



MASSACHUSETTS

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Medical Policy

Nuclear Cardiology Infarct Imaging

Table of Contents

- [Policy: Commercial](#)
- [Coding Information](#)
- [Information Pertaining to All Policies](#)
- [Authorization Information](#)
- [Policy History](#)
- [References](#)
- [Endnotes](#)

Policy Number: 834

BCBSA Reference Number: N/A

Related Policies

- **Medicare Advantage: High-Technology Radiology and Sleep Disorder Management Clinical and Utilization Guidance Redirect, #923**
- AIM High Technology Radiology Management Program CPT and HCPCS Codes, #900
- Oncologic Imaging, #960
- Non-oncologic Imaging of the Abdomen and Pelvis, #961
- Non-oncologic Imaging of the Brain, #962
- Non-oncologic Imaging of the Chest, #963
- Non-oncologic Imaging of the Extremities, #964
- Non-oncologic Imaging of the Head and Neck, #965
- Non-oncologic Imaging of the Spine, #966
- Non-Oncologic Vascular Imaging, #967
- Nuclear Cardiology Infarct Imaging, #834
- Cardiac Computed Tomography (CT) for Quantitative Evaluation of Coronary Calcification), #832
- Computed Tomography (CT) Cardiac (Structure), #833
- Nuclear Cardiology: Cardiac Blood Pool Imaging Blood Pool Imaging includes MUGA (Multi-Gated Acquisition) & First Pass Radionuclide Ventriculography, #830
- Nuclear Cardiology Myocardial Perfusion Imaging, #836
- Magnetic Resonance Imaging (MRI) Cardiac, #835
- Positron Emission Tomography (PET) Myocardial Imaging, #837

Policy¹

Commercial Members: Managed Care (HMO and POS), PPO, and Indemnity

Infarct Imaging is considered [MEDICALLY NECESSARY](#) for the following conditions:

Suspected acute myocardial infarction, which likely occurred within the last 7 days

- Including interrogation of the following:
 - Negative (past expected peak) cardiac enzymes
 - Abnormal baseline ECG, due to prior myocardial infarction
 - Left bundle branch block

Differentiation of subendocardial (non-Q-wave) infarction versus ischemia

Post-cardioversion

Following significant chest trauma or major surgical procedure, with chest pain

Prior Authorization Information

Inpatient

- For services described in this policy, precertification/preauthorization **IS REQUIRED** for all products if the procedure is performed **inpatient**.

Outpatient

- For services described in this policy, see below for products where prior authorization **might be required** if the procedure is performed **outpatient**.

	Outpatient
Commercial Managed Care (HMO and POS)	The requirements of BCBSMA Radiology Management Program may require a precertification/prior authorization via AIM Specialty Health. These requirements are member-specific:
Commercial PPO and EPO	<p>Please verify member eligibility and requirements through Online Services by logging onto Provider Central. Refer to our Quick Tip for an overview of precertification and prior authorization requirements.</p> <p>Ordering clinicians should request pre-certification from AIM Specialty Health or call 1-866-745-1783 (when applicable).</p> <p>Prior authorization information for Medicare HMO Blue and Medicare PPO Blue is addressed in medical policy #923, High Technology Radiology and Sleep Disorder Management for Medicare Advantage Products.</p>
Indemnity	Prior authorization is not required.

CPT Codes / HCPCS Codes / ICD Codes

Inclusion or exclusion of a code does not constitute or imply member coverage or provider reimbursement. Please refer to the member's contract benefits in effect at the time of service to determine coverage or non-coverage as it applies to an individual member.

Providers should report all services using the most up-to-date industry-standard procedure, revenue, and diagnosis codes, including modifiers where applicable.

The following codes are included below for informational purposes only; this is not an all-inclusive list.

The above medical necessity criteria **MUST be met for the following codes to be covered for Commercial Members: Managed Care (HMO and POS), PPO, and Indemnity:**

CPT Codes

CPT codes:	Code Description
78466	Myocardial imaging, infarct avid, planar; qualitative or quantitative
78468	Myocardial imaging, infarct avid, planar; with ejection fraction by first pass technique

78469	Myocardial imaging, infarct avid, planar; tomographic SPECT with or without quantification
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Policy History

Date	Action
1/2018	Prior authorization information for Medicare HMO Blue and Medicare PPO Blue removed. Prior authorization information for Medicare HMO Blue and Medicare PPO Blue is addressed in medical policy #923, High Technology Radiology and Sleep Disorder Management for Medicare Advantage Products .
5/2017	Prior Authorization Information clarified.
10/1/2016	New medical policy describing medically necessary indications. Effective 10/1/2016. Adopted AIM Clinical Appropriateness Guidelines: Advanced Imaging: Cardiac Imaging Effective Date: March 1, 2016.

Information Pertaining to All Blue Cross Blue Shield Medical Policies

Click on any of the following terms to access the relevant information:

[Medical Policy Terms of Use](#)

[Managed Care Guidelines](#)

[Indemnity/PPO Guidelines](#)

[Clinical Exception Process](#)

[Medical Technology Assessment Guidelines](#)

References

N/A

Endnotes

¹ Based on AIM Clinical Appropriateness Guidelines: Advanced Imaging: Cardiac Imaging.