

n05756

Radiopharmaceutical Reimbursement Policy (Medicare)

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Abstract Purpose:

This reimbursement policy outlines Network Health Insurance Corporation (NHIC's) process, when professional claims are submitted for radiopharmaceutical services.

Policy Detail:

- I. Claims submitted for radiopharmaceuticals (HCPCS codes A9500-A9800) will be reimbursed per the Radiopharmaceutical Reimbursement process outlined by the National Government Services (NGS).
- II. Claims that are not priced by the Centers for Medicare & Medicaid Services (CMS) or NGS must include an invoice or a copy of the actual invoice for pricing.
- III. For electronic claim submissions, the invoice information should be submitted in Loop 2300, NTE Segment [header level] or Loop 2400, NTE Segment [line level].
- IV. The name of the radiopharmaceutical and exact dosage must be listed in the Documentation field.
 - A. If the name and/or exact dosage are not listed in the Documentation field, the claim(s) will be denied with the following message codes:
 1. Claim Adjustment Reason Code (CARC) 16: *Claim/service lacks information or has a submission/billing error(s) which is needed for adjudication.*
 2. Remittance Advice Remark Code (RARC) M123: *Missing/incomplete/invalid name, strength, or dosage of the drug furnished.*
 - B. If the charge matches the invoice cost, the provider should indicate "Actual Invoice Cost" in the Documentation Field.

C. If the submitted charge is greater than the actual invoice cost, the provider should include the following in the Documentation Field, using the following abbreviations:

1. Des = Description/Name of agent
2. DG = Dosage given
3. QS = Quantity shipped
4. TA = Total amount charged for quantity shipped
5. UP = Unit Price

V. The pricing amounts listed below will be reviewed on a quarterly basis.

Code	Narrative	Allowance	Invoice Required	Contractor-Priced	CMS-Priced
A9500	Tc99-m sestamibi Cardiolite	\$127.05		X	
A9502	Tc99-m sestamibi, tetrafosmin Myoview	.23mg \$779.69 1.38 mg \$2,777.61		X	
A9503	Tc99-m medronate	\$93.31		X	
A9513	Lutetium 177, dictate, Lutathera	\$318.61		X	
A9524	Iodine I-131 iodinated serum albumin, diagnostic, per 5 microcuries, Volumex	\$141.09		X	
A9541	Tc99m sulfur colloid	\$713.83		X	
A9547	Indium IN-111 oxyquinoline, per 0.5 mci	\$2,221.92		X	
A9548	Indium IN-111 pentetate, per 0.5 mci	1/1/2024-9/30/2024 \$890.19 10/1/2024 \$961.40		X	
A9552**	Fluorodeoxyglucose F-18 FDG	\$527.67		X	
A9555	Rubidium Rb-82	\$532.65		X	
A9558	Xenon Xe-133 gas, per 10 mci	\$276.97		X	

Code	Narrative	Allowance	Invoice Required	Contractor-Priced	CMS-Priced
A9573	Vueway (gadopiclenol), per ml	1/1/2024-3/31/2024 \$12.78		X	X Effective 4/1/2024 ASP pricing
A9575*	Gadoterate meglumine	Refer to fee schedule			X
A9576*	Gadoteridol (prohance multipack)	Refer to fee schedule			X
A9577*	Gadobenate dimeglumin (multihance)	Refer to fee schedule			X
A9578*	Gadovenate (multihance multipack)	Refer to fee schedule			X
A9579*	Gadolinium-based magnetic resonance contrast agent	Refer to fee schedule			X
A9581*	gadoxetate disodiumj	Refer to fee schedule			X
A9585*	Gadobutrol	Refer to fee schedule			X
A9588	Fluciclovine f-18		X	X	
A9591	Cerianna fluoroestradiol F 18 per millicurie		X		
A9592	Copper Cu 64 Dotatate, per millicurie	\$1,097.25		X	
A9595	Piflufolastat f-18, diagnostic (Pylarify)	\$661.54		X	
A9596	Illuccix® (Gallium 68-ga Gozetotide/PSMA-11) per millicurie	\$1,121.76 per mci		X	
A9606*	Xofigo radium ra-223 dichloride, per mci	\$181.62	X		
A9607	Pluvicto (lutetium Lu 177 vipivotide tetraxetan)	1/1/2024-9/30/2024 \$259.45 10/1/2024 \$271.13		X	
A9608	Flotufolastat F18 (Posluma)	\$700.85		X	
A9800	LOCAMETZ™ (kit for preparation of Gallium 68-ga Gozetotide/PSMA-11)		X		

*CMS has established price information for these radiopharmaceuticals which can be located on [cms.gov](https://www.cms.gov).

**The fee for Fluorodeoxyglucose (F-18 FDG) indicates an amount that has been recalculated for all regions.

Regulatory Citations:

Centers for Medicare & Medicaid Services (CMS)

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