



Status

Active

## Medical and Behavioral Health Policy

Section: Behavioral Health

Policy Number: X-16

Effective Date: 09/24/2014

Blue Cross and Blue Shield of Minnesota medical policies do not imply that members should not receive specific services based on the recommendation of their provider. These policies govern coverage and not clinical practice. Providers are responsible for medical advice and treatment of patients. Members with specific health care needs should consult an appropriate health care professional.

## SINGLE PHOTON EMISSION COMPUTED TOMOGRAPHY (SPECT) FOR MENTAL HEALTH DISORDERS

**Description:** Single photon emission computed tomography (SPECT) is a type of nuclear imaging test that may be used to visualize the functional characteristics of various organs, including the brain. With this test, a radioactive tracer is injected intravenously. Decay of the radioactive tracer results in emission of gamma rays that are detected by a gamma camera, which allows reconstruction of cross-sectional slices.

SPECT has been used to study regional cerebral blood flow and to evaluate dopamine and serotonin receptor availability in the brain. SPECT has also been proposed as a tool to diagnose and estimate treatment response in a number of mental health disorders including attention deficit/hyperactivity disorder (ADHD) and other psychiatric conditions.

**Policy:** Single photon emission computed tomography (SPECT) for evaluation and treatment planning for all mental health disorders is considered **INVESTIGATIVE**, due to a lack of evidence demonstrating an impact on improved health outcomes. These disorders include, but are not limited to:

- Attention-deficit/hyperactivity disorder (ADHD)
- Autism spectrum disorders
- Cognitive or mental health disorders related to a medical condition

**Coverage:** Blue Cross and Blue Shield of Minnesota medical policies apply generally to all Blue Cross and Blue Plus plans and products. Benefit plans vary in coverage and some plans may not provide coverage for certain services addressed in the medical policies.

Medicaid products and some self-insured plans may have additional policies and prior authorization requirements. Receipt of benefits is subject to all terms and conditions of the member's summary plan description (SPD). As applicable, review the provisions relating to a

specific coverage determination, including exclusions and limitations. Blue Cross reserves the right to revise, update and/or add to its medical policies at any time without notice.

For Medicare NCD and/or Medicare LCD, please consult CMS or National Government Services websites.

Refer to the Pre-Certification/Pre-Authorization section of the Medical Behavioral Health Policy Manual for the full list of services, procedures, prescription drugs, and medical devices that require Pre-certification/Pre-Authorization. Note that services with specific coverage criteria may be reviewed retrospectively to determine if criteria are being met. Retrospective denial of claims may result if criteria are not met.

**Coding:** *The following codes are included below for informational purposes only, and are subject to change without notice. Inclusion or exclusion of a code does not constitute or imply member coverage or provider reimbursement.*

**CPT:**  
78607 Brain imaging, tomographic (SPECT)

**Policy History:** **Developed April 9, 2003**  
**Most recent history:**  
Reviewed August 10, 2011  
Reviewed August 8, 2012  
Revised August 14, 2013  
Reviewed September 10, 2014

**Cross Reference:**

*Current Procedural Terminology (CPT®)* is copyright 2013 American Medical Association. All Rights Reserved. No fee schedules, basic units, relative values, or related listings are included in CPT. The AMA assumes no liability for the data contained herein. Applicable FARS/DFARS restrictions apply to government use.

Copyright 2014 Blue Cross Blue Shield of Minnesota.

