

	Contrast Inclusive to Imaging Services	
	Policy Number: POL-PP-254	Original Creation Date: 4/1/2025
	Version Number: 03	Version Effective Date: 4/1/2025
	Policy Status: Active	Next Review Date: 4/1/2027

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Blue KC reserves the right to review and revise these policies when necessary. When there is an update, we will publish the most current policy to: <https://providers.bluekc.com/ContactUs/PaymentPolicies>.

PROVIDER/ENTITY IMPACTED					
<input checked="" type="checkbox"/> PROFESSIONAL	<input checked="" type="checkbox"/> FACILITY	<input type="checkbox"/> DME	<input type="checkbox"/> AMBULATORY SURGERY	<input type="checkbox"/> LAB	<input type="checkbox"/> OTHER

LINES OF BUSINESS IMPACTED						
<input checked="" type="checkbox"/> COMMERCIAL	<input checked="" type="checkbox"/> BLUE MEDICARE ADVANTAGE	<input checked="" type="checkbox"/> ACA QHP¹	<input checked="" type="checkbox"/> SMALL GROUP ACA	<input checked="" type="checkbox"/> JAA²	<input checked="" type="checkbox"/> FEP³	<input type="checkbox"/> DENTAL

¹ ACA QHP: Affordable Care Act Qualified Health Plan for Individual/Family ² JAA: Joint Administrative Account ³ FEP: Federal Employee Program

Disclaimer

Blue KC has developed Provider Payment Policies to provide guidance on payment methodologies as they pertain to submitted claims. These policies are written following industry standard recommendations from sources such as:

- Current Procedural Terminology
- Centers for Medicare and Medicaid
- American Medical Association
- National Correct Coding Initiative
- Other professional organizations and societies

Coverage of any service is determined by date of service, a member's eligibility and benefit limits for the service or services rendered, all terms of the Provider Service Agreement, and other standards of coding rules and guidelines.

Final payment is subject to the application of claims adjudication and edits common to the industry.

For confirmation of which services may be eligible for coverage and description of when medical services are considered medically necessary, not medically necessary, or investigational, please contact:

- Blue KC Provider Hotline for Commercial lines of Business 816-395-3929
- Affordable Care Act Provider Hotline 866-859-3822
- Blue Medicare Advantage Provider Hotline 866-508-7140

In the event of a conflict between any policies, the Member's coverage document will govern.

Description/Application

This policy is a companion policy to Payment Policy POL-PP-111 Facility Routine Supplies and Services, and was written to specify what contrast agents, radiopharmaceuticals, non-ionic contrasts, low osmolar contrasts, high osmolar contrasts

and isotopes that are inclusive to imaging services. This policy applies to facility inpatient and outpatient claims.

Policy

Reimbursement for the services represented by the HCPCS codes below are considered inclusive to the reimbursement for the radiology/cardiology imaging service performed. This policy applies to place of service(POS) 11, 19, 22, 23, and 49.

POS	Description
11	Office - Location, other than a hospital, skilled nursing facility (SNF), military treatment facility, community health center, State or local public health clinic, or intermediate care facility (ICF), where the health professional routinely provides health examinations, diagnosis, and treatment of illness or injury on an ambulatory basis.
19	Off-Campus Outpatient Hospital - A portion of an off-campus hospital provider based department which provides diagnostic, therapeutic (both surgical and nonsurgical), and rehabilitation services to sick or injured persons who do not require hospitalization or institutionalization
22	On Campus-Outpatient Hospital - A portion of a hospital's main campus which provides diagnostic, therapeutic (both surgical and nonsurgical), and rehabilitation services to sick or injured persons who do not require hospitalization or institutionalization.
23	Emergency Room – Hospital - A portion of a hospital where emergency diagnosis and treatment of illness or injury is provided.
49	Independent Clinic - A location, not part of a hospital and not described by any other Place of Service code, that is organized and operated to provide preventive, diagnostic, therapeutic, rehabilitative, or palliative services to outpatients only.

Coding

HCPCS Code	Description
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
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
A9573	Injection, gadopichlenol, 1 ml
A9575	Injection, gadoterate meglumine, 0.1 ml
A9576	Injection, gadoteridol, (ProHance multipack), per ml
A9577	Injection, gadobenate dimeglumine (multihance), per ml
A9578	Injection, gadobenate dimeglumine (multihance multipack), per ml
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
A9585	Injection, gadobutrol, 0.1 ml
A9586	Florbetapir f18, diagnostic, per study dose, up to 10 millicuries
A9587	Gallium ga-68, dotatate, diagnostic, 0.1 millicurie
A9588	Fluciclovine f-18, diagnostic, 1 millicurie
A9592	Copper Cu-64, dotatate, diagnostic, 1 millicurie
A9593	Gallium ga-68 psma-11, diagnostic, (ucsf), 1 millicurie
A9594	Gallium ga-68 psma-11, diagnostic, (ucla), 1 millicurie
A9595	Piflufolastat f-18, diagnostic, 1 millicurie
A9596	Gallium Ga-68 gozetotide, diagnostic, (Illuccix), 1 mCi

A9601	Flortaucipir F18injection, diagnostic, 1 mCi
A9602	Fluorodopa f-18, diagnostic, per mCi
A9610	Xenon Xe-129 hyperpolarized gas, diagnostic, per study dose
A9611	Flurpiridaz F-18, diagnostic, 1 mCi
A9698	Non-radioactive contrast imaging material, noc, per study
A9700	Supply of injectable contrast material for use in echocardiography, per study
A9800	Gallium Ga-68gozetotide, diagnostic, (Locametz), 1 mCi
C9067	Gallium ga-68, dotatoc, diagnostic, 0.01 mci
Q9950	Injection, sulfur hexafluoride lipid microspheres, per ml
Q9951	Low osmolar contrast material, 400 or greater mg/ml iodine concentration, per ml
Q9953	Injection, iron-based magnetic resonance contrast agent
Q9954	Oral magnetic resonance contrast agent, per ml
Q9955	Injection, perflexane lipid microspheres, per ml
Q9956	Injection, octafluoropropane microspheres, per ml
Q9957	Injection, perflutren lipid microspheres, per 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	Methylene blue, (isosulfan blue), 1 mg
Q9969	Tc-99m from nonhighly enriched uranium source, full cost recovery add-on, per study dose
Q9982	Flutemetamol F18, diagnostic, per study dose, up to 5 millicuries
Q9983	Florbetaben f18, diagnostic, per study dose, up to 8.1 millicuries

References and Resources

Blue KC Provider Reference Guide

Centers for Medicare and Medicaid Services National Correct Coding Initiative

Related Documents

POL-PP-111 Facility Routine Supplies and Services

Revision History

Version	Date	Summary of Revisions
001	3/10/2025	Initial version
002	10/8/2025	Update policy to include codes A9611, A9610, A9573
003	4/1/2026	Annual review. Updated to say. "This policy applies to place of service 11, 19, 22, 23, and 49."

