

Radiology Questionnaire

Nuclear Scan of the Heart Muscle (myocardial perfusion imaging)

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	
*78451	Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	
*78452	Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); multiple studies, at rest and/or stress (exercise or pharmacologic) and/or redistribution and/or rest injection	
*78453	Myocardial perfusion imaging, planar (including qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	
*78454	Myocardial perfusion imaging, planar (including qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); multiple studies, at rest and/or stress (exercise or pharmacologic) and/or redistribution and/or rest reinjection	
*78466	Myocardial imaging, infarct avid, planar quantitative or qualitative	
*78468	Myocardial imaging, with ejection fraction by first pass technique	
*78469	Myocardial imaging, tomographic SPECT with or without quantification	
1.	Does the patient have:	
2.	THREE or more risk factors for coronary artery disease (CAD): Age >40 (men) >60 (women), IDDM or NIDDM, high cholesterol or triglycerides or abnormal LDL or HDL**, high blood pressure***, smoking history****, family history CAD (1 st degree relative)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3.	A Framingham risk score less than 10?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4.	Chest pain with exertion/exercise?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5.	Atypical chest pain, WITH two significant risk factors listed above?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6.	New or worsening symptoms AND a prior abnormal coronary angiography OR abnormal prior stress imaging study WITHIN the past year?	<input type="checkbox"/> Yes <input type="checkbox"/> No
7.	A history of a CABG, PTCA or a normal nuclear scan within the last year?	<input type="checkbox"/> Yes <input type="checkbox"/> No
8.	A recent EKG showing ANY of the following: left bundle branch block OR paced rhythm OR Wolff-Parkinson-White Syndrome OR left ventricular hypertrophy with ST segment depression OR recent abnormal EKG in patient WITH digoxin use?	<input type="checkbox"/> Yes <input type="checkbox"/> No
9.	A recent EKG showing an ST elevation?	<input type="checkbox"/> Yes <input type="checkbox"/> No
10.	New onset OR newly diagnosed heart failure OR a significant cardiac arrhythmia (irregular heartbeat) with NO prior CAD evaluation and NO planned coronary angiography?	<input type="checkbox"/> Yes <input type="checkbox"/> No
11.	Known heart disease AND planned major surgery?	<input type="checkbox"/> Yes <input type="checkbox"/> No
12.	Recent myocardial infarct (heart attack) within 7-14 days?	<input type="checkbox"/> Yes <input type="checkbox"/> No

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13.	Known coronary artery disease WITH new OR worsening symptoms? If yes, please consider a referral to a cardiologist.	<input type="checkbox"/> Yes <input type="checkbox"/> No
14.	Values for question #1:	
15.	**High Cholesterol (> 200 mg/dl); Triglycerides > 200 mg/dl or 2.25 mmol/l; LDL (>130 mg/dl); HDL < 40 mg/dL.	
16.	***High Blood Pressure as defined by Systolic pressure > 140 or Diastolic pressure > 90 OR under current treatment for high blood pressure with medication?	
17.	****Smoking history of ANY cigarettes in the past month.	

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

References:

Appropriateness Criteria of SPECT, American College of Cardiology, 2004.

Thrall JH, Ziessman HA. Nuclear Medicine. The Requisites, 2nd edition, 2001.

ACR Practice Guidelines and Technical Standards 2007.

ACR Appropriateness Criteria, Sept. 2007.

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