

## Nuclear Scan of Biliary Tract/Hepatobiliary Duct (HIDA)

Providers can expedite a request by submitting a prior authorization request through e-referral and completing the appropriate questionnaire. If all questions are answered, e-referral will determine the status of the case based on the provider's response. If the case pends and BCN cannot authorize it, BCN will contact the provider for additional clinical information.

Code	Description
*78223	Hepatobiliary ductal system imaging, including gallbladder, with or without pharmacologic interventions, with or without quantitative measurement of gallbladder function
*78226	Hepatobiliary system imaging, including gallbladder when present
*78227	Hepatobiliary system imaging, including gallbladder when present, with pharmacologic intervention, including quantitative measurement(s) when performed

In general, the HIDA test has been replaced by high quality ultrasound of the liver and gallbladder. However, in some situations it can be a valuable test to evaluate liver and gallbladder functional status.

This test may also require use of a pharmacological agent to cause gallbladder contraction in order to evaluate function (CCK)

1.	Does the patient have:	
2.	An abnormal CT, ultrasound or other imaging test where HIDA scan has been recommended or requested?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3.	Symptoms of acute cholecystitis (severe right upper quadrant pain of the abdomen AND non-diagnostic OR unavailable ultrasound study)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4.	Symptoms of chronic/acalculous cholecystitis (recurrent right upper quadrant pain WITHOUT evidence of gallstones on prior ultrasound)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5.	Symptoms of gallbladder dysfunction (upper and lower abdominal pain, vomiting, nausea, low grade fever, pain after eating fatty or greasy foods, diarrhea, back pain) WITH non-diagnostic ultrasound?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6.	Suspected bile leak after trauma or surgery?	<input type="checkbox"/> Yes <input type="checkbox"/> No
7.	Suspected post-surgical complication?	<input type="checkbox"/> Yes <input type="checkbox"/> No

If the test for the patient is not approved and you think the patient needs the test, please call 1-800-392-2512.

### References:

ACR Practice Guidelines and Technical Standards 2007.

ACR Appropriateness Criteria, Sept. 2007.

Arkles, LB. Diffuse disease of the liver and spleen. In: Murray IPC, Ell PJ, eds. Nuclear Medicine in Clinical Diagnosis and Treatment. Edinburgh: New York, NY: Churchill Livingstone; 1994: 55-62.

Wells RG, Sty Jr. Radionuclide imaging of the liver, biliary system and spleen. In: Miller JH, Glefand MJ, eds. Nuclear Imaging. 1st edition. Philadelphia, Pa: WB Saunders; 1994: 103-156.

**\*CPT codes, descriptions and two-digit numeric modifiers only are copyright 2011 American Medical Association. All rights reserved.**