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, machine tests and therapeutic radiology 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
For the following services, please follow the unlisted procedures process:

The following therapeutic radiopharmaceuticals are covered and separately reimbursed for both professional and institutional providers:

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):

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

**PUBLISHED**
Provider Update, January 2020
Provider Update, May 2018
Provider Update, March 2017
Provider Update, April 2016
Provider Update, December 2009

**REFERENCES**
None