



EFFECTIVE DATE: 10|20|2009
POLICY LAST UPDATED: 02|16|2016

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.

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're 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 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 A9528 A9529 A9531
A9532 A9536 A9537 A9538 A9539 A9540
A9541 A9542 A9544 A9546 A9547 A9548
A9550 A9551 A9553 A9554 A9556 A9557
A9558 A9559 A9560 A9561 A9562 A9566
A9567 A9568 A9569 A9570 A9571 A9572
A9575 A9576 A9577 A9578 A9579 A9581
A9582 A9583 A9584 A9585 A9587* A9588*

For the following services, please follow the unlisted procedures process:

A9597* A9598*

***New codes effective 1/1/2017**

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

A9526 A9552 A9555 A9580

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

**A9517 A9527 A9530 A9543 A9545 A9563
A9564 A9600 A9604**

For the following diagnostic radiopharmaceuticals, refer to the separate medical policy for Beta Amyloid Imaging with Positron Emission Tomography for Alzheimer Disease for coverage details (See Related Policies section):

A9586 A9599

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

For the following diagnostic radiopharmaceutical, refer to the separate policy for Dopamine Transporter Imaging with Single-Photon Emission Computed Tomography (DAT-SPECT) (See Related Policies section)

A9584

RELATED POLICIES

Unlisted Procedures

Beta Amyloid Imaging With Positron Emission Tomography for Alzheimer Disease

Radium-223, Xofigo; for Treatment of Metastatic, Castration-Resistant Prostate Cancer

Dopamine Transporter Imaging With Single-Photon Emission Computed Tomography (DAT-SPECT)

PUBLISHED

Provider Update, April 2016

Provider Update, December 2009

REFERENCES

None

[CLICK THE ENVELOPE ICON BELOW TO SUBMIT COMMENTS](#)

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 judgment 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. Blue Cross & Blue Shield of Rhode Island is an independent licensee of the Blue Cross and Blue Shield Association.

