**Medicare Advantage Policy Manual**

**Policy ID:** M-RAD57

**Dopamine Transporter Imaging With Single-Photon Emission Computed Tomography (DAT-SPECT)**

**Published:** 03/01/2018

**Next Review:** 01/2019

**Last Review:** 01/2018

**Medicare Link(s) Revised:** N/A

---

**IMPORTANT REMINDER**

The Medicare Advantage Medical Policy manual is not intended to override the member Evidence of Coverage (EOC), which defines the insured’s benefits, nor is it intended to dictate how providers are to practice medicine. Physicians and other health care providers are expected to exercise their medical judgment in providing the most appropriate care for the individual member.

The Medicare Advantage Medical Policies are designed to provide guidance regarding the decision-making process for the coverage or non-coverage of services or procedures in accordance with the member EOC and the Centers of Medicare and Medicaid Services (CMS) policies, when available. In the event of a conflict, applicable CMS policy or EOC language will take precedence over the Medicare Advantage Medical Policy. In the absence of CMS guidance for a requested service or procedure, the health plan may apply their Medical Policy Manual or MCG™ criteria, both of which are developed with an objective, evidence-based process using scientific evidence, current generally accepted standards of medical practice, and authoritative clinical practice guidelines.

Medicare and EOCs exclude from coverage, among other things, services or procedures considered to be investigational, cosmetic, or not medically necessary, and in some cases, providers may bill members for these non-covered services or procedures. Providers are encouraged to inform members in advance when they may be financially responsible for the cost of non-covered or excluded services.

---

**DESCRIPTION**

Dopamine transporter single-photon emission computed tomography (DAT-SPECT) detects presynaptic dopaminergic deficit by measuring DAT binding. It is being evaluated as a method for diagnosing certain neurological conditions.

---

**MEDICARE ADVANTAGE POLICY CRITERIA**

<table>
<thead>
<tr>
<th><strong>CMS Coverage Manuals</strong>*</th>
<th>None</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>National Coverage Determinations (NCDs)</strong>*</td>
<td>See References[^1]</td>
</tr>
<tr>
<td><strong>Dopamine transporter imaging with single-photon emission computed tomography (DAT-SPECT) is not addressed within the NCD.</strong></td>
<td></td>
</tr>
</tbody>
</table>
Noridian Healthcare Solutions (Noridian) Local Coverage Determinations (LCDs) and Articles (LCAs)*

None

Medical Policy Manual

Medicare coverage guidance is not available for DAT-SPECT. Therefore, the health plan’s medical policy is applicable.

NOTE: If a procedure or device lacks scientific evidence regarding safety and efficacy because it is investigational or experimental, the service is noncovered as not reasonable and necessary to treat illness or injury. (Medicare IOM Pub. No. 100-04, Ch. 23, §30A). According to Title XVIII of the Social Security Act, §1862(a)(1)(A), only medically reasonable and necessary services are covered by Medicare. In the absence of a NCD, LCD, or other coverage guideline, CMS guidelines allow a Medicare Advantage Organization (MAO) to make coverage determinations, applying an objective, evidence-based process, based on authoritative evidence. (Medicare IOM Pub. No. 100-16, Ch. 4, §90.5). The Medicare Advantage Medical Policy - Medicine Policy No. M-149 - provides further details regarding the plan’s evidence-assessment process (see Cross References).

POLICY GUIDELINES

REGULATORY STATUS

DaTscan was approved by the U.S. Food Drug Administration (FDA) in 2011 as a new molecular entity (NME) and is “indicated for striatal dopamine transporter visualization using single-photon emission computed tomography (SPECT) brain imaging to assist in the evaluation of adult patients with suspected parkinsonian syndromes (PS). In these patients, DaTscan may be used to help differentiate essential tremor from tremor due to PS (idiopathic Parkinson's disease, multiple system atrophy and progressive supranuclear palsy). DaTscan is an adjunct to other diagnostic evaluations.” Note, the fact a service or procedure has been issued a CPT/HCPCS code or “is FDA approved for a specific indication does not, in itself, make the procedure medically reasonable and necessary.” Medicare contractors evaluate services, procedures, drugs or technology to determine if they may be considered Medicare covered services. (Noridian LCD L35008)

CROSS REFERENCES

Transcranial Magnetic Stimulation as a Treatment of Depression and Other Disorders, Medicine, Policy No. M-148

Investigational (Experimental) Services and New and Emerging Medical Technologies and Procedures, Medicine, Policy No. M-149

Single Photon Emission Computed Tomography (SPECT) of the Brain, Radiology, Policy No. M-44
REFERENCES

1. NCD for Single Photon Emission Computed Tomography (SPECT) (220.12)

CODING

<table>
<thead>
<tr>
<th>Codes</th>
<th>Number</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>CPT</td>
<td>78607</td>
<td>Brain imaging, tomographic (SPECT)</td>
</tr>
<tr>
<td></td>
<td>A9584</td>
<td>Iodine I-123 ioflupane, diagnostic, per study dose, up to 5 millicuries</td>
</tr>
</tbody>
</table>

*IMPORTANT NOTE: Medicare Advantage medical policies use the most current Medicare references available at the time the policy was developed. Links to Medicare references will take viewers to external websites outside of the health plan’s web control as these sites are not maintained by the health plan.*