



August 14, 2012
Announcement 506

Radiopharmaceutical and Contrast Procedure Codes Update

Effective dates of service on or after February 15, 2012:

- Radiopharmaceutical and Contrast procedure codes are reimbursed at a set rate of the 2012 Medicare Mean Unit Cost plus 5 percent. The Centers for Medicare & Medicaid Services (CMS) approved these rates with the retroactive date of February 15, 2012. Claims with dates of service on or after February 15, 2012, that paid at the previous rate will be reprocessed. The adjudication of any reprocessed claims will appear on a future remittance advice.
- HCPCS codes A4641 (Radiopharmaceutical, diagnostic, not otherwise classified) and A9698 (Nonradioactive contrast imaging material, not otherwise classified, per study) are not covered by Nevada Medicaid.