

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.

Code	Description
*78201	Liver imaging, static only
*78202	Liver imaging, with vascular flow
*78205	Liver imaging (SPECT)
*78206	Liver imaging (SPECT), with vascular flow
*78215	Liver and spleen imaging, static only
*78216	Liver and spleen imaging, with vascular flow

In general, these tests have been replaced by high quality ultrasound of the liver and spleen, occasionally with additional imaging information obtained from CT and/or MRI or image-guided liver biopsy.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?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3.	Acute or chronic liver disease that requires for evaluation of function?	<input type="checkbox"/> Yes <input type="checkbox"/> 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)?	<input type="checkbox"/> Yes <input type="checkbox"/> 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.)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6.	Need to evaluate hepatic artery prior to chemotherapy?	<input type="checkbox"/> Yes <input type="checkbox"/> No
7.	Need to identify functioning splenic tissue?	<input type="checkbox"/> Yes <input type="checkbox"/> No
8.	History of liver transplant?	<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, Eil PJ, eds. Nuclear Medicine in Clinical Diagnosis and Treatment. Edinburgh: New York, NY: Churchill Livingstone; 1994: 55-62.

Rubin RA, Lichtenstein, GR. Hepatic scintigraphy in the evaluation of solitary solid liver masses. J Nucl Med 1993;34:697-705.

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.

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