



EFFECTIVE DATE: 10|20|2009
POLICY LAST UPDATED: 03|06|2018

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**

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 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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