



CARE IMPROVEMENT PLUS

Specialized Care for Medicare Beneficiaries

Part B Diagnostic Radiopharmaceuticals Payment Policy Effective June 1, 2010

The Medicare Modernization Act (MMA), Section 303(h), states that for dates of service on or after January 1, 2005, radiopharmaceutical payment allowance limits are not subject to Average Sale Price (ASP). The pricing Care Improvement Plus used for the following **10** diagnostic radiopharmaceuticals, effective for claims with dates of service on or after June 1, 2010, are based on 95% of the lowest Average Wholesale Price (AWP) for the most current year's *Red Book*®. **All other Part B diagnostic radiopharmaceuticals will be Invoice Priced.**

[Medicare Claims Processing Manual Chapter 17 - Drugs & Biologicals - see Section 20.1](#)

Radiopharmaceutical Pricing

HCPCS Code	Description	June 1, 2010
A9500	Technetium Tc99M Sestamibi/Cardolite, Diagnostic per study dose	\$121.70
A9502	Technetium Tc99M Tetrofosmin/Myoview, Diagnostic per study dose.	\$115.42
A9503	Technetium Tc99M medronate, diagnostic, per study dose, up to 30 millicuries	\$22.67
A9505	Thallium Tl-201, thallos chloride, diagnostic, per millicurie	\$33.23
A9509	Iodine I-123 sodium iodide, diagnostic, per millicurie	\$103.47
A9510	Technetium Tc-99m disofenin, diagnostic, per study dose, up to 15 millicuries	\$39.90
A9512	Technetium Tc-99m pertechnetate, diagnostic, per millicurie	\$13.52
A9516	I-123 Sodium Iodide, diagnostic, per 100 microcuries, up to 999 microcuries	\$103.47
A9537	Technetium TC99M Mebrofenin, Diagnostic, per study dose, up to 15 MCI (CHOLETEC)	\$63.05
A9579	Injection, Gadolinium based magnetic resonance contrast agent, per ml. (Omniscan)	\$2.35

Invoice Priced Diagnostic Radiopharmaceuticals

HCPCS Code	Description	Pricing
A9504	Technetium Tc99M apcitude, diagnostic , per study dose, up to 20 millicuries	INVOICE
A9507	Indium IN-111 capromab pendetide, diagnostic, per study dose, up to 10 millicuries	INVOICE
A9508	Iodine I-131 iobenguane sufate, diagnostic, per 0.5 millicurie	INVOICE
A9521	Technetium Tc-99m exametazime, diagnostic, per study dose, up to 25 millicuries	INVOICE
A9552	Fluorodeoxyglucose F-18 FDG, diagnostic, per study dose, up to 45 microcuries	INVOICE
A9555	Rubidium Rb-82, diagnostic per study dose, up to 60 millicuries	INVOICE

Valid invoices are required to establish pricing for products that are not described and priced in *Red Book*. This includes radiopharmaceuticals purchased from a compounding nuclear pharmacy that have been altered/compounded (i.e. divided and repackaged or not prepared according to the labeled instructions). A valid invoice must be patient specific and must contain the patient's name, in printed form. If the patient's name is handwritten, the invoice will not be considered valid. In instances where this is not possible, the invoice will be considered valid if accompanied by a medical note or written order for the radiopharmaceutical.

As a reminder, some HCPCS Code descriptions have changed from "dose" to "study dose." Appropriate billed amounts should reflect the cost of the "study dose" on the claim.

When billing radiopharmaceuticals, the dollar amount the physician pays for the product (per invoice) should be the total billed amount submitted on the claim. The billed amount on the claims should reflect the physician's cost not the reimbursement amount.

Invoice Requirements

Purchase invoices, discounts, and rebates must be maintained in the patient's medical record, and the invoice and/or medical record must contain all of the following information:

- Name of the radiopharmaceutical
- Actual dosage being administered
- Unit price per dose
- Total cost of radiopharmaceutical
- Date radiopharmaceutical was administered

Note: The date of the invoice should not be more than 30 days prior to the date of service. A generic invoice that lists multiple drugs, dosages, and prices, but does not specify an

individual patient will not be accepted. Without the above information, no payment will be made for that service.