

## Commercial Reimbursement Policy

Subject: **Diagnostic Radiopharmaceuticals and Contrast Materials**

Policy Number: **C-24001**

Policy Section: **Drugs**

Last Approval Date: **05/08/2024**

Effective Date: **10/01/2024**

### Disclaimer

These reimbursement policies serve as a guide to assist you in accurate claims submissions and to outline the basis for reimbursement if the service is covered by a Wellpoint member's benefit plan. The determination that a service, procedure, item, etc. is covered under a member's benefit plan is not a determination that you will be reimbursed. Services must meet authorization and medical necessity guidelines appropriate to the procedure and diagnosis, as well as to the member's state of residence.

You must follow proper billing and submission guidelines. You are required to use industry standard, compliant codes on all claim submissions. Services should be billed with Current Procedure Terminology (CPT<sup>®</sup>) codes, Healthcare Common Procedure Coding System (HCPCS) codes and/or revenue codes. These codes denote the services and/or procedures performed and when billed, must be fully supported in the medical record and/or office notes. Unless otherwise noted within the policy, our reimbursement policies apply to both participating and non-participating professional providers and facilities.

If appropriate coding/billing guidelines or current reimbursement policies are not followed, Wellpoint may:

- Reject or deny the claim.
- Recover and/or recoup claim payment.

These reimbursement policies may be superseded by mandates in provider, state, federal, or Centers for Medicare & Medicaid Services (CMS) contracts and/or requirements. We strive to minimize delays in policy implementation. If there is a delay, we reserve the right to recoup and/or recover claims payment to the effective date, in accordance with the policy. We reserve the right to review and revise these policies when necessary. When there is an update, we will publish the most current policy to the website.

### Policy

Wellpoint does not allow separate reimbursement for diagnostic radiopharmaceuticals and contrast materials in a facility setting, unless provider, state, federal contract and/or requirements indicate otherwise.

**Facility:**

This policy does not apply to facility providers.

NOTE: Therapeutic radiopharmaceuticals do not apply to the above facility language and are allowed for separate reimbursement.

**Professional:**

Wellpoint does not allow separate reimbursement for diagnostic radiopharmaceutical and contrast materials by professional providers when reported in a facility place of service. See the Related Coding section below.

**Related Coding**

Code	Description
Radiopharmaceuticals and Contrast Media	<a href="#">Radiopharmaceuticals and Contrast Media Code List</a>

**Policy History**

05/08/2024	Initial approval 05/08/2024 and effective 10/01/2024: added professional language from Place of Service - Professional (C-09001) policy
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**References and Research Materials**

<p>This policy has been developed through consideration of the following:</p> <ul style="list-style-type: none"> <li>• CMS</li> <li>• Optum EncoderPro 2024</li> </ul>
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**Definitions**

Contrast materials	Dyes or other substances that temporarily change the way x-rays or other imaging tools interact with the body.
Diagnostic Radiopharmaceuticals	Radioactive agents that are administered in small doses to diagnose certain medical problems or diseases.
Therapeutic Radiopharmaceuticals	Radioactive agents that are administered in large doses to treat certain medical problems or diseases.
General Reimbursement Policy Definitions	

**Related Policies and Materials**

Injection and Infusion Administration and Related Services and Supplies – Professional
Outpatient Facility Revenue Code Billing Requirements - Facility
Place of Service - Professional

**Use of Reimbursement Policy**

State and federal law, as well as contract language, including definitions and specific inclusions/exclusions, take precedence over Reimbursement Policy and must be considered first in

determining eligibility for coverage. The member's contract benefits in effect on the date that services are rendered must be used. Reimbursement Policy is constantly evolving and we reserve the right to review and update these policies periodically.

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