

Xenon Scan (NCD 220.7)

Policy Number	220.7	Approved By	UnitedHealthcare Medicare Reimbursement Policy Committee	Current Approval Date	03/12/2014
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IMPORTANT NOTE ABOUT THIS REIMBURSEMENT POLICY

This policy is applicable to UnitedHealthcare Medicare Advantage Plans offered by UnitedHealthcare and its affiliates.

You are responsible for submission of accurate claims. This reimbursement policy is intended to ensure that you are reimbursed based on the code or codes that correctly describe the health care services provided. UnitedHealthcare reimbursement policies use Current Procedural Terminology (CPT®*), Centers for Medicare and Medicaid Services (CMS), or other coding guidelines. References to CPT or other sources are for definitional purposes only and do not imply any right to reimbursement.

This reimbursement policy applies to all health care services billed on CMS 1500 forms and, when specified, to those billed on UB04 forms (CMS 1450). Coding methodology, industry-standard reimbursement logic, regulatory requirements, benefits design and other factors are considered in developing reimbursement policy. This information is intended to serve only as a general resource regarding UnitedHealthcare's reimbursement policy for the services described and is not intended to address every aspect of a reimbursement situation. Accordingly, UnitedHealthcare may use reasonable discretion in interpreting and applying this policy to health care services provided in a particular case. Further, the policy does not address all issues related to reimbursement for health care services provided to UnitedHealthcare enrollees. Other factors affecting reimbursement may supplement, modify or, in some cases, supersede this policy. These factors may include, but are not limited to: legislative mandates, the physician or other provider contracts, and/or the enrollee's benefit coverage documents. Finally, this policy may not be implemented exactly the same way on the different electronic claims processing systems used by UnitedHealthcare due to programming or other constraints; however, UnitedHealthcare strives to minimize these variations.

UnitedHealthcare may modify this reimbursement policy at any time by publishing a new version of the policy on this Website. However, the information presented in this policy is accurate and current as of the date of publication.

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Application

This reimbursement policy applies to services reported using the Health Insurance Claim Form CMS-1500 or its electronic equivalent or its successor form, and services reported using facility claim form CMS-1450 or its electronic equivalent or its successor form. This policy applies to all products, all network and non-network physicians, and other health care professionals.

The HCPSC/CPT code(s) may be subject to Correct Coding Initiative (CCI) edits. This policy does not take precedence over CCI edits. Please refer to the CCI for correct coding guidelines and specific applicable code

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combinations prior to billing UnitedHealthcare. It is not enough to link the procedure code to a correct, payable ICD-9-CM diagnosis code. The diagnosis must be present for the procedure to be paid. Compliance with the provisions in this policy is subject to monitoring by pre-payment review and/or post-payment data analysis and subsequent medical review. The effective date of changes/additions/deletions to this policy is the committee meeting date unless otherwise indicated. CPT codes and descriptions are copyright 2010 American Medical Association (or such other date of publication of CPT). All rights reserved. CPT is a registered trademark of the American Medical Association. Applicable FARS/DFARS restrictions apply to Government use. Fee schedules, relative value units, conversion factors, and/or related components are not assigned by the AMA, are not part of CPT, and the AMA is not recommending their use. The AMA does not directly or indirectly practice medicine or dispense medical services. The AMA assumes no liability for data contained or not contained herein. Current Dental Terminology (CDT), including procedure codes, nomenclature, descriptors, and other data contained therein, is copyright by the American Dental Association, 2002, 2004. All rights reserved. CDT is a registered trademark of the American Dental Association. Applicable FARS/DFARS apply.

Summary

Overview

Radiopharmaceutical Agents are isotopes, frequently attached to carrier molecules, used as adjuncts to nuclear medicine diagnostic or therapeutic procedures. Reimbursement for these agents is based on the radiopharmaceutical only. This is the case whether they are obtained as a unit dose or from kit preparation. The following radiopharmaceutical will be considered medically necessary when used with the procedures listed below:

- Xenon Xe-133 Gas, Diagnostic, per 10 mCi's, (CPT A9558)
- Lung study (CPT 78579, 78580, 78582, 78597, 78598)

Indications and Limitations of Coverage

Program payment may be made for this diagnostic procedure which involves perfusion lung imaging with 133-Xenon.

However, review for evidence of abuse which might include absence of reasonable indications, inappropriate sequence, or excessive number or kinds of procedures used in the care of individual patients.

CPT/HCPCS Codes:

Code	Description
A9558	Xenon Xe-133 gas, diagnostic, per 10 millicuries
78579	Pulmonary ventilation imaging (eg, aerosol or gas) (New code effective 01/01/2012)
78580	Pulmonary perfusion imaging (eg, particulate)
78582	Pulmonary ventilation (eg, aerosol or gas) and perfusion imaging (New code effective 01/01/2012)
78597	Quantitative differential pulmonary perfusion, including imaging when performed (New code effective 01/01/2012)
78598	Quantitative differential pulmonary perfusion and ventilation (eg, aerosol or gas), including imaging when performed (New code effective 01/01/2012)

Modifiers

Code	Description
26	Professional Component
TC	Technical component

References Included (but not limited to):

CMS NCD

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CMS LCD(s)

Numerous LCDs

CMS Transmittals

Transmittal 2427, Change Request 7679, Dated 03/23/2012 (2012 Durable Medical Equipment Prosthetics,

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Orthotics, and Supplies Healthcare Common Procedure Coding System (HCPCS) Code Jurisdiction)
Transmittal 2378, Change Request 7682, Dated 12/29/2011 (January 2012 Update of the Ambulatory Surgery Center Payment System (ASC))

UnitedHealthcare Medicare Advantage Coverage Summaries

Radiologic Diagnostic Procedures

Others

Medicare National Determinations Manual; Chapter 1, Part 4 (Sections 200-310.1) Coverage Determinations, CMS Website

History

Date	Revisions
03/12/2014	Re-review of policy presented to MRPC for approval
04/10/2013	Re-review of policy presented to MRPC for approval
03/28/2012	The MRP Committee approved
01/01/2012	CPT 78584, 78585, 78586, 78587, 78588, 78591, 78593, 78594, 78596 were deleted effective 12/31/2011; see 78579-78598 effective 01/01/2012