

THE 5 THINGS YOU NEED TO BILL A9607

HCPCS A9607 1 mCi = 1 unit (A-code, not J-code)	STANDARD DOSE 200 mCi (7.4 GBq) 200 units · q6w × up to 6 cycles	ADMIN CPT 79101 Radiopharm IV therapy (NOT 96365 / 96413)
COMPANION PSMA-PET A9593 / A9595 / A9596 Pylarify / Illuccix / Locametz — REQUIRED before cycle 1	CONCURRENT ADT Required Lupron J1950 or Firmagon J9155 maintained	COURSE COST (WAC) ~\$252,000 ~\$42K/dose × up to 6 cycles

TOP ERROR: Billing CPT 96365 (therapeutic IV) or 96413 (chemo IV) instead of 79101 (radiopharm therapy). Pluvicto is a nuclear medicine therapy — use 79101.

DOSING & SCHEDULE (UP TO 6-CYCLE COURSE, ~30 WEEKS)

CYCLE	WEEK	DRUG LINE	ADMIN	REQUIRED GATING
Pre-cycle 1	Week -2 to 0	A9593 (Pylarify) / A9595 (Illuccix) / A9596 (Locametz)	CPT 78814/15/16 (PET)	PSMA+ lesion documented; prior ARPI; ADT maintained
Cycle 1	Week 0	A9607 × 200 units, modifier JZ	CPT 79101	ADT continued
Cycle 2	Week 6	A9607 × 200 units, modifier JZ	CPT 79101	ADT continued
Cycle 3	Week 12	A9607 × 200 units, modifier JZ	CPT 79101	ADT continued
Cycle 4	Week 18	A9607 × 200 units, modifier JZ	CPT 79101	ADT continued
Cycle 5	Week 24	A9607 × 200 units, modifier JZ	CPT 79101	ADT continued
Cycle 6	Week 30	A9607 × 200 units, modifier JZ	CPT 79101	ADT continued

ICD-10 (MCRPC)

C61	Primary: malignant neoplasm of prostate
Z19.2	Pair with C61: hormone-resistant status (mCRPC)
C79.51	Bone metastases (near-universal in mCRPC)
C77.5 / C77.2	Pelvic / retroperitoneal nodal mets
Z79.890	Long-term hormone therapy (ADT)
Z92.21	History of antineoplastic chemo (for post-taxane patients)

COMPANION PSMA DIAGNOSTICS

A9593	Pylarify (piflufolostat F 18)
A9595	Illuccix (Ga-68 PSMA-11)
A9596	Locametz (Ga-68 gozetotide) — co-approved w/ Pluvicto
CPT 78814/78815/78816	PET tumor imaging (limited / WB / WB+CT)

CONCURRENT ADT (CONTINUED THROUGHOUT)

J1950	Lupron Depot (leuprolide acetate)
J9155	Firmagon (degarelix)

TOP 4 DENIAL DRIVERS

#	DENIAL REASON	FIX
1	Missing PSMA-PET documentation	Submit Pylarify / Locametz / Illuccix PET report with PA showing ≥ 1 PSMA+ metastatic lesion
2	Wrong admin CPT (96365 / 96413)	Resubmit with 79101 nuclear med therapy admin
3	Prior ARPI history missing	Document prior abiraterone / enzalutamide / apalutamide / darolutamide regimen + PSA or radiographic progression
4	"No prior taxane" denial under stale PA criteria	Cite FDA label March 2025 expansion (BLA 215833 supp.) + current NCCN GU; pre-taxane Pluvicto now allowed

Site of care: Hospital outpatient nuclear medicine department only (POS 22 or 19). No office or AIC pathway — AU credentialing required. **OPPS pass-through** typically applies (status indicator G); verify Addendum B each quarter. CY2026 high-cost radiopharmaceutical policy affects packaging vs separate payment.

Sister product to know: Lutathera (lutetium Lu 177 dotatate, A9513) — same Lu-177 isotope, SSTR2-targeted, GEP-NET indication, q8w × 4 cycles, amino acid co-infusion required. Don't cross the wires on HCPCS.