



## Reimbursement Policy:

### Radiopharmaceuticals and Contrast Agents (Commercial & Medicaid)



By EVERNORTH (Administered by EviCore by EVERNORTH)

Review Date: February 2026

Number: RP20250026

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### Revision History



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#### Guidelines:



#### Radiopharmaceuticals and Contrast Agents 2026

#### Covered:

Code	Code Description	Max Units	Allowed with Code(s)	Code Description
A4641	Radiopharmaceutical, diagnostic, not otherwise classified	Invoice Required	n/a	Radiopharmaceutical, diagnostic, not otherwise classified
A9500	Technetium Tc-99m sestamibi, diagnostic, per study dose	1	78012	Thyroid uptake, single or multiple quantitative measurement(s) (including stimulation, suppression, or discharge, when performed)
A9500	Technetium Tc-99m sestamibi, diagnostic, per study dose	1	78013	Thyroid imaging (including vascular flow, when performed);
A9500	Technetium Tc-99m sestamibi, diagnostic, per study dose	1	78014	Thyroid imaging (including vascular flow, when performed); with single or multiple uptake(s) quantitative measurement(s) (including stimulation, suppression, or discharge, when performed)
A9500	Technetium Tc-99m sestamibi, diagnostic, per study dose	1	78015	Thyroid carcinoma metastases imaging; limited area (eg, neck and chest only)
A9500	Technetium Tc-99m sestamibi, diagnostic, per study dose	1	78016	Thyroid carcinoma metastases imaging; with additional studies (eg, urinary recovery)
A9500	Technetium Tc-99m sestamibi, diagnostic, per study dose	1	78018	Thyroid carcinoma metastases imaging; whole body
A9500	Technetium Tc-99m sestamibi, diagnostic, per study dose	1	78020	Thyroid carcinoma metastases uptake (List separately in addition to code for primary procedure)



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Covered:				
Code	Code Description	Max Units	Allowed with Code(s)	Code Description
A9500	Technetium Tc-99m sestamibi, diagnostic, per study dose	1	78070	Parathyroid planar imaging (including subtraction, when performed);
A9500	Technetium Tc-99m sestamibi, diagnostic, per study dose	1	78071	Parathyroid planar imaging (including subtraction, when performed); with tomographic (SPECT)
A9500	Technetium Tc-99m sestamibi, diagnostic, per study dose	1	78072	performed); with tomographic (SPECT), and concurrently acquired computed tomography (CT) for anatomical localization
A9500	Technetium Tc-99m sestamibi, diagnostic, per study dose	1	78075	Adrenal imaging, cortex and/or medulla
A9500	Technetium Tc-99m sestamibi, diagnostic, per study dose	1	78099	Unlisted endocrine procedure, diagnostic nuclear medicine
A9500	Technetium Tc-99m sestamibi, diagnostic, per study dose	2	78428	Cardiac shunt detection
A9500	Technetium Tc-99m sestamibi, diagnostic, per study dose	1	78445	Non-cardiac vascular flow imaging (ie, angiography, venography)
A9500	Technetium Tc-99m sestamibi, diagnostic, per study dose	2	78451	Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)
A9500	Technetium Tc-99m sestamibi, diagnostic, per study dose	2	78452	Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); multiple studies, at rest and/or stress (exercise or pharmacologic) and/or redistribution and/or rest reinjection
A9500	Technetium Tc-99m sestamibi, diagnostic, per study dose	2	78453	Myocardial perfusion imaging, planar (including qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)



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Code	Code Description	Max Units	Allowed with Code(s)	Code Description
A9500	Technetium Tc-99m sestamibi, diagnostic, per study dose	2	78454	Myocardial perfusion imaging, planar (including qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); multiple studies, at rest and/or stress (exercise or pharmacologic) and/or redistribution and/or rest reinjection
A9500	Technetium Tc-99m sestamibi, diagnostic, per study dose	2	78456	Acute venous thrombosis imaging, peptide
A9500	Technetium Tc-99m sestamibi, diagnostic, per study dose	2	78457	Venous thrombosis imaging, venogram; unilateral
A9500	Technetium Tc-99m sestamibi, diagnostic, per study dose	2	78458	Venous thrombosis imaging, venogram; bilateral
A9500	Technetium Tc-99m sestamibi, diagnostic, per study dose	2	78466	Myocardial imaging, infarct avid, planar; qualitative or quantitative
A9500	Technetium Tc-99m sestamibi, diagnostic, per study dose	2	78468	Myocardial imaging, infarct avid, planar; with ejection fraction by first pass technique
A9500	Technetium Tc-99m sestamibi, diagnostic, per study dose	2	78469	Myocardial imaging, infarct avid, planar; tomographic SPECT with or without quantification
A9500	Technetium Tc-99m sestamibi, diagnostic, per study dose	2	78472	study at rest or stress (exercise and/or pharmacologic), wall motion study plus ejection fraction, with or without additional
A9500	Technetium Tc-99m sestamibi, diagnostic, per study dose	2	78473	Cardiac blood pool imaging, gated equilibrium; multiple studies, wall motion study plus ejection fraction, at rest and stress (exercise and/or pharmacologic), with or without additional quantification
A9500	Technetium Tc-99m sestamibi, diagnostic, per study dose	2	78481	Cardiac blood pool imaging (planar), first pass technique; single study, at rest or with stress (exercise and/or pharmacologic), wall motion study plus ejection fraction, with or without quantification

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Code	Code Description	Max Units	Allowed with Code(s)	Code Description
A9500	Technetium Tc-99m sestamibi, diagnostic, per study dose	2	78483	Cardiac blood pool imaging (planar), first pass technique; multiple studies, at rest and with stress (exercise and/or pharmacologic), wall motion study plus ejection fraction, with or without quantification
A9500	Technetium Tc-99m sestamibi, diagnostic, per study dose	2	78491	Myocardial imaging, positron emission tomography (PET), perfusion study (including ventricular wall motion[s] and/or ejection fraction[s], when performed); single study, at rest or stress (exercise or pharmacologic)
A9500	Technetium Tc-99m sestamibi, diagnostic, per study dose	2	78492	Myocardial imaging, positron emission tomography (PET), perfusion study (including ventricular wall motion[s] and/or ejection fraction[s], when performed); multiple studies at rest and stress (exercise or pharmacologic)
A9500	Technetium Tc-99m sestamibi, diagnostic, per study dose	2	78494	Cardiac blood pool imaging, gated equilibrium, SPECT, at rest, wall motion study plus ejection fraction, with or without quantitative processing
A9500	Technetium Tc-99m sestamibi, diagnostic, per study dose	2	78496	rest, with right ventricular ejection fraction by first pass technique (List separately in addition to code for primary procedure)
A9500	Technetium Tc-99m sestamibi, diagnostic, per study dose	2	78499	Unlisted cardiovascular procedure, diagnostic nuclear medicine
A9500	Technetium Tc-99m sestamibi, diagnostic, per study dose	1	78605	Brain imaging, minimum 4 static views;
A9500	Technetium Tc-99m sestamibi, diagnostic, per study dose	1	78606	Brain imaging, minimum 4 static views; with vascular flow
A9500	Technetium Tc-99m sestamibi, diagnostic, per study dose	1	78800	Radiopharmaceutical localization of tumor, inflammatory process or distribution of radiopharmaceutical agent(s) (includes vascular flow and blood pool imaging, when performed); planar, single area (eg, head, neck, chest, pelvis), single day imaging

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A9500	Technetium Tc-99m sestamibi, diagnostic, per study dose	1	78801	Radiopharmaceutical localization of tumor, inflammatory process or distribution of radiopharmaceutical agent(s) (includes vascular flow and blood pool imaging, when performed); planar, 2 or more areas (eg, abdomen and pelvis, head and chest), 1 or more days imaging or single area imaging over 2 or more days
A9500	Technetium Tc-99m sestamibi, diagnostic, per study dose	1	78802	Radiopharmaceutical localization of tumor, inflammatory process or distribution of radiopharmaceutical agent(s) (includes vascular flow and blood pool imaging, when performed); planar, whole body, single day imaging
A9500	Technetium Tc-99m sestamibi, diagnostic, per study dose	1	78803	Radiopharmaceutical localization of tumor, inflammatory process or distribution of radiopharmaceutical agent(s) (includes vascular flow and blood pool imaging, when performed); tomographic (SPECT), single area (eg, head, neck, chest, pelvis) or acquisition, single day imaging
A9500	Technetium Tc-99m sestamibi, diagnostic, per study dose	1	78804	Radiopharmaceutical localization of tumor, inflammatory process or distribution of radiopharmaceutical agent(s) (includes vascular flow and blood pool imaging, when performed); planar, whole body, requiring 2 or more days imaging
A9500	Technetium Tc-99m sestamibi, diagnostic, per study dose	1	78808	Injection procedure for radiopharmaceutical localization by non-imaging probe study, intravenous (eg, parathyroid adenoma)
A9500	Technetium Tc-99m sestamibi, diagnostic, per study dose	1	78830	Radiopharmaceutical localization of tumor, inflammatory process or distribution of radiopharmaceutical agent(s) (includes vascular flow and blood pool imaging, when performed); tomographic (SPECT) with concurrently acquired computed tomography (CT) transmission scan for anatomical review, localization and determination/detection of pathology, single area (eg, head, neck, chest, pelvis) or acquisition, single day imaging
A9500	Technetium Tc-99m sestamibi, diagnostic, per study dose	1	78831	Radiopharmaceutical localization of tumor, inflammatory process or distribution of radiopharmaceutical agent(s) (includes vascular flow and blood pool imaging, when performed); tomographic (SPECT), minimum 2 areas (eg, pelvis and knees, chest and abdomen) or separate acquisitions (eg, lung ventilation and perfusion), single day imaging, or single area or acquisition over 2 or more days

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A9500	Technetium Tc-99m sestamibi, diagnostic, per study dose	1	78832	Radiopharmaceutical localization of tumor, inflammatory process or distribution of radiopharmaceutical agent(s) (includes vascular flow and blood pool imaging, when performed); tomographic (SPECT) with concurrently acquired computed tomography (CT) transmission scan for anatomical review, localization and determination/detection of pathology, minimum 2 areas (eg, pelvis and knees, chest and abdomen) or separate acquisitions (eg, lung ventilation and perfusion), single day imaging, or single area or acquisition over 2 or more days
A9500	Technetium Tc-99m sestamibi, diagnostic, per study dose	1	78999	Unlisted miscellaneous procedure, diagnostic nuclear medicine
A9502	Technetium Tc-99m tetrofosmin, diagnostic, per study dose	2	78012	Thyroid uptake, single or multiple quantitative measurement(s) (including stimulation, suppression, or discharge, when performed)
A9502	Technetium Tc-99m tetrofosmin, diagnostic, per study dose	2	78013	Thyroid imaging (including vascular flow, when performed);
A9502	Technetium Tc-99m tetrofosmin, diagnostic, per study dose	2	78014	Thyroid imaging (including vascular flow, when performed); with single or multiple uptake(s) quantitative measurement(s) (including stimulation, suppression, or discharge, when performed)
A9502	Technetium Tc-99m tetrofosmin, diagnostic, per study dose	2	78015	Thyroid carcinoma metastases imaging; limited area (eg, neck and chest only)
A9502	Technetium Tc-99m tetrofosmin, diagnostic, per study dose	2	78016	Thyroid carcinoma metastases imaging; with additional studies (eg, urinary recovery)
A9502	Technetium Tc-99m tetrofosmin, diagnostic, per study dose	2	78018	Thyroid carcinoma metastases imaging; whole body
A9502	Technetium Tc-99m tetrofosmin, diagnostic, per study dose	2	78020	Thyroid carcinoma metastases uptake (List separately in addition to code for primary procedure)
A9502	Technetium Tc-99m tetrofosmin, diagnostic, per study dose	2	78070	Parathyroid planar imaging (including subtraction, when performed);



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A9502	Technetium Tc-99m tetrofosmin, diagnostic, per study dose	2	78071	Parathyroid planar imaging (including subtraction, when performed); with tomographic (SPECT)
A9502	Technetium Tc-99m tetrofosmin, diagnostic, per study dose	2	78072	performed); with tomographic (SPECT), and concurrently acquired computed tomography (CT) for anatomical localization
A9502	Technetium Tc-99m tetrofosmin, diagnostic, per study dose	2	78075	Adrenal imaging, cortex and/or medulla
A9502	Technetium Tc-99m tetrofosmin, diagnostic, per study dose	2	78099	Unlisted endocrine procedure, diagnostic nuclear medicine
A9502	Technetium Tc-99m tetrofosmin, diagnostic, per study dose	2	78428	Cardiac shunt detection
A9502	Technetium Tc-99m tetrofosmin, diagnostic, per study dose	2	78445	Non-cardiac vascular flow imaging (ie, angiography, venography)
A9502	Technetium Tc-99m tetrofosmin, diagnostic, per study dose	2	78451	Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)
A9502	Technetium Tc-99m tetrofosmin, diagnostic, per study dose	2	78452	Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); multiple studies, at rest and/or stress (exercise or pharmacologic) and/or redistribution and/or rest reinjection
A9502	Technetium Tc-99m tetrofosmin, diagnostic, per study dose	2	78453	Myocardial perfusion imaging, planar (including qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)

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Covered:				
Code	Code Description	Max Units	Allowed with Code(s)	Code Description
A9502	Technetium Tc-99m tetrofosmin, diagnostic, per study dose	2	78454	Myocardial perfusion imaging, planar (including qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); multiple studies, at rest and/or stress (exercise or pharmacologic) and/or redistribution and/or rest reinjection
A9502	Technetium Tc-99m tetrofosmin, diagnostic, per study dose	2	78456	Acute venous thrombosis imaging, peptide
A9502	Technetium Tc-99m tetrofosmin, diagnostic, per study dose	2	78457	Venous thrombosis imaging, venogram; unilateral
A9502	Technetium Tc-99m tetrofosmin, diagnostic, per study dose	2	78458	Venous thrombosis imaging, venogram; bilateral
A9502	Technetium Tc-99m tetrofosmin, diagnostic, per study dose	2	78466	Myocardial imaging, infarct avid, planar; qualitative or quantitative
A9502	Technetium Tc-99m tetrofosmin, diagnostic, per study dose	2	78468	Myocardial imaging, infarct avid, planar; with ejection fraction by first pass technique
A9502	Technetium Tc-99m tetrofosmin, diagnostic, per study dose	2	78469	Myocardial imaging, infarct avid, planar; tomographic SPECT with or without quantification
A9502	Technetium Tc-99m tetrofosmin, diagnostic, per study dose	2	78472	Cardiac blood pool imaging, gated equilibrium; planar, single study at rest or stress (exercise and/or pharmacologic), wall motion study plus ejection fraction, with or without additional quantitative processing
A9502	Technetium Tc-99m tetrofosmin, diagnostic, per study dose	2	78473	Cardiac blood pool imaging, gated equilibrium; multiple studies, wall motion study plus ejection fraction, at rest and stress (exercise and/or pharmacologic), with or without additional quantification
A9502	Technetium Tc-99m tetrofosmin, diagnostic, per study dose	2	78481	Cardiac blood pool imaging (planar), first pass technique; single study, at rest or with stress (exercise and/or pharmacologic), wall motion study plus ejection fraction, with or without quantification

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Covered:				
Code	Code Description	Max Units	Allowed with Code(s)	Code Description
A9502	Technetium Tc-99m tetrofosmin, diagnostic, per study dose	2	78483	Cardiac blood pool imaging (planar), first pass technique; multiple studies, at rest and with stress (exercise and/or pharmacologic), wall motion study plus ejection fraction, with or without quantification
A9502	Technetium Tc-99m tetrofosmin, diagnostic, per study dose	2	78494	Cardiac blood pool imaging, gated equilibrium, SPECT, at rest, wall motion study plus ejection fraction, with or without quantitative processing
A9502	Technetium Tc-99m tetrofosmin, diagnostic, per study dose	2	78496	Cardiac blood pool imaging, gated equilibrium, single study, at rest, with right ventricular ejection fraction by first pass technique (List separately in addition to code for primary procedure)
A9502	Technetium Tc-99m tetrofosmin, diagnostic, per study dose	2	78499	Unlisted cardiovascular procedure, diagnostic nuclear medicine
A9502	Technetium Tc-99m tetrofosmin, diagnostic, per study dose	2	78800	Radiopharmaceutical localization of tumor, inflammatory process or distribution of radiopharmaceutical agent(s) (includes vascular flow and blood pool imaging, when performed); planar, single area (eg, head, neck, chest, pelvis), single day imaging
A9502	Technetium Tc-99m tetrofosmin, diagnostic, per study dose	2	78801	Radiopharmaceutical localization of tumor, inflammatory process or distribution of radiopharmaceutical agent(s) (includes vascular flow and blood pool imaging, when performed); planar, 2 or more areas (eg, abdomen and pelvis, head and chest), 1 or more days imaging or single area imaging over 2 or more days
A9502	Technetium Tc-99m tetrofosmin, diagnostic, per study dose	2	78802	Radiopharmaceutical localization of tumor, inflammatory process or distribution of radiopharmaceutical agent(s) (includes vascular flow and blood pool imaging, when performed); planar, whole body, single day imaging
A9502	Technetium Tc-99m tetrofosmin, diagnostic, per study dose	2	78803	Radiopharmaceutical localization of tumor, inflammatory process or distribution of radiopharmaceutical agent(s) (includes vascular flow and blood pool imaging, when performed); tomographic (SPECT), single area (eg, head, neck, chest, pelvis) or acquisition, single day imaging

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Covered:				
Code	Code Description	Max Units	Allowed with Code(s)	Code Description
A9502	Technetium Tc-99m tetrofosmin, diagnostic, per study dose	2	78804	Radiopharmaceutical localization of tumor, inflammatory process or distribution of radiopharmaceutical agent(s) (includes vascular flow and blood pool imaging, when performed); planar, whole body, requiring 2 or more days imaging
A9502	Technetium Tc-99m tetrofosmin, diagnostic, per study dose	2	78808	Injection procedure for radiopharmaceutical localization by non-imaging probe study, intravenous (eg, parathyroid adenoma)
A9502	Technetium Tc-99m tetrofosmin, diagnostic, per study dose	2	78830	Radiopharmaceutical localization of tumor, inflammatory process or distribution of radiopharmaceutical agent(s) (includes vascular flow and blood pool imaging, when performed); tomographic (SPECT) with concurrently acquired computed tomography (CT) transmission scan for anatomical review, localization and determination/detection of pathology, single area (eg, head, neck, chest, pelvis) or acquisition, single day imaging
A9502	Technetium Tc-99m tetrofosmin, diagnostic, per study dose	2	78831	Radiopharmaceutical localization of tumor, inflammatory process or distribution of radiopharmaceutical agent(s) (includes vascular flow and blood pool imaging, when performed); tomographic (SPECT), minimum 2 areas (eg, pelvis and knees, chest and abdomen) or separate acquisitions (eg, lung ventilation and perfusion), single day imaging, or single area or acquisition over 2 or more days
A9502	Technetium Tc-99m tetrofosmin, diagnostic, per study dose	2	78832	Radiopharmaceutical localization of tumor, inflammatory process or distribution of radiopharmaceutical agent(s) (includes vascular flow and blood pool imaging, when performed); tomographic (SPECT) with concurrently acquired computed tomography (CT) transmission scan for anatomical review, localization and determination/detection of pathology, minimum 2 areas (eg, pelvis and knees, chest and abdomen) or separate acquisitions (eg, lung ventilation and perfusion), single day imaging, or single area or acquisition over 2 or more days
A9502	Technetium Tc-99m tetrofosmin, diagnostic, per study dose	2	78999	Unlisted miscellaneous procedure, diagnostic nuclear medicine

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Covered:				
Code	Code Description	Max Units	Allowed with Code(s)	Code Description
A9503	Technetium Tc-99m medronate, diagnostic, per study dose, up to 30 mCi	1	78300	Bone and/or joint imaging; limited area
A9503	Technetium Tc-99m medronate, diagnostic, per study dose, up to 30 mCi	1	78305	Bone and/or joint imaging; multiple areas
A9503	Technetium Tc-99m medronate, diagnostic, per study dose, up to 30 mCi	1	78306	Bone and/or joint imaging; whole body
A9503	Technetium Tc-99m medronate, diagnostic, per study dose, up to 30 mCi	1	78315	Bone and/or joint imaging; 3 phase study
A9503	Technetium Tc-99m medronate, diagnostic, per study dose, up to 30 mCi	1	78350	Bone density (bone mineral content) study, 1 or more sites; single photon absorptiometry
A9503	Technetium Tc-99m medronate, diagnostic, per study dose, up to 30 mCi	1	78351	Bone density (bone mineral content) study, 1 or more sites; dual photon absorptiometry, 1 or more sites
A9503	Technetium Tc-99m medronate, diagnostic, per study dose, up to 30 mCi	1	78399	Unlisted musculoskeletal procedure, diagnostic nuclear medicine
A9503	Technetium Tc-99m medronate, diagnostic, per study dose, up to 30 mCi	1	78803	Radiopharmaceutical localization of tumor, inflammatory process or distribution of radiopharmaceutical agent(s) (includes vascular flow and blood pool imaging, when performed); tomographic (SPECT), single area (eg, head, neck, chest, pelvis) or acquisition, single day imaging

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Code	Code Description	Max Units	Allowed with Code(s)	Code Description
A9503	Technetium Tc-99m medronate, diagnostic, per study dose, up to 30 mCi	1	78830	Radiopharmaceutical localization of tumor, inflammatory process or distribution of radiopharmaceutical agent(s) (includes vascular flow and blood pool imaging, when performed); tomographic (SPECT) with concurrently acquired computed tomography (CT) transmission scan for anatomical review, localization and determination/detection of pathology, single area (eg, head, neck, chest, pelvis) or acquisition, single day imaging
A9503	Technetium Tc-99m medronate, diagnostic, per study dose, up to 30 mCi	1	78831	Radiopharmaceutical localization of tumor, inflammatory process or distribution of radiopharmaceutical agent(s) (includes vascular flow and blood pool imaging, when performed); tomographic (SPECT), minimum 2 areas (eg, pelvis and knees, chest and abdomen) or separate acquisitions (eg, lung ventilation and perfusion), single day imaging, or single area or acquisition over 2 or more days
A9503	Technetium Tc-99m medronate, diagnostic, per study dose, up to 30 mCi	1	78832	Radiopharmaceutical localization of tumor, inflammatory process or distribution of radiopharmaceutical agent(s) (includes vascular flow and blood pool imaging, when performed); tomographic (SPECT) with concurrently acquired computed tomography (CT) transmission scan for anatomical review, localization and determination/detection of pathology, minimum 2 areas (eg, pelvis and knees, chest and abdomen) or separate acquisitions (eg, lung ventilation and perfusion), single day imaging, or single area or acquisition over 2 or more days
A9505	Thallium TI-201 thallos chloride, diagnostic, per mCi	4	78012	Thyroid uptake, single or multiple quantitative measurement(s) (including stimulation, suppression, or discharge, when performed)
A9505	Thallium TI-201 thallos chloride, diagnostic, per mCi	4	78013	Thyroid imaging (including vascular flow, when performed);
A9505	Thallium TI-201 thallos chloride, diagnostic, per mCi	4	78014	Thyroid imaging (including vascular flow, when performed); with single or multiple uptake(s) quantitative measurement(s) (including stimulation, suppression, or discharge, when performed)

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Code	Code Description	Max Units	Allowed with Code(s)	Code Description
A9505	Thallium TI-201 thallos chloride, diagnostic, per mCi	4	78015	Thyroid carcinoma metastases imaging; limited area (eg, neck and chest only)
A9505	Thallium TI-201 thallos chloride, diagnostic, per mCi	4	78016	Thyroid carcinoma metastases imaging; with additional studies (eg, urinary recovery)
A9505	Thallium TI-201 thallos chloride, diagnostic, per mCi	4	78018	Thyroid carcinoma metastases imaging; whole body
A9505	Thallium TI-201 thallos chloride, diagnostic, per mCi	4	78020	Thyroid carcinoma metastases uptake (List separately in addition to code for primary procedure)
A9505	Thallium TI-201 thallos chloride, diagnostic, per mCi	4	78070	Parathyroid planar imaging (including subtraction, when performed);
A9505	Thallium TI-201 thallos chloride, diagnostic, per mCi	4	78071	Parathyroid planar imaging (including subtraction, when performed); with tomographic (SPECT)
A9505	Thallium TI-201 thallos chloride, diagnostic, per mCi	4	78072	Parathyroid planar imaging (including subtraction, when performed); with tomographic (SPECT), and concurrently acquired computed tomography (CT) for anatomical localization
A9505	Thallium TI-201 thallos chloride, diagnostic, per mCi	4	78075	Adrenal imaging, cortex and/or medulla
A9505	Thallium TI-201 thallos chloride, diagnostic, per mCi	4	78099	Unlisted endocrine procedure, diagnostic nuclear medicine
A9505	Thallium TI-201 thallos chloride, diagnostic, per mCi	4	78414	Determination of central c-v hemodynamics (non-imaging) (eg, ejection fraction with probe technique) with or without pharmacologic intervention or exercise, single or multiple determinations
A9505	Thallium TI-201 thallos chloride, diagnostic, per mCi	4	78428	Cardiac shunt detection

## Reimbursement Policy:

### Radiopharmaceuticals and Contrast Agents (Commercial & Medicaid)

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Covered:				
Code	Code Description	Max Units	Allowed with Code(s)	Code Description
A9505	Thallium TI-201 thallos chloride, diagnostic, per mCi	4	78445	Non-cardiac vascular flow imaging (ie, angiography, venography)
A9505	Thallium TI-201 thallos chloride, diagnostic, per mCi	4	78451	Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)
A9505	Thallium TI-201 thallos chloride, diagnostic, per mCi	4	78452	Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); multiple studies, at rest and/or stress (exercise or pharmacologic) and/or redistribution and/or rest reinjection
A9505	Thallium TI-201 thallos chloride, diagnostic, per mCi	4	78453	Myocardial perfusion imaging, planar (including qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)
A9505	Thallium TI-201 thallos chloride, diagnostic, per mCi	4	78454	Myocardial perfusion imaging, planar (including qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); multiple studies, at rest and/or stress (exercise or pharmacologic) and/or redistribution and/or rest reinjection
A9505	Thallium TI-201 thallos chloride, diagnostic, per mCi	4	78456	Acute venous thrombosis imaging, peptide
A9505	Thallium TI-201 thallos chloride, diagnostic, per mCi	4	78457	Venous thrombosis imaging, venogram; unilateral
A9505	Thallium TI-201 thallos chloride, diagnostic, per mCi	4	78458	Venous thrombosis imaging, venogram; bilateral
A9505	Thallium TI-201 thallos chloride, diagnostic, per mCi	4	78466	Myocardial imaging, infarct avid, planar; qualitative or quantitative

## Reimbursement Policy:

### Radiopharmaceuticals and Contrast Agents (Commercial & Medicaid)

**EviCore**

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Covered:				
Code	Code Description	Max Units	Allowed with Code(s)	Code Description
A9505	Thallium TI-201 thallos chloride, diagnostic, per mCi	4	78468	Myocardial imaging, infarct avid, planar; with ejection fraction by first pass technique
A9505	Thallium TI-201 thallos chloride, diagnostic, per mCi	4	78469	Myocardial imaging, infarct avid, planar; tomographic SPECT with or without quantification
A9505	Thallium TI-201 thallos chloride, diagnostic, per mCi	4	78472	Cardiac blood pool imaging, gated equilibrium; planar, single study at rest or stress (exercise and/or pharmacologic), wall motion study plus ejection fraction, with or without additional quantitative processing
A9505	Thallium TI-201 thallos chloride, diagnostic, per mCi	4	78473	Cardiac blood pool imaging, gated equilibrium; multiple studies, wall motion study plus ejection fraction, at rest and stress (exercise and/or pharmacologic), with or without additional quantification
A9505	Thallium TI-201 thallos chloride, diagnostic, per mCi	4	78481	Cardiac blood pool imaging (planar), first pass technique; single study, at rest or with stress (exercise and/or pharmacologic), wall motion study plus ejection fraction, with or without quantification
A9505	Thallium TI-201 thallos chloride, diagnostic, per mCi	4	78483	Cardiac blood pool imaging (planar), first pass technique; multiple studies, at rest and with stress (exercise and/or pharmacologic), wall motion study plus ejection fraction, with or without quantification
A9505	Thallium TI-201 thallos chloride, diagnostic, per mCi	4	78491	Myocardial imaging, positron emission tomography (PET), perfusion study (including ventricular wall motion[s] and/or ejection fraction[s], when performed); single study, at rest or stress (exercise or pharmacologic)
A9505	Thallium TI-201 thallos chloride, diagnostic, per mCi	4	78492	Myocardial imaging, positron emission tomography (PET), perfusion study (including ventricular wall motion[s] and/or ejection fraction[s], when performed); multiple studies at rest and stress (exercise or pharmacologic)
A9505	Thallium TI-201 thallos chloride, diagnostic, per mCi	4	78494	Cardiac blood pool imaging, gated equilibrium, SPECT, at rest, wall motion study plus ejection fraction, with or without quantitative processing

## Reimbursement Policy:

### Radiopharmaceuticals and Contrast Agents (Commercial & Medicaid)

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Covered:				
Code	Code Description	Max Units	Allowed with Code(s)	Code Description
A9505	Thallium TI-201 thallos chloride, diagnostic, per mCi	4	78496	Cardiac blood pool imaging, gated equilibrium, single study, at rest, with right ventricular ejection fraction by first pass technique (List separately in addition to code for primary procedure)
A9505	Thallium TI-201 thallos chloride, diagnostic, per mCi	4	78499	Unlisted cardiovascular procedure, diagnostic nuclear medicine
A9505	Thallium TI-201 thallos chloride, diagnostic, per mCi	4	78800	Radiopharmaceutical localization of tumor, inflammatory process or distribution of radiopharmaceutical agent(s) (includes vascular flow and blood pool imaging, when performed); planar, single area (eg, head, neck, chest, pelvis), single day imaging
A9505	Thallium TI-201 thallos chloride, diagnostic, per mCi	4	78801	Radiopharmaceutical localization of tumor, inflammatory process or distribution of radiopharmaceutical agent(s) (includes vascular flow and blood pool imaging, when performed); planar, 2 or more areas (eg, abdomen and pelvis, head and chest), 1 or more days imaging or single area imaging over 2 or more days
A9505	Thallium TI-201 thallos chloride, diagnostic, per mCi	4	78802	Radiopharmaceutical localization of tumor, inflammatory process or distribution of radiopharmaceutical agent(s) (includes vascular flow and blood pool imaging, when performed); planar, whole body, single day imaging
A9505	Thallium TI-201 thallos chloride, diagnostic, per mCi	4	78803	Radiopharmaceutical localization of tumor, inflammatory process or distribution of radiopharmaceutical agent(s) (includes vascular flow and blood pool imaging, when performed); tomographic (SPECT), single area (eg, head, neck, chest, pelvis) or acquisition, single day imaging
A9505	Thallium TI-201 thallos chloride, diagnostic, per mCi	4	78804	Radiopharmaceutical localization of tumor, inflammatory process or distribution of radiopharmaceutical agent(s) (includes vascular flow and blood pool imaging, when performed); planar, whole body, requiring 2 or more days imaging
A9505	Thallium TI-201 thallos chloride, diagnostic, per mCi	4	78808	Injection procedure for radiopharmaceutical localization by non-imaging probe study, intravenous (eg, parathyroid adenoma)

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Covered:				
Code	Code Description	Max Units	Allowed with Code(s)	Code Description
A9505	Thallium TI-201 thallos chloride, diagnostic, per mCi	4	78830	Radiopharmaceutical localization of tumor, inflammatory process or distribution of radiopharmaceutical agent(s) (includes vascular flow and blood pool imaging, when performed); tomographic (SPECT) with concurrently acquired computed tomography (CT) transmission scan for anatomical review, localization and determination/detection of pathology, single area (eg, head, neck, chest, pelvis) or acquisition, single day imaging
A9505	Thallium TI-201 thallos chloride, diagnostic, per mCi	4	78831	Radiopharmaceutical localization of tumor, inflammatory process or distribution of radiopharmaceutical agent(s) (includes vascular flow and blood pool imaging, when performed); tomographic (SPECT), minimum 2 areas (eg, pelvis and knees, chest and abdomen) or separate acquisitions (eg, lung ventilation and perfusion), single day imaging, or single area or acquisition over 2 or more days
A9505	Thallium TI-201 thallos chloride, diagnostic, per mCi	4	78832	Radiopharmaceutical localization of tumor, inflammatory process or distribution of radiopharmaceutical agent(s) (includes vascular flow and blood pool imaging, when performed); tomographic (SPECT) with concurrently acquired computed tomography (CT) transmission scan for anatomical review, localization and determination/detection of pathology, minimum 2 areas (eg, pelvis and knees, chest and abdomen) or separate acquisitions (eg, lung ventilation and perfusion), single day imaging, or single area or acquisition over 2 or more days
A9505	Thallium TI-201 thallos chloride, diagnostic, per mCi	4	78999	Unlisted miscellaneous procedure, diagnostic nuclear medicine
A9507	Indium In-111 capromab pentetide, diagnostic, per study dose, up to 10 millicuries	1	78800	Radiopharmaceutical localization of tumor, inflammatory process or distribution of radiopharmaceutical agent(s) (includes vascular flow and blood pool imaging, when performed); planar, single area (eg, head, neck, chest, pelvis), single day imaging

## Reimbursement Policy:

### Radiopharmaceuticals and Contrast Agents (Commercial & Medicaid)



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Covered:				
Code	Code Description	Max Units	Allowed with Code(s)	Code Description
A9507	Indium In-111 capromab pentetide, diagnostic, per study dose, up to 10 millicuries	1	78801	Radiopharmaceutical localization of tumor, inflammatory process or distribution of radiopharmaceutical agent(s) (includes vascular flow and blood pool imaging, when performed); planar, 2 or more areas (eg, abdomen and pelvis, head and chest), 1 or more days imaging or single area imaging over 2 or more days
A9507	Indium In-111 capromab pentetide, diagnostic, per study dose, up to 10 millicuries	1	78802	Radiopharmaceutical localization of tumor, inflammatory process or distribution of radiopharmaceutical agent(s) (includes vascular flow and blood pool imaging, when performed); planar, whole body, single day imaging
A9507	Indium In-111 capromab pentetide, diagnostic, per study dose, up to 10 millicuries	1	78803	Radiopharmaceutical localization of tumor, inflammatory process or distribution of radiopharmaceutical agent(s) (includes vascular flow and blood pool imaging, when performed); tomographic (SPECT), single area (eg, head, neck, chest, pelvis) or acquisition, single day imaging
A9507	Indium In-111 capromab pentetide, diagnostic, per study dose, up to 10 millicuries	1	78804	Radiopharmaceutical localization of tumor, inflammatory process or distribution of radiopharmaceutical agent(s) (includes vascular flow and blood pool imaging, when performed); planar, whole body, requiring 2 or more days imaging
A9507	Indium In-111 capromab pentetide, diagnostic, per study dose, up to 10 millicuries	1	78808	Injection procedure for radiopharmaceutical localization by non-imaging probe study, intravenous (eg, parathyroid adenoma)
A9507	Indium In-111 capromab pentetide, diagnostic, per study dose, up to 10 millicuries	1	78830	Radiopharmaceutical localization of tumor, inflammatory process or distribution of radiopharmaceutical agent(s) (includes vascular flow and blood pool imaging, when performed); tomographic (SPECT) with concurrently acquired computed tomography (CT) transmission scan for anatomical review, localization and determination/detection of pathology, single area (eg, head, neck, chest, pelvis) or acquisition, single day imaging

## Reimbursement Policy:

### Radiopharmaceuticals and Contrast Agents (Commercial & Medicaid)



By EVERNORTH (Administered by EviCore by EVERNORTH)

Covered:				
Code	Code Description	Max Units	Allowed with Code(s)	Code Description
A9507	Indium In-111 capromab pentetide, diagnostic, per study dose, up to 10 millicuries	1	78831	Radiopharmaceutical localization of tumor, inflammatory process or distribution of radiopharmaceutical agent(s) (includes vascular flow and blood pool imaging, when performed); tomographic (SPECT), minimum 2 areas (eg, pelvis and knees, chest and abdomen) or separate acquisitions (eg, lung ventilation and perfusion), single day imaging, or single area or acquisition over 2 or more days
A9507	Indium In-111 capromab pentetide, diagnostic, per study dose, up to 10 millicuries	1	78832	Radiopharmaceutical localization of tumor, inflammatory process or distribution of radiopharmaceutical agent(s) (includes vascular flow and blood pool imaging, when performed); tomographic (SPECT) with concurrently acquired computed tomography (CT) transmission scan for anatomical review, localization and determination/detection of pathology, minimum 2 areas (eg, pelvis and knees, chest and abdomen) or separate acquisitions (eg, lung ventilation and perfusion), single day imaging, or single area or acquisition over 2 or more days
A9507	Indium In-111 capromab pentetide, diagnostic, per study dose, up to 10 millicuries	1	78999	Unlisted miscellaneous procedure, diagnostic nuclear medicine
A9510	Technetium Tc-99m disofenin, diagnostic, per study dose, up to 15 mCi	1	78201	Liver imaging; static only
A9510	Technetium Tc-99m disofenin, diagnostic, per study dose, up to 15 mCi	1	78202	Liver imaging; with vascular flow
A9510	Technetium Tc-99m disofenin, diagnostic, per study dose, up to 15 mCi	1	78215	Liver and spleen imaging; static only

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### Radiopharmaceuticals and Contrast Agents (Commercial & Medicaid)

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Covered:				
Code	Code Description	Max Units	Allowed with Code(s)	Code Description
A9510	Technetium Tc-99m disofenin, diagnostic, per study dose, up to 15 mCi	1	78216	Liver and spleen imaging; with vascular flow
A9510	Technetium Tc-99m disofenin, diagnostic, per study dose, up to 15 mCi	1	78226	Hepatobiliary system imaging, including gallbladder when present;
A9510	Technetium Tc-99m disofenin, diagnostic, per study dose, up to 15 mCi	1	78227	Hepatobiliary system imaging, including gallbladder when present; with pharmacologic intervention, including quantitative measurement(s) when performed
A9510	Technetium Tc-99m disofenin, diagnostic, per study dose, up to 15 mCi	1	78803	Radiopharmaceutical localization of tumor, inflammatory process or distribution of radiopharmaceutical agent(s) (includes vascular flow and blood pool imaging, when performed); tomographic (SPECT), single area (eg, head, neck, chest, pelvis) or acquisition, single day imaging
A9510	Technetium Tc-99m disofenin, diagnostic, per study dose, up to 15 mCi	1	78830	Radiopharmaceutical localization of tumor, inflammatory process or distribution of radiopharmaceutical agent(s) (includes vascular flow and blood pool imaging, when performed); tomographic (SPECT) with concurrently acquired computed tomography (CT) transmission scan for anatomical review, localization and determination/detection of pathology, single area (eg, head, neck, chest, pelvis) or acquisition, single day imaging
A9510	Technetium Tc-99m disofenin, diagnostic, per study dose, up to 15 mCi	1	78831	Radiopharmaceutical localization of tumor, inflammatory process or distribution of radiopharmaceutical agent(s) (includes vascular flow and blood pool imaging, when performed); tomographic (SPECT), minimum 2 areas (eg, pelvis and knees, chest and abdomen) or separate acquisitions (eg, lung ventilation and perfusion), single day imaging, or single area or acquisition over 2 or more days

## Reimbursement Policy:

### Radiopharmaceuticals and Contrast Agents (Commercial & Medicaid)

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Covered:				
Code	Code Description	Max Units	Allowed with Code(s)	Code Description
A9510	Technetium Tc-99m disofenin, diagnostic, per study dose, up to 15 mCi	1	78832	Radiopharmaceutical localization of tumor, inflammatory process or distribution of radiopharmaceutical agent(s) (includes vascular flow and blood pool imaging, when performed); tomographic (SPECT) with concurrently acquired computed tomography (CT) transmission scan for anatomical review, localization and determination/detection of pathology, minimum 2 areas (eg, pelvis and knees, chest and abdomen) or separate acquisitions (eg, lung ventilation and perfusion), single day imaging, or single area or acquisition over 2 or more days
A9512	Technetium Tc-99m pertechnetate, diagnostic, per mCi	10	78012	Thyroid uptake, single or multiple quantitative measurement(s) (including stimulation, suppression, or discharge, when performed)
A9512	Technetium Tc-99m pertechnetate, diagnostic, per mCi	10	78013	Thyroid imaging (including vascular flow, when performed);
A9512	Technetium Tc-99m pertechnetate, diagnostic, per mCi	10	78014	Thyroid imaging (including vascular flow, when performed); with single or multiple uptake(s) quantitative measurement(s) (including stimulation, suppression, or discharge, when performed)
A9512	Technetium Tc-99m pertechnetate, diagnostic, per mCi	10	78015	Thyroid carcinoma metastases imaging; limited area (eg, neck and chest only)
A9512	Technetium Tc-99m pertechnetate, diagnostic, per mCi	10	78016	Thyroid carcinoma metastases imaging; with additional studies (eg, urinary recovery)
A9512	Technetium Tc-99m pertechnetate, diagnostic, per mCi	10	78018	Thyroid carcinoma metastases imaging; whole body
A9512	Technetium Tc-99m pertechnetate, diagnostic, per mCi	10	78020	Thyroid carcinoma metastases uptake (List separately in addition to code for primary procedure)

## Reimbursement Policy:

### Radiopharmaceuticals and Contrast Agents (Commercial & Medicaid)

**EviCore**

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Covered:				
Code	Code Description	Max Units	Allowed with Code(s)	Code Description
A9512	Technetium Tc-99m pertechnetate, diagnostic, per mCi	10	78070	Parathyroid planar imaging (including subtraction, when performed);
A9512	Technetium Tc-99m pertechnetate, diagnostic, per mCi	10	78071	Parathyroid planar imaging (including subtraction, when performed); with tomographic (SPECT)
A9512	Technetium Tc-99m pertechnetate, diagnostic, per mCi	10	78072	Parathyroid planar imaging (including subtraction, when performed); with tomographic (SPECT), and concurrently acquired computed tomography (CT) for anatomical localization
A9512	Technetium Tc-99m pertechnetate, diagnostic, per mCi	10	78075	Adrenal imaging, cortex and/or medulla
A9512	Technetium Tc-99m pertechnetate, diagnostic, per mCi	10	78099	Unlisted endocrine procedure, diagnostic nuclear medicine
A9512	Technetium Tc-99m pertechnetate, diagnostic, per mCi	10	78230	Salivary gland imaging;
A9512	Technetium Tc-99m pertechnetate, diagnostic, per mCi	10	78231	Salivary gland imaging; with serial images
A9512	Technetium Tc-99m pertechnetate, diagnostic, per mCi	10	78232	Salivary gland function study
A9512	Technetium Tc-99m pertechnetate, diagnostic, per mCi	10	78261	Gastric mucosa imaging



## Reimbursement Policy:

### Radiopharmaceuticals and Contrast Agents (Commercial & Medicaid)



By EVERNORTH (Administered by EviCore by EVERNORTH)

Covered:				
Code	Code Description	Max Units	Allowed with Code(s)	Code Description
A9512	Technetium Tc-99m pertechnetate, diagnostic, per mCi	10	78290	Intestine imaging (eg, ectopic gastric mucosa, Meckel's localization, volvulus)
A9512	Technetium Tc-99m pertechnetate, diagnostic, per mCi	10	78291	Peritoneal-venous shunt patency test (eg, for LeVeen, Denver shunt)
A9512	Technetium Tc-99m pertechnetate, diagnostic, per mCi	10	78481	Cardiac blood pool imaging (planar), first pass technique; single study, at rest or with stress (exercise and/or pharmacologic), wall motion study plus ejection fraction, with or without quantification
A9512	Technetium Tc-99m pertechnetate, diagnostic, per mCi	10	78483	Cardiac blood pool imaging (planar), first pass technique; multiple studies, at rest and with stress (exercise and/or pharmacologic), wall motion study plus ejection fraction, with or without quantification
A9512	Technetium Tc-99m pertechnetate, diagnostic, per mCi	10	78600	Brain imaging, less than 4 static views;
A9512	Technetium Tc-99m pertechnetate, diagnostic, per mCi	10	78601	Brain imaging, less than 4 static views; with vascular flow
A9512	Technetium Tc-99m pertechnetate, diagnostic, per mCi	10	78605	Brain imaging, minimum 4 static views;
A9512	Technetium Tc-99m pertechnetate, diagnostic, per mCi	10	78606	Brain imaging, minimum 4 static views; with vascular flow
A9512	Technetium Tc-99m pertechnetate, diagnostic, per mCi	10	78610	Brain imaging, vascular flow only

## Reimbursement Policy:

### Radiopharmaceuticals and Contrast Agents (Commercial & Medicaid)

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Covered:				
Code	Code Description	Max Units	Allowed with Code(s)	Code Description
A9512	Technetium Tc-99m pertechnetate, diagnostic, per mCi	10	78630	Cerebrospinal fluid flow, imaging (not including introduction of material); cisternography
A9512	Technetium Tc-99m pertechnetate, diagnostic, per mCi	10	78635	Cerebrospinal fluid flow, imaging (not including introduction of material); ventriculography
A9512	Technetium Tc-99m pertechnetate, diagnostic, per mCi	10	78645	Cerebrospinal fluid flow, imaging (not including introduction of material); shunt evaluation
A9512	Technetium Tc-99m pertechnetate, diagnostic, per mCi	10	78650	Cerebrospinal fluid leakage detection and localization
A9512	Technetium Tc-99m pertechnetate, diagnostic, per mCi	10	78660	Radiopharmaceutical dacryocystography
A9512	Technetium Tc-99m pertechnetate, diagnostic, per mCi	10	78730	Urinary bladder residual study (List separately in addition to code for primary procedure)
A9512	Technetium Tc-99m pertechnetate, diagnostic, per mCi	10	78740	Ureteral reflux study (radiopharmaceutical voiding cystogram)
A9512	Technetium Tc-99m pertechnetate, diagnostic, per mCi	10	78761	Testicular imaging with vascular flow
A9512	Technetium Tc-99m pertechnetate, diagnostic, per mCi	10	78803	Radiopharmaceutical localization of tumor, inflammatory process or distribution of radiopharmaceutical agent(s) (includes vascular flow and blood pool imaging, when performed); tomographic (SPECT), single area (eg, head, neck, chest, pelvis) or acquisition, single day imaging



## Reimbursement Policy:

### Radiopharmaceuticals and Contrast Agents (Commercial & Medicaid)



By EVERNORTH (Administered by EviCore by EVERNORTH)

Covered:				
Code	Code Description	Max Units	Allowed with Code(s)	Code Description
A9516	Iodine I-123 sodium iodide, diagnostic, per 100 mCi, up to 999 mCi	4	78012	Thyroid uptake, single or multiple quantitative measurement(s) (including stimulation, suppression, or discharge, when performed)
A9516	Iodine I-123 sodium iodide, diagnostic, per 100 mCi, up to 999 mCi	4	78013	Thyroid imaging (including vascular flow, when performed);
A9516	Iodine I-123 sodium iodide, diagnostic, per 100 mCi, up to 999 mCi	4	78014	Thyroid imaging (including vascular flow, when performed); with single or multiple uptake(s) quantitative measurement(s) (including stimulation, suppression, or discharge, when performed)
A9516	Iodine I-123 sodium iodide, diagnostic, per 100 mCi, up to 999 mCi	4	78015	Thyroid carcinoma metastases imaging; limited area (eg, neck and chest only)
A9516	Iodine I-123 sodium iodide, diagnostic, per 100 mCi, up to 999 mCi	4	78016	Thyroid carcinoma metastases imaging; with additional studies (eg, urinary recovery)
A9516	Iodine I-123 sodium iodide, diagnostic, per 100 mCi, up to 999 mCi	4	78018	Thyroid carcinoma metastases imaging; whole body
A9516	Iodine I-123 sodium iodide, diagnostic, per 100 mCi, up to 999 mCi	4	78020	Thyroid carcinoma metastases uptake (List separately in addition to code for primary procedure)
A9516	Iodine I-123 sodium iodide, diagnostic, per 100 mCi, up to 999 mCi	4	78070	Parathyroid planar imaging (including subtraction, when performed);
A9516	Iodine I-123 sodium iodide, diagnostic, per 100 mCi, up to 999 mCi	4	78071	Parathyroid planar imaging (including subtraction, when performed); with tomographic (SPECT)



## Reimbursement Policy:

### Radiopharmaceuticals and Contrast Agents (Commercial & Medicaid)



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Covered:				
Code	Code Description	Max Units	Allowed with Code(s)	Code Description
A9516	Iodine I-123 sodium iodide, diagnostic, per 100 mCi, up to 999 mCi	4	78072	Parathyroid planar imaging (including subtraction, when performed); with tomographic (SPECT), and concurrently acquired computed tomography (CT) for anatomical localization
A9516	Iodine I-123 sodium iodide, diagnostic, per 100 mCi, up to 999 mCi	4	78099	Unlisted endocrine procedure, diagnostic nuclear medicine
A9520	Technetium Tc-99m, tilmanocept, diagnostic, up to 0.5 mCi	1	78195	Lymphatics and lymph nodes imaging
A9520	Technetium Tc-99m, tilmanocept, diagnostic, up to 0.5 mCi	1	78199	Unlisted hematopoietic, reticuloendothelial and lymphatic procedure, diagnostic nuclear medicine
A9521	Technetium Tc-99m exametazime, diagnostic, per study dose, up to 25 mCi	2	78600	Brain imaging, less than 4 static views;
A9521	Technetium Tc-99m exametazime, diagnostic, per study dose, up to 25 mCi	2	78601	Brain imaging, less than 4 static views; with vascular flow
A9521	Technetium Tc-99m exametazime, diagnostic, per study dose, up to 25 mCi	2	78605	Brain imaging, minimum 4 static views;
A9521	Technetium Tc-99m exametazime, diagnostic, per study dose, up to 25 mCi	2	78606	Brain imaging, minimum 4 static views; with vascular flow
A9521	Technetium Tc-99m exametazime, diagnostic, per study dose, up to 25 mCi	2	78610	Brain imaging, vascular flow only
A9521	Technetium Tc-99m exametazime, diagnostic, per study dose, up to 25 mCi	2	78699	Unlisted nervous system procedure, diagnostic nuclear medicine

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Covered:				
Code	Code Description	Max Units	Allowed with Code(s)	Code Description
A9521	Technetium Tc-99m exametazime, diagnostic, per study dose, up to 25 mCi	1	78803	Radiopharmaceutical localization of tumor, inflammatory process or distribution of radiopharmaceutical agent(s) (includes vascular flow and blood pool imaging, when performed); tomographic (SPECT), single area (eg, head, neck, chest, pelvis) or acquisition, single day imaging
A9524	Iodine I-131 iodinated serum albumin, diagnostic, per 5 mCi	10	78102	Bone marrow imaging; limited area
A9524	Iodine I-131 iodinated serum albumin, diagnostic, per 5 mCi	10	78103	Bone marrow imaging; multiple areas
A9524	Iodine I-131 iodinated serum albumin, diagnostic, per 5 mCi	10	78104	Bone marrow imaging; whole body
A9524	Iodine I-131 iodinated serum albumin, diagnostic, per 5 mCi	10	78110	Plasma volume, radiopharmaceutical volume-dilution technique (separate procedure); single sampling
A9524	Iodine I-131 iodinated serum albumin, diagnostic, per 5 mCi	10	78111	Plasma volume, radiopharmaceutical volume-dilution technique (separate procedure); multiple samplings
A9524	Iodine I-131 iodinated serum albumin, diagnostic, per 5 mCi	10	78120	Red cell volume determination (separate procedure); single sampling
A9524	Iodine I-131 iodinated serum albumin, diagnostic, per 5 mCi	10	78121	Red cell volume determination (separate procedure); multiple samplings
A9524	Iodine I-131 iodinated serum albumin, diagnostic, per 5 mCi	10	78122	Whole blood volume determination, including separate measurement of plasma volume and red cell volume (radiopharmaceutical volume-dilution technique)
A9524	Iodine I-131 iodinated serum albumin, diagnostic, per 5 mCi	10	78130	Red cell survival study
A9524	Iodine I-131 iodinated serum albumin, diagnostic, per 5 mCi	10	78140	Labeled red cell sequestration, differential organ/tissue (eg, splenic and/or hepatic)

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### Radiopharmaceuticals and Contrast Agents (Commercial & Medicaid)

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Covered:				
Code	Code Description	Max Units	Allowed with Code(s)	Code Description
A9524	Iodine I-131 iodinated serum albumin, diagnostic, per 5 mCi	10	78199	Unlisted hematopoietic, reticuloendothelial and lymphatic procedure, diagnostic nuclear medicine
A9524	Iodine I-131 iodinated serum albumin, diagnostic, per 5 mCi	10	78451	Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)
A9524	Iodine I-131 iodinated serum albumin, diagnostic, per 5 mCi	10	78452	Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); multiple studies, at rest and/or stress (exercise or pharmacologic) and/or redistribution and/or rest reinjection
A9524	Iodine I-131 iodinated serum albumin, diagnostic, per 5 mCi	10	78453	Myocardial perfusion imaging, planar (including qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)
A9524	Iodine I-131 iodinated serum albumin, diagnostic, per 5 mCi	10	78454	Myocardial perfusion imaging, planar (including qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); multiple studies, at rest and/or stress (exercise or pharmacologic) and/or redistribution and/or rest reinjection
A9524	Iodine I-131 iodinated serum albumin, diagnostic, per 5 mCi	10	78472	Cardiac blood pool imaging, gated equilibrium; planar, single study at rest or stress (exercise and/or pharmacologic), wall motion study plus ejection fraction, with or without additional quantitative processing
A9524	Iodine I-131 iodinated serum albumin, diagnostic, per 5 mCi	10	78473	Cardiac blood pool imaging, gated equilibrium; multiple studies, wall motion study plus ejection fraction, at rest and stress (exercise and/or pharmacologic), with or without additional quantification
A9524	Iodine I-131 iodinated serum albumin, diagnostic, per 5 mCi	10	78481	Cardiac blood pool imaging (planar), first pass technique; single study, at rest or with stress (exercise and/or pharmacologic), wall motion study plus ejection fraction, with or without quantification

## Reimbursement Policy:

### Radiopharmaceuticals and Contrast Agents (Commercial & Medicaid)

**EviCore**
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Covered:				
Code	Code Description	Max Units	Allowed with Code(s)	Code Description
A9524	Iodine I-131 iodinated serum albumin, diagnostic, per 5 mCi	10	78483	Cardiac blood pool imaging (planar), first pass technique; multiple studies, at rest and with stress (exercise and/or pharmacologic), wall motion study plus ejection fraction, with or without quantification
A9524	Iodine I-131 iodinated serum albumin, diagnostic, per 5 mCi	10	78579	Pulmonary ventilation imaging (eg, aerosol or gas)
A9524	Iodine I-131 iodinated serum albumin, diagnostic, per 5 mCi	10	78580	Pulmonary perfusion imaging (eg, particulate)
A9524	Iodine I-131 iodinated serum albumin, diagnostic, per 5 mCi	10	78582	Pulmonary ventilation (eg, aerosol or gas) and perfusion imaging
A9524	Iodine I-131 iodinated serum albumin, diagnostic, per 5 mCi	10	78597	Quantitative differential pulmonary perfusion, including imaging when performed
A9524	Iodine I-131 iodinated serum albumin, diagnostic, per 5 mCi	10	78598	Quantitative differential pulmonary perfusion and ventilation (eg, aerosol or gas), including imaging when performed
A9524	Iodine I-131 iodinated serum albumin, diagnostic, per 5 mCi	10	78600	Brain imaging, less than 4 static views;
A9524	Iodine I-131 iodinated serum albumin, diagnostic, per 5 mCi	10	78601	Brain imaging, less than 4 static views; with vascular flow
A9524	Iodine I-131 iodinated serum albumin, diagnostic, per 5 mCi	10	78605	Brain imaging, minimum 4 static views;
A9524	Iodine I-131 iodinated serum albumin, diagnostic, per 5 mCi	10	78606	Brain imaging, minimum 4 static views; with vascular flow
A9524	Iodine I-131 iodinated serum albumin, diagnostic, per 5 mCi	10	78610	Brain imaging, vascular flow only

## Reimbursement Policy:

### Radiopharmaceuticals and Contrast Agents (Commercial & Medicaid)

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Covered:				
Code	Code Description	Max Units	Allowed with Code(s)	Code Description
A9524	Iodine I-131 iodinated serum albumin, diagnostic, per 5 mCi	10	78800	Radiopharmaceutical localization of tumor, inflammatory process or distribution of radiopharmaceutical agent(s) (includes vascular flow and blood pool imaging, when performed); planar, single area (eg, head, neck, chest, pelvis), single day imaging
A9524	Iodine I-131 iodinated serum albumin, diagnostic, per 5 mCi	10	78801	Radiopharmaceutical localization of tumor, inflammatory process or distribution of radiopharmaceutical agent(s) (includes vascular flow and blood pool imaging, when performed); planar, 2 or more areas (eg, abdomen and pelvis, head and chest), 1 or more days imaging or single area imaging over 2 or more days
A9524	Iodine I-131 iodinated serum albumin, diagnostic, per 5 mCi	10	78802	Radiopharmaceutical localization of tumor, inflammatory process or distribution of radiopharmaceutical agent(s) (includes vascular flow and blood pool imaging, when performed); planar, whole body, single day imaging
A9524	Iodine I-131 iodinated serum albumin, diagnostic, per 5 mCi	10	78803	Radiopharmaceutical localization of tumor, inflammatory process or distribution of radiopharmaceutical agent(s) (includes vascular flow and blood pool imaging, when performed); tomographic (SPECT), single area (eg, head, neck, chest, pelvis) or acquisition, single day imaging
A9524	Iodine I-131 iodinated serum albumin, diagnostic, per 5 mCi	10	78804	Radiopharmaceutical localization of tumor, inflammatory process or distribution of radiopharmaceutical agent(s) (includes vascular flow and blood pool imaging, when performed); planar, whole body, requiring 2 or more days imaging
A9528	Iodine I-131 sodium iodide capsule(s), diagnostic, per mCi	10	78012	Thyroid uptake, single or multiple quantitative measurement(s) (including stimulation, suppression, or discharge, when performed)
A9528	Iodine I-131 sodium iodide capsule(s), diagnostic, per mCi	10	78013	Thyroid imaging (including vascular flow, when performed);
A9528	Iodine I-131 sodium iodide capsule(s), diagnostic, per mCi	10	78014	Thyroid imaging (including vascular flow, when performed); with single or multiple uptake(s) quantitative measurement(s) (including stimulation, suppression, or discharge, when performed)

## Reimbursement Policy:

### Radiopharmaceuticals and Contrast Agents (Commercial & Medicaid)

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Covered:				
Code	Code Description	Max Units	Allowed with Code(s)	Code Description
A9528	Iodine I-131 sodium iodide capsule(s), diagnostic, per mCi	10	78015	Thyroid carcinoma metastases imaging; limited area (eg, neck and chest only)
A9528	Iodine I-131 sodium iodide capsule(s), diagnostic, per mCi	10	78016	Thyroid carcinoma metastases imaging; with additional studies (eg, urinary recovery)
A9528	Iodine I-131 sodium iodide capsule(s), diagnostic, per mCi	10	78018	Thyroid carcinoma metastases imaging; whole body
A9528	Iodine I-131 sodium iodide capsule(s), diagnostic, per mCi	10	78020	Thyroid carcinoma metastases uptake (List separately in addition to code for primary procedure)
A9528	Iodine I-131 sodium iodide capsule(s), diagnostic, per mCi	10	78070	Parathyroid planar imaging (including subtraction, when performed);
A9528	Iodine I-131 sodium iodide capsule(s), diagnostic, per mCi	10	78071	Parathyroid planar imaging (including subtraction, when performed); with tomographic (SPECT)
A9528	Iodine I-131 sodium iodide capsule(s), diagnostic, per mCi	10	78072	Parathyroid planar imaging (including subtraction, when performed); with tomographic (SPECT), and concurrently acquired computed tomography (CT) for anatomical localization
A9528	Iodine I-131 sodium iodide capsule(s), diagnostic, per mCi	10	78099	Unlisted endocrine procedure, diagnostic nuclear medicine
A9528	Iodine I-131 sodium iodide capsule(s), diagnostic, per mCi	10	78803	Radiopharmaceutical localization of tumor, inflammatory process or distribution of radiopharmaceutical agent(s) (includes vascular flow and blood pool imaging, when performed); tomographic (SPECT), single area (eg, head, neck, chest, pelvis) or acquisition, single day imaging
A9529	Iodine I-131 sodium iodide solution, diagnostic, per mCi	10	78012	Thyroid uptake, single or multiple quantitative measurement(s) (including stimulation, suppression, or discharge, when performed)
A9529	Iodine I-131 sodium iodide solution, diagnostic, per mCi	10	78013	Thyroid imaging (including vascular flow, when performed);

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### Radiopharmaceuticals and Contrast Agents (Commercial & Medicaid)

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Covered:				
Code	Code Description	Max Units	Allowed with Code(s)	Code Description
A9529	Iodine I-131 sodium iodide solution, diagnostic, per mCi	10	78014	Thyroid imaging (including vascular flow, when performed); with single or multiple uptake(s) quantitative measurement(s) (including stimulation, suppression, or discharge, when performed)
A9529	Iodine I-131 sodium iodide solution, diagnostic, per mCi	10	78015	Thyroid carcinoma metastases imaging; limited area (eg, neck and chest only)
A9529	Iodine I-131 sodium iodide solution, diagnostic, per mCi	10	78016	Thyroid carcinoma metastases imaging; with additional studies (eg, urinary recovery)
A9529	Iodine I-131 sodium iodide solution, diagnostic, per mCi	10	78018	Thyroid carcinoma metastases imaging; whole body
A9529	Iodine I-131 sodium iodide solution, diagnostic, per mCi	10	78020	Thyroid carcinoma metastases uptake (List separately in addition to code for primary procedure)
A9529	Iodine I-131 sodium iodide solution, diagnostic, per mCi	10	78070	Parathyroid planar imaging (including subtraction, when performed);
A9529	Iodine I-131 sodium iodide solution, diagnostic, per mCi	10	78071	Parathyroid planar imaging (including subtraction, when performed); with tomographic (SPECT)
A9529	Iodine I-131 sodium iodide solution, diagnostic, per mCi	10	78072	Parathyroid planar imaging (including subtraction, when performed); with tomographic (SPECT), and concurrently acquired computed tomography (CT) for anatomical localization
A9529	Iodine I-131 sodium iodide solution, diagnostic, per mCi	10	78099	Unlisted endocrine procedure, diagnostic nuclear medicine
A9529	Iodine I-131 sodium iodide solution, diagnostic, per mCi	10	78803	Radiopharmaceutical localization of tumor, inflammatory process or distribution of radiopharmaceutical agent(s) (includes vascular flow and blood pool imaging, when performed); tomographic (SPECT), single area (eg, head, neck, chest, pelvis) or acquisition, single day imaging

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### Radiopharmaceuticals and Contrast Agents (Commercial & Medicaid)

**EviCore**

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Covered:				
Code	Code Description	Max Units	Allowed with Code(s)	Code Description
A9531	Iodine I-131 sodium iodide, diagnostic, per mCi (up to 100 mCi)	80	78012	Thyroid uptake, single or multiple quantitative measurement(s) (including stimulation, suppression, or discharge, when performed)
A9531	Iodine I-131 sodium iodide, diagnostic, per mCi (up to 100 mCi)	80	78013	Thyroid imaging (including vascular flow, when performed);
A9531	Iodine I-131 sodium iodide, diagnostic, per mCi (up to 100 mCi)	80	78014	Thyroid imaging (including vascular flow, when performed); with single or multiple uptake(s) quantitative measurement(s) (including stimulation, suppression, or discharge, when performed)
A9531	Iodine I-131 sodium iodide, diagnostic, per mCi (up to 100 mCi)	80	78015	Thyroid carcinoma metastases imaging; limited area (eg, neck and chest only)
A9531	Iodine I-131 sodium iodide, diagnostic, per mCi (up to 100 mCi)	80	78016	Thyroid carcinoma metastases imaging; with additional studies (eg, urinary recovery)
A9531	Iodine I-131 sodium iodide, diagnostic, per mCi (up to 100 mCi)	80	78018	Thyroid carcinoma metastases imaging; whole body
A9531	Iodine I-131 sodium iodide, diagnostic, per mCi (up to 100 mCi)	80	78020	Thyroid carcinoma metastases uptake (List separately in addition to code for primary procedure)
A9531	Iodine I-131 sodium iodide, diagnostic, per mCi (up to 100 mCi)	80	78099	Unlisted endocrine procedure, diagnostic nuclear medicine
A9531	Iodine I-131 sodium iodide, diagnostic, per mCi (up to 100 mCi)	80	78803	Radiopharmaceutical localization of tumor, inflammatory process or distribution of radiopharmaceutical agent(s) (includes vascular flow and blood pool imaging, when performed); tomographic (SPECT), single area (eg, head, neck, chest, pelvis) or acquisition, single day imaging

## Reimbursement Policy:

### Radiopharmaceuticals and Contrast Agents (Commercial & Medicaid)

**EviCore**

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Covered:				
Code	Code Description	Max Units	Allowed with Code(s)	Code Description
A9532	Iodine I-125 serum albumin, diagnostic, per 5 mCi	10	78110	Plasma volume, radiopharmaceutical volume-dilution technique (separate procedure); single sampling
A9532	Iodine I-125 serum albumin, diagnostic, per 5 mCi	10	78111	Plasma volume, radiopharmaceutical volume-dilution technique (separate procedure); multiple samplings
A9532	Iodine I-125 serum albumin, diagnostic, per 5 mCi	10	78120	Red cell volume determination (separate procedure); single Sampling
A9532	Iodine I-125 serum albumin, diagnostic, per 5 mCi	10	78121	Red cell volume determination (separate procedure); multiple samplings
A9532	Iodine I-125 serum albumin, diagnostic, per 5 mCi	10	78122	Whole blood volume determination, including separate measurement of plasma volume and red cell volume (radiopharmaceutical volume-dilution technique)
A9532	Iodine I-125 serum albumin, diagnostic, per 5 mCi	10	78130	Red cell survival study
A9532	Iodine I-125 serum albumin, diagnostic, per 5 mCi	10	78140	Labeled red cell sequestration, differential organ/tissue (eg, splenic and/or hepatic)
A9532	Iodine I-125 serum albumin, diagnostic, per 5 mCi	10	78199	Unlisted hematopoietic, reticuloendothelial and lymphatic procedure, diagnostic nuclear medicine
A9537	Technetium Tc-99m mebrofenin, diagnostic, per study dose, up to 15 mCi	1	78201	Liver imaging; static only
A9537	Technetium Tc-99m mebrofenin, diagnostic, per study dose, up to 15 mCi	1	78202	Liver imaging; with vascular flow
A9537	Technetium Tc-99m mebrofenin, diagnostic, per study dose, up to 15 mCi	1	78215	Liver and spleen imaging; static only

## Reimbursement Policy:

### Radiopharmaceuticals and Contrast Agents (Commercial & Medicaid)

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Covered:				
Code	Code Description	Max Units	Allowed with Code(s)	Code Description
A9537	Technetium Tc-99m mebrofenin, diagnostic, per study dose, up to 15 mCi	1	78216	Liver and spleen imaging; with vascular flow
A9537	Technetium Tc-99m mebrofenin, diagnostic, per study dose, up to 15 mCi	1	78226	Hepatobiliary system imaging, including gallbladder when present;
A9537	Technetium Tc-99m mebrofenin, diagnostic, per study dose, up to 15 mCi	1	78227	Hepatobiliary system imaging, including gallbladder when present; with pharmacologic intervention, including quantitative measurement(s) when performed
A9538	Technetium Tc-99m pyrophosphate, diagnostic, per study dose, up to 25 mCi	1	78300	Bone and/or joint imaging; limited area
A9538	Technetium Tc-99m pyrophosphate, diagnostic, per study dose, up to 25 mCi	1	78305	Bone and/or joint imaging; multiple areas
A9538	Technetium Tc-99m pyrophosphate, diagnostic, per study dose, up to 25 mCi	1	78306	Bone and/or joint imaging; whole body
A9538	Technetium Tc-99m pyrophosphate, diagnostic, per study dose, up to 25 mCi	1	78315	Bone and/or joint imaging; 3 phase study
A9538	Technetium Tc-99m pyrophosphate, diagnostic, per study dose, up to 25 mCi	1	78350	Bone density (bone mineral content) study, 1 or more sites; single photon absorptiometry
A9538	Technetium Tc-99m pyrophosphate, diagnostic, per study dose, up to 25 mCi	1	78351	Bone density (bone mineral content) study, 1 or more sites; dual photon absorptiometry, 1 or more sites

## Reimbursement Policy:

### Radiopharmaceuticals and Contrast Agents (Commercial & Medicaid)

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Covered:				
Code	Code Description	Max Units	Allowed with Code(s)	Code Description
A9538	Technetium Tc-99m pyrophosphate, diagnostic, per study dose, up to 25 mCi	1	78399	Unlisted musculoskeletal procedure, diagnostic nuclear medicine
A9538	Technetium Tc-99m pyrophosphate, diagnostic, per study dose, up to 25 mCi	1	78451	Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)
A9538	Technetium Tc-99m pyrophosphate, diagnostic, per study dose, up to 25 mCi	1	78452	Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); multiple studies, at rest and/or stress (exercise or pharmacologic) and/or redistribution and/or rest reinjection
A9538	Technetium Tc-99m pyrophosphate, diagnostic, per study dose, up to 25 mCi	1	78453	Myocardial perfusion imaging, planar (including qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)
A9538	Technetium Tc-99m pyrophosphate, diagnostic, per study dose, up to 25 mCi	1	78454	Myocardial perfusion imaging, planar (including qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); multiple studies, at rest and/or stress (exercise or pharmacologic) and/or redistribution and/or rest reinjection
A9538	Technetium Tc-99m pyrophosphate, diagnostic, per study dose, up to 25 mCi	1	78466	Myocardial imaging, infarct avid, planar; qualitative or quantitative
A9538	Technetium Tc-99m pyrophosphate, diagnostic, per study dose, up to 25 mCi	1	78468	Myocardial imaging, infarct avid, planar; with ejection fraction by first pass technique
A9538	Technetium Tc-99m pyrophosphate, diagnostic, per study dose, up to 25 mCi	1	78469	Myocardial imaging, infarct avid, planar; tomographic SPECT with or without quantification

## Reimbursement Policy:

### Radiopharmaceuticals and Contrast Agents (Commercial & Medicaid)

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Covered:				
Code	Code Description	Max Units	Allowed with Code(s)	Code Description
A9538	Technetium Tc-99m pyrophosphate, diagnostic, per study dose, up to 25 mCi	1	78472	Cardiac blood pool imaging, gated equilibrium; planar, single study at rest or stress (exercise and/or pharmacologic), wall motion study plus ejection fraction, with or without additional quantitative processing
A9538	Technetium Tc-99m pyrophosphate, diagnostic, per study dose, up to 25 mCi	1	78473	Cardiac blood pool imaging, gated equilibrium; multiple studies, wall motion study plus ejection fraction, at rest and stress (exercise and/or pharmacologic), with or without additional quantification
A9538	Technetium Tc-99m pyrophosphate, diagnostic, per study dose, up to 25 mCi	1	78481	Cardiac blood pool imaging (planar), first pass technique; single study, at rest or with stress (exercise and/or pharmacologic), wall motion study plus ejection fraction, with or without quantification
A9538	Technetium Tc-99m pyrophosphate, diagnostic, per study dose, up to 25 mCi	1	78483	Cardiac blood pool imaging (planar), first pass technique; multiple studies, at rest and with stress (exercise and/or pharmacologic), wall motion study plus ejection fraction, with or without quantification
A9538	Technetium Tc-99m pyrophosphate, diagnostic, per study dose, up to 25 mCi	1	78494	Cardiac blood pool imaging, gated equilibrium, SPECT, at rest, wall motion study plus ejection fraction, with or without quantitative processing
A9538	Technetium Tc-99m pyrophosphate, diagnostic, per study dose, up to 25 mCi	1	78496	Cardiac blood pool imaging, gated equilibrium, single study, at rest, with right ventricular ejection fraction by first pass technique (List separately in addition to code for primary procedure)
A9538	Technetium Tc-99m pyrophosphate, diagnostic, per study dose, up to 25 mCi	1	78499	Unlisted cardiovascular procedure, diagnostic nuclear medicine
A9538	Technetium Tc-99m pyrophosphate, diagnostic, per study dose, up to 25 mCi	1	78803	Radiopharmaceutical localization of tumor, inflammatory process or distribution of radiopharmaceutical agent(s) (includes vascular flow and blood pool imaging, when performed); tomographic (SPECT), single area (eg, head, neck, chest, pelvis) or acquisition, single day imaging

## Reimbursement Policy:

### Radiopharmaceuticals and Contrast Agents (Commercial & Medicaid)

**EviCore**

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Covered:				
Code	Code Description	Max Units	Allowed with Code(s)	Code Description
A9538	Technetium Tc-99m pyrophosphate, diagnostic, per study dose, up to 25 mCi	1	78999	Unlisted miscellaneous procedure, diagnostic nuclear medicine
A9539	Technetium Tc-99m pentetate, diagnostic, per study dose, up to 25 mCi	1	78291	Peritoneal-venous shunt patency test (eg, for LeVeen, Denver shunt)
A9539	Technetium Tc-99m pentetate, diagnostic, per study dose, up to 25 mCi	1	78428	Cardiac shunt detection
A9539	Technetium Tc-99m pentetate, diagnostic, per study dose, up to 25 mCi	1	78445	Non-cardiac vascular flow imaging (ie, angiography, venography)
A9539	Technetium Tc-99m pentetate, diagnostic, per study dose, up to 25 mCi	1	78481	Cardiac blood pool imaging (planar), first pass technique; single study, at rest or with stress (exercise and/or pharmacologic), wall motion study plus ejection fraction, with or without quantification
A9539	Technetium Tc-99m pentetate, diagnostic, per study dose, up to 25 mCi	1	78483	Cardiac blood pool imaging (planar), first pass technique; multiple studies, at rest and with stress (exercise and/or pharmacologic), wall motion study plus ejection fraction, with or without quantification
A9539	Technetium Tc-99m pentetate, diagnostic, per study dose, up to 25 mCi	1	78579	Pulmonary ventilation imaging (eg, aerosol or gas)
A9539	Technetium Tc-99m pentetate, diagnostic, per study dose, up to 25 mCi	1	78580	Pulmonary perfusion imaging (eg, particulate)
A9539	Technetium Tc-99m pentetate, diagnostic, per study dose, up to 25 mCi	1	78582	Pulmonary ventilation (eg, aerosol or gas) and perfusion imaging

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### Radiopharmaceuticals and Contrast Agents (Commercial & Medicaid)

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Covered:				
Code	Code Description	Max Units	Allowed with Code(s)	Code Description
A9539	Technetium Tc-99m pentetate, diagnostic, per study dose, up to 25 mCi	1	78597	Quantitative differential pulmonary perfusion, including imaging when performed
A9539	Technetium Tc-99m pentetate, diagnostic, per study dose, up to 25 mCi	1	78598	Quantitative differential pulmonary perfusion and ventilation (eg, aerosol or gas), including imaging when performed
A9539	Technetium Tc-99m pentetate, diagnostic, per study dose, up to 25 mCi	1	78599	Unlisted respiratory procedure, diagnostic nuclear medicine
A9539	Technetium Tc-99m pentetate, diagnostic, per study dose, up to 25 mCi	1	78630	Cerebrospinal fluid flow, imaging (not including introduction of material); cisternography
A9539	Technetium Tc-99m pentetate, diagnostic, per study dose, up to 25 mCi	1	78645	Cerebrospinal fluid flow, imaging (not including introduction of material); shunt evaluation
A9539	Technetium Tc-99m pentetate, diagnostic, per study dose, up to 25 mCi	1	78650	Cerebrospinal fluid leakage detection and localization
A9539	Technetium Tc-99m pentetate, diagnostic, per study dose, up to 25 mCi	1	78700	Kidney imaging morphology;
A9539	Technetium Tc-99m pentetate, diagnostic, per study dose, up to 25 mCi	1	78701	Kidney imaging morphology; with vascular flow
A9539	Technetium Tc-99m pentetate, diagnostic, per study dose, up to 25 mCi	1	78707	Kidney imaging morphology; with vascular flow and function, single study without pharmacological intervention

## Reimbursement Policy:

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Covered:				
Code	Code Description	Max Units	Allowed with Code(s)	Code Description
A9539	Technetium Tc-99m pentetate, diagnostic, per study dose, up to 25 mCi	1	78708	Kidney imaging morphology; with vascular flow and function, single study, with pharmacological intervention (eg, angiotensin converting enzyme inhibitor and/or diuretic)
A9539	Technetium Tc-99m pentetate, diagnostic, per study dose, up to 25 mCi	1	78709	Kidney imaging morphology; with vascular flow and function, multiple studies, with and without pharmacological intervention (eg, angiotensin converting enzyme inhibitor and/or diuretic)
A9539	Technetium Tc-99m pentetate, diagnostic, per study dose, up to 25 mCi	1	78725	Kidney function study, non-imaging radioisotopic study
A9539	Technetium Tc-99m pentetate, diagnostic, per study dose, up to 25 mCi	1	78730	Urinary bladder residual study (List separately in addition to code for primary procedure)
A9539	Technetium Tc-99m pentetate, diagnostic, per study dose, up to 25 mCi	1	78740	Ureteral reflux study (radiopharmaceutical voiding cystogram)
A9539	Technetium Tc-99m pentetate, diagnostic, per study dose, up to 25 mCi	1	78761	Testicular imaging with vascular flow
A9539	Technetium Tc-99m pentetate, diagnostic, per study dose, up to 25 mCi	1	78799	Unlisted genitourinary procedure, diagnostic nuclear medicine
A9539	Technetium Tc-99m pentetate, diagnostic, per study dose, up to 25 mCi	1	78803	Radiopharmaceutical localization of tumor, inflammatory process or distribution of radiopharmaceutical agent(s) (includes vascular flow and blood pool imaging, when performed); tomographic (SPECT), single area (eg, head, neck, chest, pelvis) or acquisition, single day imaging
A9540	Technetium Tc-99m macroaggregated albumin, diagnostic, per study dose, up to 10 mCi	1	78201	Liver imaging; static only

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Covered:				
Code	Code Description	Max Units	Allowed with Code(s)	Code Description
A9540	Technetium Tc-99m macroaggregated albumin, diagnostic, per study dose, up to 10 mCi	1	78202	Liver imaging; with vascular flow
A9540	Technetium Tc-99m macroaggregated albumin, diagnostic, per study dose, up to 10 mCi	1	78215	Liver and spleen imaging; static only
A9540	Technetium Tc-99m macroaggregated albumin, diagnostic, per study dose, up to 10 mCi	1	78216	Liver and spleen imaging; with vascular flow
A9540	Technetium Tc-99m macroaggregated albumin, diagnostic, per study dose, up to 10 mCi	1	78291	Peritoneal-venous shunt patency test (eg, for LeVeen, Denver shunt)
A9540	Technetium Tc-99m macroaggregated albumin, diagnostic, per study dose, up to 10 mCi	1	78428	Cardiac shunt detection
A9540	Technetium Tc-99m macroaggregated albumin, diagnostic, per study dose, up to 10 mCi	1	78579	Pulmonary ventilation imaging (eg, aerosol or gas)
A9540	Technetium Tc-99m macroaggregated albumin, diagnostic, per study dose, up to 10 mCi	1	78580	Pulmonary perfusion imaging (eg, particulate)

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Covered:				
Code	Code Description	Max Units	Allowed with Code(s)	Code Description
A9540	Technetium Tc-99m macroaggregated albumin, diagnostic, per study dose, up to 10 mCi	1	78582	Pulmonary ventilation (eg, aerosol or gas) and perfusion imaging
A9540	Technetium Tc-99m macroaggregated albumin, diagnostic, per study dose, up to 10 mCi	1	78597	Quantitative differential pulmonary perfusion, including imaging when performed
A9540	Technetium Tc-99m macroaggregated albumin, diagnostic, per study dose, up to 10 mCi	1	78598	Quantitative differential pulmonary perfusion and ventilation (eg, aerosol or gas), including imaging when performed
A9540	Technetium Tc-99m macroaggregated albumin, diagnostic, per study dose, up to 10 mCi	1	78599	Unlisted respiratory procedure, diagnostic nuclear medicine
A9540	Technetium Tc-99m macroaggregated albumin, diagnostic, per study dose, up to 10 mCi	1	78645	Cerebrospinal fluid flow, imaging (not including introduction of material); shunt evaluation
A9540	Technetium Tc-99m macroaggregated albumin, diagnostic, per study dose, up to 10 mCi	1	78800	Radiopharmaceutical localization of tumor, inflammatory process or distribution of radiopharmaceutical agent(s) (includes vascular flow and blood pool imaging, when performed); planar, single area (eg, head, neck, chest, pelvis), single day imaging
A9540	Technetium Tc-99m macroaggregated albumin, diagnostic, per study dose, up to 10 mCi	1	78801	Radiopharmaceutical localization of tumor, inflammatory process or distribution of radiopharmaceutical agent(s) (includes vascular flow and blood pool imaging, when performed); planar, 2 or more areas (eg, abdomen and pelvis, head and chest), 1 or more days imaging or single area imaging over 2 or more days

## Reimbursement Policy:

### Radiopharmaceuticals and Contrast Agents (Commercial & Medicaid)

**EviCore**

By EVERNORTH

(Administered by EviCore by EVERNORTH)

Covered:				
Code	Code Description	Max Units	Allowed with Code(s)	Code Description
A9540	Technetium Tc-99m macroaggregated albumin, diagnostic, per study dose, up to 10 mCi	1	78802	Radiopharmaceutical localization of tumor, inflammatory process or distribution of radiopharmaceutical agent(s) (includes vascular flow and blood pool imaging, when performed); planar, whole body, single day imaging
A9540	Technetium Tc-99m macroaggregated albumin, diagnostic, per study dose, up to 10 mCi	1	78803	Radiopharmaceutical localization of tumor, inflammatory process or distribution of radiopharmaceutical agent(s) (includes vascular flow and blood pool imaging, when performed); tomographic (SPECT), single area (eg, head, neck, chest, pelvis) or acquisition, single day imaging
A9541	Technetium Tc-99m sulfur colloid, diagnostic, per study dose, up to 20 mCi	1	78102	Bone marrow imaging; limited area
A9541	Technetium Tc-99m sulfur colloid, diagnostic, per study dose, up to 20 mCi	1	78103	Bone marrow imaging; multiple areas
A9541	Technetium Tc-99m sulfur colloid, diagnostic, per study dose, up to 20 mCi	1	78104	Bone marrow imaging; whole body
A9541	Technetium Tc-99m sulfur colloid, diagnostic, per study dose, up to 20 mCi	1	78185	Spleen imaging only, with or without vascular flow
A9541	Technetium Tc-99m sulfur colloid, diagnostic, per study dose, up to 20 mCi	1	78191	Platelet survival study
A9541	Technetium Tc-99m sulfur colloid, diagnostic, per study dose, up to 20 mCi	1	78195	Lymphatics and lymph nodes imaging

## Reimbursement Policy:

### Radiopharmaceuticals and Contrast Agents (Commercial & Medicaid)

**EviCore**

By EVERNORTH

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Covered:				
Code	Code Description	Max Units	Allowed with Code(s)	Code Description
A9541	Technetium Tc-99m sulfur colloid, diagnostic, per study dose, up to 20 mCi	1	78199	Unlisted hematopoietic, reticuloendothelial and lymphatic procedure, diagnostic nuclear medicine
A9541	Technetium Tc-99m sulfur colloid, diagnostic, per study dose, up to 20 mCi	1	78201	Liver imaging; static only
A9541	Technetium Tc-99m sulfur colloid, diagnostic, per study dose, up to 20 mCi	1	78202	Liver imaging; with vascular flow
A9541	Technetium Tc-99m sulfur colloid, diagnostic, per study dose, up to 20 mCi	1	78215	Liver and spleen imaging; static only
A9541	Technetium Tc-99m sulfur colloid, diagnostic, per study dose, up to 20 mCi	1	78216	Liver and spleen imaging; with vascular flow
A9541	Technetium Tc-99m sulfur colloid, diagnostic, per study dose, up to 20 mCi	1	78226	Hepatobiliary system imaging, including gallbladder when present;
A9541	Technetium Tc-99m sulfur colloid, diagnostic, per study dose, up to 20 mCi	1	78227	Hepatobiliary system imaging, including gallbladder when present; with pharmacologic intervention, including quantitative measurement(s) when performed
A9541	Technetium Tc-99m sulfur colloid, diagnostic, per study dose, up to 20 mCi	1	78258	Esophageal motility
A9541	Technetium Tc-99m sulfur colloid, diagnostic, per study dose, up to 20 mCi	1	78261	Gastric mucosa imaging

## Reimbursement Policy:

### Radiopharmaceuticals and Contrast Agents (Commercial & Medicaid)

**EviCore**

By EVERNORTH

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Covered:				
Code	Code Description	Max Units	Allowed with Code(s)	Code Description
A9541	Technetium Tc-99m sulfur colloid, diagnostic, per study dose, up to 20 mCi	1	78262	Gastroesophageal reflux study
A9541	Technetium Tc-99m sulfur colloid, diagnostic, per study dose, up to 20 mCi	1	78264	Gastric emptying imaging study (eg, solid, liquid, or both);
A9541	Technetium Tc-99m sulfur colloid, diagnostic, per study dose, up to 20 mCi	1	78265	Gastric emptying imaging study (eg, solid, liquid, or both); with small bowel transit
A9541	Technetium Tc-99m sulfur colloid, diagnostic, per study dose, up to 20 mCi	1	78266	Gastric emptying imaging study (eg, solid, liquid, or both); with small bowel and colon transit, multiple days
A9541	Technetium Tc-99m sulfur colloid, diagnostic, per study dose, up to 20 mCi	1	78278	Acute gastrointestinal blood loss imaging
A9541	Technetium Tc-99m sulfur colloid, diagnostic, per study dose, up to 20 mCi	1	78291	Peritoneal-venous shunt patency test (eg, for LeVeen, Denver shunt)
A9541	Technetium Tc-99m sulfur colloid, diagnostic, per study dose, up to 20 mCi	1	78299	Unlisted gastrointestinal procedure, diagnostic nuclear medicine
A9541	Technetium Tc-99m sulfur colloid, diagnostic, per study dose, up to 20 mCi	1	78730	Urinary bladder residual study (List separately in addition to code for primary procedure)
A9541	Technetium Tc-99m sulfur colloid, diagnostic, per study dose, up to 20 mCi	1	78740	Ureteral reflux study (radiopharmaceutical voiding cystogram)

## Reimbursement Policy:

### Radiopharmaceuticals and Contrast Agents (Commercial & Medicaid)

**EviCore**
By EVERNORTH
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Covered:				
Code	Code Description	Max Units	Allowed with Code(s)	Code Description
A9541	Technetium Tc-99m sulfur colloid, diagnostic, per study dose, up to 20 mCi	1	78803	Radiopharmaceutical localization of tumor, inflammatory process or distribution of radiopharmaceutical agent(s) (includes vascular flow and blood pool imaging, when performed); tomographic (SPECT), single area (eg, head, neck, chest, pelvis) or acquisition, single day imaging
A9541	Technetium Tc-99m sulfur colloid, diagnostic, per study dose, up to 20 mCi	1	78830	Radiopharmaceutical localization of tumor, inflammatory process or distribution of radiopharmaceutical agent(s) (includes vascular flow and blood pool imaging, when performed); tomographic (SPECT) with concurrently acquired computed tomography (CT) transmission scan for anatomical review, localization and determination/detection of pathology, single area (eg, head, neck, chest, pelvis) or acquisition, single day imaging
A9541	Technetium Tc-99m sulfur colloid, diagnostic, per study dose, up to 20 mCi	1	78831	Radiopharmaceutical localization of tumor, inflammatory process or distribution of radiopharmaceutical agent(s) (includes vascular flow and blood pool imaging, when performed); tomographic (SPECT), minimum 2 areas (eg, pelvis and knees, chest and abdomen) or separate acquisitions (eg, lung ventilation and perfusion), single day imaging, or single area or acquisition over 2 or more days
A9541	Technetium Tc-99m sulfur colloid, diagnostic, per study dose, up to 20 mCi	1	78832	Radiopharmaceutical localization of tumor, inflammatory process or distribution of radiopharmaceutical agent(s) (includes vascular flow and blood pool imaging, when performed); tomographic (SPECT) with concurrently acquired computed tomography (CT) transmission scan for anatomical review, localization and determination/detection of pathology, minimum 2 areas (eg, pelvis and knees, chest and abdomen) or separate acquisitions (eg, lung ventilation and perfusion), single day imaging, or single area or acquisition over 2 or more days
A9542	Indium In-111 ibritumomab tiuxetan, diagnostic, per study dose, up to 5 mCi	1	78800	Radiopharmaceutical localization of tumor, inflammatory process or distribution of radiopharmaceutical agent(s) (includes vascular flow and blood pool imaging, when performed); planar, single area (eg, head, neck, chest, pelvis), single day imaging

## Reimbursement Policy:

### Radiopharmaceuticals and Contrast Agents (Commercial & Medicaid)

**EviCore**

By EVERNORTH

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Covered:				
Code	Code Description	Max Units	Allowed with Code(s)	Code Description
A9542	Indium In-111 ibritumomab tiuxetan, diagnostic, per study dose, up to 5 mCi	1	78801	Radiopharmaceutical localization of tumor, inflammatory process or distribution of radiopharmaceutical agent(s) (includes vascular flow and blood pool imaging, when performed); planar, 2 or more areas (eg, abdomen and pelvis, head and chest), 1 or more days imaging or single area imaging over 2 or more days
A9542	Indium In-111 ibritumomab tiuxetan, diagnostic, per study dose, up to 5 mCi	1	78802	Radiopharmaceutical localization of tumor, inflammatory process or distribution of radiopharmaceutical agent(s) (includes vascular flow and blood pool imaging, when performed); planar, whole body, single day imaging
A9542	Indium In-111 ibritumomab tiuxetan, diagnostic, per study dose, up to 5 mCi	1	78803	Radiopharmaceutical localization of tumor, inflammatory process or distribution of radiopharmaceutical agent(s) (includes vascular flow and blood pool imaging, when performed); tomographic (SPECT), single area (eg, head, neck, chest, pelvis) or acquisition, single day imaging
A9542	Indium In-111 ibritumomab tiuxetan, diagnostic, per study dose, up to 5 mCi	1	78804	Radiopharmaceutical localization of tumor, inflammatory process or distribution of radiopharmaceutical agent(s) (includes vascular flow and blood pool imaging, when performed); planar, whole body, requiring 2 or more days imaging
A9542	Indium In-111 ibritumomab tiuxetan, diagnostic, per study dose, up to 5 mCi	1	78830	Radiopharmaceutical localization of tumor, inflammatory process or distribution of radiopharmaceutical agent(s) (includes vascular flow and blood pool imaging, when performed); tomographic (SPECT) with concurrently acquired computed tomography (CT) transmission scan for anatomical review, localization and determination/detection of pathology, single area (eg, head, neck, chest, pelvis) or acquisition, single day imaging
A9542	Indium In-111 ibritumomab tiuxetan, diagnostic, per study dose, up to 5 mCi	1	78831	Radiopharmaceutical localization of tumor, inflammatory process or distribution of radiopharmaceutical agent(s) (includes vascular flow and blood pool imaging, when performed); tomographic (SPECT), minimum 2 areas (eg, pelvis and knees, chest and abdomen) or separate acquisitions (eg, lung ventilation and perfusion), single day imaging, or single area or acquisition over 2 or more days

## Reimbursement Policy:

### Radiopharmaceuticals and Contrast Agents (Commercial & Medicaid)

**EviCore**

By EVERNORTH

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Covered:				
Code	Code Description	Max Units	Allowed with Code(s)	Code Description
A9542	Indium In-111 ibritumomab tiuxetan, diagnostic, per study dose, up to 5 mCi	1	78832	Radiopharmaceutical localization of tumor, inflammatory process or distribution of radiopharmaceutical agent(s) (includes vascular flow and blood pool imaging, when performed); tomographic (SPECT) with concurrently acquired computed tomography (CT) transmission scan for anatomical review, localization and determination/detection of pathology, minimum 2 areas (eg, pelvis and knees, chest and abdomen) or separate acquisitions (eg, lung ventilation and perfusion), single day imaging, or single area or acquisition over 2 or more days
A9547	Indium In-111 oxyquinoline, diagnostic, per 0.5 mCi	1	78185	Spleen imaging only, with or without vascular flow
A9547	Indium In-111 oxyquinoline, diagnostic, per 0.5 mCi	1	78191	Platelet survival study
A9547	Indium In-111 oxyquinoline, diagnostic, per 0.5 mCi	1	78199	Unlisted hematopoietic, reticuloendothelial and lymphatic procedure, diagnostic nuclear medicine
A9547	Indium In-111 oxyquinoline, diagnostic, per 0.5 mCi	1	78300	Bone and/or joint imaging; limited area
A9547	Indium In-111 oxyquinoline, diagnostic, per 0.5 mCi	1	78305	Bone and/or joint imaging; multiple areas
A9547	Indium In-111 oxyquinoline, diagnostic, per 0.5 mCi	1	78306	Bone and/or joint imaging; whole body
A9547	Indium In-111 oxyquinoline, diagnostic, per 0.5 mCi	1	78315	Bone and/or joint imaging; 3 phase study
A9547	Indium In-111 oxyquinoline, diagnostic, per 0.5 mCi	1	78800	Radiopharmaceutical localization of tumor, inflammatory process or distribution of radiopharmaceutical agent(s) (includes vascular flow and blood pool imaging, when performed); planar, single area (eg, head, neck, chest, pelvis), single day imaging

## Reimbursement Policy:

### Radiopharmaceuticals and Contrast Agents (Commercial & Medicaid)

**EviCore**

By EVERNORTH

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Covered:				
Code	Code Description	Max Units	Allowed with Code(s)	Code Description
A9547	Indium In-111 oxyquinoline, diagnostic, per 0.5 mCi	1	78801	Radiopharmaceutical localization of tumor, inflammatory process or distribution of radiopharmaceutical agent(s) (includes vascular flow and blood pool imaging, when performed); planar, 2 or more areas (eg, abdomen and pelvis, head and chest), 1 or more days imaging or single area imaging over 2 or more days
A9547	Indium In-111 oxyquinoline, diagnostic, per 0.5 mCi	1	78802	Radiopharmaceutical localization of tumor, inflammatory process or distribution of radiopharmaceutical agent(s) (includes vascular flow and blood pool imaging, when performed); planar, whole body, single day imaging
A9547	Indium In-111 oxyquinoline, diagnostic, per 0.5 mCi	1	78803	Radiopharmaceutical localization of tumor, inflammatory process or distribution of radiopharmaceutical agent(s) (includes vascular flow and blood pool imaging, when performed); tomographic (SPECT), single area (eg, head, neck, chest, pelvis) or acquisition, single day imaging
A9547	Indium In-111 oxyquinoline, diagnostic, per 0.5 mCi	1	78804	Radiopharmaceutical localization of tumor, inflammatory process or distribution of radiopharmaceutical agent(s) (includes vascular flow and blood pool imaging, when performed); planar, whole body, requiring 2 or more days imaging
A9547	Indium In-111 oxyquinoline, diagnostic, per 0.5 mCi	1	78830	Radiopharmaceutical localization of tumor, inflammatory process or distribution of radiopharmaceutical agent(s) (includes vascular flow and blood pool imaging, when performed); tomographic (SPECT) with concurrently acquired computed tomography (CT) transmission scan for anatomical review, localization and determination/detection of pathology, single area (eg, head, neck, chest, pelvis) or acquisition, single day imaging
A9547	Indium In-111 oxyquinoline, diagnostic, per 0.5 mCi	1	78831	Radiopharmaceutical localization of tumor, inflammatory process or distribution of radiopharmaceutical agent(s) (includes vascular flow and blood pool imaging, when performed); tomographic (SPECT), minimum 2 areas (eg, pelvis and knees, chest and abdomen) or separate acquisitions (eg, lung ventilation and perfusion), single day imaging, or single area or acquisition over 2 or more days

## Reimbursement Policy:

### Radiopharmaceuticals and Contrast Agents (Commercial & Medicaid)

**EviCore**
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Covered:				
Code	Code Description	Max Units	Allowed with Code(s)	Code Description
A9547	Indium In-111 oxyquinoline, diagnostic, per 0.5 mCi	1	78832	Radiopharmaceutical localization of tumor, inflammatory process or distribution of radiopharmaceutical agent(s) (includes vascular flow and blood pool imaging, when performed); tomographic (SPECT) with concurrently acquired computed tomography (CT) transmission scan for anatomical review, localization and determination/detection of pathology, minimum 2 areas (eg, pelvis and knees, chest and abdomen) or separate acquisitions (eg, lung ventilation and perfusion), single day imaging, or single area or acquisition over 2 or more days
A9547	Indium In-111 oxyquinoline, diagnostic, per 0.5 mCi	1	78999	Unlisted miscellaneous procedure, diagnostic nuclear medicine
A9548	Indium In-111 pentetate, diagnostic, per 0.5 mCi	1	78630	Cerebrospinal fluid flow, imaging (not including introduction of material); cisternography
A9548	Indium In-111 pentetate, diagnostic, per 0.5 mCi	1	78635	Cerebrospinal fluid flow, imaging (not including introduction of material); ventriculography
A9548	Indium In-111 pentetate, diagnostic, per 0.5 mCi	1	78645	Cerebrospinal fluid flow, imaging (not including introduction of material); shunt evaluation
A9548	Indium In-111 pentetate, diagnostic, per 0.5 mCi	1	78650	Cerebrospinal fluid leakage detection and localization
A9548	Indium In-111 pentetate, diagnostic, per 0.5 mCi	1	78699	Unlisted nervous system procedure, diagnostic nuclear medicine
A9548	Indium In-111 pentetate, diagnostic, per 0.5 mCi	1	78800	Radiopharmaceutical localization of tumor, inflammatory process or distribution of radiopharmaceutical agent(s) (includes vascular flow and blood pool imaging, when performed); planar, single area (eg, head, neck, chest, pelvis), single day imaging

## Reimbursement Policy:

### Radiopharmaceuticals and Contrast Agents (Commercial & Medicaid)

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Covered:				
Code	Code Description	Max Units	Allowed with Code(s)	Code Description
A9548	Indium In-111 pentetate, diagnostic, per 0.5 mCi	1	78803	Radiopharmaceutical localization of tumor, inflammatory process or distribution of radiopharmaceutical agent(s) (includes vascular flow and blood pool imaging, when performed); tomographic (SPECT), single area (eg, head, neck, chest, pelvis) or acquisition, single day imaging
A9551	Technetium Tc-99m succimer, diagnostic, per study dose, up to 10 mCi	1	78700	Kidney imaging morphology;
A9551	Technetium Tc-99m succimer, diagnostic, per study dose, up to 10 mCi	1	78701	Kidney imaging morphology; with vascular flow
A9551	Technetium Tc-99m succimer, diagnostic, per study dose, up to 10 mCi	1	78707	Kidney imaging morphology; with vascular flow and function, single study without pharmacological intervention
A9551	Technetium Tc-99m succimer, diagnostic, per study dose, up to 10 mCi	1	78708	Kidney imaging morphology; with vascular flow and function, single study, with pharmacological intervention (eg, angiotensin converting enzyme inhibitor and/or diuretic)
A9551	Technetium Tc-99m succimer, diagnostic, per study dose, up to 10 mCi	1	78709	Kidney imaging morphology; with vascular flow and function, multiple studies, with and without pharmacological intervention (eg, angiotensin converting enzyme inhibitor and/or diuretic)
A9551	Technetium Tc-99m succimer, diagnostic, per study dose, up to 10 mCi	1	78725	Kidney function study, non-imaging radioisotopic study
A9551	Technetium Tc-99m succimer, diagnostic, per study dose, up to 10 mCi	1	78799	Unlisted genitourinary procedure, diagnostic nuclear medicine

## Reimbursement Policy:

### Radiopharmaceuticals and Contrast Agents (Commercial & Medicaid)

**EviCore**

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Covered:				
Code	Code Description	Max Units	Allowed with Code(s)	Code Description
A9551	Technetium Tc-99m succimer, diagnostic, per study dose, up to 10 mCi	1	78800	Radiopharmaceutical localization of tumor, inflammatory process or distribution of radiopharmaceutical agent(s) (includes vascular flow and blood pool imaging, when performed); planar, single area (eg, head, neck, chest, pelvis), single day imaging
A9551	Technetium Tc-99m succimer, diagnostic, per study dose, up to 10 mCi	1	78801	Radiopharmaceutical localization of tumor, inflammatory process or distribution of radiopharmaceutical agent(s) (includes vascular flow and blood pool imaging, when performed); planar, 2 or more areas (eg, abdomen and pelvis, head and chest), 1 or more days imaging or single area imaging over 2 or more days
A9551	Technetium Tc-99m succimer, diagnostic, per study dose, up to 10 mCi	1	78802	Radiopharmaceutical localization of tumor, inflammatory process or distribution of radiopharmaceutical agent(s) (includes vascular flow and blood pool imaging, when performed); planar, whole body, single day imaging
A9551	Technetium Tc-99m succimer, diagnostic, per study dose, up to 10 mCi	1	78803	Radiopharmaceutical localization of tumor, inflammatory process or distribution of radiopharmaceutical agent(s) (includes vascular flow and blood pool imaging, when performed); tomographic (SPECT), single area (eg, head, neck, chest, pelvis) or acquisition, single day imaging
A9551	Technetium Tc-99m succimer, diagnostic, per study dose, up to 10 mCi	1	78804	Radiopharmaceutical localization of tumor, inflammatory process or distribution of radiopharmaceutical agent(s) (includes vascular flow and blood pool imaging, when performed); planar, whole body, requiring 2 or more days imaging
A9551	Technetium Tc-99m succimer, diagnostic, per study dose, up to 10 mCi	1	78830	Radiopharmaceutical localization of tumor, inflammatory process or distribution of radiopharmaceutical agent(s) (includes vascular flow and blood pool imaging, when performed); tomographic (SPECT) with concurrently acquired computed tomography (CT) transmission scan for anatomical review, localization and determination/detection of pathology, single area (eg, head, neck, chest, pelvis) or acquisition, single day imaging

## Reimbursement Policy:

### Radiopharmaceuticals and Contrast Agents (Commercial & Medicaid)

**EviCore**

By EVERNORTH

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Covered:				
Code	Code Description	Max Units	Allowed with Code(s)	Code Description
A9551	Technetium Tc-99m succimer, diagnostic, per study dose, up to 10 mCi	1	78831	Radiopharmaceutical localization of tumor, inflammatory process or distribution of radiopharmaceutical agent(s) (includes vascular flow and blood pool imaging, when performed); tomographic (SPECT), minimum 2 areas (eg, pelvis and knees, chest and abdomen) or separate acquisitions (eg, lung ventilation and perfusion), single day imaging, or single area or acquisition over 2 or more days
A9551	Technetium Tc-99m succimer, diagnostic, per study dose, up to 10 mCi	1	78832	Radiopharmaceutical localization of tumor, inflammatory process or distribution of radiopharmaceutical agent(s) (includes vascular flow and blood pool imaging, when performed); tomographic (SPECT) with concurrently acquired computed tomography (CT) transmission scan for anatomical review, localization and determination/detection of pathology, minimum 2 areas (eg, pelvis and knees, chest and abdomen) or separate acquisitions (eg, lung ventilation and perfusion), single day imaging, or single area or acquisition over 2 or more days
A9554	Iodine I-125 sodium iothalamate, diagnostic, per study dose, up to 10 mCi	1	78707	Kidney imaging morphology; with vascular flow and function, single study without pharmacological intervention
A9554	Iodine I-125 sodium iothalamate, diagnostic, per study dose, up to 10 mCi	1	78708	Kidney imaging morphology; with vascular flow and function, single study, with pharmacological intervention (eg, angiotensin converting enzyme inhibitor and/or diuretic)
A9554	Iodine I-125 sodium iothalamate, diagnostic, per study dose, up to 10 mCi	1	78709	Kidney imaging morphology; with vascular flow and function, multiple studies, with and without pharmacological intervention (eg, angiotensin converting enzyme inhibitor and/or diuretic)
A9554	Iodine I-125 sodium iothalamate, diagnostic, per study dose, up to 10 mCi	1	78725	Kidney function study, non-imaging radioisotopic study
A9554	Iodine I-125 sodium iothalamate, diagnostic, per study dose, up to 10 mCi	1	78799	Unlisted genitourinary procedure, diagnostic nuclear medicine

## Reimbursement Policy:

### Radiopharmaceuticals and Contrast Agents (Commercial & Medicaid)



By EVERNORTH (Administered by EviCore by EVERNORTH)

Covered:				
Code	Code Description	Max Units	Allowed with Code(s)	Code Description
A9556	Gallium Ga-67 citrate, diagnostic, per mCi	5	78195	Lymphatics and lymph nodes imaging
A9556	Gallium Ga-67 citrate, diagnostic, per mCi	5	78800	Radiopharmaceutical localization of tumor, inflammatory process or distribution of radiopharmaceutical agent(s) (includes vascular flow and blood pool imaging, when performed); planar, single area (eg, head, neck, chest, pelvis), single day imaging
A9556	Gallium Ga-67 citrate, diagnostic, per mCi	5	78801	Radiopharmaceutical localization of tumor, inflammatory process or distribution of radiopharmaceutical agent(s) (includes vascular flow and blood pool imaging, when performed); planar, 2 or more areas (eg, abdomen and pelvis, head and chest), 1 or more days imaging or single area imaging over 2 or more days
A9556	Gallium Ga-67 citrate, diagnostic, per mCi	5	78802	Radiopharmaceutical localization of tumor, inflammatory process or distribution of radiopharmaceutical agent(s) (includes vascular flow and blood pool imaging, when performed); planar, whole body, single day imaging
A9556	Gallium Ga-67 citrate, diagnostic, per mCi	5	78803	process or distribution of radiopharmaceutical agent(s) (includes
A9556	Gallium Ga-67 citrate, diagnostic, per mCi	5	78804	Radiopharmaceutical localization of tumor, inflammatory process or distribution of radiopharmaceutical agent(s) (includes vascular flow and blood pool imaging, when performed); planar, whole body, requiring 2 or more days imaging
A9556	Gallium Ga-67 citrate, diagnostic, per mCi	5	78808	Injection procedure for radiopharmaceutical localization by non-imaging probe study, intravenous (eg, parathyroid adenoma)

## Reimbursement Policy:

### Radiopharmaceuticals and Contrast Agents (Commercial & Medicaid)

**EviCore**

By EVERNORTH

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Covered:				
Code	Code Description	Max Units	Allowed with Code(s)	Code Description
A9556	Gallium Ga-67 citrate, diagnostic, per mCi	5	78830	Radiopharmaceutical localization of tumor, inflammatory process or distribution of radiopharmaceutical agent(s) (includes vascular flow and blood pool imaging, when performed); tomographic (SPECT) with concurrently acquired computed tomography (CT) transmission scan for anatomical review, localization and determination/detection of pathology, single area (eg, head, neck, chest, pelvis) or acquisition, single day imaging
A9556	Gallium Ga-67 citrate, diagnostic, per mCi	5	78831	Radiopharmaceutical localization of tumor, inflammatory process or distribution of radiopharmaceutical agent(s) (includes vascular flow and blood pool imaging, when performed); tomographic (SPECT), minimum 2 areas (eg, pelvis and knees, chest and abdomen) or separate acquisitions (eg, lung ventilation and perfusion), single day imaging, or single area or acquisition over 2 or more days
A9556	Gallium Ga-67 citrate, diagnostic, per mCi	5	78832	Radiopharmaceutical localization of tumor, inflammatory process or distribution of radiopharmaceutical agent(s) (includes vascular flow and blood pool imaging, when performed); tomographic (SPECT) with concurrently acquired computed tomography (CT) transmission scan for anatomical review, localization and determination/detection of pathology, minimum 2 areas (eg, pelvis and knees, chest and abdomen) or separate acquisitions (eg, lung ventilation and perfusion), single day imaging, or single area or acquisition over 2 or more days
A9556	Gallium Ga-67 citrate, diagnostic, per mCi	5	78999	Unlisted miscellaneous procedure, diagnostic nuclear medicine
A9557	Technetium Tc-99m bicate, diagnostic, per study dose, up to 25 mCi	2	78600	Brain imaging, less than 4 static views;
A9557	Technetium Tc-99m bicate, diagnostic, per study dose, up to 25 mCi	2	78601	Brain imaging, less than 4 static views; with vascular flow

## Reimbursement Policy:

### Radiopharmaceuticals and Contrast Agents (Commercial & Medicaid)

**EviCore**

By EVERNORTH (Administered by EviCore by EVERNORTH)

Covered:				
Code	Code Description	Max Units	Allowed with Code(s)	Code Description
A9557	Technetium Tc-99m bicsate, diagnostic, per study dose, up to 25 mCi	2	78605	Brain imaging, minimum 4 static views;
A9557	Technetium Tc-99m bicsate, diagnostic, per study dose, up to 25 mCi	2	78606	Brain imaging, minimum 4 static views; with vascular flow
A9557	Technetium Tc-99m bicsate, diagnostic, per study dose, up to 25 mCi	2	78610	Brain imaging, vascular flow only
A9557	Technetium Tc-99m bicsate, diagnostic, per study dose, up to 25 mCi	2	78699	Unlisted nervous system procedure, diagnostic nuclear medicine
A9557	Technetium Tc-99m bicsate, diagnostic, per study dose, up to 25 mCi	2	78803	Radiopharmaceutical localization of tumor, inflammatory process or distribution of radiopharmaceutical agent(s) (includes vascular flow and blood pool imaging, when performed); tomographic (SPECT), single area (eg, head, neck, chest, pelvis) or acquisition, single day imaging
A9558	Xenon Xe-133 gas, diagnostic, per 10 mCi	3	78579	Pulmonary ventilation imaging (eg, aerosol or gas)
A9558	Xenon Xe-133 gas, diagnostic, per 10 mCi	3	78580	Pulmonary perfusion imaging (eg, particulate)
A9558	Xenon Xe-133 gas, diagnostic, per 10 mCi	3	78582	Pulmonary ventilation (eg, aerosol or gas) and perfusion imaging
A9558	Xenon Xe-133 gas, diagnostic, per 10 mCi	3	78597	Quantitative differential pulmonary perfusion, including imaging when performed
A9558	Xenon Xe-133 gas, diagnostic, per 10 mCi	3	78598	Quantitative differential pulmonary perfusion and ventilation (eg, aerosol or gas), including imaging when performed

## Reimbursement Policy:

### Radiopharmaceuticals and Contrast Agents (Commercial & Medicaid)

**EviCore**

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Covered:				
Code	Code Description	Max Units	Allowed with Code(s)	Code Description
A9558	Xenon Xe-133 gas, diagnostic, per 10 mCi	3	78599	Unlisted respiratory procedure, diagnostic nuclear medicine
A9560	Technetium Tc-99m labeled red blood cells, diagnostic, per study dose, up to 30 mCi	1	78185	Spleen imaging only, with or without vascular flow
A9560	Technetium Tc-99m labeled red blood cells, diagnostic, per study dose, up to 30 mCi	1	78201	Liver imaging; static only
A9560	Technetium Tc-99m labeled red blood cells, diagnostic, per study dose, up to 30 mCi	1	78202	Liver imaging; with vascular flow
A9560	Technetium Tc-99m labeled red blood cells, diagnostic, per study dose, up to 30 mCi	1	78215	Liver and spleen imaging; static only
A9560	Technetium Tc-99m labeled red blood cells, diagnostic, per study dose, up to 30 mCi	1	78216	Liver and spleen imaging; with vascular flow
A9560	Technetium Tc-99m labeled red blood cells, diagnostic, per study dose, up to 30 mCi	1	78258	Esophageal motility
A9560	Technetium Tc-99m labeled red blood cells, diagnostic, per study dose, up to 30 mCi	1	78278	Acute gastrointestinal blood loss imaging
A9560	Technetium Tc-99m labeled red blood cells, diagnostic, per study dose, up to 30 mCi	1	78299	Unlisted gastrointestinal procedure, diagnostic nuclear medicine

## Reimbursement Policy:

### Radiopharmaceuticals and Contrast Agents (Commercial & Medicaid)

**EviCore**

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Covered:				
Code	Code Description	Max Units	Allowed with Code(s)	Code Description
A9560	Technetium Tc-99m labeled red blood cells, diagnostic, per study dose, up to 30 mCi	1	78445	Non-cardiac vascular flow imaging (ie, angiography, venography)
A9560	Technetium Tc-99m labeled red blood cells, diagnostic, per study dose, up to 30 mCi	1	78451	Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)
A9560	Technetium Tc-99m labeled red blood cells, diagnostic, per study dose, up to 30 mCi	1	78452	Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); multiple studies, at rest and/or stress (exercise or pharmacologic) and/or redistribution and/or rest reinjection
A9560	Technetium Tc-99m labeled red blood cells, diagnostic, per study dose, up to 30 mCi	1	78453	Myocardial perfusion imaging, planar (including qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)
A9560	Technetium Tc-99m labeled red blood cells, diagnostic, per study dose, up to 30 mCi	1	78454	Myocardial perfusion imaging, planar (including qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); multiple studies, at rest and/or stress (exercise or pharmacologic) and/or redistribution and/or rest reinjection
A9560	Technetium Tc-99m labeled red blood cells, diagnostic, per study dose, up to 30 mCi	1	78457	Venous thrombosis imaging, venogram; unilateral
A9560	Technetium Tc-99m labeled red blood cells, diagnostic, per study dose, up to 30 mCi	1	78458	Venous thrombosis imaging, venogram; bilateral

## Reimbursement Policy:

### Radiopharmaceuticals and Contrast Agents (Commercial & Medicaid)

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Covered:				
Code	Code Description	Max Units	Allowed with Code(s)	Code Description
A9560	Technetium Tc-99m labeled red blood cells, diagnostic, per study dose, up to 30 mCi	1	78466	Myocardial imaging, infarct avid, planar; qualitative or quantitative
A9560	Technetium Tc-99m labeled red blood cells, diagnostic, per study dose, up to 30 mCi	1	78468	Myocardial imaging, infarct avid, planar; with ejection fraction by first pass technique
A9560	Technetium Tc-99m labeled red blood cells, diagnostic, per study dose, up to 30 mCi	1	78469	Myocardial imaging, infarct avid, planar; tomographic SPECT with or without quantification
A9560	Technetium Tc-99m labeled red blood cells, diagnostic, per study dose, up to 30 mCi	1	78472	Cardiac blood pool imaging, gated equilibrium; planar, single study at rest or stress (exercise and/or pharmacologic), wall motion study plus ejection fraction, with or without additional quantitative processing
A9560	Technetium Tc-99m labeled red blood cells, diagnostic, per study dose, up to 30 mCi	1	78473	Cardiac blood pool imaging, gated equilibrium; multiple studies, wall motion study plus ejection fraction, at rest and stress (exercise and/or pharmacologic), with or without additional quantification
A9560	Technetium Tc-99m labeled red blood cells, diagnostic, per study dose, up to 30 mCi	1	78481	Cardiac blood pool imaging (planar), first pass technique; single study, at rest or with stress (exercise and/or pharmacologic), wall motion study plus ejection fraction, with or without quantification
A9560	Technetium Tc-99m labeled red blood cells, diagnostic, per study dose, up to 30 mCi	1	78483	Cardiac blood pool imaging (planar), first pass technique; multiple studies, at rest and with stress (exercise and/or pharmacologic), wall motion study plus ejection fraction, with or without quantification
A9560	Technetium Tc-99m labeled red blood cells, diagnostic, per study dose, up to 30 mCi	1	78494	Cardiac blood pool imaging, gated equilibrium, SPECT, at rest, wall motion study plus ejection fraction, with or without quantitative processing

## Reimbursement Policy:

### Radiopharmaceuticals and Contrast Agents (Commercial & Medicaid)

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Covered:				
Code	Code Description	Max Units	Allowed with Code(s)	Code Description
A9560	Technetium Tc-99m labeled red blood cells, diagnostic, per study dose, up to 30 mCi	1	78496	Cardiac blood pool imaging, gated equilibrium, single study, at rest, with right ventricular ejection fraction by first pass technique (List separately in addition to code for primary procedure)
A9560	Technetium Tc-99m labeled red blood cells, diagnostic, per study dose, up to 30 mCi	1	78499	Unlisted cardiovascular procedure, diagnostic nuclear medicine
A9560	Technetium Tc-99m labeled red blood cells, diagnostic, per study dose, up to 30 mCi	1	78803	Radiopharmaceutical localization of tumor, inflammatory process or distribution of radiopharmaceutical agent(s) (includes vascular flow and blood pool imaging, when performed); tomographic (SPECT), single area (eg, head, neck, chest, pelvis) or acquisition, single day imaging
A9561	Technetium Tc-99m oxidronate, diagnostic, per study dose, up to 30 mCi	1	78300	Bone and/or joint imaging; limited area
A9561	Technetium Tc-99m oxidronate, diagnostic, per study dose, up to 30 mCi	1	78305	Bone and/or joint imaging; multiple areas
A9561	Technetium Tc-99m oxidronate, diagnostic, per study dose, up to 30 mCi	1	78306	Bone and/or joint imaging; whole body
A9561	Technetium Tc-99m oxidronate, diagnostic, per study dose, up to 30 mCi	1	78315	Bone and/or joint imaging; 3 phase study
A9561	Technetium Tc-99m oxidronate, diagnostic, per study dose, up to 30 mCi	1	78350	Bone density (bone mineral content) study, 1 or more sites; single photon absorptiometry
A9561	Technetium Tc-99m oxidronate, diagnostic, per study dose, up to 30 mCi	1	78351	Bone density (bone mineral content) study, 1 or more sites; dual photon absorptiometry, 1 or more sites



## Reimbursement Policy:

### Radiopharmaceuticals and Contrast Agents (Commercial & Medicaid)



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Covered:				
Code	Code Description	Max Units	Allowed with Code(s)	Code Description
A9561	Technetium Tc-99m oxidronate, diagnostic, per study dose, up to 30 mCi	1	78399	Unlisted musculoskeletal procedure, diagnostic nuclear medicine
A9561	Technetium Tc-99m oxidronate, diagnostic, per study dose, up to 30 mCi	1	78803	Radiopharmaceutical localization of tumor, inflammatory process or distribution of radiopharmaceutical agent(s) (includes vascular flow and blood pool imaging, when performed); tomographic (SPECT), single area (eg, head, neck, chest, pelvis) or acquisition, single day imaging
A9562	Technetium Tc-99m mertiatide, diagnostic, per study dose, up to 15 mCi	1	78700	Kidney imaging morphology;
A9562	Technetium Tc-99m mertiatide, diagnostic, per study dose, up to 15 mCi	1	78701	Kidney imaging morphology; with vascular flow
A9562	Technetium Tc-99m mertiatide, diagnostic, per study dose, up to 15 mCi	1	78707	Kidney imaging morphology; with vascular flow and function, single study without pharmacological intervention
A9562	Technetium Tc-99m mertiatide, diagnostic, per study dose, up to 15 mCi	1	78708	Kidney imaging morphology; with vascular flow and function, single study, with pharmacological intervention (eg, angiotensin converting enzyme inhibitor and/or diuretic)
A9562	Technetium Tc-99m mertiatide, diagnostic, per study dose, up to 15 mCi	1	78709	Kidney imaging morphology; with vascular flow and function, multiple studies, with and without pharmacological intervention (eg, angiotensin converting enzyme inhibitor and/or diuretic)
A9562	Technetium Tc-99m mertiatide, diagnostic, per study dose, up to 15 mCi	1	78725	Kidney function study, non-imaging radioisotopic study



## Reimbursement Policy:

### Radiopharmaceuticals and Contrast Agents (Commercial & Medicaid)



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Covered:				
Code	Code Description	Max Units	Allowed with Code(s)	Code Description
A9562	Technetium Tc-99m mertiatide, diagnostic, per study dose, up to 15 mCi	1	78799	Unlisted genitourinary procedure, diagnostic nuclear medicine
A9562	Technetium Tc-99m mertiatide, diagnostic, per study dose, up to 15 mCi	1	78803	Radiopharmaceutical localization of tumor, inflammatory process or distribution of radiopharmaceutical agent(s) (includes vascular flow and blood pool imaging, when performed); tomographic (SPECT), single area (eg, head, neck, chest, pelvis) or acquisition, single day imaging
A9567	Technetium Tc-99m pentetate, diagnostic, aerosol, per study dose, up to 75 mCi	1	78579	Pulmonary ventilation imaging (eg, aerosol or gas)
A9567	Technetium Tc-99m pentetate, diagnostic, aerosol, per study dose, up to 75 mCi	1	78580	Pulmonary perfusion imaging (eg, particulate)
A9567	Technetium Tc-99m pentetate, diagnostic, aerosol, per study dose, up to 75 mCi	1	78582	Pulmonary ventilation (eg, aerosol or gas) and perfusion imaging
A9567	Technetium Tc-99m pentetate, diagnostic, aerosol, per study dose, up to 75 mCi	1	78597	Quantitative differential pulmonary perfusion, including imaging when performed
A9567	Technetium Tc-99m pentetate, diagnostic, aerosol, per study dose, up to 75 mCi	1	78598	Quantitative differential pulmonary perfusion and ventilation (eg, aerosol or gas), including imaging when performed
A9567	Technetium Tc-99m pentetate, diagnostic, aerosol, per study dose, up to 75 mCi	1	78599	Unlisted respiratory procedure, diagnostic nuclear medicine

## Reimbursement Policy:

### Radiopharmaceuticals and Contrast Agents (Commercial & Medicaid)

**EviCore**

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Covered:				
Code	Code Description	Max Units	Allowed with Code(s)	Code Description
A9569	Technetium Tc-99m exametazime labeled autologous white blood cells, diagnostic, per study dose	1	78800	Radiopharmaceutical localization of tumor, inflammatory process or distribution of radiopharmaceutical agent(s) (includes vascular flow and blood pool imaging, when performed); planar, single area (eg, head, neck, chest, pelvis), single day imaging
A9569	Technetium Tc-99m exametazime labeled autologous white blood cells, diagnostic, per study dose	1	78801	Radiopharmaceutical localization of tumor, inflammatory process or distribution of radiopharmaceutical agent(s) (includes vascular flow and blood pool imaging, when performed); planar, 2 or more areas (eg, abdomen and pelvis, head and chest), 1 or more days imaging or single area imaging over 2 or more days
A9569	Technetium Tc-99m exametazime labeled autologous white blood cells, diagnostic, per study dose	1	78802	Radiopharmaceutical localization of tumor, inflammatory process or distribution of radiopharmaceutical agent(s) (includes vascular flow and blood pool imaging, when performed); planar, whole body, single day imaging
A9569	Technetium Tc-99m exametazime labeled autologous white blood cells, diagnostic, per study dose	1	78803	Radiopharmaceutical localization of tumor, inflammatory process or distribution of radiopharmaceutical agent(s) (includes vascular flow and blood pool imaging, when performed); tomographic (SPECT), single area (eg, head, neck, chest, pelvis) or acquisition, single day imaging
A9569	Technetium Tc-99m exametazime labeled autologous white blood cells, diagnostic, per study dose	1	78804	Radiopharmaceutical localization of tumor, inflammatory process or distribution of radiopharmaceutical agent(s) (includes vascular flow and blood pool imaging, when performed); planar, whole body, requiring 2 or more days imaging
A9569	Technetium Tc-99m exametazime labeled autologous white blood cells, diagnostic, per study dose	1	78808	Injection procedure for radiopharmaceutical localization by non-imaging probe study, intravenous (eg, parathyroid adenoma)

## Reimbursement Policy:

### Radiopharmaceuticals and Contrast Agents (Commercial & Medicaid)

**EviCore**

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Covered:				
Code	Code Description	Max Units	Allowed with Code(s)	Code Description
A9569	Technetium Tc-99m exametazime labeled autologous white blood cells, diagnostic, per study dose	1	78830	Radiopharmaceutical localization of tumor, inflammatory process or distribution of radiopharmaceutical agent(s) (includes vascular flow and blood pool imaging, when performed); tomographic (SPECT) with concurrently acquired computed tomography (CT) transmission scan for anatomical review, localization and determination/detection of pathology, single area (eg, head, neck, chest, pelvis) or acquisition, single day imaging
A9569	Technetium Tc-99m exametazime labeled autologous white blood cells, diagnostic, per study dose	1	78831	Radiopharmaceutical localization of tumor, inflammatory process or distribution of radiopharmaceutical agent(s) (includes vascular flow and blood pool imaging, when performed); tomographic (SPECT), minimum 2 areas (eg, pelvis and knees, chest and abdomen) or separate acquisitions (eg, lung ventilation and perfusion), single day imaging, or single area or acquisition over 2 or more days
A9569	Technetium Tc-99m exametazime labeled autologous white blood cells, diagnostic, per study dose	1	78832	Radiopharmaceutical localization of tumor, inflammatory process or distribution of radiopharmaceutical agent(s) (includes vascular flow and blood pool imaging, when performed); tomographic (SPECT) with concurrently acquired computed tomography (CT) transmission scan for anatomical review, localization and determination/detection of pathology, minimum 2 areas (eg, pelvis and knees, chest and abdomen) or separate acquisitions (eg, lung ventilation and perfusion), single day imaging, or single area or acquisition over 2 or more days
A9569	Technetium Tc-99m exametazime labeled autologous white blood cells, diagnostic, per study dose	1	78999	Unlisted miscellaneous procedure, diagnostic nuclear medicine
A9570	Indium In-111 labeled autologous white blood cells, diagnostic, per study dose	1	78185	Spleen imaging only, with or without vascular flow
A9570	Indium In-111 labeled autologous white blood cells, diagnostic, per study dose	1	78300	Bone and/or joint imaging; limited area

## Reimbursement Policy:

### Radiopharmaceuticals and Contrast Agents (Commercial & Medicaid)

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Covered:				
Code	Code Description	Max Units	Allowed with Code(s)	Code Description
A9570	Indium In-111 labeled autologous white blood cells, diagnostic, per study dose	1	78305	Bone and/or joint imaging; multiple areas
A9570	Indium In-111 labeled autologous white blood cells, diagnostic, per study dose	1	78306	Bone and/or joint imaging; whole body
A9570	Indium In-111 labeled autologous white blood cells, diagnostic, per study dose	1	78315	Bone and/or joint imaging; 3 phase study
A9570	Indium In-111 labeled autologous white blood cells, diagnostic, per study dose	1	78800	Radiopharmaceutical localization of tumor, inflammatory process or distribution of radiopharmaceutical agent(s) (includes vascular flow and blood pool imaging, when performed); planar, single area (eg, head, neck, chest, pelvis), single day imaging
A9570	Indium In-111 labeled autologous white blood cells, diagnostic, per study dose	1	78801	Radiopharmaceutical localization of tumor, inflammatory process or distribution of radiopharmaceutical agent(s) (includes vascular flow and blood pool imaging, when performed); planar, 2 or more areas (eg, abdomen and pelvis, head and chest), 1 or more days imaging or single area imaging over 2 or more days
A9570	Indium In-111 labeled autologous white blood cells, diagnostic, per study dose	1	78802	Radiopharmaceutical localization of tumor, inflammatory process or distribution of radiopharmaceutical agent(s) (includes vascular flow and blood pool imaging, when performed); planar, whole body, single day imaging
A9570	Indium In-111 labeled autologous white blood cells, diagnostic, per study dose	1	78803	Radiopharmaceutical localization of tumor, inflammatory process or distribution of radiopharmaceutical agent(s) (includes vascular flow and blood pool imaging, when performed); tomographic (SPECT), single area (eg, head, neck, chest, pelvis) or acquisition, single day imaging

## Reimbursement Policy:

### Radiopharmaceuticals and Contrast Agents (Commercial & Medicaid)

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Covered:				
Code	Code Description	Max Units	Allowed with Code(s)	Code Description
A9570	Indium In-111 labeled autologous white blood cells, diagnostic, per study dose	1	78804	Radiopharmaceutical localization of tumor, inflammatory process or distribution of radiopharmaceutical agent(s) (includes vascular flow and blood pool imaging, when performed); planar, whole body, requiring 2 or more days imaging
A9570	Indium In-111 labeled autologous white blood cells, diagnostic, per study dose	1	78830	Radiopharmaceutical localization of tumor, inflammatory process or distribution of radiopharmaceutical agent(s) (includes vascular flow and blood pool imaging, when performed); tomographic (SPECT) with concurrently acquired computed tomography (CT) transmission scan for anatomical review, localization and determination/detection of pathology, single area (eg, head, neck, chest, pelvis) or acquisition, single day imaging
A9570	Indium In-111 labeled autologous white blood cells, diagnostic, per study dose	1	78831	Radiopharmaceutical localization of tumor, inflammatory process or distribution of radiopharmaceutical agent(s) (includes vascular flow and blood pool imaging, when performed); tomographic (SPECT), minimum 2 areas (eg, pelvis and knees, chest and abdomen) or separate acquisitions (eg, lung ventilation and perfusion), single day imaging, or single area or acquisition over 2 or more days
A9570	Indium In-111 labeled autologous white blood cells, diagnostic, per study dose	1	78832	Radiopharmaceutical localization of tumor, inflammatory process or distribution of radiopharmaceutical agent(s) (includes vascular flow and blood pool imaging, when performed); tomographic (SPECT) with concurrently acquired computed tomography (CT) transmission scan for anatomical review, localization and determination/detection of pathology, minimum 2 areas (eg, pelvis and knees, chest and abdomen) or separate acquisitions (eg, lung ventilation and perfusion), single day imaging, or single area or acquisition over 2 or more days
A9570	Indium In-111 labeled autologous white blood cells, diagnostic, per study dose	1	78999	Unlisted miscellaneous procedure, diagnostic nuclear medicine

## Reimbursement Policy:

### Radiopharmaceuticals and Contrast Agents (Commercial & Medicaid)

**EviCore**

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Covered:				
Code	Code Description	Max Units	Allowed with Code(s)	Code Description
A9571	Indium In-111 labeled autologous platelets, diagnostic, per study dose	1	78110	Plasma volume, radiopharmaceutical volume-dilution technique (separate procedure); single sampling
A9571	Indium In-111 labeled autologous platelets, diagnostic, per study dose	1	78111	Plasma volume, radiopharmaceutical volume-dilution technique (separate procedure); multiple samplings
A9571	Indium In-111 labeled autologous platelets, diagnostic, per study dose	1	78120	Red cell volume determination (separate procedure); single sampling
A9571	Indium In-111 labeled autologous platelets, diagnostic, per study dose	1	78121	Red cell volume determination (separate procedure); multiple samplings
A9571	Indium In-111 labeled autologous platelets, diagnostic, per study dose	1	78122	Whole blood volume determination, including separate measurement of plasma volume and red cell volume (radiopharmaceutical volume-dilution technique)
A9571	Indium In-111 labeled autologous platelets, diagnostic, per study dose	1	78130	Red cell survival study
A9571	Indium In-111 labeled autologous platelets, diagnostic, per study dose	1	78140	Labeled red cell sequestration, differential organ/tissue (eg, splenic and/or hepatic)
A9571	Indium In-111 labeled autologous platelets, diagnostic, per study dose	1	78191	Platelet survival study
A9571	Indium In-111 labeled autologous platelets, diagnostic, per study dose	1	78199	Unlisted hematopoietic, reticuloendothelial and lymphatic procedure, diagnostic nuclear medicine

## Reimbursement Policy:

### Radiopharmaceuticals and Contrast Agents (Commercial & Medicaid)

**EviCore**

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Covered:				
Code	Code Description	Max Units	Allowed with Code(s)	Code Description
A9571	Indium In-111 labeled autologous platelets, diagnostic, per study dose	1	78456	Acute venous thrombosis imaging, peptide
A9571	Indium In-111 labeled autologous platelets, diagnostic, per study dose	1	78457	Venous thrombosis imaging, venogram; unilateral
A9571	Indium In-111 labeled autologous platelets, diagnostic, per study dose	1	78458	Venous thrombosis imaging, venogram; bilateral
A9571	Indium In-111 labeled autologous platelets, diagnostic, per study dose	1	78999	Unlisted miscellaneous procedure, diagnostic nuclear medicine
A9572	Indium In-111 pentetretotide, diagnostic, per study dose, up to 6 mCi	1	78015	Thyroid carcinoma metastases imaging; limited area (eg, neck and chest only)
A9572	Indium In-111 pentetretotide, diagnostic, per study dose, up to 6 mCi	1	78016	Thyroid carcinoma metastases imaging; with additional studies (eg, urinary recovery)
A9572	Indium In-111 pentetretotide, diagnostic, per study dose, up to 6 mCi	1	78018	Thyroid carcinoma metastases imaging; whole body
A9572	Indium In-111 pentetretotide, diagnostic, per study dose, up to 6 mCi	1	78075	Adrenal imaging, cortex and/or medulla
A9572	Indium In-111 pentetretotide, diagnostic, per study dose, up to 6 mCi	1	78800	Radiopharmaceutical localization of tumor, inflammatory process or distribution of radiopharmaceutical agent(s) (includes vascular flow and blood pool imaging, when performed); planar, single area (eg, head, neck, chest, pelvis), single day imaging

## Reimbursement Policy:

### Radiopharmaceuticals and Contrast Agents (Commercial & Medicaid)

**EviCore**

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Covered:				
Code	Code Description	Max Units	Allowed with Code(s)	Code Description
A9572	Indium In-111 pentetreotide, diagnostic, per study dose, up to 6 mCi	1	78801	Radiopharmaceutical localization of tumor, inflammatory process or distribution of radiopharmaceutical agent(s) (includes vascular flow and blood pool imaging, when performed); planar, 2 or more areas (eg, abdomen and pelvis, head and chest), 1 or more days imaging or single area imaging over 2 or more days
A9572	Indium In-111 pentetreotide, diagnostic, per study dose, up to 6 mCi	1	78802	Radiopharmaceutical localization of tumor, inflammatory process or distribution of radiopharmaceutical agent(s) (includes vascular flow and blood pool imaging, when performed); planar, whole body, single day imaging
A9572	Indium In-111 pentetreotide, diagnostic, per study dose, up to 6 mCi	1	78803	Radiopharmaceutical localization of tumor, inflammatory process or distribution of radiopharmaceutical agent(s) (includes vascular flow and blood pool imaging, when performed); tomographic (SPECT), single area (eg, head, neck, chest, pelvis) or acquisition, single day imaging
A9572	Indium In-111 pentetreotide, diagnostic, per study dose, up to 6 mCi	1	78804	Radiopharmaceutical localization of tumor, inflammatory process or distribution of radiopharmaceutical agent(s) (includes vascular flow and blood pool imaging, when performed); planar, whole body, requiring 2 or more days imaging
A9572	Indium In-111 pentetreotide, diagnostic, per study dose, up to 6 mCi	1	78808	Injection procedure for radiopharmaceutical localization by non-imaging probe study, intravenous (eg, parathyroid adenoma)
A9572	Indium In-111 pentetreotide, diagnostic, per study dose, up to 6 mCi	1	78830	Radiopharmaceutical localization of tumor, inflammatory process or distribution of radiopharmaceutical agent(s) (includes vascular flow and blood pool imaging, when performed); tomographic (SPECT) with concurrently acquired computed tomography (CT) transmission scan for anatomical review, localization and determination/detection of pathology, single area (eg, head, neck, chest, pelvis) or acquisition, single day imaging

## Reimbursement Policy:

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Covered:				
Code	Code Description	Max Units	Allowed with Code(s)	Code Description
A9572	Indium In-111 pentetreotide, diagnostic, per study dose, up to 6 mCi	1	78831	Radiopharmaceutical localization of tumor, inflammatory process or distribution of radiopharmaceutical agent(s) (includes vascular flow and blood pool imaging, when performed); tomographic (SPECT), minimum 2 areas (eg, pelvis and knees, chest and abdomen) or separate acquisitions (eg, lung ventilation and perfusion), single day imaging, or single area or acquisition over 2 or more days
A9572	Indium In-111 pentetreotide, diagnostic, per study dose, up to 6 mCi	1	78832	Radiopharmaceutical localization of tumor, inflammatory process or distribution of radiopharmaceutical agent(s) (includes vascular flow and blood pool imaging, when performed); tomographic (SPECT) with concurrently acquired computed tomography (CT) transmission scan for anatomical review, localization and determination/detection of pathology, minimum 2 areas (eg, pelvis and knees, chest and abdomen) or separate acquisitions (eg, lung ventilation and perfusion), single day imaging, or single area or acquisition over 2 or more days
A9572	Indium In-111 pentetreotide, diagnostic, per study dose, up to 6 mCi	1	78999	Unlisted miscellaneous procedure, diagnostic nuclear medicine
A9582	Iodine I-123 iobenguane, diagnostic, per study dose, up to 15 mCi	1	78012	Thyroid uptake, single or multiple quantitative measurement(s) (including stimulation, suppression, or discharge, when performed)
A9582	Iodine I-123 iobenguane, diagnostic, per study dose, up to 15 mCi	1	78013	Thyroid imaging (including vascular flow, when performed);
A9582	Iodine I-123 iobenguane, diagnostic, per study dose, up to 15 mCi	1	78014	Thyroid imaging (including vascular flow, when performed); with single or multiple uptake(s) quantitative measurement(s) (including stimulation, suppression, or discharge, when performed)
A9582	Iodine I-123 iobenguane, diagnostic, per study dose, up to 15 mCi	1	78015	Thyroid carcinoma metastases imaging; limited area (eg, neck and chest only)

## Reimbursement Policy:

### Radiopharmaceuticals and Contrast Agents (Commercial & Medicaid)

**EviCore**

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Covered:				
Code	Code Description	Max Units	Allowed with Code(s)	Code Description
A9582	Iodine I-123 iobenguane, diagnostic, per study dose, up to 15 mCi	1	78016	Thyroid carcinoma metastases imaging; with additional studies (eg, urinary recovery)
A9582	Iodine I-123 iobenguane, diagnostic, per study dose, up to 15 mCi	1	78018	Thyroid carcinoma metastases imaging; whole body
A9582	Iodine I-123 iobenguane, diagnostic, per study dose, up to 15 mCi	1	78020	Thyroid carcinoma metastases uptake (List separately in addition to code for primary procedure)
A9582	Iodine I-123 iobenguane, diagnostic, per study dose, up to 15 mCi	1	78070	Parathyroid planar imaging (including subtraction, when performed);
A9582	Iodine I-123 iobenguane, diagnostic, per study dose, up to 15 mCi	1	78071	Parathyroid planar imaging (including subtraction, when performed); with tomographic (SPECT)
A9582	Iodine I-123 iobenguane, diagnostic, per study dose, up to 15 mCi	1	78072	Parathyroid planar imaging (including subtraction, when performed); with tomographic (SPECT), and concurrently acquired computed tomography (CT) for anatomical localization
A9582	Iodine I-123 iobenguane, diagnostic, per study dose, up to 15 mCi	1	78075	Adrenal imaging, cortex and/or medulla
A9582	Iodine I-123 iobenguane, diagnostic, per study dose, up to 15 mCi	1	78099	Unlisted endocrine procedure, diagnostic nuclear medicine
A9582	Iodine I-123 iobenguane, diagnostic, per study dose, up to 15 mCi	1	78800	Radiopharmaceutical localization of tumor, inflammatory process or distribution of radiopharmaceutical agent(s) (includes vascular flow and blood pool imaging, when performed); planar, single area (eg, head, neck, chest, pelvis), single day imaging

## Reimbursement Policy:

### Radiopharmaceuticals and Contrast Agents (Commercial & Medicaid)

**EviCore**

By EVERNORTH

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Covered:				
Code	Code Description	Max Units	Allowed with Code(s)	Code Description
A9582	Iodine I-123 iobenguane, diagnostic, per study dose, up to 15 mCi	1	78801	Radiopharmaceutical localization of tumor, inflammatory process or distribution of radiopharmaceutical agent(s) (includes vascular flow and blood pool imaging, when performed); planar, 2 or more areas (eg, abdomen and pelvis, head and chest), 1 or more days imaging or single area imaging over 2 or more days
A9582	Iodine I-123 iobenguane, diagnostic, per study dose, up to 15 mCi	1	78802	Radiopharmaceutical localization of tumor, inflammatory process or distribution of radiopharmaceutical agent(s) (includes vascular flow and blood pool imaging, when performed); planar, whole body, single day imaging
A9582	Iodine I-123 iobenguane, diagnostic, per study dose, up to 15 mCi	1	78803	Radiopharmaceutical localization of tumor, inflammatory process or distribution of radiopharmaceutical agent(s) (includes vascular flow and blood pool imaging, when performed); tomographic (SPECT), single area (eg, head, neck, chest, pelvis) or acquisition, single day imaging
A9582	Iodine I-123 iobenguane, diagnostic, per study dose, up to 15 mCi	1	78804	Radiopharmaceutical localization of tumor, inflammatory process or distribution of radiopharmaceutical agent(s) (includes vascular flow and blood pool imaging, when performed); planar, whole body, requiring 2 or more days imaging
A9582	Iodine I-123 iobenguane, diagnostic, per study dose, up to 15 mCi	1	78808	Injection procedure for radiopharmaceutical localization by non-imaging probe study, intravenous (eg, parathyroid adenoma)
A9582	Iodine I-123 iobenguane, diagnostic, per study dose, up to 15 mCi	1	78830	Radiopharmaceutical localization of tumor, inflammatory process or distribution of radiopharmaceutical agent(s) (includes vascular flow and blood pool imaging, when performed); tomographic (SPECT) with concurrently acquired computed tomography (CT) transmission scan for anatomical review, localization and determination/detection of pathology, single area (eg, head, neck, chest, pelvis) or acquisition, single day imaging

## Reimbursement Policy:

### Radiopharmaceuticals and Contrast Agents (Commercial & Medicaid)

**EviCore**

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Covered:				
Code	Code Description	Max Units	Allowed with Code(s)	Code Description
A9582	Iodine I-123 iobenguane, diagnostic, per study dose, up to 15 mCi	1	78831	Radiopharmaceutical localization of tumor, inflammatory process or distribution of radiopharmaceutical agent(s) (includes vascular flow and blood pool imaging, when performed); tomographic (SPECT), minimum 2 areas (eg, pelvis and knees, chest and abdomen) or separate acquisitions (eg, lung ventilation and perfusion), single day imaging, or single area or acquisition over 2 or more days
A9582	Iodine I-123 iobenguane, diagnostic, per study dose, up to 15 mCi	1	78832	Radiopharmaceutical localization of tumor, inflammatory process or distribution of radiopharmaceutical agent(s) (includes vascular flow and blood pool imaging, when performed); tomographic (SPECT) with concurrently acquired computed tomography (CT) transmission scan for anatomical review, localization and determination/detection of pathology, minimum 2 areas (eg, pelvis and knees, chest and abdomen) or separate acquisitions (eg, lung ventilation and perfusion), single day imaging, or single area or acquisition over 2 or more days
A9582	Iodine I-123 iobenguane, diagnostic, per study dose, up to 15 mCi	1	78999	Unlisted miscellaneous procedure, diagnostic nuclear medicine
A9584	Iodine I-123 ioflupane, diagnostic, per study dose, up to 5 mCi	1	78600	Brain imaging, less than 4 static views;
A9584	Iodine I-123 ioflupane, diagnostic, per study dose, up to 5 mCi	1	78601	Brain imaging, less than 4 static views; with vascular flow
A9584	Iodine I-123 ioflupane, diagnostic, per study dose, up to 5 mCi	1	78605	Brain imaging, minimum 4 static views;
A9584	Iodine I-123 ioflupane, diagnostic, per study dose, up to 5 mCi	1	78606	Brain imaging, minimum 4 static views; with vascular flow
A9584	Iodine I-123 ioflupane, diagnostic, per study dose, up to 5 mCi	1	78635	Cerebrospinal fluid flow, imaging (not including introduction of material); ventriculography

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### Radiopharmaceuticals and Contrast Agents (Commercial & Medicaid)

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Covered:				
Code	Code Description	Max Units	Allowed with Code(s)	Code Description
A9584	Iodine I-123 ioflupane, diagnostic, per study dose, up to 5 mCi	1	78630	Cerebrospinal fluid flow, imaging (not including introduction of material); cisternography
A9584	Iodine I-123 ioflupane, diagnostic, per study dose, up to 5 mCi	1	78645	Cerebrospinal fluid flow, imaging (not including introduction of material); shunt evaluation
A9584	Iodine I-123 ioflupane, diagnostic, per study dose, up to 5 mCi	1	78650	Cerebrospinal fluid leakage detection and localization
A9584	Iodine I-123 ioflupane, diagnostic, per study dose, up to 5 mCi	1	78660	Radiopharmaceutical dacryocystography
A9584	Iodine I-123 ioflupane, diagnostic, per study dose, up to 5 mCi	1	78699	Unlisted nervous system procedure, diagnostic nuclear medicine
A9584	Iodine I-123 ioflupane, diagnostic, per study dose, up to 5 mCi	1	78803	Radiopharmaceutical localization of tumor, inflammatory process or distribution of radiopharmaceutical agent(s) (includes vascular flow and blood pool imaging, when performed); tomographic (SPECT), single area (eg, head, neck, chest, pelvis) or acquisition, single day imaging
A9608	Flotufolastat F18, diagnostic, 1 mCi	8	78811	Positron emission tomography (PET) imaging; limited area (eg, chest, head/neck)
A9608	Flotufolastat F18, diagnostic, 1 mCi	8	78812	Positron emission tomography (PET) imaging; skull base to mid- thigh
A9608	Flotufolastat F18, diagnostic, 1 mCi	8	78813	Positron emission tomography (PET) imaging; whole body
A9608	Flotufolastat F18, diagnostic, 1 mCi	8	78814	Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; limited area (eg, chest, head/neck)

## Reimbursement Policy:

### Radiopharmaceuticals and Contrast Agents (Commercial & Medicaid)

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#### Covered:

Code	Code Description	Max Units	Allowed with Code(s)	Code Description
A9608	Flutufolastat F18, diagnostic, 1 mCi	8	78815	Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; skull base to mid-thigh
A9608	Flutufolastat F18, diagnostic, 1 mCi	8	78816	Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body

#### NON-COVERED:

- Contrast agents billed in conjunction with an MRI
- Radiopharmaceuticals billed in conjunction with a PET scan
- Materials billed with a CT or other radiographic study not mentioned above
- Non-Ionic Contrasts or low osmolar contrast material
- Isotopes for therapeutic purposes are not covered under these payment rules

Code	Code Description
A9515	Choline c-11, diagnostic, per study dose up to 20 millicuries
A9526	Nitrogen n-13 ammonia, diagnostic, per study dose, up to 40 millicuries
A9552	Fluorodeoxyglucose f-18 fdg, diagnostic, per study dose, up to 45 millicuries
A9555	Rubidium Rb-82, diagnostic, per study dose, up to 60 millicuries
A9573	Injection, gadopiclemol, 1 ml
A9575	Injection, gadoterate meglumine, 0.1 ml
A9576	Injection, gadoteridol, (prohance multipack), per ml
A9577	Injection, gadobenate dimeglumine (multihance), per ml
A9578	Injection, gadobenate dimeglumine (multihance multipack), per ml
A9579	Injection, gadolinium-based magnetic resonance contrast agent, not otherwise specified (NOS
A9580	Sodium fluoride f-18, diagnostic, per study dose, up to 30 millicuries

## Reimbursement Policy:

### Radiopharmaceuticals and Contrast Agents (Commercial & Medicaid)

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#### NON-COVERED:

- Contrast agents billed in conjunction with an MRI
- Radiopharmaceuticals billed in conjunction with a PET scan
- Materials billed with a CT or other radiographic study not mentioned above
- Non-Ionic Contrasts or low osmolar contrast material
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Code	Code Description
A9581	Injection, gadoxetate disodium, 1 ml
A9585	Injection, gadobutrol, 0.1 ml
A9586	Florbetapir f18, diagnostic, per study dose, up to 10 millicuries
A9587	Gallium ga-68, dotatate, diagnostic, 0.1 millicurie
A9588	Fluciclovine f-18, diagnostic, 1 millicurie
A9592	Copper Cu-64, dotatate, diagnostic, 1 millicurie
A9593	Gallium ga-68 psma-11, diagnostic, (ucsf), 1 millicurie
A9594	Gallium ga-68 psma-11, diagnostic, (ucla), 1 millicurie
A9595	Piflufolastat f-18, diagnostic, 1 millicurie
A9596	Gallium Ga-68 gozetotide, diagnostic, (Illuccix), 1 mCi
A9597	Positron emission tomography radiopharmaceutical, diagnostic, for tumor identification, not otherwise classified
A9598	Positron emission tomography radiopharmaceutical, diagnostic, for non-tumor identification, not otherwise classified
A9601	Flortaucipir F 18 injection, diagnostic, 1 mCi
A9602	Fluorodopa f-18, diagnostic, per mCi
A9610	Xenon Xe-129 hyperpolarized gas, diagnostic, per study dose
A9611	Flurpiridaz F18, Diagnostic, 1 Mci
A9616	Gallium Ga-68 gozetotide (Gozellix), diagnostic, 1 mCi
A9698	Non-radioactive contrast imaging material, noc, per study
A9700	Supply of injectable contrast material for use in echocardiography, per study
A9800	Gallium Ga-68 gozetotide, diagnostic, (Locametz), 1 mCi

## Reimbursement Policy:

### Radiopharmaceuticals and Contrast Agents (Commercial & Medicaid)

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#### NON-COVERED:

- Contrast agents billed in conjunction with an MRI
- Radiopharmaceuticals billed in conjunction with a PET scan
- Materials billed with a CT or other radiographic study not mentioned above
- Non-Ionic Contrasts or low osmolar contrast material
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Code	Code Description
C9067	Gallium ga-68, dotatoc, diagnostic, 0.01 mci
Q9951	Low osmolar contrast material, 400 or greater mg/ml iodine concentration, per ml
Q9953	Injection, iron-based magnetic resonance contrast agent
Q9954	Oral magnetic resonance contrast agent, per ml
Q9956	Injection, octafluoropropane microspheres, per ml
Q9957	Injection, perflutren lipid microspheres, per ml
Q9958	High osmolar contrast material, up to 149 mg/ml iodine concentration, per ml
Q9959	High osmolar contrast material, 150-199 mg/ml iodine concentration, per ml
Q9960	High osmolar contrast material, 200-249 mg/ml iodine concentration, per ml
Q9961	High osmolar contrast material, 250-299 mg/ml iodine concentration, per ml
Q9963	High osmolar contrast material, 350-399 mg/ml iodine concentration, per ml
Q9965	Low osmolar contrast material, 100-199 mg/ml iodine concentration, per ml
Q9966	Low osmolar contrast material, 200-299 mg/ml iodine concentration, per ml
Q9967	Low osmolar contrast material, 300-399 mg/ml iodine concentration, per ml
Q9968	Methylene blue, isosulfan blue), 1 mg
Q9982	Flutemetamol F18, diagnostic, per study dose, up to 5 millicuries
Q9983	Florbetaben f18, diagnostic, per study dose, up to 8.1 millicuries

## Reimbursement Policy:

### Radiopharmaceuticals and Contrast Agents (Commercial & Medicaid)

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#### NON-COVERED:

- Contrast agents billed in conjunction with an MRI
- Radiopharmaceuticals billed in conjunction with a PET scan
- Materials billed with a CT or other radiographic study not mentioned above
- Non-Ionic Contrasts or low osmolar contrast material
- Isotopes for therapeutic purposes are not covered under these payment rules

Code	Code Description
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#### Codes are active – related NDCs have been discontinued

- No product on the market for over 2 years

Code	Code Description
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A9501	Technetium tc-99m teboroxime, diagnostic, per study dose
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A9504	Technetium tc-99m apcitide, diagnostic, per study dose, up to 20 millicuries
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A9508	Iobenguane sulfate-Metaiodobenzyl guanidine (MIBG) per 0.5 mCi
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A9509	Iodine I-123 Sodium Iodide, diagnostic, per millicurie
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A9536	Technetium tc-99m depreotide, diagnostic, per study dose, up to 35 millicuries
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A9550	Technetium tc-99m sodium gluceptate, diagnostic, per study dose, up to 25 millicurie
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A9553	Chromium CR-51 Sodium Chromate, Diagnostic, per study dose, up to 250 microcuries
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A9566	Technetium tc-99m fanolesomab, diagnostic, per study dose, up to 25 millicuries
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A9568	Technetium tc-99m arcitumomab, diagnostic, per study dose, up to 45 millicuries
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A9583	Injection, gadofosveset trisodium, 1 ml
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Q9962	High osmolar contrast material, 300-349 mg/ml iodine concentration, per ml
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Q9964	High osmolar contrast material, 400 or greater mg/ml iodine concentration, per
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## Reimbursement Policy:

Radiopharmaceuticals and Contrast Agents (Commercial & Medicaid)



By EVERNORTH (Administered by EviCore by EVERNORTH)

### Revision history

DATE	REVISION
2/2026	<ul style="list-style-type: none"><li>2026 Review - No changes to the criteria/rules in this policy</li></ul>
2/2026	<ul style="list-style-type: none"><li>Reformatted and reorganized policy, transferred content to new template with new Reimbursement Policy Number</li></ul>