



CODING AND BILLING INFORMATION



QUESTIONS REGARDING CODING AND BILLING FOR LANTHEUS PRODUCTS?

Email: reimbursement@lantheus.com

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Please see Indications and Important Safety Information on page 9 and read the accompanying full Prescribing Information, including Boxed **WARNING regarding serious cardiopulmonary reactions, also available at DEFINITYImaging.com.**

1. CODING BACKGROUND

CPT® - Current Procedural Terminology

- American Medical Association's five-digit numeric codes used to report medical procedures and services.

HCPCS - Healthcare Common Procedure Coding System

- Level I HCPCS codes are American Medical Association's Current Procedural Terminology (CPT).
- Level II HCPCS codes are alphanumeric five-digit codes primarily used to identify contrast agents, radiopharmaceuticals, supplies and devices.

HCPCS code for DEFINITY®

- Q9957 Injection, perflutren lipid microspheres, per mL.
- There are two units per vial of DEFINITY.

C-codes

- Unique, temporary HCPCS codes created by Medicare and used only for hospital outpatients. This is often done when no other appropriate code exists.

Q-codes

- Temporary codes created by Medicare to identify items not assigned a CPT code. Many drugs, supplies and biologicals are assigned Q codes.

NDC codes - National Drug Code

- A unique numeric code to identify drugs. The first segment of numbers identifies the labeler or manufacturer, the second segment identifies the product and the third identifies the package.

NDC code for DEFINITY

- DEFINITY 16 vial kit: NDC # 11994 011 16

ECHOCARDIOGRAPHY CODES

- **CPT 93306 - TTE “rest” echo complete**

Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, with spectral Doppler echocardiography, and with color flow Doppler echocardiography.

- **HCPCS C8929 TTE “rest” echo complete with contrast**

Transthoracic echocardiography with contrast, or without contrast followed by with contrast, real-time with image documentation (2D), includes M-mode recording, when performed, complete, with spectral Doppler echocardiography, and with color flow Doppler echocardiography.

- **HCPCS C8929 - AMA “short descriptor”**

Transthoracic echocardiography with contrast, or without contrast followed by with contrast, and with color flow Doppler echocardiography

JW modifier - The JW modifier is not required for packaged drugs such as DEFINITY® for Medicare Hospital Outpatients.

This 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 organizations regarding local policies and rates along with any required claim information. 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 and obtaining pre-authorization, if necessary. Lantheus does not make any representation or warranty about the completeness or accuracy of this information and will bear no responsibility for the results or consequences of its application.

Please refer to the current CPT®, ICD-10-CM, and HCPCS manuals and follow the “Documentation Guidelines for Evaluation and Management Services” for the most detailed and up-to-date information. Current Procedural Terminology (CPT®) is a copyright and trademark of the American Medical Association (AMA). All Rights Reserved.

This information is provided as a courtesy for informational purposes only and is not intended to be, and should not be interpreted as, reimbursement or billing advice.

2. HOSPITAL OUTPATIENT SETTINGS AND DEFINITY® APC PAYMENTS¹

Verify coding and billing requirements with each payer for each setting of care. In the hospital outpatient setting, common codes used for billing echocardiography with contrast, including DEFINITY, include the following.

When billing echo procedures:

- Report the appropriate code: C-codes are used for echo with contrast.
CPT codes are used for echo without contrast.
- HCPCS for DEFINITY is : Q9957
- Common number of units billed per vial of DEFINITY is 2.
- Documentation must support billing practices.

APCs ECHO PROCEDURES - WITHOUT CONTRAST¹

APC 5523

Level 3 Imaging Without Contrast

93307 TTE complete w/o Doppler and color flow
93308 TTE follow up or limited
(66 total imaging procedure codes in APC 5523)

APC 5524

Level 4 Imaging Without Contrast

93303 TTE congenital, complete
93304 TTE congenital follow up or limited
93306 TTE complete with Doppler and color flow
93312 TEE include placement, acq, inter, report
93313 TEE placement only
93315 TEE cong, placement, acq, inter, report
93316 TEE congenital placement only
93318 TEE monitor, placement, acq, inter
93350 Stress TTE (w/o ECG monitoring)
93351 Stress TTE (includes ECG monitoring)
(20 total imaging procedure codes in APC 5524)
0439T, 93319 and 93356 are packaged by
Medicare and there is no separate payment for
hospital outpatients.

APCs ECHO PROCEDURES - WITH CONTRAST¹

APC 5572

Level 2 Imaging With Contrast

C8924 TTE follow up or limited with contrast
(62 total imaging with contrast codes in APC 5572)

APC 5573

Level 3 Imaging With Contrast

C8921 TTE congenital complete with contrast
C8922 TTE congenital follow up or limited
with contrast
C8923 TTE complete w/o Doppler, CF with contrast
C8925 TEE placement, acq, inter, report with contrast
C8926 TEE congenital placement, image, inter,
report with contrast
C8927 TEE monitor, placement, acq, inter, w/contrast
C8928 Stress TTE (no ECG monitoring) with contrast
C8929 TTE comp. with Dop., color flow with contrast
C8930 Stress TTE (with ECG monitoring) with contrast
(22 total Imaging with contrast codes in APC 5573)

For complete code descriptors see [page 8](#)

3. CLAIM FORM

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UB-04 CMS-1450

APPROVED OMB NO.

THE CERTIFICATIONS ON THE REVERSE APPLY TO THIS BILL AND ARE MADE A PART HEREOF.

NUBC
National Uniform
Billing Committee
LIC9213257

4. COMPLETE CODE DESCRIPTORS¹

Without contrast left column, with contrast right column

Echo without contrast			Echo with contrast	
93303	Transthoracic echocardiography for congenital cardiac anomalies; complete	↔	C8921	Transthoracic echocardiography with contrast, or without contrast followed by with contrast, for congenital cardiac anomalies; complete
93304	Transthoracic echocardiography for congenital cardiac anomalies; follow-up or limited study	↔	C8922	Transthoracic echocardiography with contrast, or without contrast followed by with contrast, for congenital cardiac anomalies; follow-up or limited study
93306	Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, with spectral Doppler echocardiography, and with color flow Doppler echocardiography	↔	C8929	Transthoracic echocardiography with contrast, or without contrast followed by with contrast, real-time with image documentation (2D), includes M-mode recording, when performed, complete, with spectral Doppler echocardiography, and with color flow Doppler echocardiography
93307	Echocardiography, transthoracic, real-time, with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	↔	C8923	Transthoracic echocardiography with contrast, or without contrast followed by with contrast, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography
93308	Echocardiography, transthoracic, real-time, with image documentation (2D), includes M-mode recording, when performed, follow-up or limited study	↔	C8924	Transthoracic echocardiography with contrast, or without contrast followed by with contrast, real-time with image documentation (2D), includes M-mode recording, when performed, follow-up or limited study
93312	Echocardiography, transesophageal, real-time with image documentation (2D) (with or without M-mode recording); including probe placement, image acquisition, interpretation and report	↔	C8925	Transesophageal echocardiography (TEE) with contrast, or without contrast followed by with contrast, real-time with image documentation (2D) (with or without M-mode recording); including probe placement, image acquisition, interpretation and report
93315	Transesophageal echocardiography for congenital cardiac anomalies; including probe placement image acquisition, interpretation and report	↔	C8926	Transesophageal echocardiography (TEE) with contrast, or without contrast followed by with contrast, for congenital cardiac anomalies; including probe placement, image acquisition, interpretation and report
93318	Echocardiography, transesophageal (TEE) for monitoring purposes, including probe placement, real-time 2 - dimensional image acquisition and interpretation leading to ongoing (continuous) assessment of (dynamically changing) cardiac pumping function and to therapeutic measures on an immediate time basis	↔	C8927	Transesophageal echocardiography (TEE) with contrast, or without contrast followed by with contrast, for monitoring purposes, including probe placement, real-time 2-dimensional image acquisition and interpretation leading to ongoing (continuous) assessment of (dynamically changing) cardiac pumping function and to therapeutic measures on an immediate time basis
93350	Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or pharmacologically induced stress, with interpretation and report	↔	C8928	Transthoracic echocardiography with contrast, or without contrast followed by with contrast, real-time with image documentation (2D), includes M-mode recording, when performed, during rest and cardiovascular stress test using treadmill bicycle exercise and or pharmacologically induced stress, with interpretation and report
93351	Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or pharmacologically induced stress, with interpretation and report; including performance of continuous electrocardiographic monitoring, with supervision by a physician or other qualified health care professional.	↔	C8930	Transthoracic echocardiography, with contrast, or without contrast followed by with contrast, real-time with image documentation (2D), includes M-mode recording, when performed, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or pharmacologically induced stress, with interpretation and report; including performance of continuous electrocardiographic monitoring, with physician supervision
93356	Myocardial strain imaging using speckle tracking-derived of myocardial mechanics (List separately in addition to codes for echocardiography imaging) Add on code. Use in conjunction with 93303, 93304, 93306, 90337, 93308, 93350, 93351. Report once per session.	↔	NA	
NA		↔	0439T	Myocardial perfusion contrast echocardiography, at rest or with stress, for assessment of myocardial ischemia or viability. (List separately in addition to code for primary procedure) Sunset January, 2023. (Use 0439T in conjunction with 93306, 90337, 93308 93350, 93351)

5. IMPORTANT SAFETY INFORMATION

INDICATION:

DEFINITY® is indicated, after activation, for use in adult and pediatric patients with suboptimal echocardiograms to opacify the left ventricular chamber and to improve the delineation of the left ventricular endocardial border.

IMPORTANT SAFETY INFORMATION

BOXED WARNING: SERIOUS CARDIOPULMONARY REACTIONS

Serious cardiopulmonary reactions, including fatalities, have occurred uncommonly during or following perflutren-containing microsphere administration. Most serious reactions occur within 30 minutes of administration.

Assess all patients for the presence of any condition that precludes DEFINITY® administration. Always have resuscitation equipment and trained personnel readily available.

CONTRAINDICATIONS:

Contraindicated in patients with known or suspected hypersensitivity to perflutren lipid microsphere or its components, such as polyethylene glycol (PEG).

WARNINGS AND PRECAUTIONS:

Serious Cardiopulmonary Reactions have occurred during or following administration. The risk for these reactions may be increased among patients with unstable cardiopulmonary conditions (acute myocardial infarction, acute coronary artery syndromes, worsening or unstable congestive heart failure, or serious ventricular arrhythmias).

Serious **Hypersensitivity Reactions** have been observed during or shortly following administration including anaphylaxis, with manifestations that may include death. DEFINITY contains PEG and may increase risk of serious reactions including death in patients with prior hypersensitivity reaction(s) to PEG. Clinically assess patients for prior hypersensitivity reactions to products containing PEG. Monitor all patients for hypersensitivity reactions.

Systemic Embolization may occur in patients with a cardiac shunt. Assess patients with shunts for embolic phenomena following administration. DEFINITY is only for intravenous administration and must not be administered by intra-arterial injection.

There is a risk of **Ventricular Arrhythmia Related to High Mechanical Index**. Additionally, end-systolic triggering with high mechanical indices has been reported to cause ventricular arrhythmias. The maximum recommended mechanical index for use with DEFINITY is 0.8 in adult patients and 0.3 in pediatric patients.

Acute **Pain Episodes in Patients with Sickle Cell Disease** (SCD) shortly following administration have been reported. Discontinue DEFINITY in SCD patients experiencing new or worsening pain.

ADVERSE REACTIONS:

The most common adverse reactions ($\geq 0.5\%$) are headache, back/renal pain, flushing, nausea, chest pain, injection site reactions, and dizziness.

You are encouraged to report negative side effects of prescription drugs to the FDA. Visit www.fda.gov/medwatch or call 1-800-FDA-1088.

Please read the accompanying full Prescribing Information, including boxed **WARNING** regarding serious cardiopulmonary reactions, also available at DEFINITYImaging.com.

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Reference: 1. Centers for Medicare & Medicaid Services (2025). Hospital Outpatient Prospective Payment-Notice of Final Rulemaking (NFRM). CMS-1809-FC. <https://www.cms.gov/medicare/payment/prospective-payment-systems/hospital-outpatient/regulations-notice/cms-1809-fc>. Accessed May 12, 2025.

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