Radiopharmaceutical Billing

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If your clients include radiologists who own an imaging center or cardiologists who do myocardial perfusion scans in the office, you may get questions about how to bill for radiopharmaceuticals (RPs). This month's column is an overview of the basics you need to know in order to submit correct claims for RPs used in the office setting.

RPs are radioactive substances used in diagnostic or therapeutic nuclear medicine services. You may also hear them called "radioisotopes" or "tracers." They are often referred to by a three-part name like "Iodine I-123," for which Iodine is the name of the element, "I" is the element abbreviation, and 123 is the atomic weight.

Under the Medicare Physician Fee Schedule, there is a separate payment for the RP in addition to the code for the exam in which it is used. In addition, most non-Medicare payers pay separately for the RP.

RP Codes

RPs are reported with HCPCS codes. Each RP code definition states whether it represents a diagnostic RP (one that is used for **diagnostic** nuclear medicine exams) or a **therapeutic** RP (one that is used for treatment).

Some RPs are used for both diagnostic and therapeutic purposes, so there may be two or more codes for the same isotope. In this case billing personnel must be careful to select the correct code. For example, if your client is using Iodine I-131 sodium iodide solution for thyroid scans, you will need to report A9529 (Iodine I-131 sodium iodide solution, diagnostic, per millicurie) rather than A9530 (Iodine I-131 sodium iodide solution, therapeutic, per millicurie).

SNM (formerly the Society of Nuclear Medicine) offers some extremely helpful RP billing information, including a grid showing all of the RP HCPCS codes along with their corresponding brand names, on its website. See the SNM Coding Corner at http://interactive.snm.org/index.cfm?PageID=4816.

Units

Physicians express RP dosages in terms of millicuries (mCi) or microcuries (uCi). Each millicurie contains 1,000 microcuries, so misreading the units can result in a claim with a drastically low or high number of units.

Some of the RP HCPCS codes, like the codes for I-131 sodium iodide solution, are reported per millicurie or per microcurie. Other RP codes are reported "per study dose." For example, sestamibi, a commonly used cardiac imaging agent, is reported with code A9500 (Technetium Tc-99M sestamibi, diagnostic, per study dose, up to 40 millicuries).

A study dose is the amount of RP required for a single imaging exam. When a patient receives two doses of sestamibi for myocardial perfusion scans at rest and at stress, this constitutes two study doses, and the claim should reflect two units of code A9500. In the past, Trailblazer Medicare has considered the stress and rest parts of the myocardial perfusion exam to be a single study, and the contractor would pay for two units of the RP code only if the total dose was in excess of the amount mentioned in the code definition (for example, 40 mCi for sestabmibi). However, SNM announced recently that Trailblazer has agreed to revise this policy and allow two units of the RP code when two study doses are administered.

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When a HCPCS code is defined as "per study dose," only one unit should be reported per study, regardless of the amount administered. However, if the code is defined as per millicurie or microcurie, the units should reflect the amount administered to the patient as well as any amount that cannot be used and must be discarded. For example, an imaging center purchases two 100-microcurie vials of I-123 sodium iodide for a thyroid scan. The patient is given one entire 100-microcurie vial plus a portion of the second vial, and the remainder of the second vial is discarded. The center should report two units of code A9516 (Iodine I-123 sodium iodide, diagnostic, per 100 microcuries,

up to 999 microcuries). The imaging center staff should document that the remainder of the second vial was discarded.

Other Billing Considerations

Under the Medicare Modernization Act of 2003, RPs are excluded from the usual payment mechanism for drugs (the average sales price or ASP methodology) and are instead priced by the individual Medicare contractors. Most contractors post their RP allowances on their websites. Medicare will pay the lower of the billed amount or the allowable, and physicians are prohibited from marking up the RP on the Medicare claim. For example, Trailblazer Medicare states, "The dollar amount the physician pays for the product (per the invoice) should be the total billed amount submitted on the claim."

Medicare contractors require physicians to submit invoices for certain RPs, including those reported with code A4641 (Radiopharmaceutical, diagnostic, not otherwise classified). Non-Medicare payers may require physicians to submit invoices for all RPs. Payers may also require physicians to submit the National Drug Code (NDC) for the RP in addition to the HCPCS code. You can obtain the NDC from the physician's RP supplier or on the FDA website at www.accessdata.fda.gov/scripts/cder/ndc/default.cfm.

Occasionally a patient will fail to show up for a scheduled nuclear imaging study. Most RPs have a very short half-life, so in most cases the center will have to discard the RP that was ordered for the exam. This discarded RP cannot be billed to Medicare because none of it was administered to the patient. CMS permits providers to charge a fee for cancelled appointments as long as the fee applies to all patients, not just those covered by Medicare. It may be feasible to institute such a fee for canceled nuclear medicine studies to try to recover some of the cost of the RP. However, you must ensure that such a fee does not violate state law or regulation, or your client's payer contracts.

Conclusion

Billing for radiopharmaceuticals can be challenging due to the large number of HCPCS RP codes and the wide variety in payer policies. It is not uncommon for payers to make errors in reimbursing for RPs. It is a good idea to check your clients' claims and remittances periodically to ensure that the claims contain the correct codes and units for the RPs that were administered, and that payments are being made in accordance with the contract. ■

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