Subject: Single Photon Emission Computed Tomography (SPECT)*

Effective Date: February 27, 2007

Department(s): Utilization Management

Policy: SPECT is reimbursable under Plans administered by QualCare, Inc, when performed for indications in this policy.

Objective: To assure proper and consistent reimbursement and to delineate indications for a specific imaging modality.

Procedure:

A. The following are indications for which SPECT is reimbursable under Plans administered by QualCare, Inc.:

1. Cardiac Conditions
   
   a. Diagnosis and/or assessment of severity of coronary artery disease in patients with uninterpretable resting ECG and limited exercise tolerance
   b. Assessment of myocardial viability prior to referral for myocardial revascularization procedures

2. Non-cardiac Conditions

   a. Assessment of hepatic hemangioma(s)
   b. In patients with seizure disorder, as an alternative to PET scanning in presurgical detection of seizure focus
   c. Distinction of bone infection from soft tissue infection
   d. Differentiation, in bone lesions, among infection, neoplasm, vascular insufficiency or trauma
e. Abscess localization
e. Differentiation of necrotic or radiation-injured or inflammatory tissue from brain neoplasm
g. Differentiation of necrotic tissue from lymphoma
h. Initial staging and assessment of response of lymphoma to chemotherapy
i. Diagnosis and staging of neuroendocrine tumors
j. Parathyroid imaging
k. Diagnosis of pulmonary embolism

B. For the following conditions (not an all-inclusive list), SPECT is NOT reimbursable because there is not a satisfactory body of peer-reviewed literature supporting its use:

1. Dementia: Initial or differential diagnosis
2. Spinal disorders other than osteomyelitis
3. Stroke
4. Internal carotid artery scan during temporary balloon occlusion
5. Stress fractures
6. Assessment of pervasive developmental disorder, including autism and ADHD
7. Assessment of personality disorders
8. Differentiation of Parkinson’s disease from other Parkinsonian syndromes
9. Assessment and follow-up for suspected subacute or chronic central nervous system Lyme disease
10. Chronic fatigue syndrome
11. Malignancies other than those listed as reimbursable
12. Neuropsychiatric disorders without evidence of cerebrovascular disease

C. **CPT codes covered** by this policy include the following:

1. **78205** SPECT of liver
2. **78206** SPECT of liver with vascular flow
3. **78320** SPECT of bone and joint
4. **78464** **78451** SPECT myocardial perfusion, single
5. **78465** **78452** SPECT myocardial perfusion, multiple
6. **78469** SPECT myocardial imaging, infarct avid, planar
7. **78494** SPECT cardiac imaging, wall motion
8. **78607** SPECT of brain, complete
9. **78803** SPECT tumor distribution  
10. **78807** SPECT inflammatory process localization

**D. CPT codes excluded** by this policy include the following:
1. **78647** SPECT cerebrospinal fluid flow  
2. **78710** SPECT kidney morphology

References


**UpTo Date-Nervous System Lyme disease, versions 15.0, updated March 24, 2015. Accessed at Uptodate.com**

**American College of Radiology Appropriateness Criteria®: Dementia and Movement Disorders, last review date:2014. Accessed online 11/15/15 at ACR.org**


Torosyan N, Silverman DH, Neuronuclear imaging in the evaluation of dementia and mild decline in cognition. Semin Nucl med .2012;42(6):415-22(Nov)

American College of Radiology Appropriateness Criteria®: Dementia and Movement Disorders, last review date:2010. Accessed online 11/29/12 at ACR.org


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*Consistent with Summary Plan Description (SPD). When there is discordance between this policy and the SPD, the provisions of the SPD prevail.*