blue of california

Medical Policy

Positron Emission Mammography (PEM)	
Type: Investigational / Experimental	**Policy Specific Section:** Radiology (Diagnostic/Therapeutic)
Original Policy Date: September 27, 2013	**Effective Date:** September 27, 2013

Definitions of Decision Determinations

Medically Necessary: A treatment, procedure or drug is medically necessary only when it has been established as safe and effective for the particular symptoms or diagnosis, is not investigational or experimental, is not being provided primarily for the convenience of the patient or the provider, and is provided at the most appropriate level to treat the condition.

Investigational/Experimental: A treatment, procedure or drug is investigational when it has not been recognized as safe and effective for use in treating the particular condition in accordance with generally accepted professional medical standards. This includes services where approval by the federal or state governmental is required prior to use, but has not yet been granted.

Split Evaluation: Blue Shield of California / Blue Shield of California Life & Health Insurance Company (Blue Shield) policy review can result in a Split Evaluation, where a treatment, procedure or drug will be considered to be investigational for certain indications or conditions, but will be deemed safe and effective for other indications or conditions, and therefore potentially medically necessary in those instances.

Description

Positron emission mammography (PEM) is a form of positron emission tomography (PET) that uses a high-resolution, mini-camera detection technology for imaging the breast. As with PET, a radiotracer, usually 18F-fluorodeoxyglucose (FDG), is administered and the camera is used to

provide a higher resolution image of a limited section of the body than would be achievable with FDG-PET. Gentle compression is used, and the detector(s) are mounted directly on the compression paddle(s). The use of PEM is being evaluated for use in pre-surgical planning and staging, monitoring response to therapy, and monitoring for recurrence of breast cancer. It is noted that with the use of PEM, radiation doses exceed the dose of digital mammogram, thus is not indicated for screening in its present form. Also, due to lack of long-term studies proving the efficacy of PEM, further research is needed before it becomes a common clinical tool.

Policy

The use of positron emission mammography (PEM) is considered **investigational.**

Policy Guideline

There are no specific CPT codes for PEM.

The CPT/HCPCS code might be used to describe PEM:

- 78999: Diagnostic nuclear medicine code (most appropriate)
- G0235: PET imaging, any site, not otherwise specified
- 78811: Positron emission tomography (PET) imaging; limited area (e.g., chest, head/neck).

Internal Information

There is an MD Determination Form for this Medical Policy. It can be found on the following Web page:
http://myworkpath.com/healthcareservices/MedicalOperations/PSR_Determination_Pages.htm

Documentation Required for Clinical Review
• No records required

The materials provided to you are guidelines used by this plan to authorize, modify, or deny care for persons with similar illness or conditions. Specific care and treatment may vary depending on individual need and the benefits covered under your contract. These Policies are subject to change as new information becomes available.

Click here to view the appendix for this policy

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