

## Payment Policy | Radiopharmaceuticals



**EFFECTIVE DATE:** 12|07|2010  
**POLICY LAST UPDATED:** 08|20|2013

### OVERVIEW

This is a reimbursement policy to document coverage of radiopharmaceuticals.

### PRIOR AUTHORIZATION

Prior Authorization is not required.

### POLICY STATEMENT

**BlueCHiP for Medicare and Commercial**  
Radiopharmaceuticals are covered.

### MEDICAL CRITERIA

None.

### 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're most often used in small amounts for imaging tests, but larger doses can be used to deliver radiation.

### COVERAGE

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

### CODING

#### **BlueCHiP for Medicare and Commercial**

The following diagnostic radiopharmaceuticals are covered as follows:

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

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A9585

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

A9517  
A9527  
A9530  
A9543  
A9545  
A9563  
A9564  
A9600  
A9605  
A9604

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

**Q2051** Deleted Effective 1/1/14

#### RELATED POLICIES

None

#### PUBLISHED

Provider Update Dec 2009

#### REFERENCES

None.

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