

**BREAST SPECIFIC GAMMA IMAGING
(BSGI)**

Effective Date: September 21, 2009

Review Dates: 8/09, 8/10, 8/11, 8/12, 8/13, 8/14, 8/15,
8/16, 8/17, 8/18

Date Of Origin: August 12, 2009

Status: Current

I. POLICY/CRITERIA

- A. BSGI is considered experimental and investigational as an adjunct to mammography for imaging of breast tissue, for the detection of axillary metastases, staging the axillary lymph nodes in members with breast cancer, and to assess response to adjuvant chemotherapy in members with breast cancer and for all other indications because its effectiveness has not been established.
- B. BSGI may be covered when part of an Institutional Review Board (IRB) approved clinical trial designed to assess its clinical utility for individuals with initial abnormal screening mammograms compared with other commonly used secondary screening techniques. Individual medical director review required.

II. MEDICAL NECESSITY REVIEW

Required Not Required Not Applicable

III. APPLICATION TO PRODUCTS

Coverage is subject to member's specific benefits. Group specific policy will supersede this policy when applicable.

- ❖ **HMO/EPO:** *This policy applies to insured HMO/EPO plans.*
- ❖ **POS:** *This policy applies to insured POS plans.*
- ❖ **PPO:** *This policy applies to insured PPO plans. Consult individual plan documents as state mandated benefits may apply. If there is a conflict between this policy and a plan document, the provisions of the plan document will govern.*
- ❖ **ASO:** *For self-funded plans, consult individual plan documents. If there is a conflict between this policy and a self-funded plan document, the provisions of the plan document will govern.*
- ❖ **INDIVIDUAL:** *For individual policies, consult the individual insurance policy. If there is a conflict between this medical policy and the individual insurance policy document, the provisions of the individual insurance policy will govern.*
- ❖ **MEDICARE:** *Coverage is determined by the Centers for Medicare and Medicaid Services (CMS); if a coverage determination has not been adopted by CMS, this policy applies.*

- ❖ **MEDICAID/HEALTHY MICHIGAN PLAN:** *For Medicaid/Healthy Michigan Plan members, this policy will apply. Coverage is based on medical necessity criteria being met and the appropriate code(s) from the coding section of this policy being included on the Michigan Medicaid Fee Schedule located at: http://www.michigan.gov/mdch/0,1607,7-132-2945_42542_42543_42546_42551-159815--,00.html. If there is a discrepancy between this policy and the Michigan Medicaid Provider Manual located at: http://www.michigan.gov/mdch/0,1607,7-132-2945_5100-87572--,00.html, the Michigan Medicaid Provider Manual will govern. If there is a discrepancy or lack of guidance in the Michigan Medicaid Provider Manual, the Priority Health contract with Michigan Medicaid will govern. For Medical Supplies/DME/Prosthetics and Orthotics, please refer to the Michigan Medicaid Fee Schedule to verify coverage.*

IV. DESCRIPTION

Breast-specific gamma imaging (BSGI) was developed as a confirmatory test used after mammography and a clinical breast exam. This technique detects abnormal breast tissue based on uptake of technetium-99m sestamibi, a radioactive agent that emits gamma rays and that tends to accumulate in cancerous breast tissue. BSGI is typically performed on an outpatient basis by a nuclear medicine technician with results interpreted by a radiologist or physician specializing in nuclear medicine.

Results of the available studies do not provide conclusive evidence that BSGI can be relied on rather than biopsy in women who have suspicious breast lesions. Studies that compared the sensitivity of BSGI with other techniques showed no statistically significant differences in the sensitivity of BSGI, mammography, ultrasonography, and MRI. Although further studies may indicate that BSGI has greater sensitivity than ultrasonography and MRI, BSGI has the disadvantage that it requires radiation exposure. In addition, unlike biopsy, BSGI does not provide a definitive diagnosis since it has a 15% to 40% incidence of false-positive results. Further studies are needed to determine the clinical role of BSGI versus MRI and ultrasonography as adjuncts to mammography and clinical breast exams as well as to validate the impact of BSGI on patient survival.

V. CODING INFORMATION

ICD-10 Codes that are not covered:

C50.011 - C50.929	Malignant neoplasm of breast
D05.00 – D05.92	Lobular carcinoma in situ of breast
R92.0 - R92.8	Abnormal and inconclusive findings on diagnostic imaging of breast
Z12.31	Encounter for screening mammogram for malignant neoplasm of breast
Z12.39	Encounter for other screening for malignant neoplasm of breast
Z40.01	Encounter for prophylactic removal of breast
Z80.3	Family history of malignant neoplasm of breast

Z85.3 Personal history of malignant neoplasm of breast

CPT/HCPCS Codes:

Not covered for any indication

S8080 Scintimammography (radioimmunoscinigraphy of the breast), unilateral, including supply of radiopharmaceutical

Not covered for the diagnoses listed above

78800 Radiopharmaceutical localization of tumor or distribution of radiopharmaceutical agent(s); limited area

78801 Radiopharmaceutical localization of tumor or distribution of radiopharmaceutical agent(s); multiple areas

VI. REFERENCES

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