

REIMBURSEMENT POLICY

Myocardial Perfusion (Cardiovascular Stress Test)

Active

Policy Number: General Coding - 018
Policy Title: Myocardial Perfusion (Cardiovascular Stress Test)
Section: General Coding
Effective Date: 11/29/17

Description

This policy addresses cardiovascular stress studies and eligibility restrictions.

Definitions

93015 Cardiovascular stress test using maximal or submaximal treadmill or bicycle exercise, continuous electrocardiographic monitoring, and/or pharmacological stress; with supervision, interpretation and report

93018 Cardiovascular stress test using maximal or submaximal treadmill or bicycle exercise, continuous electrocardiographic monitoring, and/or pharmacological stress; interpretation and report only

78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic).

78452 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); multiple studies, at rest and/or stress (exercise or pharmacologic) and/or redistribution and/or rest reinjection.

78453 Myocardial perfusion imaging, planar (including qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)

78454 Myocardial perfusion imaging, planar (including qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); multiple studies, at rest and/or stress (exercise or pharmacologic) and/or redistribution and/or rest reinjection.

Policy Statement

When a separate charge is reported for cardiovascular stress testing (procedure code 93015 or 93018), 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 for reimbursement.



A pharmacological agent [e.g., Persantine (dipyridamole) (J1245); Adenosine (J0153)] may 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 78453 and 78454) or single photon emission computed tomography (SPECT 78451 and 78452) study. However, when both are performed for the same patient at the same time and reported separately, only the SPECT study is eligible for reimbursement, 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 used in conjunction with an eligible imaging procedure is also eligible for reimbursement, when administered by the health care professional in a setting other than a hospital or a skilled facility.

Documentation Submission

Documentation must identify and describe the services performed.

Coverage

Eligible services will be subject to the Blue Cross fee schedule amount.

The following applies to all claim submissions.

All coding and reimbursement is subject to all terms of the Provider Service Agreement and subject to changes, updates, or other requirements of coding rules and guidelines. All codes are subject to federal HIPAA rules, and in the case of medical code sets (HCPCS, CPT, ICD), only codes valid for the date of service may be submitted or accepted. Reimbursement for all Health Services is subject to current Blue Cross Medical Policy criteria, policies found in the Provider Policy and Procedure Manual sections, Reimbursement Policies and all other provisions of the Provider Service Agreement (Agreement).

In the event that any new codes are developed during the course of Provider's Agreement, such new codes will be paid according to the standard or applicable Blue Cross fee schedule until such time as a new agreement is reached and supersedes the Provider's current Agreement.

All payment for codes based on Relative Value Units (RVU) will include a site of service differential and will be calculated using the appropriate facility or non-facility components, based on the site of service identified, as submitted by Provider.

Coding

The following codes are included below for informational purposes only and are subject to change without notice. Inclusion or exclusion of a code does not constitute or imply subscriber coverage or provider reimbursement.

CPT/HCPCS Modifier: N/A

ICD Diagnosis: N/A

ICD Procedure: N/A

HCPCS: 93015, 93018, 78451-78454, J0153, J1245

Deleted Codes: N/A



Policy History

Initial Committee Approval Date: October 21, 2015

Code Update: January 7, 2019

Policy Review Date: November 29, 2017

January 7, 2019

January 26, 2021

Cross Reference: N/A

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