Contractor Name
Wisconsin Physicians Service (WPS)

Contractor Number
00951, 00952, 00953, 00954

Contractor Type
Carrier

LCD Database ID Number
Wisconsin: L7388
Illinois: L20787
Michigan: L20788
Minnesota: L20789

LCD Version Number

LCD Title
Radiopharmaceutical Agents

Contractor's Determination Number
RAD-026

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CPT codes, descriptions and other data only are copyright 2006 American Medical Association (or such other date of publication of CPT). All Rights Reserved. Applicable FARS/DFARS Clauses Apply. Current Dental Terminology, (CDT) (including procedure codes, nomenclature, descriptors and other data contained therein) is copyright by the American Dental Association. © 2002, 2004 American Dental Association. All rights reserved. Applicable FARS/DFARS apply.

CMS National Coverage Policy
CMS Pub. 100-4 §12 Section 20.4.4 (formerly B3-15900.2)
Pub. 100-3, Ch.1, Part 4, Section 220.6 (formerly CIM 50-36)

Primary Geographic Jurisdiction
Wisconsin, Illinois, Michigan, Minnesota

Oversight Region
Region V

CMS Consortium
Midwest

Original Determination Effective Date
Wisconsin: 10/01/1995
Illinois: 04/01/2001
Michigan: 04/01/2001
Minnesota: 04/01/2001
Indications and Limitations of Coverage and/or Medical Necessity

Radiopharmaceutical Agents are isotopes, frequently attached to carrier molecules, used as adjuncts to nuclear medicine diagnostic or therapeutic procedures. Reimbursement for these agents is based on the radiopharmaceutical only. This is the case whether they are obtained as a unit dose or from kit preparation.

The following radiopharmaceuticals will be considered medically necessary when used with the procedures listed below.

mCi = millicurie

A. Technetium (Tc) labeled radiopharmaceuticals:

1. Technetium Tc 99m Apcitide (Acu Tect®), diagnostic, per study dose, up to 20 millicuries, A9504
   Venous thrombosis study (CPT 78456)

2. Technetium Tc-99m Arcitumomab (CEA scan), Diagnostic, per study dose, up to 45 mCi's A9568
   Immunoscintigraphy, using single-photon emission computed tomography (SPECT) (CPT 78800-78804)

3. Technetium Tc-99m Bicisate (Neurolite®), Diagnostic, per study dose, up to 25 mCi's A9557
   Brain imaging (CPT 78600-78607, 78610)

4. Technetium Tc-99M Deprootide, (Neotect®) Diagnostic, per study dose, up to 35 mCi's, A9536
   Lung tumor/lesion detection (CPT 78000, 78001, 78003)

5. Technetium Tc-99m Succimer (DMSA), Diagnostic, per study dose, up to 10 mCi's, A9551
   Parenchymal renal scan. (CPT-4 Codes 78700-78710)
   Tumor detection (CPT 78800-78804)

6. Technetium Tc-99m Pentetate, Diagnostic, per study dose, up to 25 mCi's, A9539
   Lung ventilation (CPT 78580-78596)
   Testicular imaging with vascular flow (CPT 78761)
   GFR renal scan. (CPT 78700-78725)
   Urinary bladder residual (CPT 78730)
   Ureteral reflux (CPT 78740)
   CSF study. (CPT 78630-78650)
   *Brain study. (CPT 78600-78607, 78610)
   Shunt patency agent. 500 uCi (CPT 78291, 78645)
   First-pass cardiac technique studies (CPT 78481, 78483)

7. Technetium Tc-99m Pentetate, Diagnostic, aerosol, per study dose, up to 75 mCi’s, A9567
   Lung ventilation (CPT 78580-78596)
8. Technetium Te-99m Disofenin (Hepatolite®, DISIDA) A9510, per study dose, up to 15 mCi’s
   Hepatobiliary scan agent. (CPT 78220, 78223)

9. Technetium Te-99m Exametazine (Ceretec®), Diagnostic, per study dose, up to 25 mCi’s, A9521
   Brain perfusion. (CPT 78600-78607, 78610)

10. Technetium TC-99m Exametazime labeled autologous white blood cells, Diagnostic, per study dose, A9569
    Infection detection (CPT 78805-78807)

11. Technetium Te-99m Fanolesomab, (NeutroSpec®), Diagnostic, per study dose, up to 25 mCi’s, A9566
    Appendicitis detection (CPT 78805)

12. Technetium Te-99m Sodium Gluceptate (Glucoheptonate®), Diagnostic, per study dose, up to 25 mCi’s, A9550
    Parenchymal renal scan. (CPT 78700-78725)
    Infection detection. (CPT 78805-78807)
    *Brain imaging (CPT 78600-78607, 78610)

13. Technetium Te-99m Human Serum Albumin A4641
    Usual Dosage 2-20 mCi
    CSF Leak Study (CPT 78630-78652)
    Blood pool agent (CPT 78414-78458)
    Lymphatic imaging (CPT 78195)

14. Technetium Te-99m Iminodiacetic Acid (IDA) A4641
    Usual Dosage 5-12 mCi
    Hepatobiliary scan agent. (CPT 78220, 78223)

15. Technetium Te-99m Macroaggregated Albumin (MAA), Diagnostic, per study dose, up to 10 mCi’s, A9540
    Lung perfusion agent (CPT 78580-78596)
    Peritoneal-Venous Shunt Study (CPT 78291)
    Cardiac Shunt Detection (CPT 78216, 78428)

16. Technetium Te-99m Mebrofenin (Choletec®) Diagnostic, per study dose, up to 15 mCi’s, A9537
    Hepatobiliary scan agent. (CPT 78220, 78223)

17. Technetium Te-99m Mertiatide (MAG-3), diagnostic, per study dose, up to 15 mCi’s, A9562
    Renal scan agent (CPT 78700-78725)

18. Technetium Te 99m, Medronate, (MDP), diagnostic, per study dose, up to 30 mCi’s (A9503)
    Bone scan (CPT 78300-78320, 78399)
19. Technetium Tc-99m Oxidronate, Diagnostic, per study dose, up to 30 mCi's. A9561
   Bone scan agent (CPT 78300-78320, 78399)
*20. Technetium Tc-99m-Pertechnetate, Diagnostic, per mCi, A9512
   Thyroid study (CPT 78000-78001, 78006-78007, 78010, 78011, 78015)
   *Brain death (CPT 78600-78607, 78610)
   First-pass cardiac technique studies (CPT 78481, 78483)
   Meckel’s diverticulum 10-20 mCi (CPT-4 Codes 78261, 78290)
   Parathyroid study (CPT 78070)
   Parotid or salivary scan (CPT 78230-78232)
   Gastric mucosa (CPT 78261, 78290)
   Urinary bladder residual (CPT 78730)
   Ureteral reflux study (CPT 78740)
   Daercyocystography (CPT 78660)
   Testicular imaging with vascular flow (CPT 78761)
21. Technetium Tc-99m Pyrophosphate (PYP) (Pyrolite®) Diagnostic, per study dose, up to
   25 mCi's A9538
   Bone (CPT 78300-78320)
   Amyloid imaging (CPT 78999)
   Myocardial Infarct imaging (78466-78469)
22. Technetium Tc-99m Labeled Red Blood Cell’s (RBC’s) Diagnostic, per study dose, up to
   30 mCi’s, A9560 (Ultra Tag ® or cold pyrophosphate (pyp) +99m technetium),
   *Cardiac blood pool imaging / Gated Equilibrium studies (78472, 78473, 78494, 78496)
   GI bleed study (CPT 78278)
   Liver scan (for Hemangioma) (CPT 78201-78205)
   Vascular flow study (CPT 78445)
   Venous thrombosis imaging (CPT 78457-78458)
   Spleen imaging (CPT 78215, 78216, 78185)
23. Technetium Tc-99m, Sestamibi, diagnostic, per study dose, up to 40 mCi’s, A9500
   Cardiac perfusion (CPT 78460-78465, 78478, 78480)
   Parathyroid study (CPT 78070)
   Tumor (CPT 78605-78607, 78800-78804)
   Breast tumor (CPT 78800, 78801)
24. Technetium Tc-99m Sulfur Colloid, Diagnostic, per study dose, up to 20 mCi's A9541
   Liver spleen scans. (CPT 78201-78216)
   Spleen scan (CPT 78185)
   GI bleed studies (CPT 78278)
   Bone marrow studies (CPT 78102-78104)
   Gastric emptying, gastric emptying with colonic transit studies (CPT 78264, 78299)
   Gastroesophageal reflux studies (CPT 78258, 78262)
   Ureteral reflux study (CPT 78740)
   Urinary bladder residual study (CPT 78730)
   Lymphatics & Lymph glands (CPT 78195)
   Peritoneal-pleural shunt studies (CPT 78291)
25. Technetium Te 99m tetrofosmin, diagnostic, per study dose, up to 40 mCi’s A9502
   Myocardial perfusion studies (CPT 78460-78465, 78478, 78480)
*26. A9501 Technetium Tc-99m Teboroxime, Diagnostic per study dose is currently not available for sale in the United States. It will be denied until it is back on the market.

B. Iodine labeled radiopharmaceuticals:

*1. I 123
   a. Hippurate (Orthoiodohippurate) A4641
      Usual Dosage 150-250 uCi
      Renogram. (CPT 78700-78725)
   
*2. I 125
   a. Iodine-125 sodium iothalamate (Glofil-125®), Diagnostic, per study dose, up to 10 microcuries, A9554
      Renogram (CPT 78707-78709, 78725)
   b. Iodinated I-125-Serum Albumin, Diagnostic, per 5 microcuries, A9532
      Plasma Volume (CPT 78110-78111, 78122)
   c. Iodine- 125 Sodium Iodide solution, Therapeutic, per millicurie A9527
      Hyperthyroidism or thyroid cancer (CPT 79005)
   
3. I 131
   a. Hippurate (Orthoiodohippurate) A4641
      Usual Dosage 150-250 uCi
      Renogram (CPT 78707-78709, 78725)
   b. Iobenguane sulfate-Metaiodobenzyl guanidine (MIBG) per 0.5 mCi, A9508
      Adrenal imaging (CPT 78075)
      Pheochromocytoma or neuroblastoma imaging. (CPT 78075, 78800-78804)
   c. Iodine I-131 Sodium Iodide capsule(s), Therapeutic, per mCi, A9517
      Hyperthyroidism or thyroid cancer (CPT 79005)
   d. Iodine I-131 Sodium Iodide solution, Therapeutic, per mCi, A9530
      Hyperthyroidism or thyroid cancer (CPT 79005)
   e. Iodine I-131 Sodium Iodide capsule(s), Diagnostic, per mCi, A9528
      Thyroid uptake and imaging (CPT 78000-78018)
   f. Iodine I-131 Sodium Iodide solution, Diagnostic, per mCi, A9529
Thyroid uptake and imaging (CPT 78000-78018)
g. Iodine I-131 Sodium Iodide, Diagnostic, per microcurie (up to 100 microcuries) A9531
   Thyroid uptake and imaging (CPT 78000-78018)

4. Iodine I-131 Tositumomab, (Bexxar®) Diagnostic, per study dose, A9544
   Tumor imaging (CPT 78804)

5. Iodine I-131 Tositumomab, (Bexxar®) Therapeutic, per treatment dose, A9545
   Radiopharmaceutical therapy, radiolabeled monoclonal antibody by IV infusion (CPT 79403)

*6. Iodinated I-131-Serum Albumin, diagnostic, per 5 microcuries, A9524
   Plasma Volume (CPT 78110-78111, 78112)
   *Brain imaging (CPT 78600-78607, 78610)
   Pulmonary perfusion imaging (CPT 78580-78596)
   Cardiac imaging (CPT 78460-78565)
   Tumor imaging (CPT 78800-78804)
   Cardiac Blood Pooling imaging (CPT 78472-78473, 78481-78483)

*C. Indium labeled Radiopharmaceuticals:

1. Indium IN 111 Capromab Pendetide (ProstaScint®) per study dose, up to 10 mci’s (A9507)
   Tumor detection (CPT 78800-78804)

2. Indium -111 Diethylenetriamine Pentaacetic acid (DTPA) A4641
   Usual Dosage 500 uCi
   Cisternography or CSF leak detection, or shunt patency evaluation (CPT 78630-78650)
   Gastric emptying (CPT 78264)

3. Indium IN-111 Pentetate (MyoScint®) Diagnostic, per 0.5 mCi A9548
   Detecting myocardial injury (CPT 78800-78803)

4. Indium-IN-111 Oxyquinoline, Diagnostic, per 0.5 mCi, A9547
   Leukocyte labeling (CPT 78805-78807, 78185)
   Platelet labeling. (CPT 78190-78191, 78199)

*5. Indium-111 Pentetreotide (OctreoScan®), Diagnostic, per study dose, up to 6 millicuries (*A9572)
   Agent for localization of primary and metastatic neuroendocrine tumors bearing somatostatic receptors (CPT 78075, 78800-78804, 78015-78018)

6. Indium-111 Satumomab pendetide, diagnostic, per study dose, up to 6 mci’s (OncoScint®) A4642
   Agent for imaging colorectal or ovarian cancers (CPT 78800-78804)
7. Indium-IN-111 Ibritumomab Tiuxetan, Diagnostic, per study dose, up to 5 mCi's A9542 (Zevalin®) and Yttrium-90 Ibritumomab Tiuxetan, Therapeutic, per treatment dose, up to 40 mCi's A9543 (Zevalin®)

a. To report the procedure for determining the biodistribution of Zevalin use procedure code 78804 and the diagnostic imaging agent, A9542- Indium IN-111-Ibritumomab Tiuxetan.

78804 Radiopharmaceutical localization of tumor or distribution of radiopharmaceutical agent(s); whole body, requiring 2 or more days imaging.

This procedure encompasses administration of indium labeled Zevalin followed by whole body radionuclide scanning 2-24 hours and 48–72 hours after the administration of Zevalin. This code may only be reported once, no matter how many scans are performed.

b. To report the radiopharmaceutical therapy using radiolabeled monoclonal antibodies for the treatment of non-Hodgkin's lymphoma use code 79403 and the therapeutic imaging agent, A9543-Yttrium 90 Ibritumomab Tiuxetan.

79403 Radiopharmaceutical therapy, radiolabeled monoclonal antibody by intravenous infusion.

This code includes the physician service, which includes counseling the patient and family, setting up and infusing the radiopharmaceutical and post-procedure time reviewing the appropriate blood work.

8. Indium-111 Hydrochloride (HCL) A4641
Usual dosage 0.1-1.0 mCi
Gastric emptying with colonic transit study (CPT 78299)

*9. Indium-111 labeled autologous white blood cells, diagnostic, per study dose (A9570)
Leukocyte labeling (CPT 78805-78807, 78185)

*10. Indium in-111 labeled autologous platelets, diagnostic, per study dose (A9571)
Platelet labeling. (CPT 78190-78191, 78199)

D. Miscellaneous Radiopharmaceuticals:

1. Cobalt CO-57-/58 Cyanocobalamin, Diagnostic, per study dose, up to 1 microcurie A9546
For measurement of vitamin B12 absorption. (Schilling Test) (CPT 78270-78272)

2. Cobalt CO-57 Cyanocobalamin, oral, Diagnostic, per study dose, up to 1 microcurie A9559
For measurement of vitamin B12 absorption. (Schilling Test) (CPT 78270-78272)
3. Chromium CR-51 Sodium Chromate, Diagnostic, per study dose, up to 250 microcuries A9553
   RBC Mass (CPT 78120-78122)
   RBC Survival (CPT 78130-78135, 78140)
   Platelet Survival. (CPT 78190-78191)

4. Gallium Ga-67 Citrate, Diagnostic, per mCi A9556
   Used in scans searching for infections, inflammation, tumors (CPT 78800-78807), and Sarcoidosis (CPT 78999)

5. Chromic Phosphate P-32, suspension, Therapeutic, per mCi A9564
   Therapeutic imaging agent for treatment of ovarian cancer. (CPT 79200)
   Interstitial radioactive colloid therapy. (CPT 79300, 79445)

6. Sodium Phosphate P-32, Therapeutic, per mCi A9563
   Therapeutic imaging agent for treatment of polycythemia vera or thrombocythemia (CPT 79101)

7. Strontium SR-89 Chloride (Metastron®), Therapeutic, per mCi, A9600
   Therapeutic for treatment of bone pain due to skeletal metastases. (CPT 79101)

8. Samarium SM-153 Lexidronamm (Quadramet®) Therapeutic, per 50 mCi’s, A9605
   Therapeutic for the treatment of pain in patients with confirmed osteoblastic metastatic bone lesions that enhance on radionuclide bone scan (CPT 79101)

9. Thallous Chloride TL-201, diagnostic, per mCi, A9505
   Cardiac imaging (CPT 78460-78565, 78478, 78480)
   Parathyroid imaging (CPT 78070)
   Tumor imaging (CPT 78800-78804)

10. Xenon Xe-133 Gas, Diagnostic, per 10 mCi’s, A9558
    Lung ventilation study (CPT 78591-78594, 78596)
    Pulmonary perfusion imaging (CPT 78580-78588)

E. Pet Scan radiopharmaceuticals (A9555, A9552, A9526):
The payment for the radio-tracer or radiopharmaceuticals will be reimbursed for pet scans. For coverage of Pet Scans see NCD RAD-027.

1. Rubidium RB-82 (A9555)
2. Fluorodeoxyglucose (F-18 FDG) (A9552)
3. Ammonia N-13 (A9526)

F. Use of radiopharmaceuticals is regulated by the Nuclear Regulatory Commission (NRC) under strict procedures and guidelines. Persons administering radiopharmaceuticals should have either a license from the NRC or be credentialed by an institution having a broad license from the NRC

Coverage Topic
Radiology; Medical and Surgical Supplies
**CPT/HCPCS Codes**

**Does the CPT 30% Rule Apply**
No

**ICD-9 Codes that Support Medical Necessity**
*Note: ICD-9 codes must be coded to the highest level of specificity.*

**Diagnoses that Support Medical Necessity**
NA

**ICD-9 Codes that DO NOT Support Medical Necessity**
NA

**Diagnoses that DO NOT Support Medical Necessity**

**Documentation Requirements**
The procedure note/medical record should document the findings supportive of the diagnosis stated on the claim. The record should also indicate the radiopharmaceutical name and amount administered and be made available to the Carrier upon request.

**Utilization Guidelines**
Data reviewed and showed incorrect coding/utilization for A9500 and A9502, A9503. These agents are to be billed once per study. Codes were being billed per mCi

Up to 2 units of service will be allowed for A9500 and A9502.
One unit of service will be allowed for A9503

*Claims reviewed for cardiac blood pool imaging / gated Equilibrium studies (78472, 78473, 78494, and 78496) were submitted with incorrect radiopharmaceutical codes. A9560 will be allowed for these procedure codes. A9538 and A9512 will be denied when billed with these CPT codes.

**Sources of Information and Basis for Decision**
Manufacturer’s Package Inserts
Radiology and Nuclear Medicine physicians in the state of Wisconsin
Pub. 100-3, Ch.1, Part 4, Section 220.6 formerly Coverage Issues Manual 50-36, MCM 4173, PM-B-01-28; PM-AB-02-120
Society of Nuclear Medicine (SNM):
Practice Management Coding Corner:
1. **Cardiac Blood Pool Imaging Radiopharmaceutical Codes**
2. **Gastrointestinal Bleed Imaging Radiopharmaceutical Codes**

**Advisory Committee Meeting Notes**
Meeting Date:
Wisconsin: 10/27/2000  
Illinois: 10/18/2000  
Minnesota: 11/16/2000

**Start Date of Comment Period**  
Illinois: 11/16/2000  
Michigan: 11/16/2000  
Minnesota: 11/16/2000

**End Date of Comment Period**  
02/01/2001

**Start Date of Notice Period**  
(Published)  
Wisconsin: 09/01/1995; Article 10/01/1995; Article 02/01/1996; Article 05/01/1997; Article 08/01/1997; 02/01/1998; Article 05/01/1998; 12/01/1998; Article 02/01/1999; 03/01/2001; Article 08/01/2001, Code update Article 02/01/2001; Article 09/01/2002, Article 10/01/2002; Article 03/01/2003; Article 05/01/2003, Article 08/01/2003; Article 12/01/2003; Article 06/01/2004; Article 01/01/2005; Article 03/01/2005; 07/01/2005; Article 04/01/2006; Article 08/01/2006; Article 01/01/2007; Article 08/01/2007; Article 11/01/2007; *Article 01/01/2008  
Illinois: 03/01/2001; Article 08/01/2001, Code update Article 02/01/2001, Article 09/01/2002, Article 10/01/2002, Article 03/01/2003; Article 05/01/2003, Article 08/01/2003; Article 12/01/2003; Article 06/01/2004; Article 01/01/2005; Article 03/01/2005; 07/01/2005; Article 04/01/2006; Article 08/01/2006; Article 01/01/2007; Article 08/01/2007; Article 11/01/2007; *Article 01/01/2008  
Michigan: 03/01/2001; Article 08/01/2001, Code update Article 02/01/2001, Article 09/01/2002, Article 10/01/2002, Article 03/01/2003; Article 05/01/2003, Article 08/01/2003; Article 12/01/2003; Article 06/01/2004; Article 01/01/2005; Article 03/01/2005; 07/01/2005; Article 04/01/2006; Article 08/01/2006; Article 01/01/2007; Article 08/01/2007; Article 11/01/2007; *Article 01/01/2008  
Minnesota: 03/01/2001; Article 08/01/2001, Code update Article 02/01/2001, Article 09/01/2002, Article 10/01/2002, Article 03/01/2003; Article 05/01/2003, Article 08/01/2003; Article 12/01/2003; Article 06/01/2004; Article 01/01/2005; Article 03/01/2005; 07/01/2005; Article 04/01/2006; Article 08/01/2006; Article 01/01/2007; Article 08/01/2007; Article 11/01/2007; *Article 01/01/2008

**Revision History Number/Explanation**  
Wisconsin: *01/01/2008-08 Code update added A9501, A9509, A9569, A9570, A9571, A9572; deleted codes 78615, A9565, A4641 for Iodine I-123 sodium iodide per millicurie; A9516 description changed, Added 78805-78807 for use with A9567 & removed 78805-78807 for use with A9521, renumbered section A; 11/01/2007-added 78481, 78483 to A9512 & removed these codes from payment with A9560, updated utilization guidelines to reflect these changes; 08/01/2007-Clarification of CPT codes to use for blood pool imaging (A9560) removed codes 78414-78428 and 78499 from A9560. Blood pool imaging code range 78414-78428, 78472-78473, 78481-78483, 78494, 78496, removed from A9512 and A9538. A9538 description changed for code range 78466-78469 to Myocardial Infarct imaging,
utilization guidelines added, removed our “usual dose range” for those codes with a per study dose in its HCPC’s description; 01/01/2007-07 code update add A9568, A9527, 78707-78710, 78761, delete A9549, 78704,78760, 78715; 08/01/2006-revised code descriptions/typos for A4642, A9500, A9503, A9504, A9505, A9507, A9510, A9524, A9559; 04/01/2006 changed effective date to 01/01/2004 for the expansion of coverage for 78804 for the following agents: A9549, A9551, A9500, A9508, A9524, A9507,A4641, A4642, A9542, A9505; 01/01/2006-2006 code update: Added: A9536-A9567, Deleted A9511, A9513-A9515, A9519, A9520, A9522, A9523, added, expanded coverage of 78804 for the following agents: A9549, A9551, A9500, A9508, A9524, A9507,A4641, A4642, A9542, A9505 effective 12/01/2004; 07/01/2005 Converted to an LCD and coding article (Seventeen); 03/01/2005 (Effective 01/01/2005) Section G updated allowing for separate payment of FDG, Rubidium, Ammonia, invoice information added to coding guidelines (sixteen). 01/01/2005- (fifteen) added new codes: 79005, 79101, 79445; deleted codes 79000, 79100, 79400, 79420, added section G agents used in Pet scans; 06/01/2004 (fourteen) 78299 defined, 78478, 78480 added to A9500, A9502, A9505 & A4641 sodium iodide solution added & 78018 added to thyroid testing. 12/01/2003 (thirteen) 04 code update; 08/01/2003-(twelve)add Indium HCL removed invoice requirement Zevalin, 05/01/2003-(eleven) code updates, 03/01/2003-(ten)code updates, tests expanded and updated instructions for Zevalin coverage10/01/2002 (nine)-Zevalin added, 09/01/2002, (eight), code update; 03/01/2002, (seven); 08/01/2001, (six); 01/01/1999, (five); 01/01/1998, (four); 09/01/1997, (three); 02/01/1996, (two); 10/01/1995 (one)

Illinois:

*01/01/2008-08 Code update add A9501, A9509, A9569, A9570, A9571, A9572; deleted codes 78615, A9565, A4641 for Iodine I-123 sodium iodide per millicurie; A9516 description changed, Added 78805-78807 for use with A9567 & removed 78805-78807 for use with A9521, renumbered section A; 11/01/2007-added 78481, 78483 to A9512 & removed these codes from payment with A9560, updated utilization guidelines to reflect these changes; 08/01/2007-Clarification of CPT codes to use for blood pool imaging (A9560) removed codes 78414-78428 and 78499 from A9560. Blood pool imaging code range 78414-78428, 78472-78473, 78481-78483, 78494, 78496, removed from A9512 and A9538. A9538 description changed for code range 78466-78469 to Myocardial Infarct imaging, utilization guidelines added, removed our “usual dose range” for those codes with a per study dose in its HCPC’s description; 01/01/2007-07 code update add A9568, A9527, 78707-78710, 78761, delete A9549, 78704,78760, 78715; 08/01/2006-revised code descriptions/typos for A4642, A9500, A9503, A9504, A9505, A9507, A9510, A9524, A9559; 04/01/2006 changed effective date to 01/01/2004 for the expansion of coverage for 78804 for the following agents: A9549, A9551, A9500, A9508, A9524, A9507,A4641, A4642, A9542, A9505; 01/01/2006-2006 code update: Added: A9536-A9567, Deleted A9511, A9513-A9515, A9519, A9520, A9522, A9523, added, expanded coverage of 78804 for the following agents: A9549, A9551, A9500, A9508, A9524, A9507,A4641, A4642, A9542, A9505 effective 12/01/2004; 07/01/2005 Converted to an LCD and coding article; 03/01/2005 (Effective 01/01/2005) Section G updated allowing for separate payment of FDG, Rubidium, Ammonia, invoice information added to coding guidelines (eleven); 01/01/2005- (ten) added 2005 codes: 79005, 79101, 79445; deleted codes 79000, 79100, 79400, 79420, added section G agents used in Pet scans; 06/01/2004(nine) 78299 defined, 78478, 78480 added to A9500, A9502, A9505 & A4641 sodium iodide solution added & 78018 added to thyroid testing. 12/01/2003 (eight)04 code
update; 08/01/2003-(seven) add Indium HCL removed invoice requirement Zevalin, 05/01/2003-(six) code updates, 03/01/2003-(five) code updates, tests expanded and updated instructions for Zevalin 10/01/2002-(four) Zevalin added, 09/01/2002, (three), code update; 03/01/2002, (two); 08/01/2001, (one)

Michigan:
*01/01/2008-08 Code update added A9501, A9509, A9569, A9570, A9571, A9572; deleted codes 78615, A9565, A4641 for Iodine I-123 sodium iodide per millicurie; A9516 description changed, Added 78805-78807 for use with A9567 & removed 78805-78807 for use with A9521, renumbered section A; 11/01/2007-added 78481, 78483 to A9512 & removed these codes from payment with A9560, updated utilization guidelines to reflect these changes; 08/01/2007-Clarification of CPT codes to use for blood pool imaging (A9560) removed codes 78414-78428 and 78499 from A9560. Blood pool imaging code range 78414-78428, 78472-78473, 78481-78483, 78494, 78496, removed from A9512 and A9538. A9538 description changed for code range 78466-78469 to Myocardial Infarct imaging, utilization guidelines added, removed our “usual dose range” for those codes with a per study dose in its HCPC’s description; 01/01/2007-07 code update add A9568, A9527, 78707-78710, 78761, delete A9549, 78704,78760, 78715; 08/01/2006-revised code descriptions/typos for A4642, A9500, A9503, A9504, A9505, A9507, A9510, A9524, A9559; 04/01/2006 changed effective date to 01/01/2004 for the expansion of coverage for 78804 for the following agents: A9549, A9551, A9500, A9508, A9524, A9507, A4641, A4642, A9542, A9505; 01/01/2006-2006 code update: Added: A9536-A9567, Deleted A9511, A9513-A9515, A9519, A9520, A9522, A9523, added, expanded coverage of 78804 for the following agents: A9549, A9551, A9500, A9508, A9524, A9507,A4641, A4642, A9542, A9505 effective 12/01/2004; 07/01/2005 Converted to an LCD and coding article; 03/01/2005 (Effective 01/01/2005) Section G updated allowing for separate payment of FDG, Rubidium, Ammonia, invoice information added to coding guidelines (eleven); 01/01/2005- (ten) added 2005 codes: 79005, 79101, 79445; deleted codes 79000, 79100, 79400, 79420, added section G agents used in Pet scans; 06/01/2004(nine) 78299 defined, 78478, 78480 added to A9500, A9502, A9505 & A4641 sodium iodide solution added & 78018 added to thyroid testing. 12/01/2003 (eight)04 code update; 08/01/2003-(seven) add Indium HCL removed invoice requirement Zevalin, 05/01/2003-(six) code updates, 03/01/2003-(five) code updates, tests expanded and updated instructions for Zevalin 10/01/2002-(four) Zevalin added, 09/01/2002, (three), code update; 03/01/2002, (two); 08/01/2001, (one)

Minnesota:
*01/01/2008-08 Code update added A9501, A9509, A9569, A9570, A9571, A9572; deleted codes 78615, A9565, A4641 for Iodine I-123 sodium iodide per millicurie; A9516 description changed, Added 78805-78807 for use with A9567 & removed 78805-78807 for use with A9521, renumbered section A; 11/01/2007-added 78481, 78483 to A9512 & removed these codes from payment with A9560, updated utilization guidelines to reflect these changes; 08/01/2007-Clarification of CPT codes to use for blood pool imaging (A9560) removed codes 78414-78428 and 78499 from A9560. Blood pool imaging code range 78414-78428, 78472-78473, 78481-78483, 78494, 78496, removed from A9512 and A9538. A9538 description changed for code range 78466-78469 to Myocardial Infarct imaging, utilization guidelines added, removed our “usual dose range” for those codes with a per study dose in its HCPC’s description; 01/01/2007-07 code update add A9568, A9527, 78707-78710, 78761, delete A9549, 78704,78760, 78715; 08/01/2006-revised code descriptions/typos for A4642, A9500, A9503, A9504, A9505, A9507, A9510, A9524, A9559; 04/01/2006 changed effective date to 01/01/2004 for the
expansion of coverage for 78804 for the following agents: A9549, A9551, A9500, A9508, A9524, A9507, A4641, A4642, A9542, A9505; 01/01/2006 - 2006 code update: Added: A9536-A9567, Deleted A9511, A9513-A9515, A9519, A9520, A9522, A9523, added, expanded coverage of 78804 for the following agents: A9549, A9551, A9500, A9508, A9524, A9507, A4641, A4642, A9542, A9505 effective 12/01/2004;; 07/01/2005 Converted to an LCD and coding article; 03/01/2005 (Effective 01/01/2005) Section G updated allowing for separate payment of FDG, Rubidium, Ammonia, invoice information added to coding guidelines (eleven); 01/01/2005-(ten) added new codes: 79005, 79101, 79445; deleted codes 79000, 79100, 79400, 79420, added section G agents used in Pet scans; 06/01/2004 (nine) 78299 defined, 78478, 78480 added to A9500, A9502, A9505 & A4641 sodium iodide solution added & 78018 added to thyroid testing. 12/01/2003 (eight) 04 code update; 08/01/2003-(seven)add Indium HCL removed invoice requirement Zevalin, 05/01/2003-(six)code updates, 03/01/2003-(five) code updates, tests expanded and updated instructions for Zevalin 10/01/2002-(four) Zevalin added, 09/01/2002 (three) code update; 03/01/2002,(two); 08/01/2001, (one)

Last Reviewed On
*11/01/07

Notes
* - An asterisk indicates a revision to that section of the policy.
*See companion document RAD-026 Billing and Coding

Does this LCD contain a "Least Costly Alternative" Provision?
No

This policy does not reflect the sole opinion of the contractor or Contractor Medical Director. Although the final decision rests with the contractor, this policy was developed in cooperation with advisory groups, which includes representatives from nuclear medicine and radiology.