

Nuclear Blood Pool Imaging, Cardiac Blood Pool, Heart Muscle Cardiac MUGA

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	
*78472	Cardiac blood pool imaging, gated equilibrium: planar, single study at rest or stress (exercise and/or pharmacologic), wall motion study plus ejection fraction, with or without additional quantitative processing	
*78473	Cardiac blood pool imaging, gated equilibrium: multiple studies at rest or stress (exercise and/or pharmacologic), wall motion study plus ejection fraction, with or without additional quantitative processing	
*78481	Cardiac blood pool imaging (planar), first pass technique; single study, at rest or with stress (exercise and/or pharmacologic), wall motion study, plus ejection fraction, with or without quantification	
*78483	Cardiac blood pool imaging (planar), first pass technique; multiple studies, at rest or with stress (exercise and/or pharmacologic), wall motion study, plus ejection fraction, with or without quantification	
*78494	Cardiac blood pool imaging, gated equilibrium, SPECT, at rest, wall motion study plus ejection fraction, with or without quantitative processing	
*78496	Cardiac blood pool imaging, gated equilibrium, single study, at rest, with right ventricular ejection fraction by first pass technique (List separately in addition to code for primary procedure)	
1.	Does the patient have:	
2.	An abnormal cardiac imaging study suggesting need for nuclear medicine evaluation?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3.	Need to evaluate intracardiac shunts OR right and left ejection fractions (the percentage of blood pumped out of the heart's chamber during each heart beat)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4.	The need for further assessment of wall motion abnormalities?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5.	History of cardiomyopathy (condition where the heart muscle does not work as well as it should)? NOTE: Cardiomyopathy is defined by an ejection fraction < 50%.	<input type="checkbox"/> Yes <input type="checkbox"/> No
6.	The need for evaluation of congenital heart disease?	<input type="checkbox"/> Yes <input type="checkbox"/> No
7.	CAD risk stratification needed due to stenosis (blockage) equal to or greater than 50% in 2-3 vessels by angiogram?	<input type="checkbox"/> Yes <input type="checkbox"/> No
8.	CAD risk stratification needed due to ejection fraction equal to or greater than 50%?	<input type="checkbox"/> Yes <input type="checkbox"/> No
9.	CAD risk stratification needed due to Canadian Class II angina OR NYHA Class II CHF** symptoms that are unresponsive to maximal medication AND positive stress test?	<input type="checkbox"/> Yes <input type="checkbox"/> No
10.	CAD risk stratification needed due to silent ischemia WITH positive stress test?	<input type="checkbox"/> Yes <input type="checkbox"/> No
11.	Is this being performed for a patient with cancer to assess the heart for tolerance to a chemotherapeutic agent or regimen?	<input type="checkbox"/> Yes <input type="checkbox"/> No
12.	**Canadian Class II angina and New York Heart Association (NYHA) Class II CHF: slight limitation of ordinary physical activity results in fatigue, palpitation, shortness of breath or chest pain.	

Radiology Questionnaire

13.	References:	
14.	ACR Practice Guidelines and Technical Standards 2007.	
15.	ACR Appropriateness Criteria, Sept. 2007.	
16.	Gurusher Singh P, Diwakar J. Monitoring Chemotherapy Induced Cardiotoxicity: Role of Cardiac Nuclear Imaging. J Nucl Cardiol 2006;13:415-26.	
17.	DePuey EG et al. Non-perfusion Applications in Nuclear Cardiology. J Nucl Cardiol 1998;5:218-31.	
18.	Williams KA. Measurement of Ventricular Function with Scintigraphic Techniques: Part I – Imaging Hardware, Radiopharmaceuticals, and First Pass Radionuclide Angiography. J Nucl Cardiol 2005;12:86-95.	
19.	Williams KA. A Historical Perspective on Measurement of Ventricular Function with Scintigraphic Techniques: Part II - Ventricular Function with Gated Techniques for Blood Pool and Perfusion Imaging. J Nucl Cardiol 2005; 12:208-15.	
20.	DePuey et al. Imaging Guidelines for Nuclear Cardiology Procedures A Report of the American Society of Nuclear-Cardiology Quality Assurance Committee. J Nucl Cardiol 2006;13:e21-171.	
21.	Barry L. Zaret and George A. Bellar. Clinical Nuclear Cardiology. 3rd Edition. Philadelphia: Elsevier Mosby Publishers; 2005.	

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