REIMBURSEMENT POLICY
CMS-1500

Contrast and Radiopharmaceutical Materials Policy

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<tr>
<th>Policy Number</th>
<th>Annual Approval Date</th>
<th>Approved By</th>
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<tbody>
<tr>
<td>2018R0104B</td>
<td>3/14/2018</td>
<td>Reimbursement Policy Oversight Committee</td>
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**IMPORTANT NOTE ABOUT THIS REIMBURSEMENT POLICY**

You are responsible for submission of accurate claims. This reimbursement policy is intended to ensure that you are reimbursed based on the code or codes that correctly describe the health care services provided. UnitedHealthcare Community Plan reimbursement policies uses Current Procedural Terminology (CPT®), Centers for Medicare and Medicaid Services (CMS) or other coding guidelines. References to CPT or other sources are for definitional purposes only and do not imply any right to reimbursement.

This reimbursement policy applies to all health care services billed on CMS 1500 forms and, when specified, to those billed on UB04 forms. Coding methodology, industry-standard reimbursement logic, regulatory requirements, benefits design and other factors are considered in developing reimbursement policy.

This reimbursement policy applies to all health care services reported using the 1500 Health Insurance Claim Form (a/k/a CMS-1500) or its electronic equivalent or its successor form. This policy applies to all products and all network and non-network physicians and other qualified health care professionals, including, but not limited to, non-network authorized and percent of charge contract physicians and other qualified health care professionals.

**Application**

This reimbursement policy applies to UnitedHealthcare Community Plan Medicaid products.

This reimbursement policy applies to services reported using the 1500 Health Insurance Claim Form (a/k/a CMS-1500) or its electronic equivalent or its successor form. This policy applies to all products and all network and non-network physicians and other qualified health care professionals, including, but not limited to, non-network authorized and percent of charge contract physicians and other qualified health care professionals.

Payment Policies for Medicare & Retirement, UnitedHealthcare Community Plan Medicare and Employer & Individual please use this link.

Medicare & Retirement and UnitedHealthcare Community Plan Medicare Policies are listed under Medicare Advantage Reimbursement Policies. Employer & Individual are listed under Reimbursement Policies-Commercial.

**Policy Overview**

This policy identifies circumstances where UnitedHealthcare Community Plan will reimburse physicians and other health care professionals for High and Low Osmolar Contrast and Radiopharmaceutical Materials.

For the purposes of this policy, the Same Group Physician or Other Health Care Professional is defined as all physicians and/or other health care professionals of the same group rendering health care services reporting the same Federal Tax Identification number.
Reimbursement Guidelines

Services Reported in a CMS Facility Place of Service

UnitedHealthcare Community Plan does not permit reimbursement for the technical component or global service of an imaging procedure to a physician or other healthcare professional when the procedure is performed in a facility Place of Service (POS) (19, 21, 22, 23, 24, 26, 34, 51, 52, 56, or 61). UnitedHealthcare Community Plan will not provide reimbursement to a physician or other health care professional for High Osmolar Contrast Materials (HOCM), Low Osmolar Contrast Materials (LOCM) or Radiopharmaceutical Materials submitted with HCPCS codes A4641, A4642, A9500-A9700, J1245, Q3001, Q9951, Q9953, Q9954, Q9956, Q9957 and Q9958-Q9968 with a facility POS, as these materials would be needed in order to perform the technical component of the imaging or therapeutic nuclear medicine procedure. However, separate reimbursement to a physician for HOCM, LOCM or Radiopharmaceutical Materials will be allowed in an Ambulatory Surgical Center (ASC) (POS 24) when provided in conjunction with eligible imaging procedures that are not included on the Centers for Medicare and Medicaid Services (CMS) Ambulatory Surgical Center Fee Schedule (ASCFS) Addendum BB. The technical component, global service and associated HOCM, LOCM or Radiopharmaceutical Materials for procedures listed on the ASCFS Addendum BB are included in the facility case rate and not separately reimbursable.

ASCFS Eligible Imaging and Therapeutic Procedures Code List
ASCFS Nuclear Medicine Procedures Code List
ASCFS Contrast and Radiopharmaceutical Materials Code List

Service Reported in a CMS Non-Facility Place of Service

When an imaging or therapeutic nuclear medicine procedure is performed in a non-facility setting, UnitedHealthcare Community Plan will provide separate reimbursement to the Same Group Physician or Other Health Care Professional for HOCM, LOCM or Radiopharmaceutical Materials when reported on the same date of service with a procedure code that requires contrast or Radiopharmaceutical Materials. Additionally, UnitedHealthcare Community Plan will also allow separate reimbursement for contrast and Radiopharmaceutical Materials reported with a date of service up to two days prior to a nuclear medicine imaging scan.

In accordance with CMS coding guidelines, UnitedHealthcare Community Plan will not provide separate reimbursement for Radiopharmaceutical Materials HCPCS code A9512 when submitted with A9538 or A9560 on the same day by the Same Group Physician or Other Health Care Professional.

Contrast and Radiopharmaceutical Materials Code List
Eligible Imaging and Therapeutic Procedures Code List
Nuclear Medicine Procedures Code List

For more information regarding the professional/technical concept, refer to the UnitedHealthcare Community Plan “Professional/Technical Component” policy.

Definitions

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<th>Term</th>
<th>Description</th>
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<td>Osmolar Contrast Materials</td>
<td>An iodine based substance, administered intravascularly, intra-articularly or intrathecally, that is used to enhance the visibility of structures or fluids within the body during an imaging procedure such as an X-ray, MRI or CT image, or other diagnostic/interventional cardiovascular procedures.</td>
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<td>Radiopharmaceutical Materials</td>
<td>Radioactive chemical or pharmaceutical preparations, used as diagnostic or therapeutic agents.</td>
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<tr>
<td>Same Group Physician and/or Other Health Care Professional</td>
<td>All physicians and/or other health care professionals of the same group reporting the same Federal Tax Identification number.</td>
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State Exceptions

Wisconsin | WI state regulation considers POS 19 as non-facility place of service

Questions and Answers

1. Q: How was the Eligible Imaging and Therapeutic Procedures Code List derived?
   A: The Eligible Imaging and Therapeutic Procedures Code List was developed by UnitedHealthcare Community Plan 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.

2. Q: Does UnitedHealthcare Community Plan reimburse for contrast and Radiopharmaceutical materials reported with a date of service up to two days prior to all eligible imaging or therapeutic procedures?
   A: No. UnitedHealthcare Community Plan will only allow separate reimbursement for contrast and Radiopharmaceutical materials reported with a date of service up to two days prior to a nuclear medicine imaging scan (CPT codes 78012-79999).

3. Q: Does UnitedHealthcare Community Plan reimburse for contrast and Radiopharmaceutical Materials reported with an imaging and therapeutic or nuclear medicine procedure that is denied based on another UnitedHealthcare reimbursement policy?
   A: No. UnitedHealthcare Community Plan will only allow separate reimbursement for contrast and Radiopharmaceutical Materials when reported with an eligible imaging and therapeutic or nuclear medicine procedure that is also eligible for reimbursement.

Attachments

UnitedHealthcare Community Plan Contrast and Radiopharmaceutical Materials Codes List
This list identifies the contrast and Radiopharmaceutical Material codes required to perform an imaging or therapeutic procedure.

UnitedHealthcare Community Plan Nuclear Medicine Procedures Code List
This list identifies codes that require Radiopharmaceutical Materials.

UnitedHealthcare Community Plan Eligible Imaging and Therapeutic Procedures Codes List
This list identifies codes that require contrast materials.
### ASCFS Eligible Imaging and Therapeutic Procedures Code List
This list identifies imaging and therapeutic procedures that are separately reimbursable when provided in an ASC (POS 24).

### ASCFS Nuclear Medicine Procedures Code List
This list identifies nuclear medicine procedures that are separately reimbursable when provided in an ASC (POS 24).

### ASCFS Contrast and Radiopharmaceutical Materials Code List
This list identifies Contrast and Radiopharmaceutical Material codes that are separately reimbursable when provided in an ASC (POS 24).

### Resources
- Individual state Medicaid regulations, manuals & fee schedules
- Centers for Medicare and Medicaid Services, CMS Manual System and other CMS publications and services
- Centers for Medicare and Medicaid Services, Healthcare Common Procedure Coding System, HCPCS Release and Code Sets

### History
- **3/27/2018** State Exceptions: Add Wisconsin
- **3/14/2018** Policy Approval Date Change (No new version)
- **1/1/2018** Annual Policy Version Change
  - Policy List Change: Eligible Imaging and Therapeutic Procedures, Contrast and Radiopharmaceutical Materials Code and Nuclear Medicine Code Lists Updated
  - History Section: Entries prior to 1/1/2016 archived
- **7/15/2017** Application Section: Removed UnitedHealthcare Community Plan Medicare products as applying to this policy. Added location for UnitedHealthcare Community Plan Medicare reimbursement policies.
- **3/8/2017** Policy Approval Date Change (No new version)
- **1/1/2017** Annual Policy Version Change
  - History Section: Entries prior to 1/1/2016 archived
- **7/3/2016** Policy List Change: Eligible Imaging and Therapeutic Procedures Code List Updated
- **3/9/2016** Policy Approval Date Change (No new version)
- **1/1/2016** Annual Policy Version Change
  - Policy Verbiage Changes: Reimbursement Guidelines section updated to add POS 19
  - Policy List Change: Eligible Imaging and Therapeutic Procedures and Nuclear Medicine Procedures Code Lists Updated
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<th>Date</th>
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<tbody>
<tr>
<td>1/1/2008</td>
<td>Implemented by UnitedHealthcare Community &amp; State</td>
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History Section: Entries prior to 1/1/2014 archived