

RADIOPHARMACEUTICALS AND CONTRAST MEDIA

Policy Number: RADIOLOGY 034.15 TO

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Related Policies
<ul style="list-style-type: none"> • Cardiology Procedures Requiring Precertification for eviCore Healthcare Arrangement • Radiation Therapy Procedures Requiring Precertification for eviCore Healthcare Arrangement • Radiology Procedures Requiring Precertification for eviCore Healthcare Arrangement

INSTRUCTIONS FOR USE

This Clinical Policy provides assistance in interpreting Oxford benefit plans. Unless otherwise stated, Oxford policies do not apply to Medicare Advantage members. Oxford reserves the right, in its sole discretion, to modify its policies as necessary. This Clinical Policy is provided for informational purposes. It does not constitute medical advice. The term Oxford includes Oxford Health Plans, LLC and all of its subsidiaries as appropriate for these policies.

When deciding coverage, the member specific benefit plan document must be referenced. The terms of the member specific benefit plan document [e.g., Certificate of Coverage (COC), Schedule of Benefits (SOB), and/or Summary Plan Description (SPD)] may differ greatly from the standard benefit plan upon which this Clinical Policy is based. In the event of a conflict, the member specific benefit plan document supersedes this Clinical Policy. All reviewers must first identify member eligibility, any federal or state regulatory requirements, and the member specific benefit plan coverage prior to use of this Clinical Policy. Other Policies may apply.

UnitedHealthcare may also use tools developed by third parties, such as the MCG™ Care Guidelines, to assist us in administering health benefits. The MCG™ Care Guidelines are intended to be used in connection with the independent professional medical judgment of a qualified health care provider and do not constitute the practice of medicine or medical advice.

CONDITIONS OF COVERAGE

Applicable Lines of Business/Products	This policy applies to Oxford Commercial plan membership.
Benefit Type	General benefits package
Referral Required (Does not apply to non-gatekeeper products)	No
Authorization Required (Precertification always required for inpatient admission)	Yes ¹
Precertification with Medical Director Review Required	No
Applicable Site(s) of Service (If site of service is not listed, Medical Director review is required)	Outpatient, Office
Special Considerations	¹ When a radiology, radiation therapy or cardiology service requires precertification, a separate authorization is not needed for the radiopharmaceuticals and/or contrast media.

BENEFIT CONSIDERATIONS

Before using this policy, please check the member specific benefit plan document and any federal or state mandates, if applicable.

Essential Health Benefits for Individual and Small Group

For plan years beginning on or after January 1, 2014, the Affordable Care Act of 2010 (ACA) requires fully insured non-grandfathered individual and small group plans (inside and outside of Exchanges) to provide coverage for ten categories of Essential Health Benefits ("EHBs"). Large group plans (both self-funded and fully insured), and small group ASO plans, are not subject to the requirement to offer coverage for EHBs. However, if such plans choose to provide coverage for benefits which are deemed EHBs, the ACA requires all dollar limits on those benefits to be removed on all Grandfathered and Non-Grandfathered plans. The determination of which benefits constitute EHBs is made on a state by state basis. As such, when using this policy, it is important to refer to the member specific benefit plan document to determine benefit coverage.

COVERAGE RATIONALE

eviCore Healthcare administers claims on behalf of Oxford Health Plans for the following services that may be billed in conjunction with radiopharmaceuticals and/or contrast media:

- **Radiology Services:** Refer to [Radiology Procedures Requiring Precertification for eviCore Healthcare Arrangement](#) for additional information.
- **Radiation Therapy Services:** Refer to [Radiation Therapy Procedures Requiring Precertification for eviCore Healthcare Arrangement](#) for additional information.
- **Cardiology Services:** Refer to [Cardiology Procedures Requiring Precertification for eviCore Healthcare Arrangement](#) for additional information.

Reimbursement Guidelines

- **MRI:** Contrast agents billed with an MRI will be denied as "included in the primary procedure"
- **PET Scans:** Radiopharmaceutical billed with a PET scan will be denied as "included in the primary procedure"
- **CT or other radiographic study:** Any code not on the list below or billed without a procedure code from the covered list below will deny as "included in the primary procedure"

Radiopharmaceuticals Billed in Conjunction with Nuclear Medicine Procedures

eviCore Healthcare will reimburse for covered radioisotopes when used in conjunction with a nuclear medicine procedure. The radiopharmaceutical can be administered up to 96 hours before the primary procedure.

Covered services will be processed according to the chart below.

Code	Code Description	Allow with Procedure Codes:
A9500	Technetium Tc-99m, Sestamibi, diagnostic, per study dose	78451-78454 78070-78072 78605-78607, 78800-78804
A9502	Technetium Tc-99m tetrofosmin, diagnostic, per study dose	78451-78454 78070-78072, 78803
A9503	Technetium Tc-99m, Medronate, (MDP), diagnostic, per study dose, up to 30 mCi's	78300-78320
A9505	Thallous Chloride TL-201, diagnostic, per mCi	78451-78454 78070-78072 78800-78804 78607
A9507	Indium IN 111 Capromab Pendetide (ProstaScintâ) per study dose, up to 10 mci's	78800-78804
A9508	Iobenguane sulfate-Metaiodobenzyl guanidine (MIBG) per 0.5 mCi	78075 78800-78804
A9509	Iodine I-123 Sodium Iodide, diagnostic, per millicurie	78000-78018, 78020, 78070-78072
A9510	Technetium Tc-99 Disofenin (Hepatolite DISIDA), per study dose, up to 15 mCi's	78226, 78227

Code	Code Description	Allow with Procedure Codes:
A9512	Technetium Tc-99m-Pertechnetate, Diagnostic, per mCi	78012-78015
		78600-78606, 78610
		78481
		78261
		78290
		78070-78072
		78230-78232
		78730
		78740
		78630, 78635, 78650
		78660
78761		
A9516	Iodine I-123 Sodium iodide capsule(s), Diagnostic per 100 Microcuries, up to 999 microcuries	78012-78014, 78070-78072
A9521	Technetium Tc-99m Exametazine (Ceretek®), Diagnostic, per study dose, up to 25 mCi's	78600-78607, 78610
A9524	Iodinated I-131-Serum Albumin, diagnostic, per 5 microcuries	78110-78111, 78122
		78600-78607, 78610
		78579-78598
		78451, 78453, 78454
		78800-78804
78472-78473, 78481		
A9520	Technetium TC-99m, tilmanocept, diagnostic, up to 0.5 millicurie	78195
A9528	Iodine I-131 Sodium Iodide capsule(s), Diagnostic, per mCi	78012-78018
A9529	Iodine I-131 Sodium Iodide solution, Diagnostic, per mCi	78012-78018
A9531	Iodine I-131 Sodium Iodide, Diagnostic, per microcurie (up to 100 microcuries)	78012-78018
A9537	Technetium Tc-99m Mebrofenin (Choletec®) Diagnostic, per study dose, up to 15 mCi's	78226, 78227
A9538	Technetium Tc-99m Pyrophosphate (PYP) (Pyrolite®) Diagnostic, per study dose, up to 25 mCi's	78300, 78306-78320
		78466-78469
		78761
		78700-78725
		78730
		78740
		78630-78650
		78600-78607, 78610
		78291, 78645
78481, 78483		
A9540	Technetium Tc-99m Macroaggregated Albumin (MAA), Diagnostic, per study dose, up to 10 mCi's	78598
		78291
		78216, 78428
		78201, 78205, 78215
		78800, 78801, 78803

Code	Code Description	Allow with Procedure Codes:
A9541	Technetium Tc-99m Sulfur Colloid, Diagnostic, per study dose, up to 20 mCi's	78201-78216
		78185
		78278
		78102-78104
		78264, 78265, 78266
		78258, 78262
		78740
		78730
		78195
A9542	Indium-IN-111 Ibritumomab Tiuxetan, Diagnostic, per study dose, up to 5 mCi's	78291
		78804
A9547	Indium-IN-111 Oxyquinoline, Diagnostic, per 0.5 mCi	78185
		78191
A9548	Indium IN-111 Pentetate (MyoScint®) Diagnostic, per 0.5 mCi	78630, 78635, 78645, 78647
		78650
A9551	Technetium Tc-99m Succimer (DMSA), Diagnostic, per study dose, up to 10 mCi's	78700-78710
		78801, 78802, 78804
A9553	Chromium CR-51 Sodium Chromate, Diagnostic, per study dose, up to 250 microcuries	78120-78122
		78130-78135, 78140
		78191
A9554	Iodine-125 Sodium Iothalamate (Glofil-125®), Diagnostic, per study dose, up to 10 microcuries	78708, 78709, 78725
A9556	Gallium Ga-67 Citrate, Diagnostic, per mCi	78800
A9557	Technetium Tc-99m Biscate (Neurolite®), Diagnostic, per study dose, up to 25 mCi's	78600-78607, 78610
A9558	Xenon Xe-133 Gas, Diagnostic, per 10 mCi's	78579, 78598
A9560	Technetium Tc-99m Labeled Red Blood Cell's (RBC's) Diagnostic, per study dose, up to 30 mCi's (Ultra Tag® or cold pyrophosphate (pyp) +99m technetium)	78472, 78473, 78494, 78496
		78278
		78201-78206
		78445
		78457-78458
A9561	Technetium Tc-99m Oxidronate, Diagnostic, per study dose, up to 30 mCi's	78215, 78216, 78185
		78300-78320
A9562	Technetium Tc-99m Mertiatide (MAG-3), diagnostic, per study dose, up to 15 mCi's	78701-78725
A9567	Technetium Tc-99m Pentetate, Diagnostic, aerosol, per study dose, up to 75 mCi's	78579, 78582, 78598
A9569	Technetium TC-99m Exametazime labeled autologous white blood cells, Diagnostic, per study dose	78805-78807
A9570	Indium-111 labeled autologous white blood cells, diagnostic, per study dose	78805-78807, 78185
A9571	Indium in-111 labeled autologous platelets, diagnostic, per study dose	78191
A9572	Indium-111 Pentetreotide (OctreoScan®), Diagnostic, per study dose, up to 6 millicuries	78075, 78800-78804, 78015, 78016
A9582	Iodine i-123 Iobenguane, diagnostic, per study dose, up to 15 millicuries AdreView®)	78075
		78800-78804

DEFINITIONS

Radiopharmaceutical Material: A radioactive pharmaceutical, nuclide, or other chemical used for diagnostic or therapeutic purposes.

APPLICABLE CODES

The following list(s) of procedure and/or diagnosis codes is provided for reference purposes only and may not be all inclusive. Listing of a code in this policy does not imply that the service described by the code is a covered or non-covered health service. Benefit coverage for health services is determined by the member specific benefit plan document and applicable laws that may require coverage for a specific service. The inclusion of a code does not imply any right to reimbursement or guarantee claim payment. Other Policies may apply.

Coding Clarification: HCPCS code A9584 used in conjunction with (SPECT) brain imaging (CPT 78607) is considered investigational and will be denied.

HCPCS Code	Description
Radiation Therapy: Refer to the policy titled Radiation Therapy Procedures Requiring Precertification for eviCore Healthcare Arrangement when rendering any of the following HCPCS codes with radiation therapy.	
A9513	Lutetium Lu 177, dotatate, therapeutic, 1 mCi
A9699	Radiopharmaceutical, therapeutic, not otherwise classified
C9408	Iodine i-131 iobenguane, therapeutic, 1 millicurie (Azedra)
Reimbursable: Payable with a nuclear medicine procedure.	
A4641	Radiopharmaceutical, diagnostic, not otherwise classified
A4642	Indium-111 Satumomab pendetide, diagnostic, per study dose, up to 6 mci's
A9500	Technetium Tc-99m, Sestamibi, diagnostic, per study dose
A9501	Technetium Tc-99m Teboroxime (Cardiotec®)
A9502	Technetium Tc-99m tetrofosmin, diagnostic, per study dose
A9503	Technetium Tc-99m, Medronate, (MDP), diagnostic, per study dose, up to 30 mCi's
A9504	Technetium Tc 99m Apcitide (Acu Tect
A9505	Thallous Chloride TL-201, diagnostic, per mCi
A9507	Indium IN 111 Capromab Pendetide (ProstaScintâ) per study dose, up to 10 mci's
A9509	Iodine I-123 Sodium Iodide, diagnostic, per millicurie
A9510	Technetium Tc-99m disofenin, diagnostic, per study dose, up to 15 millicuries (Code Price is per vial)
A9512	Technetium Tc-99m-Pertechnetate, Diagnostic, per mCi
A9516	Iodine I-123 Sodium iodide capsule(s), Diagnostic per 100 Microcuries, up to 999 microcuries
A9520	Technetium Tc-99m, tilmanocept, diagnostic. I[tp 0.5 millicure
A9521	Technetium Tc-99m Exametazine (Ceretek®), Diagnostic, per study dose, up to 25 mCi's
A9524	Iodinated I-131-Serum Albumin, diagnostic, per 5 microcuries
A9528	Iodine I-131 Sodium Iodide capsule(s), Diagnostic, per mCi
A9529	Iodine I-131 Sodium Iodide solution, Diagnostic, per mCi
A9531	Iodine I-131 Sodium Iodide, Diagnostic, per microcurie (up to 100 microcuries)
A9532	Iodine I-125 serum albumin, diagnostic, per 5 microcuries
A9537	Technetium Tc-99m Mebrofenin (Choletec®) Diagnostic, per study dose, up to 15 mCi's
A9538	Technetium Tc-99m Pyrophosphate (PYP) (Pyrolite®) Diagnostic, per study dose, up to 25 mCi's
A9539	Technetium Tc-99m Pentetate, Diagnostic, per study dose, up to 25 mCi's
A9540	Technetium Tc-99m Macroaggregated Albumin (MAA), Diagnostic, per study dose, up to 10 mCi's
A9541	Technetium Tc-99m Sulfur Colloid, Diagnostic, per study dose, up to 20 mCi's

HCPCS Code	Description
Reimbursable: Payable with a nuclear medicine procedure	
A9542	Indium-IN-111 Ibritumomab Tiuxetan, Diagnostic, per study dose, up to 5 mCi's
A9547	Indium-IN-111 Oxyquinoline, Diagnostic, per 0.5 mCi
A9548	Indium IN-111 Pentetate (MyoScint®) Diagnostic, per 0.5 mCi
A9551	Technetium Tc-99m Succimer (DMSA), Diagnostic, per study dose, up to 10 mCi's
A9553	Chromium CR-51 Sodium Chromate, Diagnostic, per study dose, up to 250 microcuries
A9554	Iodine-125 Sodium Iothalamate (Glofil-125®), Diagnostic, per study dose, up to 10 microcuries
A9556	Gallium Ga-67 Citrate, Diagnostic, per mCi
A9557	Technetium Tc-99m Bicisate (Neurolite®), Diagnostic, per study dose, up to 25 mCi's
A9558	Xenon Xe-133 Gas, Diagnostic, per 10 mCi's
A9560	Technetium Tc-99m Labeled Red Blood Cell's (RBC's) Diagnostic, per study dose, up to 30 mCi's (Ultra Tag® or cold pyrophosphate (pyp) +99m technetium)
A9561	Technetium Tc-99m Oxidronate, Diagnostic, per study dose, up to 30 mCi's
A9562	Technetium Tc-99m Mertiatide (MAG-3), diagnostic, per study dose, up to 15 mCi's
A9567	Technetium Tc-99m Pentetate, Diagnostic, aerosol, per study dose, up to 75 mCi's
A9568	Technetium TC-99m arcitumomab, diagnostic, per study dose, up to 45 millicuries
A9569	Technetium TC-99m Exametazime labeled autologous white blood cells, Diagnostic, per study dose
A9570	Indium-111 labeled autologous white blood cells, diagnostic, per study dose
A9571	Indium in-111 labeled autologous platelets, diagnostic, per study dose
A9572	Indium-111 Pentetreotide (OctreoScan®), Diagnostic, per study dose, up to 6 millicuries
A9582	Iodine i-123 Iobenguane, diagnostic, per study dose, up to 15 millicuries AdreView®)
Non-Reimbursable: The cost of contrast material is considered part of the underlying examination.	
A9515	Choline c-11, diagnostic, per study dose up to 20 millicuries
A9526	Nitrogen N-13 ammonia, diagnostic, per study dose, up to 40 millicuries
A9536	Technetium Tc-99m depreotide, diagnostic, per study dose, up to 35 millicuries
A9546	Cobalt Co-57/58, cyanocobalamin, diagnostic, per study dose, up to 1 microcurie
A9550	Technetium Tc-99m sodium gluceptate, diagnostic, per study dose, up to 25 millicuries
A9552	Fluorodeoxyglucose F-18 FDG, diagnostic, per study dose, up to 45 millicuries
A9555	Rubidium Rb-82, diagnostic, per study dose, up to 60 millicuries
A9559	Cobalt Co-57 cyanocobalamin, oral, diagnostic, per study dose, up to 1 microcurie
A9566	Technetium Tc-99m fanolesomab, diagnostic, per study dose, up to 25 millicuries
A9576	Injection, gadoteridol
A9577	Injection, gadobenate dimeglumine
A9578	Injection, gadobenate dimeglumine
A9579	Injection, gadolinium-based magnetic resonance contrast agent, not otherwise specified
A9580	Sodium fluoride F-18, diagnostic, per study dose, up to 30 millicuries
A9581	Injection, gadoxetate disodium, 1 mL
A9583	Injection, gadofosveset trisodium, 1 m
A9584	Iodine I -123 ioflupane, diagnostic, per study dose, up to 5 millicuries
A9585	Injection, gadobutrol, 0.1 mL
A9586	Florbetapir f18, diagnostic, per study dose, up to 10 millicuries
A9587	Gallium ga-68, dotatate, diagnostic, 0.1 millicurie
A9588	Fluciclovine f-18, diagnostic, 1 millicurie

HCPCS Code	Description
Non-Reimbursable: The cost of contrast material is considered part of the underlying examination.	
A9597	Positron emission tomography radiopharmaceutical, diagnostic, for tumor identification, not otherwise classified
A9598	Positron emission tomography radiopharmaceutical, diagnostic, for non-tumor identification, not otherwise classified
A9698	Non-radioactive contrast imaging material, not otherwise classified, per study
A9700	Supply of injectable contrast material for use in echocardiography
Q9951	Low osmolar contrast material, 400 or greater mg/mL iodine concentration, per mL
Q9953	Injection, iron-based magnetic resonance contrast agent, per mL
Q9954	Oral magnetic resonance contrast agent, per 100 mL
Q9958	High osmolar contrast material, up to 149 mg/mL iodine concentration, per mL
Q9959	High osmolar contrast material, 150-199 mg/mL iodine concentration, per mL
Q9960	High osmolar contrast material, 200-249 mg/mL iodine concentration, per mL
Q9961	High osmolar contrast material, 250-299 mg/mL iodine concentration, per mL
Q9962	High osmolar contrast material, 300-349 mg/mL iodine concentration, per mL
Q9963	High osmolar contrast material, 350-399 mg/mL iodine concentration, per mL
Q9964	High osmolar contrast material, 400 or greater mg/mL iodine concentration, per mL
Q9965	Low osmolar contrast material, 100-199 mg/mL iodine concentration, per mL
Q9966	Low osmolar contrast material, 200-299 mg/mL iodine concentration, per mL
Q9967	Low osmolar contrast material, 300-399 mg/mL iodine concentration, per mL
Q9968	Injection, non-radioactive, non-contrast, visualization adjunct (e.g., Methylene Blue, Isosulfan Blue), 1 mg

DESCRIPTION OF SERVICES

The purpose of this policy is to outline Oxford's® reimbursement of radiopharmaceuticals and contrast media provided by participating providers in conjunction with eligible nuclear medicine procedures.

REFERENCES

American Medical Association. Healthcare Common Procedure Coding System. Medicare's National Level II Codes HCPCS. Centers for Medicare and Medicaid Services, CMS Manual System and other CMS publications and services.

POLICY HISTORY/REVISION INFORMATION

Date	Action/Description
01/01/2019	<ul style="list-style-type: none"> • Updated list of applicable HCPCS codes for radiation therapy to reflect annual code edits: <ul style="list-style-type: none"> ○ Added A9513 and C9408 ○ Removed C9031 ○ Modified notation to clarify the policy titled <i>Radiation Therapy Procedures Requiring Precertification for eviCore Healthcare Arrangement</i> should be referenced when rendering any of the [listed] HCPCS codes with radiation therapy • Archived previous policy version RADIOLOGY 034.14 T0