



BILLING AND CODING GUIDE

SEPTEMBER 2026

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 BEXLUTRY. 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 codes provided in this resource are for reference only.

INDICATIONS AND USAGE

Bexlutry™ (lutetium Lu 177 dotatate injection) is indicated for the treatment of adults with somatostatin receptor-positive gastroenteropancreatic neuroendocrine tumors (GEP-NETs), including foregut, midgut, and hindgut neuroendocrine tumors.

IMPORTANT SAFETY INFORMATION WARNINGS AND PRECAUTIONS

- **Risk From Radiation Exposure:** Bexlutry contributes to a patient's overall long-term cumulative radiation exposure. Long-term cumulative radiation exposure is associated with an increased risk for cancer. These risks of radiation associated with the use of Bexlutry are greater in pediatric patients than in adults.
Radiation can be detected in the urine for up to 30 days following Bexlutry administration. Minimize radiation exposure to patients, medical personnel, and household contacts during and after treatment with Bexlutry consistent with institutional good radiation safety practices, patient management procedures, Nuclear Regulatory Commission patient-release guidance, and instructions to the patient for follow-up radiation protection at home.
- **Myelosuppression:** In NETTER-1, myelosuppression occurred more frequently in patients receiving lutetium Lu 177 dotatate injection with long-acting octreotide compared to patients receiving high-dose long-acting octreotide (all Grades/Grade 3 or 4): anemia (81%/0) versus (54%/1%); thrombocytopenia (53%/1%) versus (17%/0); and neutropenia (26%/3%) versus (11%/0). In NETTER-1, platelet nadir occurred at a median of 5.1 months following the first dose. Of the 59 patients who developed thrombocytopenia, 68% had platelet recovery to baseline or normal levels. The median time to platelet recovery was 2 months. Fifteen of the nineteen patients in whom platelet recovery was not documented had post-nadir platelet counts. Among these 15 patients, 5 improved to Grade 1, 9 to Grade 2, and 1 to Grade 3. Monitor blood cell counts. Withhold dose, reduce dose, or permanently discontinue Bexlutry based on the severity of myelosuppression.

Please see additional Important Safety Information on pages 10-12 and [full Prescribing Information](#).

CURIUM

BEXLUTRY BILLING AND CODING AT A GLANCE



BEXLUTRY is an FDA-approved radiolabeled somatostatin analog indicated for the treatment of adults with somatostatin receptor–positive (SSTR+) gastroenteropancreatic neuroendocrine tumors (GEP-NETs), including foregut, midgut, and hindgut neuroendocrine tumors.¹

Dosing strength and administration¹:

- BEXLUTRY contains 370 MBq/mL (10 mCi/mL) of lutetium Lu 177 dotatate at time of calibration
- Administer 7.4 GBq (200 mCi) every 8 weeks ($\pm$ 1 week) for a total of 4 doses per labeling instructions

Dosage forms¹:

- 370 MBq/mL (10 mCi/mL) in single-dose vial

Storage and handling¹:

- Store upright at controlled room temperature 20°C to 25°C (68°F to 77°F)
- Store in the original package to protect from ionizing radiation (lead shielding)
- Discard appropriately at 72 hours after calibration

Product Code

National Drug Code (NDC)

NDCs are used to identify specific drug products for claims submission and processing.²

10-digit NDC ¹	11-digit NDC ³	Description
69945-177-01 (FDA-assigned format)	69945-0177-01 (billing format)	Lutetium Lu 177 dotatate, therapeutic, 1 mCi

BEXLUTRY BILLING AND CODING AT A GLANCE (CONT'D)



Healthcare Common Procedure Coding System (HCPCS) codes

HCPCS Level II codes are used to identify drugs, supplies, medical procedures, and other services. When products are new or unlisted medical procedures/drugs, temporary HCPCS codes are used prior to the creation of a specific code.⁴

BEXLUTRY will use miscellaneous/unclassified HCPCS codes until a product-specific HCPCS code is assigned. When billing with miscellaneous or unclassified HCPCS codes, include all required supporting claim information, such as product name, total dosage administered, applicable NDC, any payer-requested supporting documentation (invoices, etc.) Submitting incomplete or conflicting information may result in claim delays or denials.

HCPCS code/descriptor ^{5,6}	Insurance/site of care	Dosage ¹	Billing units
A9699* Radiopharmaceutical therapeutic, not otherwise classified	Medicare and Commercial: Physician offices & freestanding clinics	7.4 GBq (200 millicurie)	1 billing unit
C9399* New drugs/biologicals	Medicare Hospital Outpatient Prospective Payment System (HOPPS)		

HCPs should contact third-party payers for specific information on their coding, coverage, and payment policies.

*When submitting a claim using the miscellaneous HCPCS codes, please allow for a longer claim response time.

Modifiers

Modifiers provide additional information related to administration and billing.⁴ Use the appropriate modifier(s) based on payer requirements and applicable billing guidelines.

Modifier ⁷⁻⁹	Description
TB	Drug or biological acquired with 340B drug pricing program discount, reported for informational purposes for select entities
JZ	Zero drug amount discarded/not administered to any patient
JW [†]	Drug amount discarded/not administered to any patient
76	Repeat procedure or service by same physician

[†]Check with your payer or Medicare Administrative Contractor when billing for drug discard. Some payers may only accept JZ.

For billing and coding support, contact your dedicated Field Access & Reimbursement Manager or contact Curium Connects™ at 1-844-287-2628.

BILLING AND CODING

Billing, coding, and reimbursement requirements vary by payer and site of care. Verify coverage and claim submission requirements with the applicable payer.

Current Procedural Terminology (CPT®) codes

CPT codes are used to report medical procedures and services for billing and reimbursement purposes.^{10*}

Service	Code ¹¹	Description ¹¹
Administration of BEXLUTRY	79101	Radiopharmaceutical therapy, by intravenous administration
Radiation dosimetry calculation	77300	Basic radiation dosimetry calculation
Administration of radioactive material	77750	Infusion or instillation of radioelement solution (includes 3-month follow-up care)
First hour of amino acid infusion	96365	Intravenous infusion, for therapy, prophylaxis, or diagnosis; initial, up to 1 hour
Each additional hour of amino acid infusion	96366	Intravenous infusion, for therapy, prophylaxis, or diagnosis; each additional hour

*Codes for antiemetics and other premedications may vary based on the drug administered and route of administration.

BILLING AND CODING (CONT'D)

Place of Service (POS) codes¹²

POS codes identify the setting in which services are provided and billed. Report the appropriate POS code based on the site of care. For additional POS codes, view the full listing of codes on the Centers for Medicare & Medicaid Services (CMS) website.

POS	Code	Description
Office	11	Location, other than a hospital, skilled nursing facility (SNF), military treatment facility, community health center, state or local public health clinic, or intermediate care facility (ICF), where the health professional provides health examinations, diagnosis, and treatment on an ambulatory basis.
On-Campus— Outpatient Hospital	22	A portion of a hospital's main campus that provides diagnostic, therapeutic (both surgical and nonsurgical), and rehabilitation services to sick or injured persons who do not require hospitalization or institutionalization.
Independent Clinic	49	A location, not part of a hospital and not described by any other Place of Service code, that is organized and operated to provide preventive, diagnostic, therapeutic, rehabilitative, or palliative services to outpatients only.

Revenue codes

Revenue codes are used on institutional claims, including form UB-04 (CMS-1450), to identify the category of services billed to the payer.¹³

Code ¹⁴	Description ¹⁴
0240	All-inclusive ancillary, general
0340	Nuclear medicine, general
0342	Nuclear medicine, therapeutic
0344	Nuclear medicine, therapeutic radiopharmaceuticals
0636	Pharmacy, drugs requiring detailed coding

DIAGNOSIS CODES

Diagnosis codes establish the medical necessity for treatment with BEXLUTRY.⁴ You should report the most specific ICD-10-CM code(s) available to accurately reflect the patient's condition and services provided.

Review your patient's health plan guidance to ensure appropriate codes are selected.

ICD-10-CM codes ¹⁵⁻¹⁷	Description ¹⁵⁻¹⁷
C7A.00	Malignant carcinoid tumor of unspecified site
C7A.01	Malignant carcinoid tumor of the small intestine
C7A.010	Malignant carcinoid tumor of the duodenum
C7A.011	Malignant carcinoid tumor of the jejunum
C7A.012	Malignant carcinoid tumor of the ileum
C7A.019	Malignant carcinoid tumor of the small intestine, unspecified portion
C7A.020	Malignant carcinoid tumors of the appendix
C7A.021	Malignant carcinoid tumor of the cecum
C7A.022	Malignant carcinoid tumor of the ascending colon
C7A.023	Malignant carcinoid tumor of the transverse colon
C7A.024	Malignant carcinoid tumor of the descending colon
C7A.025	Malignant carcinoid tumor of the sigmoid colon
C7A.026	Malignant carcinoid tumor of the rectum
C7A.029	Malignant carcinoid tumor of the large intestine, unspecified portion
C7A.09	Malignant carcinoid tumors of other sites
C7A.092	Malignant carcinoid tumor of the stomach
C7A.094	Malignant carcinoid tumor of the foregut unspecified
C7A.095	Malignant carcinoid tumor of the midgut unspecified
C7A.096	Malignant carcinoid tumor of the hindgut unspecified
C7A.098	Malignant carcinoid tumors of other sites

Abbreviation: ICD-10-CM, International Classification of Diseases, 10th Revision, Clinical Modification.

Please see Important Safety Information on cover and pages 10-12 and full Prescribing Information.

DIAGNOSIS CODES (CONT'D)

ICD-10-CM codes ¹⁵	Description ¹⁵
C7A.1	Malignant poorly differentiated neuroendocrine tumors
C7A.8	Other malignant neuroendocrine tumors
C7B.0	Secondary carcinoid tumors
C7B.00	Secondary carcinoid tumors, unspecified site
C7B.8	Other secondary neuroendocrine tumors
C7B.09	Secondary carcinoid tumors of other sites
C25.0	Malignant neoplasm of head of pancreas
C25.1	Malignant neoplasm of body of pancreas
C25.2	Malignant neoplasm of tail of pancreas
C25.3	Malignant neoplasm of pancreatic duct
C25.4	Malignant neoplasm of endocrine pancreas
C25.7	Malignant neoplasm of other parts of pancreas
C25.8	Malignant neoplasm of overlapping sites of pancreas
C25.9	Malignant neoplasm of pancreas, unspecified

For more information, please call **1-844-287-2628**.

SAMPLE CLAIM FORM*: CMS-1500

The CMS-1500 is a standard claim form used to bill professional services and medications administered by HCPs.

Note: Claim submission guidelines may vary based on payer policies, site of care, and total claim charges. Be sure to follow applicable billing instructions when submitting claims for product administration and related services.

Box 19

Enter the brand (BEXLUTRY) and generic (lutetium Lu 177 dotatate injection) names, NDC (69945-0177-01), and dosage (200 mCi).[†]

Review payer recommendations. Do not include spacing, commas, hyphens, or special characters. There is a 56-character limit for written forms and 80-character limit for electronic forms.

Box 23

Enter the prior authorization number, if applicable.

Box 24A

In the shaded area, enter N4 followed by the 11-digit NDC. Do not include dashes. Verify specific formatting guidelines with the payer. Example: N469945017701MLX.X

Box 24D

Enter miscellaneous HCPCS code, A9699 or C9399, and appropriate modifiers. Then enter CPT code 79101 on a separate line.

Box 24G

Include "1" billing unit for BEXLUTRY.

*Sample claim forms are provided for illustrative purposes only and their use is not a guarantee of reimbursement. It is a provider's responsibility to determine the appropriate codes and submit true and correct claims for the products and services rendered. Contact payers directly for specific information on their coding requirements, coverage policies, payment policies, and fee schedules.

[†]Submitting additional information beyond what is required, or submitting conflicting information, could cause the service to be rejected.

Abbreviation: HCP, healthcare provider.

SAMPLE CLAIM FORM*: UB-04 (CMS-1450)

The UB-04 (CMS-1450) is a standard institutional claim form used by facilities to bill inpatient and outpatient services.

1. BILLING PERIOD		2. BILLING PERIOD		3. BILLING PERIOD		4. BILLING PERIOD		5. BILLING PERIOD		6. BILLING PERIOD		7. BILLING PERIOD		8. BILLING PERIOD		9. BILLING PERIOD		10. BILLING PERIOD		11. BILLING PERIOD		12. BILLING PERIOD		13. BILLING PERIOD		14. BILLING PERIOD		15. BILLING PERIOD		16. BILLING PERIOD		17. BILLING PERIOD		18. BILLING PERIOD		19. BILLING PERIOD		20. BILLING PERIOD		21. BILLING PERIOD		22. BILLING PERIOD		23. BILLING PERIOD		24. BILLING PERIOD		25. BILLING PERIOD		26. BILLING PERIOD		27. BILLING PERIOD		28. BILLING PERIOD		29. BILLING PERIOD		30. BILLING PERIOD		31. BILLING PERIOD		32. BILLING PERIOD		33. BILLING PERIOD		34. BILLING PERIOD		35. BILLING PERIOD		36. BILLING PERIOD		37. BILLING PERIOD		38. BILLING PERIOD		39. BILLING PERIOD		40. BILLING PERIOD		41. BILLING PERIOD		42. BILLING PERIOD		43. BILLING PERIOD		44. BILLING PERIOD		45. BILLING PERIOD		46. BILLING PERIOD		47. BILLING PERIOD		48. BILLING PERIOD		49. BILLING PERIOD		50. BILLING PERIOD		51. BILLING PERIOD		52. BILLING PERIOD		53. BILLING PERIOD		54. BILLING PERIOD		55. BILLING PERIOD		56. BILLING PERIOD		57. BILLING PERIOD		58. BILLING PERIOD		59. BILLING PERIOD		60. BILLING PERIOD		61. BILLING PERIOD		62. BILLING PERIOD		63. BILLING PERIOD		64. BILLING PERIOD		65. BILLING PERIOD		66. BILLING PERIOD		67. BILLING PERIOD		68. BILLING PERIOD		69. BILLING PERIOD		70. BILLING PERIOD		71. BILLING PERIOD		72. BILLING PERIOD		73. BILLING PERIOD		74. BILLING PERIOD		75. BILLING PERIOD		76. BILLING PERIOD		77. BILLING PERIOD		78. BILLING PERIOD		79. BILLING PERIOD		80. BILLING PERIOD		81. BILLING PERIOD		82. BILLING PERIOD		83. BILLING PERIOD		84. BILLING PERIOD		85. BILLING PERIOD		86. BILLING PERIOD		87. BILLING PERIOD		88. BILLING PERIOD		89. BILLING PERIOD		90. BILLING PERIOD		91. BILLING PERIOD		92. BILLING PERIOD		93. BILLING PERIOD		94. BILLING PERIOD		95. BILLING PERIOD		96. BILLING PERIOD		97. BILLING PERIOD		98. BILLING PERIOD		99. BILLING PERIOD		100. BILLING PERIOD	
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Box 42

Enter the appropriate revenue code in accordance with product and administration codes.

Box 43

Enter the N4 indicator followed by the 11-digit NDC. Do not include dashes. Verify specific formatting guidelines with the payer.
Example: N469945017701MLX.X

Box 44

Enter the miscellaneous HCPCS code, A9699 or C9399, and appropriate modifiers. Then enter CPT code 79101 on a separate line.

Box 46

Include 1 unit for billing BEXLUTRY and 1 unit for the administration procedure.

Box 67

Enter the appropriate diagnosis codes (eg, relevant ICD-10-CM codes).

Box 80

Enter the brand (BEXLUTRY) and generic (lutetium Lu 177 dotatate injection) names, NDC (69945-0177-01), and dosage (200 mCi).

*Sample claim forms are provided for illustrative purposes only and their use is not a guarantee of reimbursement. It is a provider's responsibility to determine the appropriate codes and submit true and correct claims for the products and services rendered. Contact payers directly for specific information on their coding requirements, coverage policies, payment policies, and fee schedules.



Curium Connects offers access support services and helps navigate the patient treatment journey.



**For additional questions or support, please call
1-844-287-2628 or visit our website CuriumConnects.com.**

IMPORTANT SAFETY INFORMATION (cont'd) **WARNINGS AND PRECAUTIONS (cont'd)**

- **Secondary Myelodysplastic Syndrome (MDS) and Leukemia:** In NETTER-1, with a median follow-up time of 76 months in the main study, myelodysplastic syndrome (MDS) was reported in 2.3% of patients receiving lutetium Lu 177 dotatate injection with long-acting octreotide compared to no patients receiving high-dose long-acting octreotide.

In ERASMUS, 16 patients (2.0%) developed MDS and 4 (0.5%) developed acute leukemia. The median time to onset was 29 months (9 to 45 months) for MDS and 55 months (32 to 125 months) for acute leukemia.

- **Renal Toxicity:** In ERASMUS, 8 patients (< 1%) developed renal failure 3 to 36 months following lutetium Lu 177 dotatate injection. Two of these patients had underlying renal impairment or risk factors for renal failure (e.g., diabetes or hypertension) and required dialysis.

Administer the recommended amino acid solution before, during and after Bexlutry to decrease the reabsorption of lutetium Lu 177 dotatate through the proximal tubules and decrease the radiation dose to the kidneys. Advise patients to hydrate and to urinate frequently before, on the day of, and the day after administration of Bexlutry.

Monitor serum creatinine and calculated creatinine clearance. Withhold dose, reduce dose, or permanently discontinue Bexlutry based on the severity of renal toxicity.

Patients with baseline renal impairment may be at increased risk of toxicity due to increased radiation exposure.

- **Hepatotoxicity:** In ERASMUS, 2 patients (< 1%) were reported to have hepatic tumor hemorrhage, edema, or necrosis, with one patient experiencing intrahepatic congestion and cholestasis. Patients with hepatic metastasis may be at increased risk of hepatotoxicity due to radiation exposure.

Monitor transaminases, bilirubin, serum albumin, and international normalized ratio (INR) during treatment. Withhold dose, reduce dose, or permanently discontinue Bexlutry based on the severity of hepatotoxicity.

IMPORTANT SAFETY INFORMATION

IMPORTANT SAFETY INFORMATION (cont'd)

WARNINGS AND PRECAUTIONS (cont'd)

- **Hypersensitivity Reactions:** Hypersensitivity reactions, including angioedema, occurred in patients treated with lutetium Lu 177 dotatate injection. Monitor patients closely for signs and symptoms of hypersensitivity reactions, including anaphylaxis, during and following Bexlutry administration for a minimum of 2 hours in a setting where cardiopulmonary resuscitation medication and equipment are available. Discontinue the infusion upon the first observation of any signs or symptoms consistent with a severe hypersensitivity reaction and initiate appropriate therapy.

Premedicate patients with a history of Grade 1 or 2 hypersensitivity reactions to Bexlutry before subsequent doses. Permanently discontinue Bexlutry in patients who experience Grade 3 or 4 hypersensitivity reactions.

- **Neuroendocrine Hormonal Crisis:** Neuroendocrine hormonal crises, manifesting with flushing, diarrhea, bronchospasm and hypotension, occurred in < 1% of patients in ERASMUS and typically occurred during or within 24 hours following the initial lutetium Lu 177 dotatate injection dose. Two (< 1%) patients were reported to have hypercalcemia. Monitor patients for flushing, diarrhea, hypotension, bronchoconstriction or other signs and symptoms of tumor-related hormonal release. Administer intravenous somatostatin analogs, fluids, corticosteroids, and electrolytes as indicated.
- **Embryo-Fetal Toxicity:** Based on its mechanism of action, Bexlutry can cause fetal harm when administered to a pregnant woman. Verify pregnancy status of females of reproductive potential prior to initiating Bexlutry. Advise pregnant women of the potential risk to a fetus. Advise females of reproductive potential to use effective contraception during treatment with Bexlutry and for 7 months after the last dose. Advise males with female partners of reproductive potential to use effective contraception during treatment with Bexlutry and for 4 months after the last dose.
- **Risk of Infertility:** Bexlutry may cause infertility in males and females. The recommended cumulative dose of 29.6 GBq of Bexlutry results in a radiation absorbed dose to the testes and ovaries within the range where temporary or permanent infertility can be expected following external beam radiotherapy.

ADVERSE REACTIONS

The most common Grade 3-4 adverse reactions ($\geq 4\%$ with a higher incidence in lutetium Lu 177 dotatate injection arm) reported in NETTER-1 were lymphopenia, increased GGT, vomiting, nausea, increased AST, increased ALT, hyperglycemia and hypokalemia.

With a median follow-up time of more than 4 years, the following rates of serious adverse reactions were reported in ERASMUS: myelodysplastic syndrome (2%), acute leukemia (1%), renal failure (2%), hypotension (1%), cardiac failure (2%), myocardial infarction (1%), and neuroendocrine hormonal crisis (1%).

DRUG INTERACTIONS

Somatostatin Analogs: Somatostatin and its analogs competitively bind to somatostatin receptors and may interfere with the efficacy of Bexlutry. Discontinue long-acting somatostatin analogs at least 4 weeks and short-acting octreotide at least 24 hours prior to each Bexlutry dose. Administer short- and long-acting octreotide during Bexlutry treatment as recommended.

Glucocorticoids: Glucocorticoids can induce down-regulation of subtype 2 somatostatin receptors (SSTR2). Avoid repeated administration of high doses of glucocorticoids during treatment with Bexlutry.

Please see Important Safety Information on cover and pages 10-12 and full Prescribing Information.



For additional resources,
please visit
BEXLUTRYHCP.com/resources.

IMPORTANT SAFETY INFORMATION (cont'd) USE IN SPECIFIC POPULATIONS

Lactation

Advise women not to breastfeed during treatment with Bexlutry and for 2.5 months after the last dose.

Pediatric Use

Somatostatin Receptor-Positive Gastroenteropancreatic Neuroendocrine Tumors: The risks of radiation exposure associated with Bexlutry are greater in pediatric patients than in adult patients due to longer life expectancy. The safety and effectiveness of Bexlutry have not been established in pediatric patients younger than 12 years old with somatostatin receptor-positive GEP-NETs.

Pediatric use information is approved for Advanced Accelerator Applications USA INC's LUTATHERA (lutetium Lu 177 dotatate) injection for intravenous use. However, due to Advanced Accelerator Applications USA Inc.'s marketing exclusivity rights, this drug product is not labeled with that pediatric information.

LUTATHERA® is a registered trademark of Advanced Accelerator Applications International SA.

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Please see additional Important Safety Information on cover and pages 10-11 and full Prescribing Information.