

# Radiopharmaceuticals and Contrast Media

**Policy Number:** RADIOLOGY 034.24  
**Effective Date:** December 1, 2025

[Instructions for Use](#)

Table of Contents	Page
<a href="#">Coverage Rationale</a> .....	1
<a href="#">Definitions</a> .....	9
<a href="#">Applicable Codes</a> .....	9
<a href="#">Description of Services</a> .....	12
<a href="#">References</a> .....	12
<a href="#">Policy History/Revision Information</a> .....	13
<a href="#">Instructions for Use</a> .....	13

Related Policies
<ul style="list-style-type: none"> <li><a href="#">Outpatient Cardiology Procedures for EviCore Arrangement (for Oxford Only)</a></li> <li><a href="#">Outpatient Radiology Procedures for EviCore Arrangement (for Oxford Only)</a></li> </ul>

## Coverage Rationale

Oxford, a United Healthcare Company and EviCore, who may administer claims on behalf of Oxford for the following services that may be billed in conjunction with radiopharmaceuticals and/or contrast media:

- **Radiology Services:** Refer to the Medical Policy titled: [Outpatient Radiology Procedures for EviCore Arrangement \(for Oxford Only\)](#) for additional information.
- **Cardiology Services:** Refer to the Medical Policy titled: [Outpatient Cardiology Procedures for EviCore Arrangement \(for Oxford Only\)](#) for additional information.

## Reimbursement Guidelines

- **MRI:** Contrast agents billed with an MRI will be denied as “included in the primary procedure”.
- **PET Scans:** Radiopharmaceutical billed with a PET scan will be denied as “included in the primary procedure”.
  - **Exception:** HCPCS codes A9587, A9616, and A9588 may be reimbursed in certain circumstances; refer to [Radiopharmaceuticals Billed in Conjunction with PET Scans](#) for additional information.
- **CT or other radiographic study:** Any code not on the list below or billed without a procedure code from the covered list below will deny as “included in the primary procedure”.

## Radiopharmaceuticals Billed in Conjunction with Nuclear Medicine Procedures

Oxford and EviCore will reimburse for covered radioisotopes when used in conjunction with a nuclear medicine procedure. The radiopharmaceutical can be administered up to 96 hours before the primary procedure. Covered services will be processed according to the chart below.

Code	Code Description	Allow with Procedure Code(s)
A9500	Technetium Tc-99m, Sestamibi, diagnostic, per study dose	78012-78016, 78018, 78020
		78070-78072, 78075, 78099
		78428
		78445
		78451-78454, 78456-78458
		78466-78483, 78494-78496
		78499
		78605-78606, 78800-78804
		78830-78832
		78999

Code	Code Description	Allow with Procedure Code(s)
A9502	Technetium Tc-99m tetrofosmin, diagnostic, per study dose	78012-78016, 78018, 78020
		78070-78072, 78075, 78099
		78428
		78445
		78451-78454, 78456-78458
		78466-78483
		78494-78496
		78499
		78800, 78801, 78802, 78803, 78804, 78808
		78830-78832
		78999
		A9503
78399		
78803		
A9505	Thallous Chloride TL-201, diagnostic, per mCi	78070-78072
		78075
		78099
		78414
		78428,
		78445
		78451-78454
		78456-78458
		78466-78483
		78494, 78496, 78499
		78800-78804
		78830-78832
		78999
A9507	Indium IN 111 Capromab Pendetide (ProstaScintâ) per study dose, up to 10 mCi's	78830 - 78832
		78999
		78201, 78202
A9510	Technetium Tc-99 Disofenin (Hepatology DISIDA), per study dose, up to 15 mCi's	78215, 78216
		78226, 78227
		78230-78232
		78258
		78261
		78262
		78264-78266
		78267, 78268
		78278
		78282
		78290
		78291
78299		

Code	Code Description	Allow with Procedure Code(s)
A9510	Technetium Tc-99 Disofenin (Hepatolite DISIDA), per study dose, up to 15 mCi's	78012-78015,78016,78018,78020
A9512	Technetium Tc-99m-Pertechnetate, Diagnostic, per mCi	78070-78072, 78075, 78099 78102-78104 78110, 78111 78120, 78121 78122 78130, 78140 78185 78191 78195 78199 78201, 78202 78215, 78216 78226, 78227 78230-78232 78258, 78261, 78262 78264-78266, 78267, 78268 78278, 78282, 78291, 78290, 78299 78481, 78483 78600-78606, 78610 78630, 78635, 78645, 78650, 78660 78699 78700, 78701, 78707-78709, 78725, 78730, 78740 78761 78799 78803 78012-78014, 78015, 78016, 78018, 78020
A9516	Iodine I-123 Sodium iodide capsule(s), Diagnostic per 100 Microcuries, up to 999 microcuries	78070-78072 78075 78099 78600-78606, 78610
A9521	Technetium Tc-99m Exametazine (Ceretek®), Diagnostic, per study dose, up to 25 mCi's	78630, 78635, 78645, 78650 78660 78699 78803 78102-78104
A9520	Technetium TC-99m, tilmanocept, diagnostic, up to 0.5 millicurie	78110, 78111 78120, 78121 78122 78130 78140 78185 78191

Code	Code Description	Allow with Procedure Code(s)
A9520	Technetium TC-99m, tilmanocept, diagnostic, up to 0.5 millicurie	78195
		78199
		78102-78104
A9524	Iodinated I-131-Serum Albumin, diagnostic, per 5 microcuries	78110-78111, 78120, 78121, 78122
		78130
		78140
		78185
		78191
		78195
		78199
		78451, 78453, 78454
		78472-78473, 78481, 78483
		78579-78598
		78600-78606, 78610
		78800-78804
		78012-78018
A9528	Iodine I-131 Sodium Iodide capsule(s), Diagnostic, per mCi	78070-78072
		78075
		78099
		78803
		78012-78018
A9529	Iodine I-131 Sodium Iodide solution, Diagnostic, per mCi	78070-78072
		78075
		78099
		78803
		78012-78018
A9531	Iodine I-131 Sodium Iodide, Diagnostic, per microcurie (up to 100 microcuries)	78070 - 78072
		78075
		78099
		78803
		78102-78104
A9532	Iodine i-125 serum albumin, diagnostic, per 5 microcurie	78110
		78111
		78120
		78121
		78122
		78130
		78140
		78185
		78191
		78195
		78199
		78201, 78202
		A9537
78226, 78227		

Code	Code Description	Allow with Procedure Code(s)
A9537	Technetium Tc-99m Mebrofenin (Choletec®) Diagnostic, per study dose, up to 15 mCi's	78230-78232
		78258
		78261
		78262
		78264-78266
		78267, 78268
		78278
		78282
		78290
		78291
		78299
		78300, 78305, 78306-78315
		A9538
78399		
78414		
78428		
78445		
78451, 78452, 78453, 78454		
78456-78458		
78466-78469		
78472, 78473		
78481, 78483		
78494, 78496		
78499		
78803		
78999		
78291		
A9539	Technetium Tc-99m, Pentetate, Diagnostic, per study dose, up to 25 mCi's	78428
		78445
		78481, 78483
		78579, 78580, 78582, 78597, 78598
		78599
		78600-78606, 78610
		78630-78650
		78645
		78660
		78699
		78700, 78701, 78707-78709, 78725
		78730
		78740
		78761
		78799
78803		
78201, 78215, 78216		

Code	Code Description	Allow with Procedure Code(s)
A9540	Technetium Tc-99m Macroaggregated Albumin (MAA), Diagnostic, per study dose, up to 10 mCi's	78291
		78428
		78579, 78580, 78582, 78597, 78598, 78599
		78800, 78801, 78803
		78102-78104
A9541	Technetium Tc-99m Sulfur Colloid, Diagnostic, per study dose, up to 20 mCi's	78110, 78111
		78120, 78121
		78122
		78130
		78140
		78185
		78191
		78195
		78199
		78201-78216
		78226, 78227
		78230-78232
		78258, 78261, 78262
		78264, 78265, 78266, 78267, 78268
		78278
		78282
		78290, 78291
		78299
		78730
		78740
78185		
A9547	Indium-IN-111 Oxyquinoline, Diagnostic, per 0.5 mCi	78191, 78199
		78800-78804
		78808
		78830-78832
		78999
		78102-78104
A9548	Indium IN-111 Pentetate (MyoScint®) Diagnostic, per 0.5 mCi	78110, 78111
		78120, 78121
		78122
		78130
		78140
		78185
		78191
		78195
		78199
		78201, 78202
		78215, 78216
		78226, 78227

Code	Code Description	Allow with Procedure Code(s)
A9548	Indium IN-111 Pentetate (MyoScint®) Diagnostic, per 0.5 mCi	78230-78232
		78258
		78261
		78262
		78264-78266
		78267, 78268
		78278
		78282
		78290, 78291, 78299
		78600, 78601, 78605, 78606, 78610
		78630, 78635, 78645
		78650, 78660, 78699
		78800, 78803
		78700-78709
A9551	Technetium Tc-99m Succimer (DMSA), Diagnostic, per study dose, up to 10 mCi's	78725
		78730
		78740
		78761
		78799
		78800, 78801, 78802, 78804
		78700, 78701, 78707, 78708, 78709, 78725
A9554	Iodine-125 Sodium Iothalamate (Glofil-125®), Diagnostic, per study dose, up to 10 microcuries	78730
		78740
		78761
		78799
A9556	Gallium Ga-67 Citrate, Diagnostic, per mCi	78800-78804
		78830-78832
		78999
		78600-78606, 78610
		78630, 78635, 78645, 78650
A9557	Technetium Tc-99m Biscate (Neurolite®), Diagnostic, per study dose, up to 25 mCi's	78660
		78699
		78803
		78579, 78598, 78599
		78185
A9558	Xenon Xe-133 Gas, Diagnostic, per 10 mCi's	78201-78202
A9560	Technetium Tc-99m Labeled Red Blood Cell's (RBC's) Diagnostic, per study dose, up to 30 mCi's (Ultra Tag® or cold pyrophosphate (pyp) + 99m technetium)	78215, 78216
		78226, 78227
		78230-78232
		78258
		78261
		78262
		78264 -78266
		78267, 78268

Code	Code Description	Allow with Procedure Code(s)
A9560	Technetium Tc-99m Labeled Red Blood Cell's (RBC's) Diagnostic, per study dose, up to 30 mCi's (Ultra Tag® or cold pyrophosphate (pyp) + 99m technetium)	78282
		78290
		78291
		78299
		78300, 78305, 78306, 78315
		78350, 78351
		78399
		78414
		78428
		78451-78454
		78456
		78466-78469
		78472, 78473
		78481, 78483
		78494, 78496
		78803
78499		
78300-78315, 78399, 78803		
78700-78725, 78730, 78740, 78761, 78799, 78803		
A9561	Technetium Tc-99m Oxidronate, Diagnostic, per study dose, up to 30 mCi's	78579, 78580, 78581, 78582, 78597, 78598, 78599
A9562	Technetium Tc-99m MERTIATIDE (MAG-3), diagnostic, per study dose, up to 15 mCi's	78800-78803
A9567	Technetium Tc-99m Pentetate, Diagnostic, aerosol, per study dose, up to 75 mCi's	78804
A9569	Technetium TC-99m Exametazime labeled autologous white blood cells, Diagnostic, per study dose	78808
		78830-78832
		78999
		78185
78800-78803		
A9570	Indium-111 labeled autologous white blood cells, diagnostic, per study dose	78804
		78808
		78830-78832
		78999
		78191
78199		
A9571	Indium in-111 labeled autologous platelets, diagnostic, per study dose	78800-78804
		78808
		78830-78832
		78999
		78075, 78800-78804, 78015, 78016-78018
78800-78804		
A9572	Indium-111 Pentetreotide (OctreoScan®), Diagnostic, per study dose, up to 6 millicuries	78808
		78830-78832

Code	Code Description	Allow with Procedure Code(s)
A9572	Indium-111 Pentetate (OctreoScan®), Diagnostic, per study dose, up to 6 millicuries	78999
		78012-78016, 78018, 78020, 78070-78072
		78075
A9582	Iodine i-123 Iobenguane, diagnostic, per study dose, up to 15 millicuries AdreView®)	78099
		78414
		78428
		78429, 78430, 78431-78433, 78434, 78445, 78451-78454
		78456, 78457, 78458
		78466-78469
		78472 -78483
		78494, 78496
		78499
		78800-78804
		78808
		78830-78832
		78999

## Radiopharmaceuticals Billed in Conjunction with PET Scans

Oxford and EviCore will reimburse HCPCS codes A9587, A9616, and A9588 when used in conjunction with a PET scan, an appropriate diagnosis, and an invoice for the radiopharmaceutical. The radiopharmaceutical can be administered up to 96 hours before the primary procedure. Covered services will be processed according to the chart below.

HCPCS Code	Description	Allow with procedure codes	With a diagnosis from the following list
A9587	Gallium ga-68, dotatate, diagnostic, 0.1 millicurie	78812, 78813, 78814, 78815, 78816	Somatostatin Receptor–Positive Neuroendocrine Tumor(s)
A9616	Gallium Ga-68 gozetotide (Gozellix), diagnostic, 1 millicurie	78812, 78813, 78814, 78815, 78816	Prostate Cancer
A9588	Fluciclovine f-18, diagnostic, 1 millicurie	78812, 78813, 78814, 78815, 78816	Prostate Cancer

## Definitions

**Radiopharmaceutical Material:** A radioactive pharmaceutical, nuclide, or other chemical used for diagnostic or therapeutic purposes.

## Applicable Codes

The following list(s) of procedure and/or diagnosis codes is provided for reference purposes only and may not be all inclusive. Listing of a code in this policy does not imply that the service described by the code is a covered or non-covered health service. Benefit coverage for health services is determined by the member specific benefit plan document and applicable laws that may require coverage for a specific service. The inclusion of a code does not imply any right to reimbursement or guarantee claim payment. Other Policies may apply.

**Coding Clarification:** HCPCS code A9584 used in conjunction with (SPECT) brain imaging is considered investigational and will be denied.

HCPCS Code	Description
<b>Non-Reimbursable:</b> The cost of contrast material is considered part of the underlying examination.	
A9509	Iodine I-123 Sodium Iodide, diagnostic, per millicurie

HCPCS Code	Description
<b>Non-Reimbursable:</b> The cost of contrast material is considered part of the underlying examination.	
A9515	Choline c-11, diagnostic, per study dose up to 20 millicuries
A9526	Nitrogen N-13 ammonia, diagnostic, per study dose, up to 40 millicuries
A9536	Technetium Tc-99m depreotide, diagnostic, per study dose, up to 35 millicuries
A9546	Cobalt Co-57/58, cyanocobalamin, diagnostic, per study dose, up to 1 microcurie
A9550	Technetium Tc-99m sodium gluceptate, diagnostic, per study dose, up to 25 millicuries
A9552	Fluorodeoxyglucose F-18 FDG, diagnostic, per study dose, up to 45 millicuries
A9555	Rubidium Rb-82, diagnostic, per study dose, up to 60 millicuries
A9559	Cobalt Co-57 cyanocobalamin, oral, diagnostic, per study dose, up to 1 microcurie
A9566	Technetium Tc-99m fanolesomab, diagnostic, per study dose, up to 25 millicuries
A9576	Injection, gadoteridol
A9577	Injection, gadobenate dimeglumine
A9578	Injection, gadobenate dimeglumine
A9579	Injection, gadolinium-based magnetic resonance contrast agent, not otherwise specified
A9580	Sodium fluoride F-18, diagnostic, per study dose, up to 30 millicuries
A9581	Injection, gadoxetate disodium, 1 mL
A9583	Injection, gadofosveset trisodium, 1 m
A9584	Iodine I -123 ioflupane, diagnostic, per study dose, up to 5 millicuries
A9585	Injection, gadobutrol, 0.1 mL
A9586	Florbetapir f18, diagnostic, per study dose, up to 10 millicuries
A9597	Positron emission tomography radiopharmaceutical, diagnostic, for tumor identification, not otherwise classified
A9598	Positron emission tomography radiopharmaceutical, diagnostic, for non-tumor identification, not otherwise classified
A9698	Non-radioactive contrast imaging material, not otherwise classified, per study
A9700	Supply of injectable contrast material for use in echocardiography
Q9951	Low osmolar contrast material, 400 or greater mg/mL iodine concentration, per mL
Q9953	Injection, iron-based magnetic resonance contrast agent, per mL
Q9954	Oral magnetic resonance contrast agent, per 100 mL
Q9958	High osmolar contrast material, up to 149 mg/mL iodine concentration, per mL
Q9959	High osmolar contrast material, 150-199 mg/mL iodine concentration, per mL
Q9960	High osmolar contrast material, 200-249 mg/mL iodine concentration, per mL
Q9961	High osmolar contrast material, 250-299 mg/mL iodine concentration, per mL
Q9962	High osmolar contrast material, 300-349 mg/mL iodine concentration, per mL
Q9963	High osmolar contrast material, 350-399 mg/mL iodine concentration, per mL
Q9964	High osmolar contrast material, 400 or greater mg/mL iodine concentration, per mL
Q9965	Low osmolar contrast material, 100-199 mg/mL iodine concentration, per mL
Q9966	Low osmolar contrast material, 200-299 mg/mL iodine concentration, per mL
Q9967	Low osmolar contrast material, 300-399 mg/mL iodine concentration, per mL
Q9968	Injection, non-radioactive, non-contrast, visualization adjunct (e.g., Methylene Blue, Isosulfan Blue), 1 mg
<b>Reimbursable:</b> Payable in certain circumstances when billed with a PET Scan code, appropriate diagnosis and accompanied by an invoice.	
A9587	Gallium ga-68, dotatate, diagnostic, 0.1 millicurie
A9616	Gallium Ga-68 gozetotide (Gozellix), diagnostic, 1 millicurie
A9588	Fluciclovine f-18, diagnostic, 1 millicurie

HCPCS Code	Description
<b>Reimbursable:</b> Payable with a nuclear medicine procedure.	
A4641	Radiopharmaceutical, diagnostic, not otherwise classified
A4642	Indium-111 Satumomab pendetide, diagnostic, per study dose, up to 6 mci's
A9500	Technetium Tc-99m, Sestamibi, diagnostic, per study dose
A9501	Technetium Tc-99m Teboroxime (Cardiotec®)
A9502	Technetium Tc-99m tetrofosmin, diagnostic, per study dose
A9503	Technetium Tc-99m, Medronate, (MDP), diagnostic, per study dose, up to 30 mCi's
A9504	Technetium Tc 99m Apcitide (Acu Tect)
A9505	Thallous Chloride TL-201, diagnostic, per mCi
A9507	Indium IN 111 Capromab Pendetide (ProstaScintâ) per study dose, up to 10 mci's
A9510	Technetium Tc-99m disofenin, diagnostic, per study dose, up to 15 millicuries (Code Price is per vial)
A9512	Technetium Tc-99m-Pertechnetate, Diagnostic, per mCi
A9516	Iodine I-123 Sodium iodide capsule(s), Diagnostic per 100 Microcuries, up to 999 microcuries
A9520	Technetium TC-99m, tilmanocept, diagnostic, up to 0.5 millicurie
A9521	Technetium Tc-99m Exametazine (Ceretek®), Diagnostic, per study dose, up to 25 mCi's
A9524	Iodinated I-131-Serum Albumin, diagnostic, per 5 microcuries
A9528	Iodine I-131 Sodium Iodide capsule(s), Diagnostic, per mCi
A9529	Iodine I-131 Sodium Iodide solution, Diagnostic, per mCi
A9531	Iodine I-131 Sodium Iodide, Diagnostic, per microcurie (up to 100 microcuries)
A9532	Iodine I-125 serum albumin, diagnostic, per 5 microcuries
A9537	Technetium Tc-99m Mebrofenin (Choletec®) Diagnostic, per study dose, up to 15 mCi's
A9538	Technetium Tc-99m Pyrophosphate (PYP) (Pyrolite®) Diagnostic, per study dose, up to 25 mCi's
A9539	Technetium Tc-99m Pentetate, Diagnostic, per study dose, up to 25 mCi's
A9540	Technetium Tc-99m Macroaggregated Albumin (MAA), Diagnostic, per study dose, up to 10 mCi's
A9541	Technetium Tc-99m Sulfur Colloid, Diagnostic, per study dose, up to 20 mCi's
A9547	Indium-IN-111 Oxyquinoline, Diagnostic, per 0.5 mCi
A9548	Indium IN-111 Pentetate (MyoScint®) Diagnostic, per 0.5 mCi
A9551	Technetium Tc-99m Succimer (DMSA), Diagnostic, per study dose, up to 10 mCi's
A9554	Iodine-125 Sodium Iothalamate (Glofil-125®), Diagnostic, per study dose, up to 10 microcuries
A9556	Gallium Ga-67 Citrate, Diagnostic, per mCi
A9557	Technetium Tc-99m Bicisate (Neurolite®), Diagnostic, per study dose, up to 25 mCi's
A9558	Xenon Xe-133 Gas, Diagnostic, per 10 mCi's
A9560	Technetium Tc-99m Labeled Red Blood Cell's (RBC's) Diagnostic, per study dose, up to 30 mCi's (Ultra Tag® or cold pyrophosphate (pyp) +99m technetium)
A9561	Technetium Tc-99m Oxidronate, Diagnostic, per study dose, up to 30 mCi's
A9562	Technetium Tc-99m Mertiatide (MAG-3), diagnostic, per study dose, up to 15 mCi's
A9567	Technetium Tc-99m Pentetate, Diagnostic, aerosol, per study dose, up to 75 mCi's
A9568	Technetium TC-99m arcitumomab, diagnostic, per study dose, up to 45 millicuries
A9569	Technetium TC-99m Exametazime labeled autologous white blood cells, Diagnostic, per study dose
A9570	Indium-111 labeled autologous white blood cells, diagnostic, per study dose
A9571	Indium in-111 labeled autologous platelets, diagnostic, per study dose
A9572	Indium-111 Pentetreotide (OctreoScan®), Diagnostic, per study dose, up to 6 millicuries
A9582	Iodine i-123 Iobenguane, diagnostic, per study dose, up to 15 millicuries AdreView®)

Diagnosis Code	Description
<b>Prostate Cancer</b>	
C61	Malignant neoplasm of prostate
R97.21	Rising PSA following treatment for malignant neoplasm of prostate
Z85.46	Personal history of malignant neoplasm of prostate
<b>Somatostatin Receptor–Positive Neuroendocrine Tumor(s)</b>	
C7A.00	Malignant carcinoid tumor of unspecified site
C7A.010	Malignant carcinoid tumor of the duodenum
C7A.011	Malignant carcinoid tumor of the jejunum
C7A.012	Malignant carcinoid tumor of the ileum
C7A.019	Malignant carcinoid tumor of the small intestine, unspecified portion
C7A.020	Malignant carcinoid tumor of the appendix
C7A.021	Malignant carcinoid tumor of the cecum
C7A.022	Malignant carcinoid tumor of the ascending colon
C7A.023	Malignant carcinoid tumor of the transverse colon
C7A.024	Malignant carcinoid tumor of the descending colon
C7A.025	Malignant carcinoid tumor of the sigmoid colon
C7A.026	Malignant carcinoid tumor of the rectum
C7A.029	Malignant carcinoid tumor of the large intestine, unspecified portion
C7A.090	Malignant carcinoid tumor of the bronchus and lung
C7A.091	Malignant carcinoid tumor of the thymus
C7A.092	Malignant carcinoid tumor of the stomach
C7A.093	Malignant carcinoid tumor of the kidney
C7A.098	Malignant carcinoid tumors of other sites
C7A.1	Malignant poorly differentiated neuroendocrine tumors
C7A.8	Other malignant neuroendocrine tumors
C78.01	Secondary malignant neoplasm of right lung
C78.02	Secondary malignant neoplasm of left lung
C78.1	Secondary malignant neoplasm of mediastinum
C78.2	Secondary malignant neoplasm of pleura
C78.30	Secondary malignant neoplasm of unspecified respiratory organ
C78.39	Secondary malignant neoplasm of other respiratory organs
C78.4	Secondary malignant neoplasm of small intestine
C78.5	Secondary malignant neoplasm of large intestine and rectum
C78.6	Secondary malignant neoplasm of retroperitoneum and peritoneum
C78.7	Secondary malignant neoplasm of liver and intrahepatic bile duct
C78.80	Secondary malignant neoplasm of unspecified digestive organ
C78.89	Secondary malignant neoplasm of other digestive organs

## Description of Services

The purpose of this policy is to outline Oxford's reimbursement of radiopharmaceuticals and contrast media provided by participating providers in conjunction with eligible nuclear medicine procedures.

## References

American Medical Association. Healthcare Common Procedure Coding System. Medicare's National Level II Codes HCPCS. Centers for Medicare and Medicaid Services, CMS Manual System and other CMS publications and services.

Radiopharmaceuticals and Contrast Media  
UnitedHealthcare Oxford Administrative Policy

Page 12 of 13  
Effective 12/01/2025

## Policy History/Revision Information

Date	Summary of Changes
01/01/2026	<p><b>Related Policies</b></p> <ul style="list-style-type: none"> <li>• Updated reference link to reflect the current policy title for policies:               <ul style="list-style-type: none"> <li>○ <i>Outpatient Cardiology Procedures for EviCore Arrangement (for Oxford Only)</i></li> <li>○ <i>Outpatient Radiology Procedures for EviCore Arrangement (for Oxford Only)</i></li> </ul> </li> </ul>
12/01/2025	<p><b>Template Update</b></p> <ul style="list-style-type: none"> <li>• Changed policy type classification from “Clinical Policy” to “Administrative Policy”</li> </ul> <p><b>Coverage Rationale</b></p> <ul style="list-style-type: none"> <li>• Replaced language indicating “eviCore <i>healthcare</i> administers claims on behalf of Oxford <i>Health Plans</i> for the services [listed in the policy] that may be billed in conjunction with radiopharmaceuticals and/or contrast media” with “<i>Oxford, a UnitedHealthcare Company and EviCore, who on behalf of Oxford, may administer claims for the services [listed in the policy] that may be billed in conjunction with radiopharmaceuticals and/or contrast media</i>”</li> <li>• Replaced references to “eviCore <i>healthcare</i>” with “<i>Oxford and EviCore</i>”</li> <li>• Added language to indicate Oxford and EviCore will reimburse HCPCS code A9616 when used in conjunction with a PET scan (HCPCS code 78812, 78813, 78814, 78815, or 78816), an appropriate diagnosis (ICD-10 code C61, R97.21, or Z85.46), and an invoice for the radiopharmaceutical</li> </ul> <p><b>Applicable Codes</b></p> <ul style="list-style-type: none"> <li>• Added HCPCS code A9616</li> </ul> <p><b>Supporting Information</b></p> <ul style="list-style-type: none"> <li>• Archived previous policy version RADIOLOGY 034.23</li> </ul>

## Instructions for Use

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