OVERVIEW
This is a reimbursement policy to document coverage of radiopharmaceuticals.

MEDICAL CRITERIA
Not applicable

PRIOR AUTHORIZATION
Not applicable

POLICY STATEMENT
BlueCHIP for Medicare and Commercial Products
Radiopharmaceuticals are covered if used as part of a covered service. Many of these radiopharmaceuticals are used in conjunction with tests that require preauthorization through the BCBSRI Radiology Management Program vendor. If during the preauthorization process the test is determined to be not medically necessary, then the radiopharmaceutical is also not medically necessary.

COVERAGE
Benefits may vary between groups/contracts. Please refer to the appropriate Benefit Booklet, Evidence of Coverage, or Subscriber Agreement for diagnostic imaging, lab, and machine tests coverage/benefits.

BACKGROUND
Radiopharmaceuticals are drugs that contain radioactive materials called radioisotopes. They may be put into a vein, taken by mouth, or placed in a body cavity. Depending on the drug and how it’s given, these materials travel to various parts of the body to treat cancer or relieve its symptoms. They put out radiation, mostly in the form of alpha and beta particles that target the affected areas. They are most often used in small amounts for imaging tests, but larger doses can be used to deliver radiation.

CODING
BlueCHIP for Medicare and Commercial Products
The following HCPCS codes for diagnostic radiopharmaceuticals are covered if used as part of a covered service:

- **Professional Providers:** If covered; service is separately reimbursed
- **Institutional Providers:** If covered; service is not separately reimbursed

A9500  A9501  A9502  A9503  A9504  A9505
A9507  A9508  A9509  A9510  A9512  A9515  A9516
A9520  A9521  A9524  A9526  A9528  A9529
A9531  A9532  A9536  A9537  A9538  A9539
A9540  A9541  A9542  A9546  A9547  A9548
A9550  A9551  A9552  A9553  A9554  A9555  A9556
A9557  A9558  A9559  A9560  A9561  A9562  A9566
A9567  A9568  A9569  A9570  A9571  A9572
A9575  A9576  A9577  A9578  A9579  A9580  A9581
A9582  A9583  A9584  A9585  A9586  A9587  A9599**
For the following services, please follow the unlisted procedures process:

A9597 A9598

The following therapeutic radiopharmaceuticals are covered and separately reimbursed for both professional and institutional providers:
A9517 A9527 A9530 A9543 A9563 A9564 A9600 A9604

For the following therapeutic radiopharmaceutical, refer to the separate medical policy for Radium-223, Xofigo for Treatment of Metastatic, Castration-Resistant Prostate Cancer for coverage criteria (See Related Policies section):
A9606

**Code deleted effective 12/31/2017**

RELATED POLICIES
High-Tech Radiology Imaging
Radium-223, Xofigo; for Treatment of Metastatic, Castration-Resistant Prostate Cancer
Unlisted Procedures

PUBLISHED
Provider Update, May 2018
Provider Update, March 2017
Provider Update, April 2016
Provider Update, December 2009

REFERENCES
None

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