

## **ATTENTION PROFESSIONAL SERVICES PROVIDERS RADIOPHARMACEUTICAL DIAGNOSTIC IMAGING AGENTS**

Louisiana Medicaid has recently made the following radiopharmaceutical diagnostic imaging agents payable on the procedure code file effective January 1, 2010:

- A9503 (Technetium Tc-99m, Medronate, diagnostic, per study dose, up to 30 millicuries)
- A9507 (Indium IN-111 Capromab Pendetide, diagnostic, per study dose, up to 10 millicuries)
- A9512 (Technetium Tc-99m-Pertechnetate, diagnostic, per millicurie)
- A9560 (Technetium Tc-99m Labeled Red Blood Cells, diagnostic, per study dose, up to 30 millicuries)
- A9562 (Technetium Tc-99m Mertiatide, diagnostic, per study dose, up to 15 millicuries)
- A9572 (Indium IN-111 Pentetreotide, diagnostic, per study dose, up to 6 millicuries)

The system has been updated to reflect this change. Claims for these imaging agents with dates of service January 1, 2010, through April 6, 2011, that were adjudicated prior to April 7, 2011, were systematically adjusted on October 12, 2011.

Effective with date of processing August 16, 2011, claims for radiopharmaceutical diagnostic imaging agents will only be reimbursed when billed with the appropriate medically necessary radiological procedure. The imaging agent is not to be paid unless the appropriate radiological procedure is also paid on the same date of service. Providers are encouraged to contact the Provider Relations unit at (800) 473-2783 or (225) 924-5040 with questions concerning this issue.