

11 June 2009

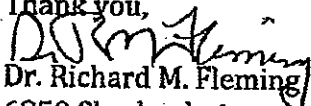
Re: Reconfirmation of July 15, 2004 question posed regarding 78464 vs. 78465

Dear Regina,

Thank you for returning my telephone call regarding the prior question posed to Ms. Trajkovski on July 15, 2004. I appreciate your looking for the original question/document and can understand that items from that time period are missing. As I mentioned during our telephone conversation earlier today, I would like to reconfirm Jennifer's response to me as noted in the July 23, 2004 correspondence - see attached. The protocol used during 2002 which Jennifer and I corresponded on consisted of taking a static and then dynamic image as noted below and which she conclude, that 78465 was the correct billing code. The protocol is as follows:

1. Obtain blood pressure, ECG and start IV
2. Administer dipyridamole over 4 minutes
3. Wait 2 minutes
4. Administer sestamibi
5. Wait 5 to 10 minutes and take static (planar) image of the heart
6. Wait 30 to 60 minutes and take dynamic (SPECT) image in addition to wall motion and ejection fraction determination.

I would be happy to supply any additional information that you might need. Can you reconfirm, Jennifer's statement that 78465 was/is the proper billing code for this protocol?

Thank you,  
  
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CPT Information Services

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July 23, 2004

Dr. Richard M. Fleming  
Elgin Cardiology  
915 Center Street, Suite 2001  
Elgin, IL 60120

Dear Doctor Fleming:

This is written in response to your inquiry dated and received by CPT Information Services on July 15, 2004. I apologize for the delayed reply to your inquiry. For your information your account has been debited one inquiry for this response.

From a CPT coding perspective, based upon the information submitted for review and comments received from our physician advisor, the appropriate codes to report are as follows:

*78465, Myocardial perfusion imaging; tomographic (SPECT), multiple studies, at rest and/or stress (exercise and/or pharmacologic) and redistribution and/or rest injection, with or without quantification;*

*78478, Myocardial perfusion study with wall motion, qualitative or quantitative study (List separately in addition to code for primary procedure);*

*78480, Myocardial perfusion study with ejection (List separately in addition to code for primary procedure);*

Additionally, with regard to your question concerning multiple injections required to report code 78465, please note that CPT code selection is based upon the number of studies being performed. For example, multiple studies as referenced in the code descriptor of 78465, means more than one study is being performed as opposed to a single study, described by code 78464, *Myocardial perfusion imaging; tomographic (SPECT), single study at rest or stress (exercise and/or pharmacologic), with or without quantification.*

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Thank you for your inquiry and I hope this information is of assistance to you.

Respectfully,

Jennifer Trajkovski, BS, RHIT  
Coding Associate  
CPT Information Services

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