healthfirst
Health Insurance for New Yorkers

Reimbursement Policy

Subject:	Diagnostic Therapeutic Imaging Radiopharmaceutical and Contrast Agents - Technetium Tc-99m sestamibi and Technetium Tc-99m tetrofosmin		
Policy Number:	PO-RE-089v1		
Effective Date:	01/01/2024	**Last Approval Date:**	11/20/2023

I. Policy Description

Healthfirst has updated its reimbursement policy for radiopharmaceuticals commonly used for myocardial perfusion imaging studies. This policy is consistent with previous CMS policies and will replace the retired Local Coverage Article (LCA) A55052. The purpose of this policy is to ensure accurate coding and utilization of radiopharmaceuticals for these studies.

Reimbursement Guidelines

1. Providers should bill only one unit of the radiopharmaceuticals per complete study, rather than per millicurie (mCi). This policy applies to the following service codes:
    a. A9500 - Technetium Tc-99m sestamibi, diagnostic, per study dose.
    b. A9502 - Technetium Tc-99m tetrofosmin, diagnostic, per study dose.

2. Healthfirst will reimburse a maximum of two units of radiopharmaceuticals per date of service for myocardial perfusion imaging studies. This includes one unit for the rest portion of the study and one unit for the stress portion.

3. Providers must ensure that the medical documentation supports the need for the radiopharmaceuticals and accurately reflects the completion of a single study.

4. Providers should submit claims for reimbursement following the standard billing and coding guidelines and include the appropriate service code (A9500 or A9502) reflecting a single study.

In Scope Lines of Business:

Medicare, Medicaid, HARP, Child Health Plus, Essential Plan, Qualified Health Plan, Commercial

II. Applicable Codes

Code	Description	Comment
A9500	Technetium Tc-99m sestamibi, diagnostic, per study dose	
A9502	Technetium Tc-99m tetrofosmin, diagnostic, per study dose.	

III. Definitions

Term	Meaning
CMS	Centers for Medicare and Medicaid Services
LCA	Local Coverage Article
mCi	Millicurie

IV. Related Policies

Policy Number	Policy Description
N/A	N/A

Procedure codes appearing in Reimbursement Policy documents are included only as a general reference tool for each policy. They may not be all-inclusive.

V. Reference Materials

CMS: Billing and Coding: Radiopharmaceutical Agents

VI. Revision History

Revision Date	Summary of Changes

Disclaimer

Healthfirst's claim edits follow national industry standards aligned with CMS standards that include, but are not limited to, the National Correct Coding Initiative (NCCI), the National and Local Coverage Determination (NCD/LCD) policies, appropriate modifier usage, global surgery and multiple procedure reduction rules, medically unlikely edits, duplicates, etc. In addition, Healthfirst's coding edits incorporate industry-accepted AMA and CMS CPT, HCPCS and ICD-10 coding principles, National Uniform Billing Editor's revenue coding guidelines, CPT Assistant guidelines, New York State-specific coding, billing, and payment policies, as well as national physician specialty academy guidelines (coding and clinical). Failure to follow proper coding, billing, and/or reimbursement policy guidelines could result in the denial and/or recoupment of the claim payment.

This policy is intended to serve as a resource for providers to use in understanding reimbursement guidelines for professional and institutional claims. This information is accurate and current as of the date of publication. It provides information from industry sources about proper coding practice. However, this document does not represent or guarantee that Healthfirst will cover and/or pay for services outlined. Reimbursement decisions are based on the terms of the applicable evidence of coverage, state and federal requirements or mandates, and the provider's participation agreement. This includes the determination of any amounts that Healthfirst or the member owes the provider.