

CHAMPVA POLICY MANUAL

CHAPTER: 2
SECTION: 26.10
TITLE: RADIONUCLIDE IMAGING PROCEDURES

AUTHORITY: 38 CFR 17.270(a) and 17.272(a)

RELATED AUTHORITY: 32 CFR 199.4(b) and (c)

I. EFFECTIVE DATE

October 12, 1984

II. PROCEDURE CODE(S)

78000-78799, 78800-78999

III. POLICY

A. Radionuclide imaging is covered when medically appropriate; however, the following procedures are seldom indicated and require special written justification:

1. 78070 – **Parathyroid Nuclear Imaging** - Computerized tomography (CT) is superior to radionuclide parathyroid imaging, including its use with selenium-75 selenomethionine.
2. 78299 – **GI Nuclear Procedure** -Radionuclide liver function study with hepatobiliary agents, with probe technique - When available, computer-assisted radionuclide liver function study is superior.
3. 78299 – **GI Nuclear Procedure** - Radionuclide pancreas imaging - Computerized tomography and ultrasound are superior to radionuclide pancreas imaging, including its use with selenium-75 selenomethionine.
4. 78299 – **GI Nuclear Procedure** - Gastrointestinal fat absorption with radioiodinated triolein - Surpassed by other studies.
5. 78704 - **Imaging Renogram** - Radionuclide kidney imaging with function study (i.e., imaging renogram) - When available, computer-assisted renal scintigraphy study is superior to radionuclide kidney imaging with function study, including its use with I-131 hippuran and external scintillation probes.

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B. Indium¹¹¹ Pentetreotide (Octreoscan) Scintigraphy is covered for the localization and monitoring of treatment of primary and metastatic neuroendocrine tumors.

END OF POLICY