

Contrast and Radiopharmaceutical Materials Policy, Professional

IMPORTANT NOTE ABOUT THIS REIMBURSEMENT POLICY

You are responsible for submission of accurate claims. This reimbursement policy is intended to ensure that you are reimbursed based on the code or codes that correctly describe the health care services provided. UnitedHealthcare reimbursement policies may use Current Procedural Terminology (CPT®), Centers for Medicare and Medicaid Services (CMS) or other coding guidelines. References to CPT or other sources are for definitional purposes only and do not imply any right to reimbursement.

This reimbursement policy applies to all health care services billed on CMS 1500 forms and, when specified, to those billed on UB04 forms. Coding methodology, industry-standard reimbursement logic, regulatory requirements, benefits design, and other factors are considered in developing reimbursement policy.

This information is intended to serve only as a general reference resource regarding UnitedHealthcare's reimbursement policy for the services described and is not intended to address every aspect of a reimbursement situation. Accordingly, UnitedHealthcare may use reasonable discretion in interpreting and applying this policy to health care services provided in a particular case. Further, the policy does not address all issues related to reimbursement for health care services provided to UnitedHealthcare enrollees. Other factors affecting reimbursement may supplement, modify or, in some cases, supersede this policy. These factors may include, but are not limited to legislative mandates, the physician or other provider contracts, the enrollee's benefit coverage documents and/or other reimbursement, medical or drug policies. Finally, this policy may not be implemented the same way on the different electronic claims processing systems used by UnitedHealthcare due to programming or other constraints; however, UnitedHealthcare strives to minimize these variations. UnitedHealthcare may modify this reimbursement policy at any time by publishing a new version of the policy on this Website. However, the information presented in this policy is accurate and current as of the date of publication.

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Application

This reimbursement policy applies to services reported using the 1500 Health Insurance Claim Form (a/k/a CMS-1500) or its electronic equivalent or its successor form. This policy applies to all products and all network and non-network physicians and other qualified health care professionals, including, but not limited to, non-network authorized and percent of charge contract physicians and other qualified health care professionals.

United Healthcare Commercial

This Reimbursement Policy applies to all UnitedHealthcare Commercial benefit plans.

UnitedHealthcare Individual Exchange

This Reimbursement Policy applies to all Individual Exchange benefit plans.

This policy does not apply to UnitedHealthcare® Oxford.

Policy

Overview

This policy identifies circumstances where UnitedHealthcare will reimburse physicians and other qualified health care professionals for High and Low Osmolar Contrast and Radiopharmaceutical Materials.

For the purposes of this policy, the Same Group Physician or Other Qualified Health Care Professional is defined as all physicians and/or other health care professionals of the same group rendering health care services reporting the same Federal Tax Identification number.

Reimbursement Guidelines

Services Reported in a CMS Facility Place of Service

UnitedHealthcare does not permit reimbursement for the technical component or global service of an imaging procedure to a physician or other qualified healthcare professional when the procedure is performed in a facility Place of Service (POS) (19, 21, 22, 23, 24, 26, 34, 51, 52, 56, or 61). UnitedHealthcare will not provide reimbursement to a physician or other qualified health care professional for High Osmolar Contrast Materials (HOCM), Low Osmolar Contrast Materials (LOCM) or Radiopharmaceutical Materials submitted with HCPCS codes A4641, A4642, A9500-A9700, J1245, Q3001, Q9951, Q9953, Q9954, Q9956, Q9957 and Q9958-Q9968 with a facility POS, as these materials would be needed in order to perform the technical component of the imaging or therapeutic nuclear medicine procedure. However, separate reimbursement to a physician for HOCM, LOCM or Radiopharmaceutical Materials will be allowed in an Ambulatory Surgical Center (ASC) (POS 24) when provided in conjunction with eligible imaging procedures that are not included on the Centers for Medicare and Medicaid Services (CMS) Ambulatory Surgical Center Fee Schedule (ASCFS) Addendum BB. The technical component, global service and associated HOCM, LOCM or Radiopharmaceutical Materials for procedures listed on the ASCFS Addendum BB are included in the facility case rate and not separately reimbursable.

ASCFS Nuclear Medicine Codes

78267	78268	78350	78351	78609	78835
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ASCFS Contrast and Radiopharmaceutical Materials Codes

A4641	A4642	A9513	A9517	A9530	A9543	A9563	A9564	A9589	A9600
A9604	A9606	A9607	A9699	Q3001	Q9969				

Service Reported in a CMS Non-Facility Place of Service

When an imaging or therapeutic nuclear medicine procedure is performed in a non-facility setting, UnitedHealthcare will provide separate reimbursement to the Same Group Physician or Other Qualified Health Care Professional for HOCM, LOCM or Radiopharmaceutical Materials when reported on the same date of service with a procedure code that requires contrast or Radiopharmaceutical Materials. Additionally, UnitedHealthcare will also allow separate reimbursement for contrast and Radiopharmaceutical Materials reported with a date of service up to two days prior to a nuclear medicine imaging scan.

In accordance with CMS coding guidelines, UnitedHealthcare will not provide separate reimbursement for Radiopharmaceutical Materials HCPCS code A9512 when submitted with A9538 or A9560 on the same day by the Same Group Physician or Other Qualified Health Care Professional.

For more information regarding the professional/technical concept, refer to the UnitedHealthcare Professional/Technical Component Policy.

Definitions

Osmolar Contrast Materials	An iodine-based substance, administered intravascularly, intra-articularly or intrathecally, that is used to enhance the visibility of structures or fluids within the body during an imaging procedure such as an X-ray, MRI or CT image, or other diagnostic/interventional cardiovascular procedures.
Radiopharmaceutical Materials	Radioactive chemical or pharmaceutical preparations, used as diagnostic or therapeutic agents.
Same Group Physician and/or Other Qualified Health Care Professional	All physicians and/or other qualified health care professionals of the same group reporting the same Federal Tax Identification number.

Questions and Answers

1	<p>Q: How was the Eligible Imaging and Therapeutic Procedures Code List derived?</p> <p>A: The Eligible Imaging and Therapeutic Procedures Code List was developed by UnitedHealthcare based on the following criteria:</p> <ul style="list-style-type: none"> • Those codes whose CPT or HCPCS descriptor includes the terms: with contrast, with imaging guidance (fluoroscopy or CT), or including radiologic localization (includes contrast when administered); and • Additional codes in which clinical review determined that contrast or Radiopharmaceutical Materials were required in order to perform the service.
2	<p>Q: Does UnitedHealthcare reimburse for contrast and Radiopharmaceutical Materials reported with a date of service up to two days prior to all eligible imaging or therapeutic procedures?</p> <p>A: No. UnitedHealthcare will only allow separate reimbursement for contrast and Radiopharmaceutical Materials reported with a date of service up to two days prior to a nuclear medicine imaging scan (CPT codes 78012-79999).</p>
3	<p>Q: Does UnitedHealthcare reimburse for contrast and Radiopharmaceutical Materials reported with an imaging and therapeutic or nuclear medicine procedure that is denied based on another UnitedHealthcare reimbursement policy?</p> <p>A: No. UnitedHealthcare will only allow separate reimbursement for contrast and Radiopharmaceutical Materials when reported with an eligible imaging and therapeutic or nuclear medicine procedure that is also eligible for reimbursement.</p>

Attachments	
<u>Contrast-and-Radiopharm-Materials-Code-List.pdf</u>	This list identifies the contrast and Radiopharmaceutical Material codes required to perform an imaging or therapeutic procedure.
<u>Nuclear-Medicine-Procedure-Code-List.pdf</u>	This list identifies codes that require Radiopharmaceutical Materials.
<u>Eligible Imaging and Therapeutic Procedures Code List</u>	This list identifies codes that require contrast materials.
<u>ASCFS-Eligible-Imaging-and-Therapeutic-Proc-Code-List.pdf</u>	This list identifies imaging and therapeutic procedures that are separately reimbursable when provided in an ASC (POS 24).

History	
9/22/2024	Policy Version Change Policy List Change: Contrast and Radiopharmaceutical Materials Code History Section: Entries prior to 9/22/2022 archived
8/4/2024	Policy Version Change Policy List Change: ASCFS Eligible Imaging and Therapeutic Procedures Code List Updated
6/30/2024	Policy Version Change Policy List Change: Contrast and Radiopharmaceutical Materials Code and the Eligible Imaging and Therapeutic Procedures Code Lists Updated History Section: Entries prior to 6/30/2022 archived

4/21/2024	Policy Version Change Policy List Change: ASCFS Eligible Imaging and Therapeutic Procedures Code List Updated History Section: Entries prior to 4/21/2022 archived
4/1/2024	Policy Version Change Template Update <ul style="list-style-type: none"> • Transferred content to shared policy template that applies to both UnitedHealthcare Commercial and Individual Exchange benefit plans. • Updated Application section to indicate this Reimbursement Policy applies to: <ul style="list-style-type: none"> ○ All UnitedHealthcare Commercial benefit plans ○ All Individual Exchange benefit plans
3/31/2024	History Section: Entries prior to 3/31/2022 archived
2/18/2024	Policy Version Change Policy List Change: Updated ASCFS Eligible Imaging and Therapeutic Procedures Code List History Section: Entries prior to 2/18/2022 archived
1/21/2024	Policy Version Change Policy List Change: Updated ASCFS Eligible Imaging and Therapeutic Procedures Code List History Section: Entries prior to 1/21/2022 archived
1/1/2024	Policy Version Change Policy List Change: Updated ASCFS Eligible Imaging and Therapeutic Procedures Code List, Contrast and Radiopharmaceutical Materials Code List and Eligible Imaging and Therapeutic Procedures Code List History Section: Entries prior to 1/1/2022 archived
9/24/2023	Policy Version Change Policy List Change: Updated Contrast and Radiopharmaceutical Material Code List
7/16/2023	Policy Version Change Policy List Change: ASCFS Eligible Imaging and Therapeutic Procedures Code List History Section: Entries prior to 7/16/2021 archived
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4/16/2023	Policy Version Change Logo Updated Policy List Change: Eligible Imaging and Therapeutic Procedures List Updated History Section: Entries prior to 4/16/2021 archived
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1/1/2023	Policy Version Change Policy List Change: Eligible Imaging and Therapeutic Procedures and ASCFS Eligible Imaging and Therapeutic Procedures Code Lists Updated
10/16/2022	Policy Version Change Policy List Change: ASCFS Eligible Imaging and Therapeutic Procedures Code List and ASCFS Contrast and Radiopharmaceutical Materials Code Policy Table Updated
9/25/2022	Policy Version Change Policy List Change: Contrast and Radiopharmaceutical Materials Code List Updated
12/31/2007	Policy implemented by UnitedHealthcare Employer & Individual
10/10/2007	Policy approved by the National Reimbursement Forum