

Medical Professionals — FAQs

Are billing codes established for Breast-Specific Gamma Imaging?

Billing codes have been established for nuclear breast imaging procedures and the uptake agent.

They are:

- 78800 Tumor localization (limited area)
- 78801 Tumor localization (multiple areas)
- A9500 Imaging agent - Technetium TC 99m (Sestimibi).

Does insurance cover BSGI?

Insurance policies and procedures can vary. This procedure is generally covered by Medicare/Medicaid and most private carriers.

What is the reimbursement rate for BSGI?

Average reimbursement rates range from \$200 to \$700 depending on geographic region and payers' policies for reimbursement.

What is the Dilon 6800® Gamma Camera's sensitivity for lobular carcinoma?

Lobular carcinoma is very difficult to detect with any imaging modality. However, in clinical studies, BSGI has demonstrated higher sensitivity than mammography, ultrasound and MRI for detecting this disease.

Does the Dilon 6800 ever produce false positives?

The Dilon 6800 produces a very low number of false positive results. When it does occur, it is mainly due to benign abnormalities with related inflammatory processes. A common pathological feature among false positive findings is atypical ductal hyperplasia and is strongly correlated with increased risk for breast cancer.

Does the Dilon 6800 ever produce false negatives?

With a negative predictive value consistently above 95 percent, doctors and patients can be quite confident that a negative result is a true negative, but cancers can be missed in about 5 percent of cases.

Will BSGI ever replace mammography as a screening tool?

Mammograms will remain the gold standard in breast cancer screening and will continue to be the standard first step in breast cancer detection. However BSGI, MRI and ultrasound will continue to serve special populations of patients who need screening beyond a mammogram.

Will BSGI be cost-effective in my practice or breast center?

Yes. The Dilon 6800® is easy to incorporate into a practice or breast center because of the relatively low acquisition cost, and there is no need for build-out or special facilities. Procedure reimbursement and the competitive edge of BSGI in your practice will ensure that the Dilon 6800 is a revenue-generating addition to any practice.

For a return on investment analysis, contact us for a personalized proforma at sales@dilon.com.

How has BSGI evolved from scintimammography?

While scintimammography did show promise initially as an adjunct diagnostic to mammography, the limitations of standard gamma cameras prevented it from being as useful as it could be. With the introduction of the Dilon 6800®, BSGI is made possible. The limitations of scintimammography were overcome, providing superior imaging capability with breast optimized detectors.

How useful is BSGI in detecting recurrent breast cancer vs. MRI or other imaging modalities?

BSGI is an accurate and non-invasive method for the detection of cancers in cases where scarring is present due to previous treatments for cancer; specifically because of its ability to differentiate normal dense scar tissue from cancer. Since MRI is a blood flow imaging technique, these areas can be false positive by MRI.

Is the Dilon 6800® cleared by the FDA?

The Dilon 6800 received FDA 510(k) authorization in 1999. It also has UL recognition and the CE Mark for sales in Europe.

How much radiation is involved in BSGI?

According to the National Institutes of Health (NIH), the risks from the radiation dose associated with both mammography and BSGI/MBI procedures are considered to be "minimal."

Is the tracing agent safe for patients?

Technetium TC 99m Sestimibi or trade named Cardiolite™ Bristol Myers Squibb, the radiopharmaceutical used in the BSGI procedure, has been used safely for more than 15 years in cardiac stress tests. For additional information about the pharmaceutical risks of Technetium TC 99m Sestimibi please visit www.cardiolite.com.

How long does it take for the tracing agent to work?

After the patient is intravenously injected with a small dose of sestamibi, imaging can begin immediately and continue as needed for approximately 90 minutes. After about 90 minutes, the washout of sestamibi may compromise image quality. Patients are seated comfortably throughout the imaging process and each view takes between 5 and 10 minutes to acquire.

On what percentage of patients in my practice can I use BSGI?

While dependent on your population, in general, 10 percent to 25 percent of your patients could fall into one of the following categories:

Clinical Indications for BSGI

- Radiodense breast, difficult to image
- Evaluation of indeterminate or suspicious lesions identified by mammography
- Post-surgical or post-therapeutic evaluation of mammographic tissue changes
- Evaluation of multiple lesions or clusters of microcalcifications to aid in biopsy target selection
- Palpable mass not demonstrated in mammogram or ultrasound

- Determining the extent of the primary lesion
- Detecting multicentric and multifocal disease for treatment planning
- Evaluating the axillary region for node status in breast cancer patients

How does BSGI differ from other breast imaging tests?

BSGI, a molecular study of the breast, differs from other breast imaging modalities such as mammography and ultrasound in that it is a functional test rather than a structural test. Structural or anatomical imaging takes a picture of the tissue within the breast — both normal or abnormal — like cysts, glands, ducts, tumors or scar tissue. BSGI, as a functional imaging procedure images cellular metabolism; while mammography and ultrasound image the anatomic nature of the tissue. Functional imaging allows physicians to see the breast more clearly and can help to differentiate benign from malignant tissue.