

Coding and Billing Guidelines:

LCD Database ID Number

L31072

LCD Title

Myocardial Perfusion Imaging and Cardiac Blood Pool Studies

Contractor's Determination Number

CV-017

A. Use the appropriate CPT code, 78451 – 78496, to describe the primary service performed, including whether it is a single study or multiple studies.

B. An ICD-9-CM code supporting the medical necessity for the service must be submitted with each claim.

C. Only one professional component (26) may be billed for the primary service performed. If a radiologist performs the professional component of the myocardial perfusion imaging (78451-26), then only the radiologist may bill for the professional service. If a cardiologist performs the professional component of the myocardial perfusion imaging (78451-26), then only the cardiologist may bill for the professional service.

D. Consult Correct Coding Initiative (CCI) for services that are considered bundled into the reimbursement for the imaging service such as ECGs, the injection procedure, and supplies.

E. List the appropriate HCPCS code for the pharmacologic stress agent such as J1245 dipyridamole, J0152 adenosine, J1250 dobutamine, or J2785 regadenoson in addition to the imaging CPT code (93015-93018) when the nuclear medicine test includes exercise/pharmacological stress.

F. Billing for the radiopharmaceutical agents:

1. Radiopharmaceuticals are available in unit dose or in bulk doses, the latter requiring preparation at the imaging center. Use of radiopharmaceuticals is regulated by the Nuclear Regulatory Commission (NRC) under strict procedures and guidelines. Persons administering radiopharmaceuticals should have either a license from the NRC or be credentialed by an institution having a broad license from the NRC

2. Use the appropriate HCPCS code to identify the radiopharmaceutical used and indicate the dose administered and the cost of the agent.

a. A9500 – Supply of technetium TC Sestamibi, Radiopharmaceutical Diagnostic Imaging agent, per study dose.

b. A9502 – Supply of Technetium tc 99M tetrofosmin, per study dose

c. A9505 - Thallium TL-201 Thallous chloride, diagnostic, per millicurie

If two (2) per study doses of these agents are used, one for rest and one for the stress portion of the study, it would be billed as two (2) units.

3. Use code A4641 to report radiopharmaceutical agents that do not have a specific code and list the full name and dose administered in Box 19 of the HCFA 1500 form, or in the narrative if submitting EMC.

4. Any kit for preparation of a radiopharmaceutical (e.g., Cardiolite for preparation of Tc 99m-Sestamibi, Myoview for preparation of Tc 99m-Tetrofosmin), is included in the reimbursement amount for the radiopharmaceutical.

G. Cardiac blood pool imaging: There are two types of studies: first pass studies and equilibrium studies.

First pass Studies (CPT codes 78481 and 78483)

First pass studies utilize rapidly acquired images of a bolus of a radiopharmaceutical agent as it moves through the heart. The first pass technique only views the initial flow of the radiopharmaceutical as it moves through the heart.

The radiopharmaceuticals used for these studies are A9512 and A9539.

A9512 Technetium Tc-99m-Pertechnetate, Diagnostic, per mCi

A9539 Technetium Tc-99m Pentetate, Diagnostic, per study dose, up to 25 mCi's

Gated Equilibrium studies (78472, 78473, 78494, and 78496).

Unlike the first pass technique, gated blood pool imaging studies are assessed over multiple cardiac cycles. This procedure involves binding /tagging the red blood cells with Technetium tc99m.

A9560 Technetium Tc-99m Labeled Red Blood Cell's (RBC's), Diagnostic, per study dose, up to 30 mCi's,

A9560 is the radiopharmaceutical code that should be used for tagging red blood cells. It should be used for both the invitro (Ultratag) and invivo (non-radioactive "cold" pyrophosphate (PYP) followed by an injection of 99m technetium) methods. Regardless of the method used to tag the red blood cells, invitro or invivo, the correct code to use is A9560.

Note: Pertechnetate is a commonly used radiopharmaceutical given during a nuclear scan to allow imaging with specialized equipment. The cost for the pertechnetate, in this instance, is considered part of the payment for A9560 and thus not separately payable. The individual components of preparing tagged red blood cells will not be paid for separately. A9512 will not be paid when billed with A9560. Invoices will not be necessary for reimbursement of A9560.

Hospitals are required to submit the HCPCS code for the radiolabeled product on the same claim as the HCPCS code for the nuclear medicine procedure. Hospitals are also instructed to submit the claim so that the services on the claim each reflect the date the particular service was provided. Therefore, if the nuclear medicine procedure is provided on a different date of service from the radiolabeled product, the claim will contain more than one date of service.

Hospitals are instructed to use HCPCS code C9898 (Radiolabeled product provided during a hospital inpatient stay) on outpatient claims for nuclear medicine procedures to indicate that a radiolabeled product that provides the radioactivity necessary for the reported diagnostic nuclear medicine procedure was provided during a hospital inpatient stay. This HCPCS code is assigned status indicator "N" because no separate payment is made for the code under the OPPS. (CMS Publication 100-04, Medicare Claims Processing Manual Chapter 4 200.8 - Billing for Nuclear Medicine Procedures.)

Published/Website

10/01/2010

Effective date

11/15/2010

Revision Effective Date

07/16/2012

Revision History

06/01/2012 - This guideline is effective for J-8 providers in Michigan MAC B 07/16/12, Michigan MAC A 07/23/12, Indiana MAC A 07/23/12 and Indiana MAC B 08/20/12