gov/current/title-21/chapter-I/subchapter-H/part-892/subpart-B/section-892.1100>

U.S. Food and Drug Administration. Device Classification Scott McFarland, J.D. Regulatory Counsel Immediate Office. Office of Product Evaluation and Quality Center for Devices and Radiological Health Food and Drug Administration. Class I (general controls). 11.7.2023. Retrieved 4.15.24. <https://www.fda.gov/media/173858/download>

Hayes. A symplr Company. Breast-Specific Gamma Imaging (BSGI) Using The Dilon 6800 Gamma Camera (Dilon Technologies Inc.). 7.22.2014. Retrieved 4.15.24. <https://evidence.hayesinc.com/report/htb.1753breast>

Centers for Medicare and Medicaid Services. CMS.gov. LCD Independent Diagnostic Testing Facility (IDTF) (L33910) Revision 4. Last updated 5.13.2021. Retrieved 4.15.24. <https://www.cms.gov/medicare-coverage-database/view/lcd.aspx?lcdId=33910&ver=19>

MCG. Informed Care Strategies. 27th Edition. 2024. <https://careweb.careguidelines.com/ed27/index.html>

Commonwealth of Virginia. Department of Medical Assistance Services. Provider Manual Title: Practitioner. Chapter IV: Covered Services and Limitations. Revision date 3.22.2024. Retrieved 4.15.24. <https://vamedicaid.dmas.virginia.gov/sites/default/files/2024-03/Practitioner%20Chapter%20IV%20%28updated%203.22.24%29%29%20Final.pdf>

Commonwealth of Virginia. Department of Medical Assistance Services. Procedure Fee Files & CPT Codes. HCPCS Codes. 2024. Retrieved 4.15.2024. <https://www.dmas.virginia.gov/for-providers/rates-and-rate-setting/procedure-fee-files-cpt-codes/#searchCPT>

NIA. Evolent. Retrieved 4.15.2024. <https://www1.radmd.com/utilityrad/site-search?keys=breast+specific+gamma+imaging>

National Comprehensive Cancer Network. Retrieved 4.15.24. <https://www.nccn.org/search-result?indexCatalogue=nccn-search-index&searchQuery=Breast%20Specific%20Gamma%20Imaging>

De Feo, M. S., Sidrak, M. M. A., Conte, M., Frantellizzi, V., Marongiu, A., De Cristofaro, F., Nuvoli, S., Spanu, A., & De Vincentis, G. (2022). Breast-Specific Gamma Imaging: An Added Value in the Diagnosis of Breast Cancer, a Systematic Review. *Cancers*, 14(19), 4619. Retrieved 4.15.2024 <https://doi.org/10.3390/cancers14194619>

Kim, Y.J., Seo, J.Y., Kim, K.W. et al. The usefulness of addition of breast-specific gamma imaging to mammography in women with dense breast. *Egypt J Radiol Nucl Med* 54, 94 (2023). Retrieved 4.15.2024. <https://doi.org/10.1186/s43055-023-01041-w>

American College of Radiology. ACR PRACTICE PARAMETER FOR THE PERFORMANCE OF MOLECULAR BREAST IMAGING (MBI) USING A DEDICATED GAMMA CAMERA. 2022. Resolution 42. Retrieved 4.15.24. <https://www.acr.org/-/media/ACR/Files/Practice-Parameters/MBI.pdf>

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.

Keywords:

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