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| Policy Name: | Breast-Specific Gamma Imaging Scintimammography, and Molecular Breast Imaging |
| Effective Date: | 12/19/2022 |

Important Information – Please Read Before Using This Policy

These services may or may not be covered by all Medica plans. Coverage is subject to requirements in applicable federal or state laws. Please refer to the member’s plan document for other specific coverage information. If there is a difference between this general information and the member’s plan document, the member’s plan document will be used to determine coverage. With respect to Medicare, Medicaid, and other government programs, this policy will apply unless these programs require different coverage. Members may contact Medica Customer Service at the phone number listed on their member identification card to discuss their benefits more specifically. Providers with questions may call the Medica Provider Service Center toll-free at 1-800-458-5512.

Medica coverage policies are not medical advice. Members should consult with appropriate health care providers to obtain needed medical advice, care, and treatment.

Coverage Policy

Note: This policy is no longer scheduled for routine review of the scientific literature.

Breast-specific gamma imaging (BSGI), scintimammography and molecular breast imaging, are investigative and therefore **NOT COVERED** for all applications, including but not limited to its use as a screening procedure for breast cancer, as an adjunct to mammography. There is insufficient reliable evidence in the form of high quality peer-reviewed medical literature to establish the efficacy or effects on health care outcomes.

Note: See also related Medica coverage policy, *Breast Magnetic Resonance Imaging (MRI)*.

Description

Breast-specific gamma imaging (BSGI) is a non-invasive diagnostic technique that detects abnormal breast tissue based on uptake of technetium-99m sestamibi, which emits gamma rays and tends to accumulate in cancerous breast tissue. It was developed as a confirmatory test used after mammography and a clinical breast exam. Also known as scintimammography or molecular breast imaging, breast-specific gamma imaging refers to the use of gamma cameras specifically devoted to breast imaging.

FDA Approval

BSGI is a procedure and not subject to FDA regulation. However, the equipment used to conduct BSGI is subject to regulation. Cameras approved for use in BSGI as class I radiologic devices include but are not limited to:

- Eve Clear Scan e680 & e750 (SmartBreast Corp)
- LumaGem Scintillation Camera (CMR Naviscan).
- ERGO Imaging System (Digirad).

Prior Authorization

Prior authorization is not applicable. Claims for this service are subject to retrospective review and denial of coverage, as investigative services are not eligible for reimbursement.

Medica Coverage Policy



Coding Considerations

Use the current applicable CPT/HCPCS code(s). The following codes are included below for informational purposes only, and are subject to change without notice. Inclusion or exclusion of a code does not constitute or imply member coverage or provider reimbursement.

CPT Codes:

- **S8080** - Scintimammography (radioimmunoscintigraphy of the breast), unilateral, including supply of radiopharmaceutical

Original Effective Date: 9/1/2011

Re-Review Date(s): 6/18/1014
7/19/2017
10/16/2019
2/10/2020 – administrative update; format
10/19/2022 – Clinical Review Reserve

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