Payment Policy | Radiopharmaceuticals

EFFECTIVE DATE: 10|20|2009
POLICY LAST REVIEWED: 09|17|2025

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

MEDICAL CRITERIA
Not applicable

PRIOR AUTHORIZATION
Not applicable

POLICY STATEMENT
Medicare Advantage Plans 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
Medicare Advantage Plans 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

Contrast-and-Radiopharm-Materials-Code-List

A4641 A4642 A9500 A9501 A9502 A9503 A9504 A9505 A9506 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 A9573 A9575 A9576 A9577 A9578 A9579 A9580 A9581 A9582 A9583 A9584 A9585 A9586 A9587 A9588 A9589 A9590 A9591 A9592 A9593 A9594 A9595 A9596 A9597 A9598 A9600 A9601 A9602 A9603 A9604 A9606 A9607 A9608 A9609 A9610 A9611 A9616 A9697 A9698 A9699 A9700 A9800 J1245 J9220

Q3001 Q9951 Q9953 Q9954 Q9956 Q9957 Q9958 Q9959 Q9960 Q9961 Q9962 Q9963 Q9964 Q9965 Q9966 Q9967 Q9968 Q9969

RELATED POLICIES

Prior Authorization of Cardiology and Radiology Procedures

PUBLISHED

Provider Update, November 2025
Provider Update, May 2025
Provider Update, December 2024
Provider Update, September 2022
Provider Update, June 2022
Provider Update, August 2021
Provider Update, January 2020
Provider Update, May 2018
Provider Update, March 2017
Provider Update, April 2016

REFERENCES

None

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