

## COMMERCIAL REIMBURSEMENT POLICY

### Myocardial Perfusion (Cardiovascular Stress Test)

Active

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**Policy Number:** General Coding – 018  
**Policy Title:** Myocardial Perfusion (Cardiovascular Stress Test)  
**Section:** General Coding  
**Effective Date:** 12/01/23

#### Description

This policy addresses coding and reimbursement for myocardial perfusion (cardiovascular stress tests).

#### Definitions

**SPECT (Single Photon Emission Computed Tomography):** A three-dimensional assessment of the radioisotope dispersed in the patient's body.

**Planar Imaging:** A two-dimensional assessment of the radioisotope dispersed in the patient's body.

#### 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); Adenosine) 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 (78453, 78454, 78466, 78468, 78472, 78473, 78481, 78483, 78496) or SPECT (78451, 78452, 78469, 78494) 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. If a denial is appealed, this



documentation must be submitted with the appeal.

### Coverage

Eligible services will be subject to the subscriber benefits, applicable fee schedule amount and any coding edits.

#### 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.

<b>CPT/HCPCS Modifier:</b>	N/A						
<b>ICD-10 Diagnosis:</b>	N/A						
<b>ICD-10 Procedure:</b>	N/A						
<b>CPT/HCPCS:</b>	78451	78452	78453	78454	78466	78468	78469
	78472	78473	78481	78483	78494	78496	93015
	93018						
<b>Revenue Codes:</b>	N/A						

### Resources

Current Procedural Terminology (CPT®)
National Correct Coding Initiative (NCCI)

### Policy History

10/21/2015	Initial Committee Approval
01/07/2019	Annual Policy Review, Code update
01/26/2021	Annual Policy Review
04/12/2021	Code update
05/27/2021	Annual Policy Review
05/24/2022	Annual Policy Review



11/28/2023	Annual Policy Review
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