

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

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

Applicable Commercial Market

PA WV DE NY

Applicable Medicare Advantage Market

PA WV DE NY

NY

Applicable Claim Type 1509

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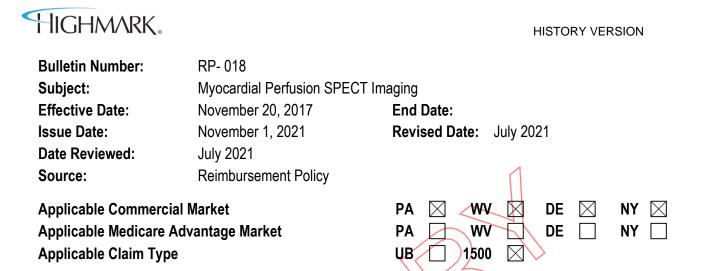
RELATED MEDICAL POLICIES:

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
6 / 2022	Removed Medical Policy R-6 as it was archived 9/2019
3, 2022	



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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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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



Bulletin Number: RP-018

Subject: Myocardial Perfusion SPECT Imaging

Effective Date: November 20, 2017 End Date:

Issue Date: December 22, 2017 **Source:** Reimbursement Policy

Applicable Commercial Market PA WV DE DE

Applicable Medicare Advantage Market PA WV

Applicable Claim Type UB ☐ (1500 区

REIMBURSEMENT GUIDELINES:

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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

