

Medical Coverage Policies

[Printer-Friendly Page](#)

Myocardial Perfusion Imaging (Nuclear, Non-PET)

EFFECTIVE DATE	09/01/2003	LAST UPDATED	07/05/2007
-----------------------	------------	---------------------	------------

Description:

Myocardial perfusion imaging (MPI) assesses the heart's structure and function using small amounts of intravenously administered radiopharmaceuticals to determine the presence of coronary artery disease (CAD). Perfusion images can be recorded by Single Photon Emission Computed Tomography (SPECT). Some radiopharmaceuticals used for MPI include the following: thallium (TI)-201 and the technetium (Tc)-99m-labeled radiopharmaceuticals such as sestamibi, tetrofosmin, and teboroxime, for single-photon imaging.

Medical Criteria:

Not applicable since this is a reimbursement policy.

Policy:

Myocardial perfusion imaging is a covered service.

Coverage:

Benefits may vary between groups/contracts. Please refer to the appropriate member certificate, subscriber agreement or Rite Care contract for applicable diagnostic imaging coverage/benefits.

Coding:

The following add-on codes are **not separately reimbursed**:

78478
78480
78496

Also Known As:

Myocardial Perfusion
SPECT Scan

Published:

Policy Update, September 2007

References:

Centers for Medicare and Medicaid Services, *NCD for Single Photon Emission Computed Tomography (SPECT)*, Manual Section Number 220.12.

Tilkemeier, Peter L., MD, Wackers, Frans J. Th, MD, PhD, *Myocardial Perfusion Planar Imaging*, *Journal of Nuclear Cardiology*, e91-96, November/December 2006.

This medical policy is made available to you for informational purposes only. It is not a guarantee of payment or a substitute for your medical judgement in the treatment of your patients. Benefits and eligibility are determined by the member's subscriber agreement or member certificate and/or the employer agreement, and those documents will supersede the provisions of this medical policy. For

information on member-specific benefits, call the provider call center . If you provide services to a member which are determined to not be medically necessary (or in some cases medically necessary services which are non-covered benefits), you may not charge the member for the services unless you have informed the member and they have agreed in writing in advance to continue with the treatment at their own expense. Please refer to your participation agreement(s) for the applicable provisions.

This policy is current at the time of publication; however, medical practices, technology, and knowledge are constantly changing. BCBSRI reserves the right to review and revise this policy for any reason and at any time, with or without notice.

 [Back to Previous Page](#)