

Commercial Reimbursement Policy

Subject: **Diagnostic Radiopharmaceuticals and Contrast Material- Professional and Facility**

Policy Number: **C-24001**

Policy Section: **Drugs**

Last Approval Date: **10/23/2024**

Effective Date: **05/01/2025**

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 an Anthem 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) 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, Anthem 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These reimbursement policies may be superseded by mandates in provider, state, federal, or Centers for Medicare & Medicaid Services (CMS) contracts and/or requirements.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

The Health Plan does not allow separate reimbursement for diagnostic radiopharmaceuticals and contrast materials and/or media in a facility setting, unless provider, state, federal contract and/or requirements indicate otherwise. This policy applies to both inpatient and outpatient facility settings.

Facility:

Diagnostic radiopharmaceuticals, and the contrast materials and/or media, are an integral component to the diagnostic service. These services will not be reimbursed separately to the facility.

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

Professional:

The Health Plan does not allow separate reimbursement for radiopharmaceutical and contrast materials by professional providers when reported in a facility place of service.

Related Coding

Standard correct coding applies.

Policy History

10/23/2024	Review approved 10/23/2024 and effective 05/01/2025; removed <i>code list</i> from Related Coding section.
05/08/2024	Initial approval 05/08/2024 and effective 10/01/2024: moved professional language from Place of Service- Professional (C-09001) policy

References and Research Materials

This policy has been developed through consideration of the following:

- CMS
- Optum EncoderPro 2024

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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