

# Highmark Reimbursement Policy Bulletin



HISTORY VERSION

**Bulletin Number:** RP-018  
**Subject:** Myocardial Perfusion SPECT Imaging  
**Effective Date:** November 20, 2017      **End Date:**  
**Issue Date:** July 24, 2023      **Revised Date:** July 2023  
**Date Reviewed:** July 2023  
**Source:** Reimbursement Policy

<b>Applicable Commercial Market</b>	<b>PA</b>	<input checked="" type="checkbox"/>	<b>WV</b>	<input checked="" type="checkbox"/>	<b>DE</b>	<input checked="" type="checkbox"/>	<b>NY</b>	<input checked="" type="checkbox"/>
<b>Applicable Medicare Advantage Market</b>	<b>PA</b>	<input type="checkbox"/>	<b>WV</b>	<input type="checkbox"/>	<b>DE</b>	<input type="checkbox"/>	<b>NY</b>	<input type="checkbox"/>
<b>Applicable Claim Type</b>	<b>UB</b>	<input type="checkbox"/>	<b>1500</b>	<input checked="" type="checkbox"/>				

➔ A checked box indicates the policy is applicable to that market either entirely, or partially, as indicated within the policy.

Reimbursement Policy designation of Professional or Facility application is based on how the provider is contracted with the Plan. This Policy supersedes direction provided in Bulletins prior to the effective date of this policy.

## 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.

#### **RELATED POLICIES:**

Refer to the following Medicare Advantage Medical Policies for additional information:

- R-5: Cardiovascular Nuclear Medicine
- R-15: PET/CT Scans Used for Non-Oncologic Conditions

Refer to the following Reimbursement Policies for additional information:

- RP-009: Modifiers 25, 59, XE- XP, XS, XU, FT
- RP-035: Correct Coding Guidelines

#### **POLICY UPDATE HISTORY INFORMATION:**

11 / 2017	Implementation
11 / 2021	Added NY region applicable to the policy
6 / 2022	Removed Medical Policy R-6 as it was archived 9/2019
7 / 2023	Administrative policy review with no changes in policy direction

# Highmark Reimbursement Policy Bulletin

HISTORY VERSION



**Bulletin Number:** RP- 018  
**Subject:** Myocardial Perfusion SPECT Imaging  
**Effective Date:** November 20, 2017      **End Date:**  
**Issue Date:** June 27, 2022      **Revised Date:** June 2022  
**Date Reviewed:** June 2022  
**Source:** Reimbursement Policy

<b>Applicable Commercial Market</b>	PA	<input checked="" type="checkbox"/>	WV	<input checked="" type="checkbox"/>	DE	<input checked="" type="checkbox"/>	NY	<input checked="" type="checkbox"/>
<b>Applicable Medicare Advantage Market</b>	PA	<input type="checkbox"/>	WV	<input type="checkbox"/>	DE	<input type="checkbox"/>	NY	<input type="checkbox"/>
<b>Applicable Claim Type</b>	UB	<input type="checkbox"/>	1500	<input checked="" type="checkbox"/>				

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**RELATED MEDICAL POLICIES:**

Refer to the following Medicare Advantage Medical Policies for additional information:

- R-5: Cardiovascular Nuclear Medicine
- R-15: PET/CT Scans Used for Non-Oncologic Conditions

**POLICY UPDATE HISTORY INFORMATION:**

11 / 2017	Implementation
11 / 2021	Added NY region applicable to the policy
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HISTORY

# Highmark Reimbursement Policy Bulletin



HISTORY VERSION

**Bulletin Number:** RP- 018  
**Subject:** Myocardial Perfusion SPECT Imaging  
**Effective Date:** November 20, 2017 **End Date:**  
**Issue Date:** November 1, 2021 **Revised Date:** July 2021  
**Date Reviewed:** July 2021  
**Source:** Reimbursement Policy

<b>Applicable Commercial Market</b>	PA	<input checked="" type="checkbox"/>	WV	<input checked="" type="checkbox"/>	DE	<input checked="" type="checkbox"/>	NY	<input checked="" type="checkbox"/>
<b>Applicable Medicare Advantage Market</b>	PA	<input type="checkbox"/>	WV	<input type="checkbox"/>	DE	<input type="checkbox"/>	NY	<input type="checkbox"/>
<b>Applicable Claim Type</b>	UB	<input type="checkbox"/>	1500	<input checked="" type="checkbox"/>				

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circumstances may warrant individual consideration, based on review of applicable medical records.

**RELATED MEDICAL POLICIES:**

Refer to the following Commercial Medical Policies for additional information:

- R-6: Single Photon Emission Computed Tomography

Refer to the following Medicare Advantage Medical Policies for additional information:

- R-5: Cardiovascular Nuclear Medicine
- R-15: PET/CT Scans Used for Non-Oncologic Conditions

**POLICY UPDATE HISTORY INFORMATION:**

11 / 2017	Implementation
11 / 2021	Added NY region applicable to the policy

HISTORY

# Highmark Reimbursement Policy Bulletin



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

<b>Applicable Commercial Market</b>	<b>PA</b> <input checked="" type="checkbox"/>	<b>WV</b> <input checked="" type="checkbox"/>	<b>DE</b> <input checked="" type="checkbox"/>
<b>Applicable Medicare Advantage Market</b>	<b>PA</b> <input type="checkbox"/>	<b>WV</b> <input type="checkbox"/>	
<b>Applicable Claim Type</b>	<b>UB</b> <input type="checkbox"/>	<b>1500</b> <input checked="" type="checkbox"/>	

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

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*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.*

**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

HISTORY

*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.*