Single Photon Emission Computed Tomography (SPECT) — Non-Cardiac

Policy
Harvard Pilgrim reimburses contracted providers for single photon emission computed tomography (SPECT).
This Harvard Pilgrim Health Care payment policy is consistent with Centers for Medicare and Medicaid (CMS) LCD Single Photon Emission Tomography (SPECT) policy and American College of Radiology guidelines.

Policy Definition
_Single Photon Emission Computed Tomography (SPECT)_ is a nuclear medicine tomographic imaging technique using gamma rays. It is very similar to conventional nuclear medicine planar imaging using a gamma camera. However, it is able to provide true 3D information. This information is typically presented as cross-sectional slices through the patient, but can be freely reformatted or manipulated, as required.

Prerequisite(s)

**HMO/POS/PPO**  
Applicable Harvard Pilgrim referral, notification and authorization policies and procedures apply. Refer to _Referral, Notification and Authorization_ for more information.

**Open Access HMO and POS**  
For _Open Access HMO and Open Access POS_ products, no referral is required to see a contracted specialist.

Harvard Pilgrim Reimburses

**HMO/POS/PPO**  
Harvard Pilgrim reimburses single photon emission computed tomography for covered indications. See provider billing section for a complete list of covered CPT, HCPCS and diagnosis codes.

**Bone and/or Joint Imaging**  
Covered indications may include, but are not limited to:
- Adverse effects of other drug, medicinal and biological substance
- Backache
- Complications of vascular device implant and graft, transplanted heart, and other complications due to cardiac device implant and graft
- Congenital spondylolysis
- Evaluation of facet arthropathies, ankylosing spondylitis, osteoarthritis, and rheumatoid arthritis;
- Heart and heart valve replaced by transplant
- Lumbago
- Malignant neoplasm of the female breast, prostate and genital organs
- Osteomyelitis
- Spondylolisthesis

**Liver**  
Covered indications may include, but are not limited to:
- Abdominal or pelvic swelling, mass, or lump
- Hemangioma of intra-abdominal structures
- Hepatomegaly
- Nonspecific abnormal results of function study of liver
- Symptoms involving digestive system (e.g. nausea and vomiting)

(continued)
Kidney
Covered indications for members age 18 and over may include, but are not limited to:
• Acute and Chronic pyelonephritis
• Unspecified kidney infection
Covered indications for members under age 18 may include, but are not limited to:
• Acute and chronic pyelonephritis
• Congenital heart disease
• Dehydration
• Failure to thrive
• Lethargy
• Nausea and vomiting
• Septicemia of the newborn
• Severe hemolytic anemia
• Unspecified fever
• Unspecified kidney infection
• Urinary tract infection
• Vesicoureteral reflux

Inflammatory Localization
Covered indications may include, but are not limited to:
• Abscess of lung, mediastinum, peritoneal area, retroperitoneal area, intestine, liver, renal, and urethra
• Acute osteomyelitis, other specified sites
• Amebic liver, lung, and brain abscess
• Cellulitis
• Infection and inflammatory reaction due to internal prosthetic device, implant, and graft
• Osteomyelitis, periostitis, and other infections involving bone
• Tuberculocous abscess of brain or spinal cord

Tumor Localization
Covered indications may include, but are not limited to:
• Detection and staging of malignant colorectal neoplasms, pheochromocytomas, prostate neoplasms, neuroendocrine tumors, ovarian cancer, and small cell lung cancer
• Hemangioma of other sites
• To differentiate between residual tumor and scar in the head, neck, chest, abdomen, pelvis and extremities
• Unspecified endocrine disorder
• Unspecified disorder of calcium metabolism

Neurologic
Covered indications may include, but are not limited to:
• Benign neoplasm of brain and other parts of nervous system
• Dementia in conditions classified elsewhere with or without behavioral disturbance
• Epilepsy
• General symptoms
• Other juvenile neurosyphilis
• Neoplasm of uncertain behavior of endocrine glands and nervous system
• Spina bifida with hydrocephalus
• Vascular dementia
Harvard Pilgrim Does Not Reimburse

HMO/POS/PPO
Single photon emission computed tomography for non covered indications. Claim submitted with non covered indication will be denied as provider liable.

Member Cost-Sharing
Services subject to applicable member out-of-pocket cost (e.g., copayment, coinsurance, deductible).

Provider Billing Guidelines and Documentation

Coding

Bone and/or Joint Imaging – CPT/HCPCS and ICD-9/ICD-10 Covered Indications

<table>
<thead>
<tr>
<th>CPT/HCPCS</th>
<th>Description</th>
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</thead>
<tbody>
<tr>
<td>78320</td>
<td>Bone and/or joint imaging; tomographic (SPECT)</td>
</tr>
</tbody>
</table>

ICD-9 Covered Indications

ICD-10 Covered Indications

Liver – CPT/HCPCS and ICD-9/ICD-10 Covered Indications

<table>
<thead>
<tr>
<th>CPT/HCPCS</th>
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<tbody>
<tr>
<td>78205</td>
<td>Liver imaging (SPECT)</td>
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<tr>
<td>78206</td>
<td>Liver imaging (SPECT); with vascular flow</td>
</tr>
</tbody>
</table>

ICD-9 Covered Indications

ICD-10 Covered Indications

Kidney – CPT/HCPCS and ICD-9 Covered Indications

<table>
<thead>
<tr>
<th>CPT/HCPCS</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>78710</td>
<td>Kidney imaging morphology; tomographic (SPECT)</td>
</tr>
</tbody>
</table>

Over age 18

ICD-9 Covered Indications

ICD-10 Covered Indications

Under age 18

ICD-9 Covered Indications

ICD-10 Covered Indications

Inflammatory Localization – CPT/HCPCS and ICD-9 Covered Indications

<table>
<thead>
<tr>
<th>CPT/HCPCS</th>
<th>Description</th>
</tr>
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<tbody>
<tr>
<td>78807</td>
<td>Radiopharmaceutical localization of inflammatory process; tomographic (SPECT)</td>
</tr>
</tbody>
</table>

ICD-9 Covered Indications

ICD-10 Covered Indications
Tumor Localization – CPT/HCPCS and ICD-9 Covered Indications

<table>
<thead>
<tr>
<th>CPT/HCPCS</th>
<th>Description</th>
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<tbody>
<tr>
<td>78803</td>
<td>Radiopharmaceutical localization of tumor or distribution of radiopharmaceutical agent(s); tomographic (SPECT)</td>
</tr>
</tbody>
</table>

**ICD-9 Covered Indications**

**ICD-10 Covered Indications**

Neurologic – CPT/HCPCS and ICD-9 Covered Indications

<table>
<thead>
<tr>
<th>CPT/HCPCS</th>
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</thead>
<tbody>
<tr>
<td>78607</td>
<td>Brain imaging, tomographic (SPECT)</td>
</tr>
<tr>
<td>78647</td>
<td>Cerebrospinal fluid flow, imaging (not including introduction of material); tomographic (SPECT)</td>
</tr>
</tbody>
</table>

**ICD-9 Covered Indications**

**ICD-10 Covered Indications**

**Related Policies**
- Outpatient Advanced Imaging Authorization Policy

**PUBLICATION HISTORY**

- 04/15/10  —  new policy — effective 07/01/10
- 10/15/10  —  update to policy statement and added covered diags resulting from 10/1/10 ICD-9 release updates
- 01/01/12  —  removed First Seniority Freedom information from header
- 07/15/12  —  update to covered and non-covered indications effective 10/01/12
- 12/15/13  —  annual review; administrative edits
- 06/15/14  —  added Connecticut Open Access HMO referral information to Prerequisites
- 12/15/14  —  annual review; no changes
- 07/15/15  —  ICD-10 coding update
- 12/15/15  —  annual review; added related policies
- 12/15/16  —  annual review; added related policy
- 12/15/17  —  annual review; no changes
- 01/01/18  —  updated Open Access Product referral information under Prerequisites
- 09/10/18  —  removed Nuclear Cardiac Imaging and Myocardial Perfusion Study reference from Related Policies

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1This policy applies to the products of Harvard Pilgrim Health Care and its affiliates — Harvard Pilgrim Health Care of Connecticut, Harvard Pilgrim Health Care of New England, and HPHC Insurance Company — for services performed by contracted providers. Payment is based on member benefits and eligibility, medical necessity review, where applicable, and provider contractual agreement. Payment for covered services rendered by contracted providers will be reimbursed at the lesser of charges or the contracted rate. (Does not apply to inpatient per diem, DRG, or case rates.) HPHC reserves the right to amend a payment policy at its discretion. CPT and HCPCS codes are updated annually. Always use the most recent CPT and HCPCS coding guidelines.

2The table may not include all provider claim codes related to SPECT imaging.