

Uncontrolled if Printed

Policy Number: CSCL0037

Manual Name: Radiopharmaceuticals Policy Name: Radiopharmaceuticals Approved By: Executive Sponsor Last Revised: 09/26/2022

SMSO Policy Manual Radiopharmaceuticals

Executive Sponsor:	Melissa Rusk, VP Operations
Issuing Department:	Claims
Gate Keeper:	Terry Snyder, Director Claims
COMPLIANCE ST	'ATEMENT:
Enforcement:	All members of the workforce are responsible for compliance with this policy. Failure to abide by the requirements of this policy may result in corrective action, up to and including termination. Workforce members are responsible for reporting any observed violations of this policy.
Review Schedule:	This policy will be reviewed and updated as necessary and no less than every two years.
Monitoring and Auditing:	The Issuing/Collaborating Department(s) is responsible for monitoring compliance with this policy.
Documentation:	Documentation related to this policy must be maintained for a minimum of 10 years.
Applies to:	
Line of Business: Commercial C Medicare Sup Off-Exchange	plemental On-Exchange



Uncontrolled if Printed

Policy Number: CSCL0037

Manual Name: Radiopharmaceuticals Policy Name: Radiopharmaceuticals Approved By: Executive Sponsor

Last Revised: 09/26/2022

1.0 Purpose:

1.1 The purpose of this policy is to outline SummaCare's reimbursement for radiopharmaceuticals and contrast material

2.0 Policy:

2.1.1 All providers will be reimbursed based on this policy for the categories of procedures listed below based on industry trends and appropriate utilization and billing practice for the office setting and outpatient places of service.

2.1.1.1 Limitations and Exclusions:

While reimbursement is considered, payment determination is subject to, but not limited to:

- 2.1.1.2 Member Plan Benefits
- 2.1.1.3 Provider Participation Agreement
- 2.1.1.4 Routine claim editing logic, including but not limited to incidental or mutually exclusive logic, and medical necessity
- 2.1.1.5 Prior Authorization Requirements

3.0 Procedure:

- 3.1 All radiopharmaceutical diagnostic imaging isotopes or agents used in the performance of diagnostic nuclear medicine procedures will be reimbursed except as listed below:
 - 3.1.1 Contrast agents billed with an MRI will be denied as included in reimbursement of the primary service.
 - 3.1.2 Radiopharmaceuticals billed with a PET scan will be denied as included in reimbursement of the primary service.
 - 3.1.3 Materials billed with a CT or other radiographic studies will be denied as included in reimbursement of the primary service.

4.0 References:

- 4.1 Internal Standard
- 4.2 None
- 4.3 None



Uncontrolled if Printed

4.4 None

5.0 Definitions:

None

6.0 Key Words or Aliases (Optional):

6.1 CT Scan, MRI, PET, Radiopharmceuticals

ORIGINAL EFFECTIVE DATE: 1/1/21

REVIEWED: 9/26/22

REVISED: 9/26/22 (added update to A9500)

Policy Number: CSCL0037

Manual Name: Radiopharmaceuticals Policy Name: Radiopharmaceuticals Approved By: Executive Sponsor

Last Revised: 09/26/2022