

November 19, 2009

Dr. Virginia C. Calega
Vice President, Medical Management and Policy
Highmark
Fifth Avenue Place
120 Fifth Avenue
Pittsburgh, PA 15222-3099

RE: 2010 CPT Codes for SPECT & Planar Myocardial Perfusion Imaging

Dear Dr. Calega:

This letter is submitted jointly on behalf of the American College of Cardiology (ACC), the American Society of Nuclear Cardiology (ASNC), and the Society of Nuclear Medicine (SNM). Our groups collectively are composed of clinicians, academicians, researchers and nuclear medicine providers utilizing nuclear cardiology imaging technologies, including single photon emission tomography and planar imaging. Representing physicians, providers, and patients with regard to this technology, our organizations have worked closely with the American Medical Association Current Procedural Terminology (CPT[®]) and Relative Value Update (RUC) Committees and the Centers for Medicare and Medicaid Services (CMS) to review and provide coding updates consistent with quality studies and current medical practice standards.

In October 2009, the American Medical Association released new combined CPT[®] codes for the cardiac diagnostic imaging tests: Single Photon Emission Computed Tomography Myocardial perfusion imaging (SPECT-MPI), single and multiple studies, with wall motion and with ejection fraction and Myocardial Perfusion Imaging Planar, single and multiple studies, with wall motion and ejection fraction to become effective on January 1, 2010. **The ACC, ASNC, and SNM would like to assist <<Health plan>> to accurately implement and crosswalk the current codes and to correctly input the new codes into your claims processing systems in a timely manner. It is important to ensure your contractors such as radiology benefit managers have adopted these changes as well. We would also like to assist you in updating coverage policies with these changes due to the extremely high volume.**

The new codes create a simplified and efficient way to bill for these cardiovascular diagnostic procedures. With the high utilization volume of SPECT-MPI nationwide, it's essential for all health plans to properly implement these new codes beginning January 1, 2010. We urge Highmark to implement these coding changes as soon as possible.

We have enclosed a detailed table below that explains the four new nuclear cardiology CPT[®] codes for 2010. It shows the relationship between the 2009 CPT codes and the new codes with their descriptors. The new codes combine the base SPECT-MPI codes (CPT 78460-78465) with the two add-on codes for wall motion and ejection fraction (CPT 78478 and 78480, respectively). These changes depict a more accurate description of how the services are typically performed. Please remember these new packaged codes do NOT include reporting of a stress test when performed. Providers should continue to report CPT

93015-93018 in addition to the four new CPT codes. **We would like to collaborate with Highmark on a local and national level to communicate to our membership in your network what Highmark will be doing surrounding the implementation of the new codes.**

We are also greatly concerned about the accuracy of your health plan methodology for determining the individual provider's reimbursement level for these new CPT codes. In 2009, our members faced a similarly confusing issue with the newly implemented CPT 93306 - *Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, with spectral Doppler echocardiography, and with color flow Doppler echocardiography*. On many occasions with various health plans, the 93306 code was treated as a new and emerging technology and not provided the accurate payment level causing payment delays and administrative appeals and hassles. **In order to reduce confusion and issues, we would recommend that Highmark maintain the reimbursement for SPECT-MPI at the 2009 fee schedule rates for 2010.**

Clear advanced communications will be critical to ensure a smooth transition and to eliminate any major disruption to claims processing and payments. We ask that Highmark provide a national and/or local contact that we may call to discuss this issue. Please contact Henry McCants, Senior Specialist, ACC, at hmccants@acc.org or 202.375.6642 or Denise Merlino, Coding Advisor for ASNC and SNM, at denise@merlinohccc.com or 888.606.4222 to discuss how Highmark and the ACC can work together to transition to the new codes for SPECT-MPI.

Sincerely,

Alfred A. Bove, M.D., Ph.D., F.A.C.C.
President, ACC

Jennifer H. Mieres, M.D., F.A.S.N.C.
President, ASNC

Michael Graham, M.D., Ph.D.
President, SNM

The American College of Cardiology is leading the way to optimal cardiovascular care and disease prevention. The College is a 37,000-member nonprofit medical society and bestows the credential Fellow of the American College of Cardiology upon physicians who meet its stringent qualifications. The College is a leader in the formulation of health policy, standards and guidelines, and is a staunch supporter of cardiovascular research.

The ASNC is a 5,000 member professional medical society comprised of physicians, scientists, and technologists who work in the field of Nuclear Cardiology and Cardiovascular Computed Tomography. ASNC provides continuing medical education, promotes accreditation and certification, and is the principal advocacy voice for the profession.

The SNM is an international scientific and medical organization dedicated to raising public awareness about what molecular imaging is and how it can help provide patients with the best health care possible. SNM members specialize in molecular imaging, a vital element of today's medical practice that adds an additional dimension to diagnosis, changing the way common and devastating diseases are understood and treated. SNM's more than 17,000 members set the standard for molecular imaging and nuclear medicine practice by creating guidelines, sharing information through journals and meetings and leading advocacy on key issues that affect molecular imaging and therapy research and practice. For more information, visit www.snm.org.

Attachment 1

2010 CPT Code	Description	Comments
• 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)	New. Crosswalk 78464 plus 78478 & 78480
• 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 reinjection	New. Crosswalk 78465 plus 78478 & 78480
• 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)	New. Crosswalk 78460
• 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	New. Crosswalk 78461
78460	Myocardial perfusion imaging; (planar) single study, at rest or stress (exercise and/or pharmacologic), with or without quantification	Deleted
78461	Myocardial perfusion imaging; multiple studies (planar), at rest and/or stress (exercise and/or pharmacologic), and redistribution and/or rest injection, with or without quantification	Deleted
78464	Myocardial perfusion imaging; tomographic (SPECT); single study (including attenuation correction when performed), at rest or stress (exercise and/or pharmacologic), with or without quantification	Deleted
78465	Myocardial perfusion imaging; tomographic (SPECT); multiple studies (including attenuation correction when performed), at rest and/or stress (exercise and/or pharmacologic) and redistribution and/or rest injection, with or without quantification	Deleted

●	(78460–78465 have been deleted. To report, see 78451–78454)	Parenthetical to direct provider to new codes. Be careful to crosswalk the deleted add-on codes with charges, <u>in addition</u> to the base codes.
●	(Do not report 78472, 78473 in conjunction with 78451–78454, 78481, 78483, 78494)	CPT added clarification, look for a new CCI edit.
78478	Myocardial perfusion study with wall motion, qualitative or quantitative study (List separately in addition to code for primary procedure) (Use 78478 in conjunction with 78460, 78461, 78464, 78465)	Crosswalk 78478 with 78451 or 78452
78480	Myocardial perfusion study with ejection fraction (List separately in addition to code for primary procedure) (Use 78480 in conjunction with 78460, 78461, 78464, 78465)	Crosswalk 78480 with 78451 or 78452
●	(78478, 78480 have been deleted. To report, see 78451–78454)	Parenthetical to direct provider to new codes. Be careful to cross walk the deleted add-on codes with charges, <u>in addition</u> to the base codes.
●	(Do not report 78481–78483 in conjunction with 78451–78454)	CPT added clarification, look for a new CCI edit.

The new CPT codes do NOT include reporting of a stress test when performed. Providers should continue to report CPT 93015-93018 in addition to the four new CPT codes.

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