

# Reimbursement and Coding Guide



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For Our Customers:



When reporting services provided for nuclear medicine, procedures must be coded correctly when submitting claims to Medicare and commercial payers. The most common CPT (Current Procedural Terminology) and HCPCS (Healthcare Common Procedure Coding System) codes are listed in this guide for your reference.

**Disclaimer:** Coding and reimbursement information is provided for educational purposes and does not assure coverage of the specific item or service in any given case. Information provided in this document is for educational purposes only and is not intended to provide legal, patient specific coding or claims submission information. Information is provided based upon the current landscape utilizing the information that is currently available.

Procedure coding should always be based upon medically necessary procedures and supplies provided to the patient. Jubilant Radiopharma and The Pinnacle Health Group make no guarantee of coverage or reimbursement. Contact the local Medicare Administrative Contractor (MAC) or CMS for specific information as payment rates listed are subject to change. To the extent that you submit cost information to Medicare, Medicaid or any other reimbursement program to support claims for services or items, you are obligated to accurately report the actual price paid for such items, including any subsequent adjustments. Current Procedural Terminology numeric codes, descriptions, and modifiers are trademarks and copyrights of the AMA.

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# Guidelines for Nuclear Medicine Studies and Radiopharmaceuticals

## Coding

General Billing and Coding guidelines require the provider to report radiopharmaceuticals, regardless of whether the items are paid separately or packaged, using the appropriate HCPCS code. The appropriate units of service, as per the HCPCS code description, must also be provided. The HCPCS code for the radiopharmaceutical must appear on the same claim as the study. The claim must indicate the actual date the service was provided. Therefore, if the study is performed on a different date of service from the radiopharmaceutical the claim may contain more than one date of service.

## CMS Payment for Radiopharmaceuticals in the Hospital Outpatient Setting

CMS categorizes radiopharmaceuticals into two groups for payment purposes: diagnostic and therapeutic. Diagnostic radiopharmaceuticals function as products that enable the provision of an independent service, specifically, a diagnostic nuclear medicine scan. Conversely, therapeutic radiopharmaceuticals are themselves the primary therapeutic modality. CMS requires claims with payable nuclear medicine procedures to include the radiopharmaceutical. Payment for radiopharmaceuticals is inclusive of the acquisition cost and pharmacy overhead. The pharmacy costs should not be reported separately on the claim.

In the hospital outpatient setting, the cost of diagnostic radiopharmaceuticals is “packaged” into the reimbursement for the nuclear study. Packaged payment is unique to Medicare outpatient payment and means that CMS has factored the cost of a supply or accompanying procedure into the primary procedure with which is performed. In this case, the cost of the radiopharmaceutical has been factored into the reimbursement provided for the imaging procedure. As such, there is no separate payment for diagnostic radiopharmaceuticals with Medicare in the outpatient setting.

Medicare pays separately for all therapeutic radiopharmaceuticals at ASP + 6% with the exception of those drugs that do not exceed the packaging threshold. For CY 2023, the Medicare packaging threshold for drug, biologicals and radiopharmaceuticals that are paid separately is \$135. If ASP data are not available, therapeutic radiopharmaceuticals are paid for at Wholesale Acquisition Cost (WAC) + 3%. If ASP and WAC data are not available, then they are paid at 95 percent of the most recent AWP. Therapeutic radiopharmaceuticals that are paid based upon the ASP file are updated quarterly and can be accessed through the following CMS website: [CMS ASP Drug Pricing Files](#).

## Use of the JW and JZ Modifier

Effective January 1, 2017, providers and suppliers are required to report the JW modifier on all claims that bill for drugs and biologicals paid separately under Medicare Part B, with unused and discarded amounts from single-dose containers or single-use packages. Also, providers and suppliers must document the amount of discarded drugs in Medicare beneficiaries' medical records. Effective July 1, 2023, providers and suppliers are required to report the JZ modifier on all claims that bill for drugs from single-dose containers that are separately payable under Medicare Part B when there are no discarded amounts. The JW and JZ modifier requirement applies to all separately payable drugs from single-dose containers assigned status indicators “G” (Pass-Through Drugs and Biologicals) or “K” (NonpassThrough Drugs and Nonimplantable Biologicals, Including Therapeutic Radiopharmaceuticals) under the OPPS for which there is a discarded amount. For additional information please refer to the following resources:

- [Discarded Drugs and Biologicals – JW Modifier and JZ Modifier Policy Frequently Asked Questions](#)
- [A55932: Billing and Coding: JW and JZ Modifier Billing Guidelines](#)



# 2025 Hospital Outpatient Reimbursement

## Status Indicators

In the hospital outpatient prospective payment system, CMS assigns all CPT and HCPCS codes a status indicator (SI) which indicates when and how a service is reimbursed. Below is a list of status indicators used in this guide and their definitions:

- A Services furnished to a hospital outpatient that are paid under a fee schedule or payment system other than OPPS. Clinical diagnostic laboratory services are an example.
- E1 Not covered by Medicare
- G Pass-through drug or biological
- K Non-pass-through drugs and non-implantable biologicals, including therapeutic radiopharmaceuticals; paid separately
- N Payment is packaged into payment for other services.
- Q1 Packaged APC payment if billed on the same claim as a HCPCS code assigned status indicator "S", "T", or "V"; otherwise paid separately
- S Paid separately, not subject to multiple procedure discount

## Non-HEU Derived Tc-99m Doses\*

| CPT           | Descriptor  | SI | OPPS                |
|---------------|---|----|---------------------|
| <b>Tc-99m</b> |   |    |                     |
| Q9969         | Tc-99m from non-highly enriched uranium source, full cost recovery add-on, per study dose | K  | \$10 per study dose |

\*Jubilant Radiopharma provides customers with non-HEU Tc99m. CMS has implemented a \$10 per dose reimbursement that applies to all non-HEU Tc-99m doses. Report Q9969 in addition to the study dose and study related procedures and drugs.

## Diagnostic Radiopharmaceuticals

| CPT                       | Descriptor   | SI | OPPS     |
|---------------------------|--|----|----------|
| <b>I-123 Labeled</b>      |  |    |          |
| A9509                     | Iodine I-123 sodium iodide, diagnostic, per mCi                            | N  | Packaged |
| A9516                     | Iodine I-123 sodium iodide, diagnostic, per 100 µCi, up to 999 µCi         | N  | Packaged |
| A9582                     | Iodine I-123 iobenguane, diagnostic, per study dose, up to 15 mCi          | K  | \$2,075  |
| A9584                     | Iodine I-123 ioflupane, diagnostic, per study dose, up to 5 mCi            | K  | \$1,388  |
| <b>I-131 Labeled</b>      |  |    |          |
| A9508                     | Iodine I-131 iobenguane sulfate, diagnostic, per 0.5 mCi                   | N  | Packaged |
| A9524                     | Iodine I-131 iodinated serum albumin, diagnostic, per 5 µCi                | N  | Packaged |
| A9528                     | Iodine I-131 sodium iodide capsule(s), diagnostic, per mCi                 | N  | Packaged |
| A9529                     | Iodine I-131 sodium iodide solution, diagnostic, per mCi                   | N  | Packaged |
| A9531                     | Iodine I-131 sodium iodide, diagnostic, (up to 100 microcuries)            | N  | Packaged |
| <b>Indium-111 Labeled</b> |  |    |          |
| A4642                     | Indium In-111 satumomab pendetide, diagnostic, per study dose, up to 6 mCi | N  | Packaged |
| A9507                     | Indium In-111 capromab pendetide, diagnostic, per study dose, up to 10 mCi | N  | Packaged |

| CPT   | Descriptor   | SI | OPPS     |
|---|--|----|----------|
| A9542   | Indium In-111 ibritumomab tiuxetan, diagnostic, per study dose, up to 5 mCi  | K  | \$798    |
| A9547   | Indium In-111 oxyquinoline, diagnostic, per 0.5 mCi  | K  | \$773    |
| A9548   | Indium In-111 pentetate, diagnostic, per 0.5 mCi   | K  | \$715    |
| A9570   | Indium In-111 labeled autologous white blood cells, diagnostic, per study dose   | K  | \$1,031  |
| A9571   | Indium In-111 labeled autologous platelets, diagnostic, per study dose   | N  | Packaged |
| A9572   | Indium In-111 pentetreotide, diagnostic, per study dose, up to 6 mCi   | K  | \$1,915  |
| <b>Technetium Tc-99m</b>                      |  |    |          |
| A9500   | Technetium Tc-99m sestamibi, diagnostic, per study dose  | N  | Packaged |
| A9502   | Technetium Tc-99m tetrofosmin, diagnostic, per study dose  | N  | Packaged |
| A9503   | Technetium Tc-99m medronate, diagnostic, per study dose, up to 30 mCi  | N  | Packaged |
| A9510   | Technetium Tc-99m disofenin, diagnostic, per study dose, up to 15 mCi  | N  | Packaged |
| A9512   | Technetium Tc-99m pertechnetate, diagnostic, per mCi   | N  | Packaged |
| A9521   | Technetium Tc-99m exametazime, diagnostic, per study dose, up to 25 mCi  | K  | \$802    |
| A9537   | Technetium Tc-99m mebrofenin, diagnostic, per study dose, up to 15 mCi   | N  | Packaged |
| A9538   | Technetium Tc-99m pyrophosphate, diagnostic, per study dose, up to 25 mCi  | N  | Packaged |
| A9539   | Technetium Tc-99m pentetate, diagnostic, per study dose, up to 25 mCi  | N  | Packaged |
| A9540   | Technetium Tc-99m macroaggregated albumin, diagnostic, per study dose, up to 10 mCi  | N  | Packaged |
| A9541   | Technetium Tc-99m sulfur colloid, diagnostic, per study dose, up to 20 mCi   | N  | Packaged |
| A9551   | Technetium Tc-99m succimer, diagnostic, per study dose, up to 10 mCi   | N  | Packaged |
| A9557   | Technetium Tc-99m bismate, diagnostic, per study dose, up to 25 mCi  | K  | \$684    |
| A9560   | Technetium Tc-99m labeled red blood cells, diagnostic, per study dose, up to 30 mCi  | N  | Packaged |
| A9561   | Technetium Tc-99m oxidronate, diagnostic, per study dose, up to 30 mCi   | N  | Packaged |
| A9562   | Technetium Tc-99m mertiatide, diagnostic, per study dose, up to 15 mCi   | N  | Packaged |
| A9567   | Technetium Tc-99m pentetate, diagnostic, aerosol, per study dose, up to 75 mCi   | N  | Packaged |
| A9568   | Technetium Tc-99m arcitumomab, diagnostic, per study dose, up to 45 mCi  | K  | \$810    |
| A9569   | Technetium Tc-99m exametazime labeled autologous white blood cells, diagnostic, per study dose   | K  | \$1,040  |
| <b>Miscellaneous/Not Otherwise Classified</b> |  |    |          |
| A4641   | Radiopharmaceutical, diagnostic, not otherwise classified<br>Iodine-123 Hippurate Orthoiodohippurate (usual dosage 150-250 µCi)<br>Indium-111 diethylenetriamine pentaacetic acid (DTPA/usual dosage 500 µCi)<br>Indium-111 hydrochloride (HCL/usual dosage 0.1 – 1.0 µCi)<br>Technetium Tc-99m human serum albumin (usual dosage 2-20 mCi)<br>Technetium Tc-99m iminodiacetic acid (IDA/usual dosage 5-12mCi) | N  | Packaged |
| A9505   | Thallium Tl-201 thallos chloride, diagnostic, per mCi  | N  | Packaged |
| A9553   | Chromium Cr-51 sodium chromate, diagnostic, per study dose, up to 250 microcuries  | N  | Packaged |
| A9556   | Gallium Ga-67 citrate, diagnostic, per mCi   | N  | Packaged |
| A9558   | Xenon Xe-133 gas, diagnostic, per 10 mCi   | N  | Packaged |
| A9591   | Fluoroestradiol F 18 (Cerianna™), diagnostic, 1 mCi  | K  | \$499    |
| A9592   | Copper cu-64, dotatate, diagnostic, 1 mCi  | K  | \$595    |

| CPT   | Descriptor                                   | SI | OPPS     |
|-------|--|----|----------|
| A9608 | Flotufolastat f18, diagnostic, 1 millicurie  | G  | \$652    |
| A9609 | Fludeoxyglucose f18 up to 15 millicuries     | N  | Packaged |
| C9067 | Gallium ga-68, dotatoc, diagnostic, 0.01 mCi | K  | \$4      |

## Cardiovascular Imaging Procedures

| CPT   | Descriptor  | SI | OPPS     | Physician Professional |
|-------|---|----|----------|------------------------|
| 78414 | Determination of central c-v hemodynamics (non-imaging) (e.g., ejection fraction with probe technique) with or without pharmacologic intervention or exercise, single or multiple determinations  | S  | \$538    | \$20                   |
| 78428 | Cardiac shunt detection   | S  | \$402    | \$35                   |
| 78445 | Non-cardiac vascular flow imaging (ie, angiography, venography)   | S  | \$402    | \$23                   |
| 78451 | Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)   | S  | \$1,305  | \$61                   |
| 78452 | Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); multiple studies, at rest and/or stress (exercise or pharmacologic) and/or redistribution and/or rest reinjection | S  | \$1,305  | \$72                   |
| 0742T | Absolute quantitation of myocardial blood flow (AQMBF), single-photon emission computed tomography (SPECT), with exercise or pharmacologic stress, and at rest, when performed (List separately in addition to code for primary procedure)  | N  | Packaged | Contractor Priced      |
| 78453 | Myocardial perfusion imaging, planar (including qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)  | S  | \$1,305  | \$44                   |
| 78454 | Myocardial perfusion imaging, planar (including qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); multiple studies, at rest and/or stress (exercise or pharmacologic) and/or redistribution and/or rest reinjection                                      | S  | \$1,305  | \$61                   |
| 78456 | Acute venous thrombosis imaging, peptide  | S  | \$1,305  | \$45                   |
| 78457 | Venous thrombosis imaging, venogram; unilateral   | S  | \$538    | \$35                   |
| 78458 | Venous thrombosis imaging, venogram; bilateral  | S  | \$402    | \$41                   |
| 78466 | Myocardial imaging, infarct avid, planar; qualitative or quantitative   | S  | \$402    | \$30                   |
| 78468 | Myocardial imaging, infarct avid, planar; with ejection fraction by first pass technique  | S  | \$538    | \$36                   |
| 78469 | Myocardial imaging, infarct avid, planar; tomographic SPECT with or without quantification  | S  | \$538    | \$41                   |
| 78472 | Cardiac blood pool imaging, gated equilibrium; planar, single study at rest or stress (exercise and/or pharmacologic), wall motion study plus   | S  | \$402    | \$44                   |



| CPT   | Descriptor   | SI | OPPS     | Physician Professional |
|-------|--|----|----------|------------------------|
|       | ejection fraction, with or without additional quantitative processing  |    |          |                        |
| 78473 | Cardiac blood pool imaging, gated equilibrium; multiple studies, wall motion study plus ejection fraction, rest and stress (exercise and/or pharmacologic), with or without additional quantification          | S  | \$402    | \$66                   |
| 78481 | Cardiac blood pool imaging (planar), first pass technique; single study, at rest or with stress (exercise and/or pharmacologic), wall motion study plus ejection fraction, with or without quantification      | S  | \$538    | \$43                   |
| 78483 | Cardiac blood pool imaging (planar), first pass technique; multiple studies, at rest and with stress (exercise and/or pharmacologic), wall motion study plus ejection fraction, with or without quantification | S  | \$538    | \$65                   |
| 78494 | Cardiac blood pool imaging, gated equilibrium, SPECT, at rest, wall motion study plus ejection fraction, w/ or w/o quantitative processing   | S  | \$402    | \$53                   |
| 78496 | Cardiac blood pool imaging, gated equilibrium, single study, at rest, with right ventricular ejection fraction by first pass technique (List separately in addition to code for primary procedure)             | N  | Packaged | \$22                   |
| 78499 | Unlisted cardiovascular procedure, diagnostic nuclear medicine   | S  | \$402    | By report <sup>†</sup> |

<sup>†</sup>By Report: MAC determines payment based on the description of the procedure/service provided.

## Endocrine (Thyroid, Parathyroid, Adrenal) Imaging Procedures

| CPT   | Descriptor  | SI | OPPS     | Physician Professional |
|-------|---|----|----------|------------------------|
| 78012 | Thyroid uptake, single or multiple quantitative measurement(s) (including stimulation, suppression, or discharge, when performed)   | S  | \$402    | \$8                    |
| 78013 | Thyroid imaging (including vascular flow, when performed)   | S  | \$402    | \$16                   |
| 78014 | Thyroid imaging (including vascular flow, when performed); with single or multiple uptake(s) quantitative measurement(s) (including stimulation, suppression, or discharge, when performed) | S  | \$402    | \$22                   |
| 78015 | Thyroid carcinoma metastases imaging; limited area (e.g., neck and chest only)  | S  | \$402    | \$31                   |
| 78016 | Thyroid carcinoma metastases imaging; with additional studies (e.g., urinary recovery)  | S  | \$402    | \$31                   |
| 78018 | Thyroid carcinoma metastases imaging; whole body  | S  | \$538    | \$37                   |
| 78020 | Thyroid carcinoma metastases uptake (List separately in addition to code for primary procedure)   | N  | Packaged | \$25                   |
| 78070 | Parathyroid planar imaging (including subtraction, when performed)  | S  | \$402    | \$36                   |
| 78071 | Parathyroid planar imaging (including subtraction, when performed); with tomographic (SPECT)  | S  | \$402    | \$53                   |
| 78072 | Parathyroid planar imaging (including subtraction, when performed); with tomographic (SPECT), and concurrently acquired computed tomography (CT) for anatomical localization                | S  | \$538    | \$70                   |
| 78075 | Adrenal imaging, cortex and/or medulla  | S  | \$1,305  | \$34                   |



## Gastrointestinal System Imaging Procedures

| CPT   | Descriptor   | SI | OPPS              | Physician Professional |
|-------|--|----|-------------------|------------------------|
| 78201 | Liver imaging; static only   | S  | \$538             | \$19                   |
| 78202 | Liver imaging; with vascular flow  | S  | \$538             | \$23                   |
| 78215 | Liver and spleen imaging; static only  | S  | \$402             | \$22                   |
| 78216 | Liver and spleen imaging; vascular flow  | S  | \$402             | \$26                   |
| 78226 | Hepatobiliary system imaging, including gallbladder when present;  | S  | \$402             | \$33                   |
| 78227 | Hepatobiliary system imaging, including gallbladder when present; w/pharmacologic intervention, including quantitative measurement(s) when performed | S  | \$538             | \$40                   |
| 78230 | Salivary gland imaging;  | S  | \$402             | \$20                   |
| 78231 | Salivary gland imaging; with serial images   | S  | \$402             | \$20                   |
| 78232 | Salivary gland function study  | S  | \$402             | \$18                   |
| 78258 | Esophageal motility  | S  | \$402             | \$32                   |
| 78261 | Gastric mucosa imaging   | S  | \$402             | \$26                   |
| 78262 | Gastroesophageal reflux study  | S  | \$402             | \$31                   |
| 78264 | Gastric emptying imaging study (e.g., solid, liquid, or both);   | S  | \$402             | \$36                   |
| 78265 | Gastric emptying imaging study (e.g., solid, liquid, or both); w/small bowel transit   | S  | \$402             | \$44                   |
| 78266 | Gastric emptying imaging study (e.g., solid, liquid, or both); with small bowel and colon transit, multiple days                                     | S  | \$538             | \$47                   |
| 78267 | Urea breath test, C-14 (isotopic); acquisition for analysis  | A* | \$11 <sup>†</sup> | N/A                    |
| 78268 | Urea breath test, C-14 (isotopic); analysis  | A* | \$94 <sup>†</sup> | N/A                    |
| 78278 | Acute gastrointestinal blood loss imaging  | S  | \$402             | \$44                   |
| 78282 | Gastrointestinal protein loss  | S  | \$402             | \$15                   |
| 78290 | Intestine imaging (e.g., ectopic gastric mucosa, Meckel's localization, volvulus)  | S  | \$402             | \$30                   |
| 78291 | Peritoneal-venous shunt patency test (e.g., for LeVeen, Denver shunt)  | S  | \$402             | \$40                   |
| 78299 | Unlisted gastrointestinal procedure, diagnostic nuclear medicine   | S  | \$402             | By Report <sup>†</sup> |

<sup>†</sup>Paid under the Clinical Diagnostic Laboratory Fee Schedule

<sup>\*</sup>By Report: MAC determines payment based on the description of the procedure/service provided.

## Genitourinary System Imaging Procedures

| CPT   | Descriptor   | SI | OPPS  | Physician Professional |
|-------|--|----|-------|------------------------|
| 78700 | Kidney imaging morphology  | S  | \$402 | \$20                   |
| 78701 | Kidney imaging morphology; with vascular flow  | S  | \$402 | \$22                   |
| 78707 | Kidney imaging morphology; with vascular flow and function, single study without pharmacological intervention  | S  | \$538 | \$42                   |
| 78708 | Kidney imaging morphology; with vascular flow and function, single study, with pharmacological intervention (e.g., angiotensin converting enzyme inhibitor and/or diuretic)  | S  | \$538 | \$54                   |
| 78709 | Kidney imaging morphology; with vascular flow and function, multiple studies, with and without pharmacological intervention (e.g., angiotensin converting enzyme inhibitor and/or diuretic) (For introduction of radioactive substance in association with renal endoscopy, use 77778) | S  | \$538 | \$62                   |
| 78725 | Kidney function study, non-imaging radioisotopic study   | S  | \$402 | \$16                   |

| CPT   | Descriptor  | SI | OPPS     | Physician Professional |
|-------|---|----|----------|------------------------|
| 78730 | Urinary bladder residual study (List separately in addition to code for primary procedure; use in conjunction with 78740) | N  | Packaged | \$7                    |
| 78740 | Ureteral reflux study (radiopharmaceutical voiding cystogram)   | S  | \$402    | \$26                   |
| 78761 | Testicular imaging with vascular flow   | S  | \$402    | \$33                   |
| 78799 | Unlisted genitourinary procedure, diagnostic nuclear medicine   | S  | \$402    | By Report <sup>†</sup> |

<sup>†</sup>By Report: MAC determines payment based on the description of the procedure/service provided.

## Hematopoietic, Reticuloendothelial & Lymphatic System Imaging Procedures

| CPT   | Descriptor  | SI | OPPS    | Physician Professional |
|-------|---|----|---------|------------------------|
| 78102 | Bone marrow imaging; limited area   | S  | \$402   | \$24                   |
| 78103 | Bone marrow imaging; multiple areas   | S  | \$402   | \$28                   |
| 78104 | Bone marrow imaging; whole body   | S  | \$402   | \$35                   |
| 78110 | Plasma volume, radiopharmaceutical volume-dilution technique (separate procedure); single sampling  | S  | \$1,305 | \$7                    |
| 78111 | Plasma volume, radiopharmaceutical volume-dilution technique (separate procedure); multiple samplings   | S  | \$1,305 | \$10                   |
| 78120 | Red cell volume determination (separate procedure); single sampling   | S  | \$402   | \$9                    |
| 78121 | Red cell volume determination (separate procedure); multiple samplings  | S  | \$538   | \$14                   |
| 78122 | Whole blood volume determination, including separate measurement of plasma volume and red cell volume (radiopharmaceutical volume-dilution technique) | S  | \$538   | \$20                   |
| 78130 | Red cell survival study   | S  | \$402   | \$23                   |
| 78140 | Labeled red cell sequestration, differential organ/tissue (e.g., splenic and/or hepatic)  | S  | \$402   | \$23                   |
| 78185 | Spleen imaging only, with or without vascular flow Platelet survival study  | S  | \$402   | \$16                   |
| 78191 | Platelet survival study   | S  | \$402   | \$23                   |
| 78195 | Lymphatics and lymph nodes imaging  | S  | \$538   | \$53                   |
| 78199 | Unlisted hematopoietic, reticuloendothelial and lymphatic procedure, diagnostic nuclear medicine  | S  | \$402   | By Report <sup>†</sup> |

<sup>†</sup>By Report: MAC determines payment based on the description of the procedure/service provided.

## Musculoskeletal System Imaging Procedures

| CPT   | Descriptor   | SI | OPPS     | Physician Professional |
|-------|--|----|----------|------------------------|
| 78300 | Bone and/or joint imaging; limited area  | S  | \$402    | \$28                   |
| 78305 | Bone and/or joint imaging; multiple areas  | S  | \$402    | \$38                   |
| 78306 | Bone and/or joint imaging; whole body  | S  | \$402    | \$38                   |
| 78315 | Bone and/or joint imaging; 3 phase study   | S  | \$402    | \$46                   |
| 78350 | Bone density (bone mineral content) study, 1 or more sites; single photon absorptiometry | E1 | Not paid | \$10                   |
| 78351 | Bone density (bone mineral content) study, 1 or more sites; dual                         | E1 | Not paid | \$14 <sup>†</sup>      |

|       |   |   |       |                        |
|-------|---|---|-------|------------------------|
|       | photon absorptiometry, 1 or more sites                          |   |       |                        |
| 78399 | Unlisted musculoskeletal procedure, diagnostic nuclear medicine | S | \$402 | By Report <sup>†</sup> |

<sup>†</sup>Not covered by Medicare

<sup>‡</sup>By Report: MAC determines payment based on the description of the procedure/service provided.

## Nervous System Imaging Procedures

| CPT   | Descriptor   | SI | OPPS     | Physician Professional |
|-------|--|----|----------|------------------------|
| 78600 | Brain imaging, less than 4 static views;   | S  | \$402    | \$20                   |
| 78601 | Brain imaging, less than 4 static views; with vascular flow                                  | S  | \$402    | \$23                   |
| 78605 | Brain imaging, minimum 4 static views;   | S  | \$538    | \$24                   |
| 78606 | Brain imaging, minimum 4 static views; with vascular flow                                    | S  | \$538    | \$29                   |
| 78608 | Brain imaging, positron emission tomography (PET); metabolic evaluation                      | S  | \$1,459  | \$66                   |
| 78609 | Brain imaging, positron emission tomography (PET); perfusion evaluation                      | E1 | Not Paid | \$69                   |
| 78610 | Brain imaging, vascular flow only  | S  | \$538    | \$13                   |
| 78630 | Cerebrospinal fluid flow, imaging (not including introduction of material); cisternography   | S  | \$538    | \$30                   |
| 78635 | Cerebrospinal fluid flow, imaging (not including introduction of material); ventriculography | S  | \$538    | \$28                   |
| 78645 | Cerebrospinal fluid flow, imaging (not including introduction of material); shunt evaluation | S  | \$538    | \$25                   |
| 78650 | Cerebrospinal fluid leakage detection and localization                                       | S  | \$1,305  | \$23                   |
| 78660 | Radiopharmaceutical dacryocystography  | S  | \$402    | \$20                   |
| 78699 | Unlisted nervous system procedure, diagnostic nuclear medicine                               | S  | \$402    | By Report <sup>†</sup> |

<sup>†</sup>Not covered by Medicare

<sup>‡</sup>By Report: MAC determines payment based on the description of the procedure/service provided.

## Pulmonary Imaging Procedures

| CPT   | Descriptor   | SI | OPPS  | Physician Professional |
|-------|--|----|-------|------------------------|
| 78579 | Pulmonary ventilation imaging (e.g., aerosol or gas)   | S  | \$402 | \$22                   |
| 78580 | Pulmonary perfusion imaging (e.g., particulate)  | S  | \$402 | \$33                   |
| 78582 | Pulmonary ventilation (e.g., aerosol or gas) and perfusion imaging   | S  | \$538 | \$48                   |
| 78597 | Quantitative differential pulmonary perfusion, including imaging when performed  | S  | \$402 | \$32                   |
| 78598 | Quantitative differential pulmonary perfusion and ventilation (e.g., aerosol or gas), including imaging when performed | S  | \$538 | \$37                   |
| 78599 | Unlisted respiratory procedure, diagnostic nuclear medicine  | S  | \$402 | By report <sup>†</sup> |

<sup>‡</sup>By Report: MAC determines payment based on the description of the procedure/service provided.

## Other Diagnostic Imaging Procedures

| CPT   | Descriptor   | SI | OPPS  | Physician Professional |
|-------|--|----|-------|------------------------|
| 78800 | Radiopharmaceutical localization of tumor, inflammatory process or | S  | \$402 | \$29                   |

| CPT   | Descriptor   | SI | OPPS     | Physician Professional |
|-------|--|----|----------|------------------------|
|       | distribution of radiopharmaceutical agent(s) (includes vascular flow and blood pool imaging, when performed); <i>planar, single area (e.g., head, neck, chest, pelvis), single day imaging</i>   |    |          |                        |
| 78801 | ; planar, 2 or more areas (e.g., abdomen and pelvis, head and chest), 1 or more days imaging or single area imaging over 2 or more days  | S  | \$402    | \$32                   |
| 78802 | ; planar, whole body, single day imaging   | S  | \$1,305  | \$36                   |
| 78804 | ; planar, whole body, requiring 2 or more days imaging   | S  | \$1,305  | \$45                   |
| 78803 | ; tomographic (SPECT), single area (e.g., head, neck, chest, pelvis), or acquisition, single day imaging   | S  | \$1,305  | \$48                   |
| 78830 | ; tomographic (SPECT) with concurrently acquired computed tomography (CT) transmission scan for anatomical review, localization and determination/detection of pathology, single area (e.g., head, neck, chest, pelvis) or acquisition, single day imaging | S  | \$1,305  | \$64                   |
| 78831 | ; tomographic (SPECT), minimum 2 areas (e.g., pelvis and knees, abdomen and pelvis), single day imaging, or single area imaging over 2 or more days  | S  | \$1,305  | \$81                   |
| 78832 | ; tomographic (SPECT), minimum 2 areas (e.g., pelvis and knees, chest and abdomen) or separate acquisitions (e.g., lung ventilation and perfusion), single day imaging, or single area or acquisition over 2 or more days                                  | S  | \$1,459  | \$93                   |
| 78835 | Radiopharmaceutical quantification measurement(s) single area (List separately in addition to code for primary procedure)  | N  | Packaged | \$20                   |
| 78808 | Injection procedure for radiopharmaceutical localization by non-imaging probe study, intravenous (e.g., parathyroid adenoma)   | Q1 | \$402    | N/A                    |
| 78811 | Positron emission tomography (PET) imaging; limited area (e.g., chest, head/neck)  | S  | \$1,305  | \$68                   |
| 78812 | Positron emission tomography (PET) imaging; skull base to mid-thigh  | S  | \$1,459  | \$86                   |
| 78813 | Positron emission tomography (PET) imaging; whole body   | S  | \$1,459  | \$87                   |
| 78814 | Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; limited area (e.g., chest, head/neck)   | S  | \$1,459  | \$97                   |
| 78815 | Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; skull base to mid-thigh   | S  | \$1,459  | \$109                  |
| 78816 | Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body  | A  | \$1,459  | \$110                  |
| 78999 | Unlisted miscellaneous procedure, diagnostic nuclear medicine  | S  | \$402    | By report <sup>‡</sup> |

<sup>‡</sup>By Report: MAC determines payment based on the description of the procedure/service provided.

## Therapeutic Radiopharmaceuticals

| CPT   | Descriptor   | SI | OPPS     |
|-------|--|----|----------|
| A9513 | Lutetium Lu 177, dotatate, (Lutathera®), therapeutic, 1 mCi                      | K  | \$296    |
| A9517 | Iodine I-131 sodium iodide capsule(s), therapeutic, per mCi                      | K  | \$23     |
| A9530 | Iodine I-131 sodium iodide solution, therapeutic, per mCi                        | K  | \$21     |
| A9543 | Yttrium Y-90 ibritumomab tiuxetan, therapeutic, per treatment dose, up to 40 mCi | K  | \$56,825 |
| A9564 | Chromic Phosphate P-32 suspension, therapeutic, per mCi                          | E1 | Not Paid |
| A9590 | Iodine I-131, iobenguane, (Azedra®), 1 mCi                                       | N  | Packaged |
| A9563 | Sodium Phosphate P-32, therapeutic, per mCi                                      | K  | \$179    |
| A9600 | Strontium Sr-89 chloride, therapeutic, per mCi                                   | K  | \$4,146  |
| A9604 | Samarium Sm-153 lexidronam, therapeutic, per treatment dose, up to 150 mCi       | K  | \$4,315  |
| A9606 | Radium Ra-223 dichloride, (Xofigo™), therapeutic, per mCi                        | K  | \$169    |

## Radiopharmaceutical Therapy

| CPT   | Descriptor  | SI | OPPS     | Physician Professional |
|-------|---|----|----------|------------------------|
| C9898 | Radiolabeled product provided during a hospital inpatient stay                        | N  | Packaged | N/A                    |
| 79005 | Radiopharmaceutical therapy, by oral administration                                   | S  | \$224    | \$81                   |
| 79101 | Radiopharmaceutical therapy, by intravenous administration                            | S  | \$224    | \$89                   |
| 79200 | Radiopharmaceutical therapy, by intracavitary administration                          | S  | \$224    | \$76                   |
| 79300 | Radiopharmaceutical therapy, by interstitial radioactive colloid administration       | S  | \$224    | \$61                   |
| 79403 | Radiopharmaceutical therapy, radiolabeled monoclonal antibody by intravenous infusion | S  | \$224    | \$86                   |
| 79440 | Radiopharmaceutical therapy, by intra-articular administration                        | S  | \$224    | \$76                   |
| 79445 | Radiopharmaceutical therapy, by intra-arterial particulate administration             | S  | \$224    | \$105                  |
| 79999 | Radiopharmaceutical therapy, unlisted procedure                                       | S  | \$224    | By report <sup>†</sup> |

<sup>†</sup>By Report: MAC determines payment based on the description of the procedure/service provided.

### References

1. CY 2025 Hospital Outpatient Prospective Payment and Ambulatory Payment Systems – Final Rule (CMS-1809-FC); Addendum B and ASC Addenda.
2. CY 2025 Payment Policies under the Physician Fee Schedule and Other Changes to Part B Payment Policies; (CMS-1807-F); Addendum B. All MPFS Fee Schedules calculated using CF of \$32.3465 effective January 1, 2025

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