



MASSACHUSETTS

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Medical Policy

Radioimmunoscinigraphy Imaging (Monoclonal Antibody Imaging) with Indium-111 Capromab Pendetide for Prostate Cancer

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Policy Number: 639

BCBSA Reference Number: 6.01.37

NCD/LCD: NA

Related Policies

None

Policy

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

Radioimmunoscinigraphy using indium-111 capromab pendetide (Prostascint®) is [INVESTIGATIONAL](#).

Prior Authorization Information

Inpatient

- For services described in this policy, precertification/preauthorization **IS REQUIRED** for all products if the procedure is performed **inpatient**.

Outpatient

- For services described in this policy, see below for products where prior authorization **might be required** if the procedure is performed **outpatient**.

| | Outpatient |
|---------------------------------------|---------------------------------------|
| Commercial Managed Care (HMO and POS) | This is not a covered service. |
| Commercial PPO and Indemnity | This is not a covered service. |
| Medicare HMO Blue SM | This is not a covered service. |
| Medicare PPO Blue SM | This is not a covered service. |

CPT Codes / HCPCS Codes / ICD Codes

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

| CPT codes: | Code Description |
|------------|---|
| 78800 | Radiopharmaceutical localization of tumor or distribution of radiopharmaceutical agent(s); limited area |
| 78801 | Radiopharmaceutical localization of tumor or distribution of radiopharmaceutical agent(s); multiple areas |
| 78802 | Radiopharmaceutical localization of tumor or distribution of radiopharmaceutical agent(s); whole body, single day imaging |
| 78803 | Radiopharmaceutical localization of tumor or distribution of radiopharmaceutical agent(s); tomographic (SPECT) |
| 78804 | Radiopharmaceutical localization of tumor or distribution of radiopharmaceutical agent(s); whole body, requiring two or more days imaging |

HCPCS Codes

| HCPCS codes: | Code Description |
|--------------|--|
| A9507 | Indium In-111 capromab pendetide, diagnostic, per study dose, up to 10 millicuries |

Description

Radioimmunosintigraphy is an imaging modality that uses radiolabeled monoclonal antibodies to target specific tissue types. Monoclonal antibodies that react with specific cellular antigens are conjugated with a radiolabeled isotope. The labeled antibody-isotope conjugate is then injected into the patient and allowed to localize to the target over a 2- to 7-day period. The patient then undergoes imaging with a nuclear medicine gamma camera, and radioisotope counts are analyzed. Imaging can be performed with planar techniques or by using single-photon emission computed tomography.

Summary

Radioimmunosintigraphy (RIS) involves the administration of radiolabeled monoclonal antibodies, which are directed against specific molecular targets, followed by imaging with an external gamma camera. Indium 111 capromab pendetide (ProstaScint) is a monoclonal antibody directed against a binding site on the prostate-specific membrane antigen.

For individuals who have prostate cancer and are undergoing staging before curative treatment who receive RIS with indium 111 capromab pendetide, the evidence includes diagnostic accuracy studies and a systematic review (TEC Assessment). Relevant outcomes are overall survival, disease-specific survival, test accuracy, and test validity. For pretreatment staging before curative treatment, the TEC Assessment found that RIS has a modest sensitivity, estimated at 50% to 75%, and a moderate to high specificity, estimated at 72% to 93%. No studies have demonstrated that the use of RIS for pretreatment staging changes patient management or improves health outcomes. The evidence is insufficient to determine the effects of the technology on health outcomes.

For individuals who have prostate cancer and have biochemical failure after curative treatment who receive RIS with indium 111 capromab pendetide, the evidence includes case series. Relevant outcomes are overall survival, disease-specific survival, test accuracy, and test validity. The available case series are generally retrospective, descriptive, and do not provide consistent verification of disease status. Thus, the studies do not permit accurate estimation of the false-positive and false-negative rates with RIS. There is a lack of published evidence demonstrating an association between RIS findings and change in patient management or health outcomes in this population of patients. The evidence is insufficient to determine the effects of the technology on health outcomes.

Policy History

| Date | Action |
|----------------|--|
| 10/2018 | BCBSA National medical policy review. Description, summary and references updated. Policy statement unchanged. |
| 10/2017 | New references added from BCBSA National medical policy. |
| 11/2016 | BCBSA National medical policy review. Imaging and ProstaScint® removed from the policy title. 11/1/2016 |
| 4/2014 | New references added from BCBSA National medical policy. |
| 11/2011-4/2012 | Medical policy ICD 10 remediation: Formatting, editing and coding updates. No changes to policy statements. |
| 9/2011 | Reviewed - Medical Policy Group - Urology and Obstetrics/Gynecology. No changes to policy statements. |
| 7/2011 | Reviewed - Medical Policy Group - Hematology and Oncology. No changes to policy statements. |
| 9/2010 | Reviewed - Medical Policy Group - Hematology and Oncology. No changes to policy statements. |
| 6/2010 | Reviewed - Medical Policy Group - Urology and Obstetrics/Gynecology. No changes to policy statements. |
| 9/2009 | Reviewed - Medical Policy Group - Hematology and Oncology. No changes to policy statements. |
| 6/2009 | Reviewed - Medical Policy Group - Urology and Obstetrics/Gynecology. No changes to policy statements. |
| 2/2009 | BCBSA National medical policy review. No changes to policy statements. |
| 10/2008 | Reviewed - Medical Policy Group - Hematology and Oncology. No changes to policy statements. |
| 6/2008 | Reviewed - Medical Policy Group - Urology and Obstetrics/Gynecology. No changes to policy statements. |
| 9/2007 | Reviewed - Medical Policy Group - Hematology and Oncology. No changes to policy statements. |
| 6/2007 | Reviewed - Medical Policy Group - Urology and Obstetrics/Gynecology. No changes to policy statements. |

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

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