

# Medical Coverage Policies

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## Radiopharmaceuticals

<b>EFFECTIVE DATE</b>	10/20/2009	<b>LAST UPDATED</b>	10/20/2009
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### Description:

This is a reimbursement policy to document coverage of radiopharmaceuticals.

### Medical Criteria:

Not applicable.

### Policy:

Radiopharmaceuticals are covered.

### Coverage:

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

### Codes:

The following diagnostic radiopharmaceuticals are covered as follows:

**Professional Providers:** covered; separately reimbursed  
**Institutional Providers:** covered; not separately reimbursed

A9500  
A9501  
A9502  
A9503  
A9504  
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A9572  
A9576  
A9577  
A9578  
A9579

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

A9517  
A9527  
A9530  
A9543  
A9545  
A9563  
A9564  
A9600  
A9605

The following radiopharmaceuticals are **covered** but **not separately reimbursed** for both professional and institutional providers:

A9526  
A9552  
A9555  
A9580

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This medical policy is made available to you for informational purposes only. It is not a guarantee of payment or a substitute for your medical judgement in the treatment of your patients. Benefits and eligibility are determined by the member's subscriber agreement or member certificate and/or the employer agreement, and those documents will supersede the provisions of this medical policy. For information on member-specific benefits, call the provider call center . If you provide services to a member which are determined to not be medically necessary (or in some cases medically necessary services which are non-covered benefits), you may not charge the member for the services unless you have informed the member and they have agreed in writing in advance to continue with the treatment at their own expense. Please refer to your participation agreement(s) for the applicable provisions.

This policy is current at the time of publication; however, medical practices, technology, and knowledge are constantly changing. BCBSRI reserves the right to review and revise this policy for any reason and at any time, with or without notice.

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