Highmark Reimbursement Policy Bulletin

Bulletin Number: RP-018
Subject: Myocardial Perfusion SPECT Imaging
Effective Date: November 20, 2017
Issue Date: December 22, 2017
End Date: 
Source: Reimbursement Policy

Applicable Commercial Market
PA ☒ WV ☒ DE ☒

Applicable Medicare Advantage Market
PA ☒ WV ☒

Applicable Claim Type
UB ☒ 1500 ☒

REIMBURSEMENT GUIDELINES:

When a separate charge is reported for cardiovascular stress testing (procedure code 93015, 93016, 93017, 93018 and 94621), the stress test is eligible in addition to the allowance for the nuclear study. However, if two cardiovascular stress studies are performed on the same day in conjunction with exercise and resting nuclear studies, only one of the cardiovascular stress studies is eligible. A participating or network provider cannot bill the member for the denied service in this case.

A pharmacological agent, [e.g., Persantine (dipyridamole) (J1245); Adenosine (J0153)] be used as an alternative to exercise in those patients who cannot perform an adequate level of exertion. Payment may be made for the agent in addition to the allowance for the radionuclide cardiovascular stress test.

Payment can be made for either a planar (standard) or single photon emission computed tomography (SPECT) study. However, when both are performed for the same patient at the same time and reported separately, only the SPECT study is eligible since the planar views can be obtained from the SPECT study.

When a radiopharmaceutical diagnostic imaging agent is reported in conjunction with a covered nuclear medicine study, payment may be made for the agent under the appropriate code for the radiopharmaceutical administered. The diagnostic imaging agent/contrast material used in conjunction with an eligible imaging procedure is also eligible when administered by the health care professional in a setting other than a hospital, or a skilled facility.

For information on SPECT studies of other anatomic areas or structures, see Medical Policy Bulletin R-6.

NOTE: This policy is designed to address medical guidelines that are appropriate for the majority of individuals with a particular disease, illness, or condition. Each person's unique clinical circumstances may warrant individual consideration, based on review of applicable medical records.

This policy position applies to all commercial and/or Medicare Advantage lines of business as indicated above. Reimbursement policies are intended only to establish general guidelines for reimbursement under Highmark plans. Highmark retains the right to review and update its reimbursement policy guidelines at its sole discretion.
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RELATED MEDICAL POLICIES:

Refer to the following Medical Policies for additional information:

- Medicare Advantage Policy R-5: Cardiovascular Nuclear Medicine
- Medicare Advantage Policy R-15: PET/CT Scans Used for Non-Oncologic Conditions
- Commercial Policy R-6: Single Photon Emission Computed Tomography