

# **Medica Central Coverage Policy**

Policy Name: Single Photon Emission Computed Tomography (SPECT) for

Attention Deficit Hyperactivity Disorder (ADHD) MP9633

Effective Date: 08/01/2024

## Important Information – Please Read Before Using This Policy

These services may or may not be covered by all Medica Central plans. Coverage is subject to requirements in applicable federal or state laws. Please refer to the member's plan document for other specific coverage information. If there is a difference between this general information and the member's plan document, the member's plan document will be used to determine coverage. With respect to Medicare, Medicaid, and other government programs, this policy will apply unless these programs require different coverage.

Members may contact Medica Customer Service at the phone number listed on their member identification card to discuss their benefits more specifically. Providers with questions may call the Provider Service Center. Please use the Quick Reference Guide on the Provider Communications page for the appropriate phone number. <a href="https://mo-central.medica.com/Providers/SSM-employee-health-plan-for-IL-MO-OK-providers">https://mo-central.medica.com/Providers/SSM-employee-health-plan-for-IL-MO-OK-providers</a>

Medica Central coverage policies are not medical advice. Members should consult with appropriate health care providers to obtain needed medical advice, care, and treatment.

**Note:** This policy is no longer scheduled for routine review of the scientific literature.

### **Coverage Policy**

Single photon emission computed tomography (SPECT) for screening, diagnosis or evaluation of treatment of attention deficit hyperactivity disorder (ADHD) is investigative and therefore **NOT COVERED**. There is insufficient reliable evidence in the form of high quality peer-reviewed medical literature to establish the efficacy or effects on health care outcomes.

#### **Description**

Single-photon emission computed tomography (SPECT) is a type of nuclear imaging test that uses a radioactive substance, a special camera, and a computer to create three-dimensional pictures of the brain. SPECT may be used to measure relationships between activity in certain areas of the brain and specific mental functions. Consequently, it is purported to be useful in diagnosing or assessing individuals thought to exhibit characteristics of attention deficit hyperactivity disorder (ADHD), a term given to describe a cluster of behavioral characteristics which include impaired attention, distractibility, impulsivity, and hypo- or hyperactivity. However, studies demonstrating improved clinical outcomes due to SPECT are limited.

#### FDA Approval

Several SPECT scanning devices have received FDA 510(k) clearance.

#### **Prior Authorization**

Prior authorization is not applicable. Claims for this service are subject to retrospective review and denial of coverage, as investigative services are not eligible for reimbursement.



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### **Coding Considerations**

Use the current applicable CPT/HCPCS code(s). 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 Codes**

 78803 - Radiopharmaceutical localization of tumor, inflammatory process or distribution of radiopharmaceutical agent(s) (includes vascular flow and blood pool imaging, when performed); tomographic (SPECT), single area (eg, head, neck, chest, pelvis), single day imaging

	Committee/Source	Date(s)
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