



CODING AND BILLING GUIDE

Effective January 1, 2024

This guide provides information on general coding and billing used for nuclear medicine procedures. Use of this guide does not guarantee coverage or reimbursement for any product or service. It is the responsibility of the provider or physician to evaluate reimbursement requirements and apply the appropriate billing codes for a particular patient, product, and/or procedure. It is recommended that each payer's specific billing requirements be confirmed prior to submitting a claim for a Detectnet positron emission tomography (PET) or PET/computed tomography (CT) scan. This information was obtained from third-party sources and is subject to change without notice, as Medicare and other payers may change their reimbursement policies at any time. This document is for educational purposes only, and the Healthcare Common Procedure Coding System (HCPCS) codes provided in this resource are for reference only.

INDICATIONS AND USAGE

Detectnet is indicated for use with positron emission tomography (PET) for localization of somatostatin receptor positive neuroendocrine tumors (NETs) in adult patients.

IMPORTANT RISK INFORMATION

WARNINGS AND PRECAUTIONS

Radiation Risk

Diagnostic radiopharmaceuticals, including Detectnet, contribute to a patient's overall long-term cumulative radiation exposure. Long-term cumulative radiation exposure is associated with an increased risk of cancer. Ensure safe handling and preparation procedures to protect patients and health care workers from unintentional radiation exposure. Advise patients to hydrate before and after administration and to void frequently after administration.

Please see Important Risk Information throughout. Please click [here](#) for full Prescribing Information.

Product and procedure codes for Detectnet™
(copper Cu 64 dotatate injection)

HCPCS code¹

HCPCS code	Description
A9592	Copper Cu-64, dotatate, diagnostic, 1 millicurie

HCPCS code A9592 should be used with commercial payers, in the Hospital Outpatient Department for Medicare, and with all payers in the Independent Diagnostic Testing Facility setting.

National Drug Code (NDC)²

Health insurance plans may require an NDC code in addition to a HCPCS code.

10-digit NDC	11-digit NDC ^a	Product/strength/description
69945-064-01	69945-0064-01	10 mL, single-dose, single-use vial containing 148 MBq (4 mCi) of Detectnet at calibration date and time in 4 mL solution volume, supplied as a sterile, clear, colorless to yellow solution

^aPayer requirements regarding the use of NDCs may vary. Electronic data exchange generally requires use of the 11-digit NDC.

Pass-through status for Detectnet ended on December 31, 2023. A9592 is the permanent HCPCS code that should be used effective January 1, 2024.³

IMPORTANT RISK INFORMATION (cont’d)

WARNINGS AND PRECAUTIONS (cont’d)

Risk for Image Misinterpretation

The uptake of copper Cu 64 dotatate reflects the level of somatostatin receptor density in NETs, however, uptake can also be seen in a variety of other tumors that also express somatostatin receptors. Increased uptake might also be seen in other non-cancerous pathologic conditions that express somatostatin receptors including thyroid disease or in subacute inflammation, or might occur as a normal physiologic variant (e.g., uncinate process of the pancreas).

A negative scan after the administration of Detectnet in patients who do not have a history of NET disease does not rule out disease.

Please see Important Risk Information throughout. Please click [here](#) for full Prescribing Information.

Current Procedural Terminology (CPT®) codes⁴

The following CPT codes may be applicable for use with Detectnet. Providers should select the code that accurately describes the imaging study performed for the diagnosis of the clinical condition documented in the patient records. Some payers may restrict coverage to use with certain CPT codes (eg, 78815 or 78816 only), so please confirm with the individual health plan’s requirements.

CPT code	Description
78811	Positron emission tomography (PET) imaging; limited area (eg, chest, head/neck)
78812	Positron emission tomography (PET) imaging; skull base to mid-thigh
78813	Positron emission tomography (PET) imaging; whole body
78814	Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; limited area (eg, chest, head/neck)
78815	Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; skull base to mid-thigh
78816	Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body

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Per the 2024 CPT Professional Edition Coding Manual, the services listed under these CPT codes do not include the radiopharmaceutical. Use the appropriate HCPCS code to separately report the radiopharmaceutical in addition to the procedure code.



Diagnosis codes for Detectnet⁵

ICD-10 Codes Most Frequently Associated with Somatostatin-Bearing Neuroendocrine Tumor Imaging^a

The following diagnosis codes may be applicable to Detectnet when billing with the CPT codes listed on page 3. Claims must also include the HCPCS code for the radiopharmaceutical agent (see page 2).

Code	Description	Code	Description
C7A.00	Malignant carcinoid tumor of unspecified site	D12.5	Benign neoplasm of sigmoid colon
C7A.01	Malignant carcinoid tumors of the small intestine	D12.6	Benign neoplasm of colon, unspecified
C7A.010	Malignant carcinoid tumor of the duodenum	D12.7	Benign neoplasm of rectosigmoid junction
C7A.011	Malignant carcinoid tumor of the jejunum	D12.8	Benign neoplasm of rectum
C7A.012	Malignant carcinoid tumor of the ileum	D12.9	Benign neoplasm of anus and anal canal
C7A.019	Malignant carcinoid tumor of the small intestine, unspecified portion	D13.1	Benign neoplasm of stomach
C7A.020	Malignant carcinoid tumor of the appendix	D13.2	Benign neoplasm of duodenum
C7A.021	Malignant carcinoid tumor of the cecum	D13.30	Benign neoplasm of unspecified part of small intestine
C7A.022	Malignant carcinoid tumor of the ascending colon	D13.39	Benign neoplasm of other parts of small intestine
C7A.023	Malignant carcinoid tumor of the transverse colon	D14.30	Benign neoplasm of unspecified bronchus and lung
C7A.024	Malignant carcinoid tumor of the descending colon	D14.31	Benign neoplasm of right bronchus and lung
C7A.025	Malignant carcinoid tumor of the sigmoid colon	D14.32	Benign neoplasm of left bronchus and lung
C7A.026	Malignant carcinoid tumor of the rectum	D15.0	Benign neoplasm of thymus
C7A.029	Malignant carcinoid tumor of the large intestine, unspecified portion	D30.00	Benign neoplasm of unspecified kidney
C7A.090	Malignant carcinoid tumor of the bronchus and lung	D30.01	Benign neoplasm of right kidney
C7A.091	Malignant carcinoid tumor of the thymus	D30.02	Benign neoplasm of left kidney
C7A.092	Malignant carcinoid tumor of the stomach	D3A.00	Benign carcinoid tumor of unspecified site
C7A.093	Malignant carcinoid tumor of the kidney	D3A.010	Benign carcinoid tumor of the duodenum
C7A.094	Malignant carcinoid tumor of the foregut, unspecified	D3A.011	Benign carcinoid tumor of the jejunum
C7A.095	Malignant carcinoid tumor of the midgut, unspecified	D3A.012	Benign carcinoid tumor of the ileum
C7A.096	Malignant carcinoid tumor of the hindgut, unspecified	D3A.019	Benign carcinoid tumor of the small intestine, unspecified portion
C7A.098	Malignant carcinoid tumors of other sites	D3A.020	Benign carcinoid tumor of the appendix
C7A.1	Malignant poorly differentiated neuroendocrine tumors	D3A.021	Benign carcinoid tumor of the cecum
C7A.8	Other malignant neuroendocrine tumors	D3A.022	Benign carcinoid tumor of the ascending colon
C7B.00	Secondary carcinoid tumors, unspecified site	D3A.023	Benign carcinoid tumor of the transverse colon
C7B.01	Secondary carcinoid tumors of distant lymph nodes	D3A.024	Benign carcinoid tumor of the descending colon
C7B.02	Secondary carcinoid tumors of liver	D3A.025	Benign carcinoid tumor of the sigmoid colon
C7B.03	Secondary carcinoid tumors of bone	D3A.026	Benign carcinoid tumor of the rectum
C7B.04	Secondary carcinoid tumors of peritoneum	D3A.029	Benign carcinoid tumor of the large intestine, unspecified portion
C7B.09	Secondary carcinoid tumors of other sites	D3A.090	Benign carcinoid tumor of the bronchus and lung
C25.0	Malignant neoplasm of head of pancreas	D3A.091	Benign carcinoid tumor of the thymus
C25.1	Malignant neoplasm of body of pancreas	D3A.092	Benign carcinoid tumor of the stomach
C25.2	Malignant neoplasm of tail of pancreas	D3A.093	Benign carcinoid tumor of the kidney
C25.4	Malignant neoplasm of endocrine pancreas	D3A.094	Benign carcinoid tumor of the foregut, unspecified
C25.7	Malignant neoplasm of other parts of pancreas	D3A.095	Benign carcinoid tumor of the midgut, unspecified
C25.8	Malignant neoplasm of overlapping sites of pancreas	D3A.096	Benign carcinoid tumor of the hindgut, unspecified
C25.9	Malignant neoplasm of pancreas, unspecified	D3A.098	Benign carcinoid tumors of other sites
D12.0	Benign neoplasm of cecum	D3A.8	Other benign neuroendocrine tumors
D12.1	Benign neoplasm of appendix	D49.511	Neoplasm of unspecified behavior of right kidney
D12.2	Benign neoplasm of ascending colon	D49.512	Neoplasm of unspecified behavior of left kidney
D12.3	Benign neoplasm of transverse colon	D49.519	Neoplasm of unspecified behavior of unspecified kidney
D12.4	Benign neoplasm of descending colon		

^aThis information is taken from publicly available sources. It is not intended to guarantee, increase, or maximize reimbursement by any payer. It is the provider’s responsibility to report the codes that accurately describe the products and services furnished to individual patients. Reimbursement is dynamic. We recommend that providers consult their payer organization regarding local policies and rates. Laws and regulations regarding reimbursement change frequently and providers are solely responsible for all decisions related to coding and billing, including determining, if and under what circumstances it is appropriate to seek reimbursement for products and services, obtaining preauthorization if necessary. Curium makes no representation or warranty regarding this information or its completeness or accuracy and will bear no responsibility for the results or consequences of the use of this information. You should reference the current CPT®, ICD-10-CM and HCPCS manuals. Current Procedural Terminology (CPT®) is a copyright and trademark of the 2024 American Medical Association (AMA). All Rights Reserved.

Abbreviations: ICD-10, *International Classification of Diseases, Tenth Revision*; ICD-10-CM, *International Classification of Diseases, Tenth Revision, Clinical Modification*.

Please see Important Risk Information throughout. Please click [here](#) for full Prescribing Information.

Hospital Outpatient Sample Claim Form: CMS-1450

The CMS-1450 form (also known as *UB-04*) is the standard claim form used when a paper claim is allowed. This form is used to bill Medicare and may also be suitable for billing commercial payers.

Correct coding is key to submitting valid claims. To ensure claims are as accurate as possible, use current valid diagnosis and procedure codes to the highest level of specificity (maximum number of digits) available.

IMPORTANT RISK INFORMATION (cont’d)

Hypersensitivity Reactions

Hypersensitivity reactions following administration of somatostatin receptor imaging agents predominantly consisted of cutaneous reactions such as rash and pruritus. Reactions reversed either spontaneously or with routine symptomatic management. Less frequently hypersensitivity reactions included angioedema or cases with features of anaphylaxis.

A9592 is the appropriate HCPCS code for Detectnet for Medicare and commercial payers. Additionally, include the HCPCS code for the PET scan.

Detectnet is billed on a per-mCi basis. For a 4-mCi dose, a quantity of 4 should be used.

Be sure to enter the same date for both the procedure and the radiopharmaceutical.

Enter the appropriate diagnosis code.



- Prior to submitting a claim to any commercial payer, you are encouraged to review your negotiated provider contract(s) to determine what you have agreed to with the individual commercial payer(s). All commercial payer contracts are considered “confidential and proprietary” between you and the payer. Please note that all commercial payer plans are different and are subject to the terms of the individually negotiated contracts
- Note: Each benefit plan, summary plan description, or contract defines which services are covered, which services are excluded, and which services are subject to dollar caps or other limitations, conditions or exclusions. In the case of a discrepancy, a member’s benefit plan, summary plan description, or contract will supersede the medical policy

Enter the appropriate diagnosis code.

A9592 is the appropriate HCPCS code for Detectnet for Medicare and commercial payers. Additionally, include the appropriate HCPCS code for the PET scan.

Detectnet is billed on a per-mCi basis. For a 4-mCi dose, a quantity of 4 should be used.

- Be sure to enter the same date for both the procedure and the radiopharmaceutical.

Diagnostic radiopharmaceuticals, including Detectnet, contribute to a patient's overall long-term cumulative radiation exposure. Long-term cumulative radiation exposure is associated with an increased risk of cancer. Ensure safe handling and preparation procedures to protect patients and health care workers from unintentional radiation exposure. Advise patients to hydrate before and after administration and to void frequently after administration.

Hypersensitivity reactions following administration of somatostatin receptor imaging agents predominantly consisted of cutaneous reactions such as rash and pruritus. Reactions reversed either spontaneously or with routine symptomatic management. Less frequently hypersensitivity reactions included angioedema or cases with features of anaphylaxis.

The uptake of copper Cu 64 dotatate reflects the level of somatostatin receptor density in NETs; however, uptake can also be seen in a variety of other tumors that also express somatostatin receptors. Increased uptake might also be seen in other non-cancerous pathologic conditions that express somatostatin receptors including thyroid disease or in subacute inflammation, or might occur as a normal physiologic variant (e.g., uncinate process of the pancreas).

A negative scan after the administration of Detectnet in patients who do not have a history of NET disease does not rule out disease.

In clinical trials, adverse reactions occurred at a rate of < 2% and included nausea, vomiting and flushing. In published trials nausea immediately after injection was observed.

Non-radioactive somatostatin analogs and copper Cu 64 dotatate competitively bind to somatostatin receptors (SSTR2). Image patients just prior to dosing with somatostatin analogs. For patients on long-acting somatostatin analogs, a washout period of 28 days is recommended prior to imaging. For patients on short-acting somatostatin analogs, a washout period of 2 days is recommended prior to imaging.

All radiopharmaceuticals, including Detectnet have the potential to cause fetal harm depending on the fetal stage of development and the magnitude of the radiation dose. Advise a pregnant woman of the potential risks of fetal exposure to radiation from administration of Detectnet.

Advise a lactating woman to interrupt breastfeeding for 12 hours after Detectnet administration in order to minimize radiation exposure to a breastfed infant.

The safety and effectiveness of Detectnet have not been established in pediatric patients.

In general, dose selection for an elderly patient should be cautious, usually starting at the low end of the dosing range, reflecting the greater frequency of decreased hepatic, renal, or cardiac function, and of concomitant disease or other drug therapy.

In the event of a radiation overdose, the absorbed dose to the patient should be reduced where possible by increasing the elimination of the radionuclide from the body by reinforced hydration and frequent bladder voiding. A diuretic might also be considered.



Curium Reimbursement Support and Assistance Program

- The Curium Reimbursement Support and Assistance Program can provide information and assistance to help you navigate coverage of and access to Detectnet
 - Providing payer policy, Medicare National Coverage Determination, and Local Coverage Determination guidelines and related policy documents
 - Providing prior authorization service via fax
 - Offering individual claim form support
 - Reviewing denied claims with explanation of benefits to provide next steps
 - Providing appeal letter templates
 - Responding to all coding, coverage policy, and payment questions
- For free-standing, physician-owned imaging centers, please contact the Curium Reimbursement Support and Assistance Program for information specific to your site of service

For reimbursement assistance, contact the Curium Reimbursement Support and Assistance Program



Call (888) 214-0539,
7:30 AM to 5:00 PM CST, Monday-Friday



Submit questions via email to
reimbursement@curiumpharma.com



Fax (609) 342-5360 for dedicated prior authorization service

Detectnet™
(copper Cu 64 dotatate injection)

References

1. Centers for Medicare & Medicaid Services. HCPCS quarterly update. Updated April 17, 2024. Accessed May 3, 2024. <https://www.cms.gov/medicare/coding-billing/healthcare-common-procedure-system/quarterly-update> 2. Detectnet. Prescribing Information. Curium US LLC; 2021. 3. Proposed rule: Medicare Program: Hospital Outpatient Prospective Payment and Ambulatory Surgical Center Payment Systems and Quality Reporting Programs; Organ Acquisition; Rural Emergency Hospitals: Payment Policies, Conditions of Participation, Provider Enrollment, Physician Self-Referral; New Service Category for Hospital Outpatient Department Prior Authorization Process; Overall Hospital Quality Star Rating. *Federal Register*. Published July 26, 2022. Accessed May 3, 2024. <https://www.federalregister.gov/d/2022-15372> 4. Jagmin CL, Synovec MS, Levy BS, et al, eds. *CPT® Professional 2024*. American Medical Association; 2024. 5. Centers for Medicare & Medicaid Services. 2024 ICD-10-CM. Updated February 1, 2024. Accessed May 3, 2024. <https://www.cms.gov/medicare/coding-billing/icd-10-codes/2024-icd-10-cm>

Please see Important Risk Information throughout.

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