Breast Specific Gamma Imaging (BSGI)

These services may or may not be covered by your HealthPartners plan. Please see your plan documents for your specific coverage information. If there is a difference between this general information and your plan documents, your plan documents will be used to determine your coverage.

Administrative Process

Prior authorization is not applicable for Breast Specific Gamma Imaging (BSGI) because it is considered experimental/investigational. The provider and facility will be liable for payment unless:

- The provider notifies the member that a specific service has been determined by HealthPartners to be investigational/experimental; and
- The member signs a waiver agreeing to pay for the specific non-covered service being rendered; and
- The claim has been billed with a GA modifier indicating such. If the member has signed a waiver agreeing to pay for the specific service then the member will be liable for payment.

Coverage

Breast Specific Gamma Imaging is considered experimental/investigational and is therefore not covered.

Definitions

Breast Specific Gamma Imaging (BSGI) - a breast imaging procedure that captures the metabolic activity of breast lesions through a radiotracer uptake. A small amount of tracing agent is delivered to a patient, and is absorbed by all cells in the body. The tracing agent emits invisible gamma rays, which are detected by a gamma camera and translated into a digital image of the breast. The cancerous cells absorb a greater amount of the tracing agent and are revealed as “hot spots” per the breast gamma camera.

Also called Scintimammography, Technetium-99m-Sestamibi Scintigraphy, Miraluma test, and Molecular Breast Imaging.

Codes

If available, codes are listed below for informational purposes only, and do not guarantee member coverage or provider reimbursement. The list may not be all-inclusive.

<table>
<thead>
<tr>
<th>Codes</th>
<th>Description</th>
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<tbody>
<tr>
<td>78800</td>
<td>Radiopharmaceutical Localization of Tumor, Limited Area</td>
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<tr>
<td>78801</td>
<td>Radiopharmaceutical Localization of Tumor, Multiple Areas (Both breasts imaged)</td>
</tr>
<tr>
<td>A9500</td>
<td>Supply of Radiopharmaceutical Imaging Agent - Technetium TC-99 M Sestamibi, per Dose</td>
</tr>
<tr>
<td>S8080</td>
<td>Scintimammography (radioimmunoscintigraphy of the breast), unilateral, including supply of radiopharmaceutical.</td>
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ICD-10-CM Codes

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<tr>
<th>Codes</th>
<th>Description</th>
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<tbody>
<tr>
<td>C50.011-C50.929</td>
<td>C50.929 - Malignant neoplasm of breast</td>
</tr>
<tr>
<td>C79.81</td>
<td>Secondary malignant neoplasm of breast</td>
</tr>
<tr>
<td>D05.00-D05.92</td>
<td>Carcinoma in situ of breast</td>
</tr>
<tr>
<td>Z80.3</td>
<td>Family history of malignant neoplasm of breast</td>
</tr>
<tr>
<td>Z85.3</td>
<td>Personal history of malignant neoplasm of breast</td>
</tr>
<tr>
<td>Z12.31</td>
<td>Encounter for screening mammogram for malignant neoplasm of breast</td>
</tr>
<tr>
<td>Z12.39</td>
<td>Encounter for other screening for malignant neoplasm of breast</td>
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Products

This information is for most, but not all, HealthPartners plans. Please read your plan documents to see if your plan...
has limits or will not cover some items. If there is a difference between this general information and your plan
documents, your plan documents will be used to determine your coverage. These coverage criteria may not apply to
Medicare Products if Medicare requires different coverage. For more information regarding Medicare coverage criteria
or for a copy of a Medicare coverage policy, contact Member Services at 952-883-7979 or 1-800-233-9645.

Approved Medical Director Committee 6/4/09; Revised 10/29/09, 3/7/11; Annual Review 5/13/10, 11/18/10, 3/2011,

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