blue of california

Medical Policy

Scintimammography/Breast-Specific Gamma Imaging/Molecular Breast Imaging	
Type: Investigational / Experimental	**Policy Specific Section:** Radiology (Diagnostic/Therapeutic)
Original Policy Date: February 25, 1998	**Effective Date:** January 7, 2011

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 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

Scintimammography is a diagnostic modality using radiopharmaceuticals to detect tumors of the breast. After injection of a radiopharmaceutical, the breast is evaluated with planar imaging. Scintimammography has relatively poor sensitivity in detecting small lesions (e.g., less than 15 millimeters), due to the relatively poor resolution of conventional gamma cameras in breast imaging. Scintimammography is performed with the patient lying prone and the camera

positioned laterally, which increases the distance between the breast and the camera. The use of scintimammography is decreasing.

Interest has increased with the development of breast-specific gamma imaging (BSGI) and, even more recently, molecular breast imaging (MBI). Breast-specific gamma cameras acquire images while the patient is seated in a position similar to mammography while the breast is lightly compressed. The detector head(s) is next to the breast, increasing resolution, and the images can be compared with the mammographic images. Breast-specific gamma imaging and MBI differ primarily in the type and number of detectors used (multi-crystal arrays of cesium iodide or sodium iodide versus semiconductor materials such as cadmium zinc telluride, respectively). In some configurations, a detector is placed on each side of the breast, and then lightly compressed. Molecular breast imaging systems can achieve greater resolution and have a smaller pixel size. The radiotracer usually utilized for all three of these scans is technetium Tc-99m sestamibi.

Note: The term “molecular breast imaging” is used in different ways, sometimes for any type of breast imaging involving molecular imaging, including positron emission mammography (PEM) and sometimes limited to imaging with a type of breast-specific gamma camera, as discussed in this policy.

This policy does not address the use of single positron emission computed tomopgraphy (SPECT) and positron emission tomography (PET) of the breast.

Policy

Scintimammography, breast-specific gamma imaging, and molecular breast imaging are considered **investigational** in all applications including, but not limited to, their use as an adjunct to mammography or in staging the axillary lymph nodes.

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
Post Service • Procedure report(s)

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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