

Horizon Blue Cross Blue Shield of New Jersey Radiology/Cardiology Imaging Program

Contrast Agents and Radiopharmaceuticals

Diagnostic radiopharmaceuticals will be reimbursed according to the information within the table below. The radiopharmaceuticals administered up to 96 hours before the primary procedure will be subject to these rules.

Code	Allow with Code(s)	Max Units	Code	Allow with Code(s)	Max Units
A4641	n/a	Invoice Required	A9524	78110-78111, 78122	10
A9500	78451-78454	2		78600-78606, 78610	10
	78070-78072	1		78579-78598	10
	78605, 78606, 78800-78804	1		78451, 78453, 78454	10
A9502	78451-78454	2		78800-78804	10
	78070-78072, 78803	2		78472-78473, 78481	10
A9503	78300, 78305, 78306	1	A9528	78012-78018	10
	78315	1	A9529	78012-78018	10
	78803	1		78803	10
A9505	78451-78454	4	A9531	78012-78018, 78803	80
	78070-78072	4	A9537	78226, 78227	1
	78800-78804	4	A9538	78300, 78306, 78315	1
A9507	78800-78804	1		78466-78469	1
A9510	78226, 78227	1		78803	1
A9512	78012-78015	10	A9539	78761	1
	78600-78606, 78610	10		78700-78725	1
	78481, 78483	10		78730	1
	78261	10		78740	1
	78290	10		78630-78650	1
	78070-78072	10		78600-78606, 78610	1
	78230-78232	10		78291, 78645	1
	78730	10		78481, 78483	1
	78740	10		78428	1
	78630, 78635, 78650	10		78445	1
	78660	10		78803	1
	78761	10	A9540	78291	1
A9516	78012-78014, 78020, 78070-78072	4		78216, 78428	1
A9520	78195	1		78201, 78215	1
A9521	78600-78606, 78610,	2		78800, 78801, 78803	1
	78803	1			

Continues

PET Scans: All radiopharmaceuticals billed with a PET scan will be denied as “included in the primary procedure. Isotopes administered for therapeutic purposes will be subject to member benefits, contract exclusions and guidelines. Last revised August 28, 2020



Code	Allow with Code(s)	Max Units
A9541	78185	1
	78102-78104	1
	78201-78202, 78215-78216	1
	78730	1
	78195	1
	78258, 78262	1
	78264, 78265, 78266	1
	78278	1
	78291	1
	78472, 78473	1
A9547	78800-78803,	1
	78830-78832	1
	78185	1
	78191	1
A9548	78630, 78635, 78645	1
	78650	1
	78800, 78803	1
A9551	78700- 78709	1
	78802, 78803, 78804	1
A9554	78707-78709, 78725	1
A9556	78800-78804	5
	78830-78832	5
A9557	78600-78606, 78610	2
	78803	2

Code	Allow with Code(s)	Max Units
A9558	78579-78598	3
A9560	78472, 78473, 78494, 78496	1
	78278	1
	78201-78202	1
	78445	1
	78457-78458	1
	78215, 78216, 78185	1
A9561	78300-78315	1
	78803	1
A9562	78700-78725	1
A9567	78579-78598	1
	78800-78803	1
A9569	78830-78832	1
	78800-78803	1
A9570	78800-78803	1
	78185	1
	78830-78832	1
A9571	78191	1
A9572	78075	1
	78015-78018	1
	78800-78804	1
A9582	78075	1
	78800-78804	1
A9584	78803	1

Continues

Codes Considered Inclusive to an Imaging Service

Reimbursement for the services represented by the HCPCS codes below is considered included in the reimbursement for the radiology/cardiology imaging service performed.

- Contrast agents billed in conjunction with an MRI.
- Radiopharmaceuticals billed in conjunction with a PET scan.
- Materials billed with a CT or other radiographic study not mentioned above.
- Non-Ionic Contrasts or low osmolar contrast material.
- Isotopes for therapeutic purposes are not covered under these payment rules.

A9515	A9578	A9588	Q9954	Q9965
A9526	A9579	A9597	Q9957 ¹	Q9966
A9552	A9580	A9598	Q9958	Q9967
A9555	A9581	A9698	Q9959	Q9968
A9575 ¹	A9585	A9700	Q9960	Q9982
A9576	A9586	Q9951	Q9961	Q9983
A9577	A9587	Q9953	Q9963	

¹Effective **December 1, 2020**, reimbursement for A9575 and Q9957 will be considered included in the reimbursement for the radiology/cardiology imaging service performed and will not be considered for separate reimbursement.

Codes are Active/Invoice is Required

For the codes below, no product has been on the market for over 2 years. These codes will require an invoice.

A9501	A9509	A9542	A9566	Q9962
A9504	A9532	A9553	A9568	Q9964
A9508	A9536	A9550	A9583	