

# Xofigo® Radioactive Therapeutic Agent

**Guideline Number:** MPG356.11  
**Approval Date:** March 13, 2024

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## Related Medicare Advantage Reimbursement Policy

- [Add-on Codes Policy, Professional](#)

## Policy Summary

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### Overview

Xofigo® (radium Ra 223 dichloride) injection is an alpha particle-emitting radioactive therapeutic agent which mimics calcium and forms complexes with hydroxyapatite at areas of increased bone turnover, such as bone metastases.

### Guidelines

The U.S. Food and Drug Administration (FDA) approved radium Ra 223 dichloride (Xofigo® Injection, Bayer HealthCare Pharmaceuticals Inc.) for the treatment of patients with castration-resistant prostate cancer (CRPC), symptomatic bone metastases and no known visceral metastatic disease. The recommended dose and schedule for Xofigo® is 55 kBq/kg (1.49 microcuries/kg) administered by slow intravenous injection over 1 minute every 4 weeks for 6 doses.

## Applicable Codes

The following list(s) of procedure and/or diagnosis codes is provided for reference purposes only and may not be all inclusive. Listing of a code in this guideline does not imply that the service described by the code is a covered or non-covered health service. Benefit coverage for health services is determined by the member specific benefit plan document and applicable laws that may require coverage for a specific service. The inclusion of a code does not imply any right to reimbursement or guarantee claim payment. Other Policies and Guidelines may apply.

CPT Code	Description
79101	Radiopharmaceutical therapy, by intravenous administration

*CPT® is a registered trademark of the American Medical Association*

HCPCS Code	Description
A9606	Radium RA-223 dichloride, therapeutic, per microcurie

Diagnosis Code	Description
C61	Malignant neoplasm of prostate
<b>And at least one of the following:</b>	
C79.51	Secondary malignant neoplasm of bone
C79.52	Secondary malignant neoplasm of bone marrow

## References

### CMS Local Coverage Determinations (LCDs) and Articles

LCD	Article	Contractor	Medicare Part A	Medicare Part B
N/A	<a href="#">A54559 Billing and Coding: Xofigo Billing Instructions</a>	Palmetto		AL, GA, NC, SC, TN, VA, WV
N/A	A55052 Billing and Coding: Radiopharmaceutical Agents <b>Retired 12/29/2022</b>	WPS*	IA, IN, KS, MI, MO, NE	IA, IN, KS, MI, MO, NE

\***Note:** Wisconsin Physicians Service Insurance Corporation Contract Number 05901 - applies only to WPS Legacy Mutual of Omaha MAC A Providers

### CMS Benefit Policy Manual

[Chapter 15; § 50 Drugs and Biologicals](#)

### CMS Claims Processing Manual

[Chapter 12; § 30.5 Payment for Codes for Chemotherapy Administration and Nonchemotherapy Injections and Infusions](#)

[Chapter 14; § 10 General Ambulatory Surgical Center](#)

[Chapter 17; § 90.2 Drugs, Biologicals, and Radiopharmaceuticals](#)

### Other(s)

[CGS Website \(Submitting Claims for Xofigo/Radium 223\)](#)

[CMS HCPCS Codes for which ASP Reporting is in Units of Measure Other Than an NDC, Updated July 2023, CMS Website](#)

[Xofigo Package Insert, Bayer Healthcare Pharmaceuticals Website](#)

## Guideline History/Revision Information

Revisions to this summary document do not in any way modify the requirement that services be provided and documented in accordance with the Medicare guidelines in effect on the date of service in question.

Date	Summary of Changes
03/13/2024	<p><b>References</b></p> <p><b><i>CMS Local Coverage Determinations (LCDs) and Articles</i></b></p> <ul style="list-style-type: none"> <li>Added notation to indicate the Wisconsin Physicians Service Insurance Corporation (WPS) Contract Number 05901 applies only to WPS Legacy Mutual of Omaha MAC A Providers</li> </ul> <p><b>Administrative</b></p> <ul style="list-style-type: none"> <li>Archived previous policy version MPG356.10</li> </ul>

## Purpose

The Medicare Advantage Policy Guideline documents are generally used to support UnitedHealthcare Medicare Advantage claims processing activities and facilitate providers' submission of accurate claims for the specified services. The document can be used as a guide to help determine applicable:

- Medicare coding or billing requirements, and/or
- Medical necessity coverage guidelines; including documentation requirements.

UnitedHealthcare follows Medicare guidelines such as NCDs, LCDs, LCAs, and other Medicare manuals for the purposes of determining coverage. It is expected providers retain or have access to appropriate documentation when requested to support coverage. Please utilize the links in the [References](#) section above to view the Medicare source materials used to develop this resource document. This document is not a replacement for the Medicare source materials that outline Medicare coverage requirements. Where there is a conflict between this document and Medicare source materials, the Medicare source materials will apply.

## Terms and Conditions

The Medicare Advantage Policy Guidelines are applicable to UnitedHealthcare Medicare Advantage Plans offered by UnitedHealthcare and its affiliates.

These Policy Guidelines are provided for informational purposes, and do not constitute medical advice. Treating physicians and healthcare providers are solely responsible for determining what care to provide to their patients. Members should always consult their physician before making any decisions about medical care.

Benefit coverage for health services is determined by the member specific benefit plan document\* and applicable laws that may require coverage for a specific service. The member specific benefit plan document identifies which services are covered, which are excluded, and which are subject to limitations. In the event of a conflict, the member specific benefit plan document supersedes the Medicare Advantage Policy Guidelines.

Medicare Advantage Policy Guidelines are developed as needed, are regularly reviewed and updated, and are subject to change. They represent a portion of the resources used to support UnitedHealthcare coverage decision making. UnitedHealthcare may modify these Policy Guidelines at any time by publishing a new version of the policy on this website. Medicare source materials used to develop these guidelines include, but are not limited to, CMS National Coverage Determinations (NCDs), Local Coverage Determinations (LCDs), Medicare Benefit Policy Manual, Medicare Claims Processing Manual, Medicare Program Integrity Manual, Medicare Managed Care Manual, etc. The information presented in the Medicare Advantage Policy Guidelines is believed to be accurate and current as of the date of publication and is provided on an "AS IS" basis. Where there is a conflict between this document and Medicare source materials, the Medicare source materials will apply.

You are responsible for submission of accurate claims. Medicare Advantage Policy Guidelines are intended to ensure that coverage decisions are made accurately based on the code or codes that correctly describe the health care services provided. UnitedHealthcare Medicare Advantage Policy Guidelines 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 or guarantee claims payment.

Medicare Advantage Policy Guidelines are the property of UnitedHealthcare. Unauthorized copying, use, and distribution of this information are strictly prohibited.

\*For more information on a specific member's benefit coverage, please call the customer service number on the back of the member ID card or refer to the [Administrative Guide](#).