

Reimbursement Policy: Radiopharmaceuticals and Contrast Media (Commercial and Medicaid)

POLICY NUMBER	EFFECTIVE DATE:	APPROVED BY
RPC20230035	9/15/2023	RPC (Reimbursement Policy Committee)

Reimbursement Guideline Disclaimer: We have policies in place that reflect billing or claims payment processes unique to our health plans. Current billing and claims payment policies apply to all our products, unless otherwise noted. We will inform you of new policies or changes in policies through postings to the applicable Reimbursement Policies webpages on emblemhealth.com. Further, we may announce additions and changes in our provider manual and/or provider newsletters which are available online and emailed to those with a current and accurate email address on file. The information presented in this policy is accurate and current as of the date of this publication.

The information provided in our policies is intended to serve only as a general reference resource for services described and is not intended to address every aspect of a reimbursement situation. Other factors affecting reimbursement may supplement, modify or, in some cases, supersede this policy. These factors may include, but are not limited to, legislative mandates, physician or other provider contracts, the member's benefit coverage documents and/or other reimbursement, and medical or drug policies. Finally, this policy may not be implemented the same way on the different electronic claims processing systems in use due to programming or other constraints; however, we strive to minimize these variations.

We follow coding edits that are based on industry sources, including, but not limited to, CPT® guidelines from the American Medical Association, specialty organizations, and CMS including NCCI and MUE. In coding scenarios where there appears to be conflicts between sources, we will apply the edits we determine are appropriate. We use industry-standard claims editing software products when making decisions about appropriate claim editing practices. Upon request, we will provide an explanation of how we handle specific coding issues. If appropriate coding/billing guidelines or current reimbursement policies are not followed, we may deny the claim and/or recoup claim payment.

Policy Statement:

This policy serves to address how EmblemHealth will reimburse claims billed with radiotracers and/or contrast materials. The eligible imaging and procedures code lists were developed by EmblemHealth based on the following criteria:

- Those codes whose CPT or HCPCS descriptor includes the terms: *with contrast, with imaging guidance (fluoroscopy or CT), or including radiologic localization (includes contrast when administered)*; and
- Additional codes in which clinical review determined that contrast or Radiopharmaceutical Materials were required in order to perform the service.

Reimbursement Guidelines:

Reimbursement for the services represented by the HCPCS codes below are considered included in the reimbursement for the radiology/cardiology imaging service performed and will be denied.

- 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 in the tables below.

Exception: HCPCS codes A9515, A9587, A9588, A9592, A9593^{***}, A9594^{***}, A9595, A9596, A9608, A9800, and C9067^{***} may be reimbursed in certain circumstances; see table entitled **Radiopharmaceuticals Billed in Conjunction with PET Scans**



Reimbursement Policy: Radiopharmaceuticals and Contrast Media (Commercial and Medicaid)

Note: A9584 (Iodine I-123 ioflupane, diagnostic, per study dose, up to 5 mCi) used in conjunction with (SPECT) brain imaging (CPT 78803) is considered investigational and will be denied.

Definitions:

Term	Definition
Radiopharmaceutical Material	A radioactive pharmaceutical, nuclide, or other chemical used for diagnostic or therapeutic purposes.

Radiopharmaceuticals Billed in Conjunction with Nuclear Medicine Procedures

EmblemHealth will reimburse for covered radioisotopes when used in conjunction with a nuclear medicine procedure. The radiopharmaceutical can be administered up to 96 hours before the primary procedure.

Covered services will be processed according to the chart below

Code	Code Description	Allowed w/ Procedure Codes
A9500	Technetium Tc-99m, Sestamibi, diagnostic, per study dose	78012-78016, 78018, 78020, 78070-78072, 78075, 78099, 78451-78454, 78605-78606, 78800-78804
A9502	Technetium Tc-99m tetrofosmin, diagnostic, per study dose	78012-78016, 78018, 78020, 78070-78072, 78075, 78099, 78451-78454, 78803
A9503	Thallous Chloride TL-201, diagnostic, per mCi	78300-78315, 78399, 78803
A9505	Thallous Chloride TL-201, diagnostic, per mCi	78012-78016, 78018, 78020, 78070-78072, 78075, 78099, 78414, 78428***, 78429, 78430, 78431-78433, 78434, 78445, 78451-78454, 78456-78458, 78459-78469, 78481, 78483, 78491, 78492, 78494, 78496, 78499, 78800-78804, 78830-78832, 78999



**Reimbursement Policy:
Radiopharmaceuticals and Contrast Media
(Commercial and Medicaid)**

Code	Code Description	Allowed w/ Procedure Codes
A9507	Indium IN 111 Capromab Pentetide (ProstaScintâ) per study dose, up to 10 mCi's	78215, 78216, 78226, 78227, 78230-78232, 78258, 78261, 78262, 78264-78266, 78267 ^{***} , 78268 ^{***} , 78278, 78282 ^{***} , 78290, 78291, 78299
A9510	Technetium Tc-99 Disofenin (Hepatolite DISIDA), per study dose, up to 15 mCi's	78215, 78216, 78226, 78227, 78230-78232, 78258, 78261, 78262, 78264-78266, 78267 ^{***} , 78268 ^{***} , 78278, 78282 ^{***} , 78290, 78291, 78299
A9512	Technetium Tc-99m- Pertechnetate, Diagnostic, per mCi	78012-78015,78016,78018,78020 78070-78072, 78075, 78099, 78102-78104, 78110, 78111, 78120, 78121,78122, 78130, 78140 ^{***} , 78201, 7820, 78215, 78216, 78226, 78227, 78230-78232, 78258, 78261, 78262, 78264-78266, 78267 ^{***} , 78268 ^{***} , 78278, 78282 ^{***} , 78291, 78290, 78299, 78481, 78483, 78600-78606, 78610, 78630, 78635, 78645, 78650, 78660, 78700, 78701, 78707-78709, 78725, 78730, 78740, 78761, 78799, 78803
A9516	Iodine I-123 Sodium iodide capsule(s), Diagnostic per 100 Microcuries, up to 999 microcuries	78012-78014, 78015, 78016, 78018, 78020, 78070-78072, 78075, 78099
A9521	Technetium Tc-99m Exametazine (Ceretek®), Diagnostic, per study dose, up to 25 mCi's	78600-78606, 78610, 78630, 78635, 78645, 78650, 78660, 78699, 78803

**Reimbursement Policy:
Radiopharmaceuticals and Contrast Media
(Commercial and Medicaid)**

Code	Code Description	Allowed w/ Procedure Codes
A9520	Technetium TC-99m, tilmanocept, diagnostic, up to 0.5 millicurie	78102-78104, 78110, 78111, 78120, 78121, 78122, 78130, 78140 ^{***} , 78185, 78191, 78195, 78199
A9524	Iodinated I-131-Serum Albumin, diagnostic, per 5 microcuries	78102-78104, 78110-78111, 78120, 78121, 78122, 78130, 78140 ^{***} , 78185, 78191, 78195, 78199, 78451, 78453, 78454, 78472-78473, 78481, 78579-78598, 78600-78606, 78610, 78800-78804
A9528	Iodine I-131 Sodium Iodide capsule(s), Diagnostic, per mCi	78012-78018, 78070-78072, 78075, 78099, 78803
A9529	Iodine I-131 Sodium Iodide solution, Diagnostic, per mCi	78012-78018, 78070-78072, 78075, 78099, 78803
A9531	Iodine I-131 Sodium Iodide, Diagnostic, per microcurie (up to 100 microcuries)	78012-78018, 78070 – 78072, 78075, 78099, 78803
A9532	Iodine i-125 serum albumin, diagnostic, per 5 microcuries	78102-78104, 78110, 78111, 78120, 78121, 78122, 78130, 78140 ^{***} , 78185, 78191, 78195, 78199
A9537	Technetium Tc-99m Mebrofenin (Choletec®) Diagnostic, per study dose, up to 15 mCi's	78201, 78202, 78215, 78216, 78226, 78227, 78230-78232, 78258, 78261, 78262, 78264-78266, 78267 ^{***} , 78268 ^{***} , 78278, 78282 ^{***} , 78290, 78291, 78299
A9538	Technetium Tc-99m	78300, 78305, 78306-78315,

**Reimbursement Policy:
Radiopharmaceuticals and Contrast Media
(Commercial and Medicaid)**

Code	Code Description	Allowed w/ Procedure Codes
	Pyrophosphate (PYP) (Pyrolite®) Diagnostic, per study dose, up to 25 mCi's	78350, 78351, 78399, 78414, 78428 ^{***} , 78429-78433, 78459, 78434, 78445, 78451, 78452, 78453, 78454, 78456-78458, 78466-78469, 78472, 78473, 78481, 78483, 78494, 78496, 78499, 78803, 78999
A9539	Technetium Tc-99m, Pentetate, Diagnostic, per study dose, up to 25 mCi's	78291, 78428 ^{***} , 78445, 78481, 78483, 78579, 78580, 78582, 78597, 78598, 78600-78606, 78610, 78630-78650, 78645, 78660, 78699, 78700, 78701, 78707-78709, 78725, 78730, 78740, 78761, 78799, 78803
A9540	Technetium Tc-99m Macroaggregated Albumin (MAA), Diagnostic, per study dose, up to 10 mCi's	78201, 78215, 78216, 78291, 78428 ^{***} , 78579, 78580, 78582, 78597, 78598, 78599, 78800, 78801, 78803
A9541	Technetium Tc-99m Sulfur Colloid, Diagnostic, per study dose, up to 20 mCi's	78102-78104, 78110, 78111, 78120, 78121, 78122, 78130, 78140 ^{***} , 78185, 78191, 78195, 78199, 78201-78216, 78226, 78227, 78230-78232, 78258, 78261, 78262, 78264, 78265, 78266, 78267 ^{***} , 78268 ^{***} , 78278, 78282 ^{***} , 78290, 78291, 78299, 78730, 78740, 78803
A9547	Indium-IN-111 Oxyquinoline, Diagnostic, per 0.5 mCi	78185, 78191, 78199, 78800-78804, 78808 ^{***} , 78830-78832, 78999



**Reimbursement Policy:
Radiopharmaceuticals and Contrast Media
(Commercial and Medicaid)**

Code	Code Description	Allowed w/ Procedure Codes
A9548	Indium IN-111 Pentetate (MyoScint®) Diagnostic, per 0.5 mCi	78102-78104, 78110, 78111, 78120, 78121, 78122, 78130, 78140 ^{***} , 78185, 78191, 78195, 78199, 78201, 78202, 78215, 78216, 78226, 78227, 78230-78232, 78258, 78261, 78262, 78264-78266, 78267 ^{***} , 78268 ^{***} , 78278, 78282 ^{***} , 78290, 78291, 78299, 78600, 78601, 78605, 78606, 78610, 78630, 78635, 78645, 78650, 78660, 78699, 78800-78803
A9551	Technetium Tc-99m Succimer (DMSA), Diagnostic, per study dose, up to 10 mCi's	78700-78709, 78725, 78730, 78740, 78761, 78799 78800, 78801, 78802, 78804
A9554	Iodine-125 Sodium Iothalamate (Glofil-125®), Diagnostic, per study dose, up to 10 microcuries	78700, 78701, 78707, 78708, 78709, 78725, 78730, 78740 78761, 78799
A9556 ^{***}	Gallium Ga-67 Citrate, Diagnostic, per mCi	78700, 78701, 78707-78709, 78725, 78730, 78740, 78761, 78799, 78800-78804, 78830-78832, 78999
A9557	Technetium Tc-99m Bicisate (Neurolite®), Diagnostic, per study dose, up to 25 mCi's	78600-78606, 78610, 78630, 78635, 78645, 78650, 78660, 78699, 78803
A9558	Xenon Xe-133 Gas, Diagnostic, per 10 mCi's	78579, 78598, 78599

**Reimbursement Policy:
Radiopharmaceuticals and Contrast Media
(Commercial and Medicaid)**

Code	Code Description	Allowed w/ Procedure Codes
A9560	Technetium Tc-99m Labeled Red Blood Cell's (RBC's) Diagnostic, per study dose, up to 30 mCi's (Ultra Tag® or cold pyrophosphate (pyp) +99m technetium)	78185, 78201-78202, 78215, 78216, 78226, 78227, 78230-78232, 78258, 78261, 78262, 78264 -78266, 78267 ^{***} , 78268 ^{***} , 78278, 78282 ^{***} , 78290, 78291, 78299, 78300, 78305, 78306, 78315, 78350, 78351, 78399, 78414, 78428 ^{***} , 78429-78434, 78445, 78451-78454, 78457-78458, 78459, 78466-78469, 78472, 78473, 78481-78492, 78494, 78496, 78499
A9561	Technetium Tc-99m Oxidronate, Diagnostic, per study dose, up to 30 mCi's	78300-78315, 78399, 78803
A9562	Technetium Tc-99m Mertiatide (MAG-3), diagnostic, per study dose, up to 15 mCi's	78700-78725, 78730, 78740, 78761, 78799
A9567	Technetium Tc-99m Pentetate, Diagnostic, aerosol, per study dose, up to 75 mCi's	78579, 78580, 78581, 78582, 78597, 78598
A9569	Technetium TC-99m Exametazime labeled autologous white blood cells, Diagnostic, per study dose	78800-78803, 78804, 78808 ^{***} , 78830-78832, 78999
A9570	Indium-111 labeled autologous white blood cells, diagnostic, per study dose	78185, 78800-78803, 78804, 78808 ^{***} , 78830-78832, 78999
A9571	Indium in-111 labeled autologous platelets, diagnostic, per study dose	78191, 78199, 78800-78804, 78808 ^{***} , 78830-78832

**Reimbursement Policy:
Radiopharmaceuticals and Contrast Media
(Commercial and Medicaid)**

Code	Code Description	Allowed w/ Procedure Codes
A9572	Indium-111 Pentetreotide (OctreoScan®), Diagnostic, per study dose, up to 6 millicuries	78075, 78800-78804, 78015, 78016-78018, 78800-78804, 78808 ^{***} , 78830-78832, 78999
A9582	Iodine i-123 Iobenguane, diagnostic, per study dose, up to 15 millicuries AdreView®)	78012-78016, 78018, 78020, 78070-78072, 78075, 78099, 78414, 78428 ^{***} , 78429, 78430, 78431-78433, 78434, 78445, 78451-78454, 78456, 78457, 78458, 78459-78469, 78472 -78483, 78491, 78492, 78494, 78496, 78499, 78800-78804, 78808 ^{***} , 78830-78832, 78999

Radiopharmaceuticals Billed in Conjunction with PET Scans

EmblemHealth will reimburse HCPCS codes A9515, A9587, A9588, A9592, A9593^{***}, A9594^{***}, A9595, A9596, A9608, A9800, and C9067^{***} when used in conjunction with a PET scan and when submitted with the following:

1. Appropriate diagnosis
2. Invoice for the radiopharmaceutical.

The radiopharmaceutical can be administered up to 96 hours before the primary procedure.

Reimbursement Policy: Radiopharmaceuticals and Contrast Media (Commercial and Medicaid)

Covered services will be processed according to the chart below.

HCPCS Code	CPT Codes	ICD-10 Codes	Condition
A9587 A9592 C9067**	78811 78812 78813 78814 78815 78816	C7A.00, C7A.010, C7A.011, C7A.012, C7A.019, C7A.020, C7A.021, C7A.022, C7A.023, C7A.024, C7A.025, C7A.026, C7A.029, C7A.090, C7A.091, C7A.092, C7A.093, C7A.098, C7A.1, C7A.8, C78.01, C78.02, C78.1, C78.2, C78.30, C78.39, C78.4, C78.5, C78.6, C78.7, C78.80	Neuroendocrine tumors
A9593*** A9594*** A9595 A9596 A9800 A9515 A9588 A9608	78811 78812 78813 78814 78815 78816	C61 Z85.46 R97.21	Prostate Cancer

Applicable Codes:

The following list(s) of procedure codes is provided for reference purposes only and may not be all inclusive. Listing of a code in this policy does not imply that the service described by the code is a covered or non-covered health service.

Benefit coverage for health services is determined by the member specific benefit plan document and applicable laws that may require coverage for a specific service. The inclusion of a code does not imply any right to reimbursement or guarantee claim payment. Other Policies may apply.

Note: A9584 (Iodine I-123 ioflupane, diagnostic, per study dose, up to 5 mCi) used in conjunction with (SPECT) brain imaging (CPT 78803) is considered investigational and will be denied.

HCPCS Code	Description
A4641	Radiopharmaceutical, diagnostic, not otherwise classified
A9500	Technetium Tc-99m, Sestamibi, diagnostic, per study dose
A9502	Technetium Tc-99m tetrofosmin, diagnostic, per study dose
A9503	Technetium Tc-99m, Medronate, (MDP), diagnostic, per study dose, up to 30 mCi's
A9505	Thallous Chloride TL-201, diagnostic, per mCi
A9507	Indium IN 111 Capromab Pendetide (ProstaScintâ) per study dose, up to 10 mci's

Reimbursement Policy: Radiopharmaceuticals and Contrast Media (Commercial and Medicaid)

HCPCS Code	Description
A9510	Technetium Tc-99m disofenin, diagnostic, per study dose, up to 15 millicuries (Code Price is per vial)
A9512	Technetium Tc-99m-Pertechnetate, Diagnostic, per mCi
A9515	Technetium Tc-99m disofenin, diagnostic, per study dose, up to 15 mCi
A9516	Iodine I-123 Sodium iodide capsule(s), Diagnostic per 100 Microcuries, up to 999 microcuries
A9520	Technetium Tc-99m, tilmanocept, diagnostic. I tp 0.5 millicure
A9521	Technetium Tc-99m Exametazine (Ceretek®), Diagnostic, per study dose, up to 25 mCi's
A9524	Iodinated I-131-Serum Albumin, diagnostic, per 5 microcuries
A9528	Iodine I-131 Sodium Iodide capsule(s), Diagnostic, per mCi
A9529	Iodine I-131 Sodium Iodide solution, Diagnostic, per mCi
A9531	Iodine I-131 Sodium Iodide, Diagnostic, per microcurie (up to 100 microcuries)
A9532	Iodine I-125 serum albumin, diagnostic, per 5 microcuries
A9537	Technetium Tc-99m Mebrofenin (Choletec®) Diagnostic, per study dose, up to 15 mCi's
A9538	Technetium Tc-99m Pyrophosphate (PYP) (Pyrolite®) Diagnostic, per study dose, up to 25 mCi's
A9539	Technetium Tc-99m Pentetate, Diagnostic, per study dose, up to 25 mCi's
A9540	Technetium Tc-99m Macroaggregated Albumin (MAA), Diagnostic, per study dose, up to 10 mCi's
A9541	Technetium Tc-99m Sulfur Colloid, Diagnostic, per study dose, up to 20 mCi's
A9547	Indium-IN-111 Oxyquinoline, Diagnostic, per 0.5 mCi
A9548	Indium IN-111 Pentetate (MyoScint®) Diagnostic, per 0.5 mCi
A9551	Technetium Tc-99m Succimer (DMSA), Diagnostic, per study dose, up to 10 mCi's
A9554	Iodine-125 Sodium Iothalamate (Glofil-125®), Diagnostic, per study dose, up to 10 microcuries
A9556***	Gallium Ga-67 Citrate, Diagnostic, per mCi
A9557	Technetium Tc-99m Biscisate (Neurolite®), Diagnostic, per study dose, up to 25 mCi's
A9558	Xenon Xe-133 Gas, Diagnostic, per 10 mCi's
A9560	Technetium Tc-99m Labeled Red Blood Cell's (RBC's) Diagnostic, per study dose, up to 30 mCi's (Ultra Tag® or cold pyrophosphate (pyp) +99m technetium)
A9561	Technetium Tc-99m Oxidronate, Diagnostic, per study dose, up to 30 mCi's
A9562	Technetium Tc-99m Mertiatide (MAG-3), diagnostic, per study dose, up to 15 mCi's
A9567	Technetium Tc-99m Pentetate, Diagnostic, aerosol, per study dose, up to 75 mCi's
A9569	Technetium TC-99m Exametazine labeled autologous white blood cells, Diagnostic, per study dose
A9570	Indium-111 labeled autologous white blood cells, diagnostic, per study dose
A9571	Indium in-111 labeled autologous platelets, diagnostic, per study dose
A9572	Indium-111 Pentetreotide (OctreoScan®), Diagnostic, per study dose, up to 6 millicuries

Reimbursement Policy: Radiopharmaceuticals and Contrast Media (Commercial and Medicaid)

HCPCS Code	Description
A9582	Iodine i-123 Iobenguane, diagnostic, per study dose, up to 15 millicuries AdreView®)
A9587	Gallium Ga-68, dotatate, diagnostic, 0.1 mCi
A9588	Fluciclovine f-18, diagnostic, 1 millicurie
A9592	Fluciclovine F-18, diagnostic, 1 mCi
A9593***	Gallium Ga-68 PSMA-11, diagnostic, (UCSF), 1 mCi
A9594***	Gallium Ga-68 PSMA-11, diagnostic, (UCLA), 1 mCi
A9595	Piflufolastat F-18, diagnostic, 1 mCi
A9596	Gallium Ga-68 gozetotide, diagnostic, (Ilucix), 1 mCi
A9608	Flotufolastat f 18, diagnostic, 1 millicurie
A9616	Gallium ga-68 gozetotide (gozellix), diagnostic, 1 millicurie
A9800	Gallium Ga-68 gozetotide, diagnostic, (Locametz), 1 mCi
C9067***	Gallium Ga-68, Dotatoc, diagnostic, 0.01 mCi

Non-Reimbursable

The below are considered part of the underlying exam and will be denied:

HCPCS Code	Description
A4642	Indium-111 Satumomab pentetide, diagnostic, per study dose, up to 6 mCi's
A9501	Technetium Tc-99m tetroxime, diagnostic, per study dose
A9504	Technetium Tc-99m apcitide, diagnostic, per study dose, up to 20 mCi
A9506	Graphite crucible for preparation of technetium tc 99m-labeled carbon aerosol, each
A9508	Iodine I-131 Iobenguane sulfate, diagnostic, per 0.5 mCi
A9509	Iodine I-123 Sodium Iodide, diagnostic, per millicurie
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
A9536	Technetium Tc-99m depreotide, diagnostic, per study dose, up to 35 millicuries
A9542	Indium In-111 Ibritumomab tiuxetan, diagnostic, per study dose, up to 5 mCi
A9546	Cobalt Co-57/58, cyanocobalamin, diagnostic, per study dose, up to 1 microcurie
A9550	Technetium Tc-99m sodium gluceptate, diagnostic, per study dose, up to 25 millicuries
A9552	Fluorodeoxyglucose F-18 FDG, diagnostic, per study dose, up to 45 millicuries
A9553	Chromium Cr-51 sodium chromate, diagnostic, per study dose, up to 250 mCi
A9555	Rubidium Rb-82, diagnostic, per study dose, up to 60 millicuries
A9559	Cobalt Co-57 cyanocobalamin, oral, diagnostic, per study dose, up to 1 microcurie

Reimbursement Policy: Radiopharmaceuticals and Contrast Media (Commercial and Medicaid)

HCPCS Code	Description
A9563	Sodium phosphate P-32, therapeutic, per mCi
A9564	Chromic phosphate P-32 suspension, therapeutic, per mCi
A9566	Technetium Tc-99m fanolesomab, diagnostic, per study dose, up to 25 millicuries
A9568	Technetium Tc-99m arcitumomab, diagnostic, per study dose, up to 45 mCi
A9573	Injection, gadopiclesol, 1 ml
A9575	Injection, gadoterate meglumine, 0.1 ml
A9576	Injection, gadoteridol
A9577	Injection, gadobenate dimeglumine
A9578	Injection, gadobenate dimeglumine
A9579	Injection, gadolinium-based magnetic resonance contrast agent, not otherwise specified
A9580	Sodium fluoride F-18, diagnostic, per study dose, up to 30 millicuries
A9581	Injection, gadoxetate disodium, 1 mL
A9583	Injection, gadofosveset trisodium, 1 m
A9584	Iodine I -123 ioflupane, diagnostic, per study dose, up to 5 millicuries
A9585	Injection, gadobutrol, 0.1 mL
A9586	Florbetapir f18, diagnostic, per study dose, up to 10 millicuries
A9589	Instillation, hexaminolevulinate HCl, 100 mg
A9591	Fluoroestradiol F-18, diagnostic, 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
A9603	Injection, pafolacianine, 0.1 mg
A9609	Fludeoxyglucose F18, up to 15 mCi
A9610	Xenon xe-129 hyperpolarized gas, diagnostic, per study dose
A9612	Injection, fluorescein, 1 mg
A9697	Injection, carboxydextran-coated superparamagnetic iron oxide, per study dose
A9698	Non-radioactive contrast imaging material, not otherwise classified, per study
A9700	Supply of injectable contrast material for use in echocardiography
Q9950	Injection, sulfur hexafluoride lipid microspheres, per ml
Q9951	Low osmolar contrast material, 400 or greater mg/mL iodine concentration, per mL
Q9953	Injection, iron-based magnetic resonance contrast agent, per mL
Q9954	Oral magnetic resonance contrast agent, per 100 mL
Q9955	Injection, perflorane lipid microspheres, per ml
Q9956	Injection, octafluoropropane microspheres, per ml

Reimbursement Policy: Radiopharmaceuticals and Contrast Media (Commercial and Medicaid)

HCPCS Code	Description
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
Q9962	High osmolar contrast material, 300-349 mg/mL iodine concentration, per mL
Q9963	High osmolar contrast material, 350-399 mg/mL iodine concentration, per mL
Q9964	High osmolar contrast material, 400 or greater 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	Injection, non-radioactive, non-contrast, visualization adjunct (e.g., Methylene Blue, Isosulfan blue), 1mg
Q9982	Flutemetamol F18, diagnostic, per study dose, up to 5 mCi
Q9983	Florbetaben F18, diagnostic, per study dose, up to 8.1 mCi

*****These codes are not covered by EmblemHealth Medicaid plans as they are not listed on the NYS Medicaid Physician Fee Schedule**

References:

- American Medical Association.
- Healthcare Common Procedure Coding System.
- Medicare's National Level II Codes HCPCS.
- Centers for Medicare and Medicaid Services, CMS Manual System and other CMS publications and services

Revision History

Company(ies)	DATE	REVISION
EmblemHealth	10/21/2025	<ul style="list-style-type: none"> • Updates with effective date 10/1/2025: <ul style="list-style-type: none"> ○ Addition of new HCPCS code A9612 to “Non-Reimbursable” table ○ Addition of new HCPCS code A9616 to “Applicable Codes” table
EmblemHealth	10/21/2025	<ul style="list-style-type: none"> • Transferred policy content to individual company-branded template. No changes to policy title or policy number.



Reimbursement Policy: Radiopharmaceuticals and Contrast Media (Commercial and Medicaid)

Company(ies)	DATE	REVISION
EmblemHealth ConnectiCare	9/30/2024	<ul style="list-style-type: none">Updated to add new HCPCS code A9610 to “Non-Reimbursable” table effective 10/1/2024
EmblemHealth ConnectiCare	6/24/2024	<ul style="list-style-type: none">Updated to add new HCPCS code A9506 to “Non-Reimbursable” table effective 7/1/2024
EmblemHealth ConnectiCare	1/9/2024	<ul style="list-style-type: none">Updated to add new HCPCS code A9608 to “Radiopharmaceuticals Billed in Conjunction with PET Scans” table as being reimbursable for Prostate Cancer, effective 1/1/2024
EmblemHealth ConnectiCare	5/2023	<ul style="list-style-type: none">New Policy