**Payment Policy |** Radiopharmaceuticals

Blue Cross
Blue Shield
of Rhode Island

**EFFECTIVE DATE:** 10|20|2009
**POLICY LAST UPDATED:** 07|06|2022

## 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

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|---|---|---|---|---|---|
| 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   A9588   A9595**
**A9596   A9601 (New code effective 7/01/2022)**
**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   A9590   A9600   A9604   A9606**

## RELATED POLICIES
Prior Authorization of Cardiology and Radiology Procedures
Unlisted Procedures

## PUBLISHED
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