Radiology Questionnaire

Nuclear Scan of Liver and Spleen, SPECT, Vascular Flow (Liver-Spleen Scan)

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.

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
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<tbody>
<tr>
<td>*78201</td>
<td>Liver imaging, static only</td>
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<tr>
<td>*78202</td>
<td>Liver imaging, with vascular flow</td>
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<td>*78205</td>
<td>Liver imaging (SPECT)</td>
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<tr>
<td>*78206</td>
<td>Liver imaging (SPECT), with vascular flow</td>
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<tr>
<td>*78215</td>
<td>Liver and spleen imaging, static only</td>
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<tr>
<td>*78216</td>
<td>Liver and spleen imaging, with vascular flow</td>
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</tbody>
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In general, these tests have been replaced by high quality ultrasound of the liver and spleen, occasionally with additional imaging information obtained from CT and/or MRI or image-guided liver biopsy.

However, in some situations, they can be a valuable test to evaluate liver or spleen status, or to help differentiate between various types of masses found in the liver.

1. Does the patient have:
2. An abnormal CT, ultrasound or other imaging test where liver-spleen scan imaging has been requested? □ Yes □ No
3. Acute or chronic liver disease that requires for evaluation of function? □ Yes □ No
4. Mass in the liver where there is a need to differentiate between types of lesions (i.e., focal nodular hyperplasia / localized mass vs. hemangioma lesions with blood vessel malformation)? □ Yes □ No
5. Inability to obtain/unable to tolerate US, CT or MRI AND ONE of the following: diffuse (widespread) hepatic disease; suspected cirrhosis (irreversible scarring) of the liver; elevated liver function tests (i.e., liver enzymes, bilirubin, etc.)? □ Yes □ No
6. Need to evaluate hepatic artery prior to chemotherapy? □ Yes □ No
7. Need to identify functioning splenic tissue? □ Yes □ No
8. History of liver transplant? □ Yes □ 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:

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