



EFFECTIVE DATE: 10 | 20 | 2009
POLICY LAST UPDATED: 11 | 19 | 2019

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

A9578 A9579 A9580 A9581 A9582 A9583
A9584 A9585 A9586 A9587 A9588 Q9982
Q9983

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 A9590 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

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

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