

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 Community Plan reimbursement policies uses 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 Community Plan's reimbursement policy for the services described and is not intended to address every aspect of a reimbursement situation. Accordingly, UnitedHealthcare Community Plan 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 Community Plan enrollees.

Other factors affecting reimbursement supplement, modify or, in some cases, supersede this policy. These factors include, but are not limited to: federal &/or state regulatory requirements, 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 exactly the same way on the different electronic claims processing systems used by UnitedHealthcare Community Plan due to programming or other constraints; however, UnitedHealthcare Community Plan strives to minimize these variations.

UnitedHealthcare Community Plan 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 UnitedHealthcare Community Plan Medicaid products.

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.

Policy

Overview

This policy identifies circumstances where UnitedHealthcare Community Plan 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 qualified 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 Community Plan 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 Community Plan 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 Eligible Imaging and Therapeutic Procedures Code List](#)

ASCFS Nuclear Medicine Procedures Codes

78135	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	A9593
A9594	A9600	A9604	A9606	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 Community Plan 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 Community Plan 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 Community Plan 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.

[Eligible Imaging and Therapeutic Procedures Code List](#)

Nuclear Medicine Procedures Codes

78012	78013	78014	78015	78016	78018	78020	78070	78071	78072
78075	78099	78102	78103	78104	78110	78111	78120	78121	78122
78130	78140	78185	78191	78195	78199	78201	78202	78215	78216
78226	78227	78230	78231	78232	78258	78261	78262	78264	78265
78266	78267	78268	78278	78282	78290	78291	78299	78300	78305
78306	78315	78350	78351	78399	78414	78428	78429	78430	78431
78432	78433	78434	78445	78451	78452	78453	78454	78456	78457
78458	78459	78466	78468	78469	78472	78473	78481	78483	78491
78492	78494	78496	78499	78579	78580	78582	78597	78598	78599
78600	78601	78605	78606	78608	78609	78610	78630	78635	78645
78650	78660	78699	78700	78701	78707	78708	78709	78725	78730
78740	78761	78799	78800	78801	78802	78803	78804	78808	78811
78812	78813	78814	78815	78816	78830	78831	78832	78835	78999
79005	79101	79200	79300	79403	79440	79445	79999		

Contrast and Radiopharmaceutical Materials Codes

A4641	A4642	A9500	A9501	A9502	A9503	A9504	A9505	A9507	A9508
A9509	A9510	A9512	A9513	A9515	A9516	A9517	A9520	A9521	A9524
A9526	A9527	A9528	A9529	A9530	A9531	A9532	A9536	A9537	A9538
A9539	A9540	A9541	A9542	A9543	A9546	A9547	A9548	A9550	A9551
A9552	A9553	A9554	A9555	A9556	A9557	A9558	A9559	A9560	A9561
A9562	A9563	A9564	A9566	A9567	A9568	A9569	A9570	A9571	A9572

Contrast and Radiopharmaceutical Materials Codes									
A9575	A9576	A9577	A9578	A9579	A9580	A9581	A9582	A9583	A9584
A9585	A9586	A9587	A9588	A9589	A9590	A9591	A9592	A9593	A9594
A9597	A9598	A9600	A9604	A9606	A9698	A9699	A9700	J1245	Q3001
Q9951	Q9953	Q9954	Q9956	Q9957	Q9958	Q9959	Q9960	Q9961	Q9962
Q9963	Q9964	Q9965	Q9966	Q9967	Q9968				

For more information regarding the professional/technical concept, refer to the UnitedHealthcare Community Plan “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.



State Exceptions

Wisconsin	WI state regulation considers POS 19 as non-facility place of service
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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 Community Plan 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 Community Plan 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 Community Plan 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 Community Plan 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 Community Plan 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

 UnitedHealthcare Community Plan Eligible Imaging and Therapeutic Procedures Codes List	<p>This list identifies codes that require contrast materials.</p>
 UnitedHealthcare Community Plan ASCFS Eligible Imaging and Therapeutic Procedures Code List	<p>This list identifies imaging and therapeutic procedures that are separately reimbursable when provided in an ASC (POS 24).</p>

Resources

Individual state Medicaid regulations, manuals & fee schedules

American Medical Association, *Current Procedural Terminology (CPT®)* and associated publications and services

Centers for Medicare and Medicaid Services, CMS Manual System and other CMS publications and services

Centers for Medicare and Medicaid Services, Healthcare Common Procedure Coding System, HCPCS Release and Code Sets

History

7/11/2021	<p>Policy Version Change Policy List Change: ASCFS Eligible Imaging and Therapeutic Procedures Code, ASCFS Nuclear Medicine Procedures Code and ASCFS Contrast and Radiopharmaceutical Materials Code Lists Updated Attachments Section: Removed attachment(s) and converted to table(s)</p>
6/27/2021	<p>Policy Version Change Attachment Section: Update Contrast and Radiopharmaceutical Material Code List and Eligible Imaging and Therapeutic Procedures Code List History Section: Entries prior to 6/27/2019 archived</p>
4/18/2021	<p>Policy Version Change Policy List Change: ASCFS Eligible Imaging and Therapeutic Procedures Code List Updated</p>
3/28/2021	<p>Policy Version Change Policy List Change: Contrast and Radiopharmaceutical Materials Code List Updated</p>
1/1/2021	<p>Policy Version Change Policy List Change: Eligible Imaging and Therapeutic Procedures, Nuclear Medicine Procedures, Contrast and Radiopharmaceutical Materials Code and ASCFS Eligible Imaging and Therapeutic Procedures Code Lists Updated History Section: Entries prior to 1/1/2019 archived</p>
6/28/2020	<p>Policy Version Change</p>

	Policy List Change: Eligible Imaging and Therapeutic Procedures List Updated
1/1/2020	Policy Version Change Policy List Change: Eligible Imaging and Therapeutic Procedures, Nuclear Medicine Procedures, Contrast and Radiopharmaceutical Materials Code, ASCFS Eligible Imaging and Therapeutic Procedures Code and ASCFS Nuclear Medicine Procedures Code Lists Updated History Section: Entries prior to 1/1/2018 archived
11/17/2019	Policy Version Change Attachment Section Update: ASCFS Eligible Imaging and Therapeutic Procedures Code List Updated
6/30/2019	Policy Version Change Attachment Section Update: Eligible Imaging and Therapeutic Procedures Code List Updated
1/1/2008	Implemented by UnitedHealthcare Community & State