Medical Policy
Positron Emission Mammography - PEM

Table of Contents
- Policy: Commercial
- Coding Information
- Policy: Medicare
- Description
- Authorization Information
- Policy History
- Information Pertaining to All Policies
- References

Policy Number: 176
BCBSA Reference Number: 6.01.52

Related Policies
- Scintimammography-Breast-Specific Gamma Imaging-Molecular Breast Imaging, #494
- MRI of the Breast, #230

Policy
Commercial Members: Managed Care (HMO and POS), PPO, and Indemnity
Medicare HMO BlueSM and Medicare PPO BlueSM Members

Positron emission mammography (PEM) is INVESTIGATIONAL.

Prior Authorization Information
Commercial Members: Managed Care (HMO and POS)
This is NOT a covered service.

Commercial Members: PPO, and Indemnity
This is NOT a covered service.

Medicare Members: HMO BlueSM
This is NOT a covered service.

Medicare Members: PPO BlueSM
This is NOT a covered service.

CPT Codes / HCPCS Codes / ICD-9 Codes
The following codes are included below for informational purposes. Inclusion or exclusion of a code does not constitute or imply member coverage or provider reimbursement. Please refer to the member’s contract benefits in effect at the time of service to determine coverage or non-coverage as it applies to an individual member.

Providers should report all services using the most up-to-date industry-standard procedure, revenue, and diagnosis codes, including modifiers where applicable.
CPT Codes
There is no specific CPT code for this service.

ICD-9 Diagnosis Codes
Investigational for all diagnoses.

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, PEM provides functional rather than anatomic information on the breast. This policy addresses the use of PEM for pre-surgical planning and staging, monitoring response to therapy, and monitoring for recurrence of breast cancer.

All positron emission mammography for breast imaging is considered investigational regardless of the commercial name, the manufacturer or FDA approval status.

Summary
Given that there are one or more imaging tests for each potential use in breast cancer, any new or newly disseminating technology must be compared to the existing modalities. Studies comparing the use of PEM and MRI in presurgical planning are therefore important. All reviewed studies has its limitations, e.g., single site, lack of full blinding to results of alternate test, lack of adjustment for multiple comparisons. One study reports that PEM provides some new information in the form of higher sensitivity for detecting ductal carcinoma in situ. But this finding needs to be confirmed in additional studies..

Finally, even if the addition of PEM to MRI improves accuracy, this finding must be weighed against the potential risk from radiation exposure associated with PEM and the lack of a full chain of evidence for some of these findings—e.g., that improved accuracy for some uses results in better patient outcomes. Thus, since the impact on net health outcome is uncertain, PEM is considered investigational.

Policy History

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<th>Date</th>
<th>Action</th>
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<tr>
<td>9/2014</td>
<td>New references added from BCBSA National medical policy.</td>
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<tr>
<td>8/2013</td>
<td>New references from BCBSA National medical policy.</td>
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Information Pertaining to All Blue Cross Blue Shield Medical Policies
Click on any of the following terms to access the relevant information:
- Medical Policy Terms of Use
- Managed Care Guidelines
- Indemnity/PPO Guidelines
- Clinical Exception Process
- Medical Technology Assessment Guidelines

References

