

**LUMASON**<sup>®</sup>

(sulfur hexafluoride lipid-type A microspheres)  
for injectable suspension, for intravenous  
use or intravesical use  
**VISUALLY DECISIVE**

# 2026 REIMBURSEMENT RESOURCE KIT

# HOPPS

HOSPITAL OUTPATIENT PROSPECTIVE  
PAYMENT SYSTEM

February 2026

## DISCLAIMERS

The information provided here is general reimbursement information for LUMASON. It is not legal advice, nor is it advice about how to code, complete, or submit any particular claim for payment. Although we supply this information based on our current knowledge, it is always the provider's responsibility to determine and submit appropriate codes, charges, modifiers, and bills for the services that were rendered. This coding and reimbursement information is subject to change without notice. Payers or their local branches may have their own coding and reimbursement requirements and policies. Before filing any claims, providers should verify current requirements and policies with the payer.

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CPT is a registered trademark of the American Medical Association.

**LUMASON® (sulfur hexafluoride lipid-type A microspheres) for injectable suspension, for intravenous use or intravesical use****Indications**

LUMASON® (sulfur hexafluoride lipid-type A microspheres) for injectable suspension, for intravenous use or intravesical use is an ultrasound contrast agent indicated for use:

- in echocardiography to opacify the left ventricular chamber and to improve the delineation of the left ventricular endocardial border in adult and pediatric patients with suboptimal echocardiograms
- in ultrasonography of the liver for characterization of focal liver lesions in adult and pediatric patients
- in ultrasonography of the urinary tract for the evaluation of suspected or known vesicoureteral reflux in pediatric patients

**IMPORTANT SAFETY INFORMATION****WARNING: SERIOUS CARDIOPULMONARY REACTIONS**

**Serious cardiopulmonary reactions, including fatalities, have occurred uncommonly during or following the injection of ultrasound contrast agents, including sulfur hexafluoride lipid microspheres. Most serious reactions occur within 30 minutes of administration.**

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

**Contraindications**

LUMASON (sulfur hexafluoride lipid-type A microspheres) for injectable suspension, for intravenous use or intravesical use is contraindicated in patients with known or suspected hypersensitivity to sulfur hexafluoride lipid microsphere or its components, such as polyethylene glycol (PEG).

**Warnings**

**Serious cardiopulmonary reactions**, including fatalities, have occurred uncommonly during or shortly following administration of ultrasound contrast agents, including LUMASON. Always have cardiopulmonary resuscitation personnel and equipment readily available prior to LUMASON administration and monitor all patients for acute reactions.

Post-marketing **hypersensitivity reactions**, including serious hypersensitivity reactions, have been observed during use or shortly following LUMASON administration. These reactions may occur in patients with no history of prior exposure to sulfur hexafluoride lipid-containing microspheres. LUMASON contains PEG. There may be increased risk of serious reactions including death in patients with prior hypersensitivity reaction(s) to PEG.

**Systemic embolization** may occur in patients with cardiac shunts. Assess patients with cardiac shunts for embolic phenomena following LUMASON administration.

There is a risk of **ventricular arrhythmia related to high mechanical index** in patients administered LUMASON. LUMASON is not recommended for use at mechanical indices greater than 0.8.

The most common adverse reactions (incidence  $\geq$  0.5%) are headache (1%) and nausea (0.5%).

**You are encouraged to report negative side effects of prescription drugs to the FDA. Visit [www.fda.gov/medwatch](http://www.fda.gov/medwatch) or call 1-800-FDA-1088.**

**Please click [here](#) for full Prescribing Information for LUMASON ultrasound contrast agent, including BOXED WARNING on Serious Cardiopulmonary Reactions.**

LUMASON is manufactured for Bracco Diagnostics Inc., Princeton, NJ 08540 by Bracco Suisse S.A., Plan-les-Ouates Geneve, Switzerland (LUMASON lyophilized powder vial-25 mg lipid-type A/60.7 sulfur hexafluoride gas); Vetter Pharma-Fertigung GmbH & Co. KG, 88212 Ravensburg, Germany (Sodium Chloride 0.9% Injection, USP) or Bracco Imaging S.p.A. Via Ribes, 5, 10010 Colletterto Giacosa (TO), Italy (0.9% Sodium Chloride Injection, USP); B. Braun Melsungen AG 34212 Melsungen, Germany (Mini-Spike).

LUMASON and SONOVUE are registered trademarks of Bracco Diagnostics Inc. and its affiliated entities.

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## LUMASON® is the only ultrasound enhancing agent (UEA) with 3 indications<sup>1</sup>

- ✔ Echocardiography to opacify the left ventricular chamber and to improve the delineation of the left ventricular endocardial border in adult and pediatric patients with suboptimal echocardiograms.
- ✔ Ultrasonography of the liver for the characterization of focal liver lesions in adult and pediatric patients.
- ✔ Ultrasonography of the urinary tract for the evaluation of suspected or known vesicoureteral reflux in pediatric patients.



**All-inclusive portable kit**



**20 vials & 20 spike pack**

**CPT® (Current Procedural Terminology)**

Codes used to report the service or procedure performed.

**HCPCS (Healthcare Common Procedure Coding System)**

Codes used to report the provision of supplies, materials, injections, and certain services and procedures. For example, the HCPCS code for LUMASON ultrasound enhancing agent (UEA) is Q9950.

**C-codes**

Unique, temporary HCPCS codes created by Medicare and used for HOPPS only. This is often done when no other appropriate code exists. An example of this is the C-code series in echocardiography, which are described on page 8.

**Coding Modifiers**

Under HOPPS, LUMASON UEA is not separately reimbursable, and therefore the JZ and JW Modifiers do not apply under this billing system. They are required for independent imaging centers billing under the Medicare Physician Fee Schedule.

**ICD-10 (International Classification of Disease)**

Codes used to describe a patient's signs and symptoms that would represent a medically necessary reason for performing the procedure. ICD-10 codes need to be entered on the claim form. ICD-10 is the 10th revision of the International Statistical Classification of Diseases and Related Health Problems (ICD), a medical classification list by the World Health Organization (WHO).

**APC (Ambulatory Payment Classification)**

In most cases, the unit of payment under the HOPPS is the APC. CMS assigns individual services HCPCS & CPT codes to APCs based on similar clinical characteristics and similar costs. The payment rate and copayment calculated for an APC apply to each service within the APC.

**NDC (National Drug Code)**

An NDC code provides a unique identifier for a specific drug. The NDC for LUMASON ultrasound enhancing agent is: 00270-7099-16.

**Medicare Addendum B**

These files are updated quarterly and reflect HOPPS payment rates for HCPCS codes and APC codes.

<https://www.cms.gov/medicare/payment/prospective-payment-systems/hospital-outpatient/addendum-a-b-updates>.

**Medicare Part B ASP (average selling price) file**

Quarterly payment files are published for Independent Diagnostic Testing Facilities (IDTFs) and physician offices. This is where the payment value for LUMASON (Q9950) can be found: <https://www.cms.gov/medicare/payment/part-b-drugs/asp-pricing-files>.

**Medicare Physician Fee Schedule (MPFS)**

Find out physician payment for specific geographic locations in the country for different procedures. This schedule provides: global (G), technical (TC), and professional (26) component payment rates. To find out more information on specific locations visit: <https://www.cms.gov/medicare/physician-fee-schedule/search/overview>.

**Q9950<sup>2</sup>:** LUMASON ultrasound enhancing agent (UEA)

1 vial = 5 mL

Billing unit is per mL, not by vial or doses

**Medicare Patients:** LUMASON UEA is part of a bundled payment under HOPPS and not separately reimbursed. However, please code separately with the echocardiography and radiology procedure codes for future ratesetting.

**Commercially Insured Patients:** The provider must contact their respective insurance providers to include Q9950 and establish a reimbursement value.

**Medicaid Patients:** Medicaid coverage varies by state, please consult your local Medicaid office to find the policies in your area. Bracco does not participate in the Medicaid Drug Rebate Program.

**Procedure Codes:** Echocardiography: 933xx series and C-8921-30 code series.<sup>2,3</sup> Please see page 8 and 9 for a complete list.

**Please note that C-codes are generally intended for Medicare patients in Hospital Outpatient facilities only. However, some commercial carriers may also cover C-codes regardless of facility type.**



## Sample hospital setting billing form UB-04 CMS-1450

### Echocardiography with contrast

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**Form Locator 42 (Rev. CD)**  
Enter Revenue Code:  
0254 Drugs incident to diagnostic service  
0636 Drugs requiring detailed coding  
(Verify Revenue Code with Hospital Billing Department and Insurance Providers)

**Form Locator 44 (HCPCS/Rates/HIPPS Code)**  
Enter CPT<sup>®</sup> or HCPCS code for procedure and radiopharmaceutical  
C8929 Echocardiography  
Q9950 LUMASON<sup>®</sup>

**Form Locator 46 (Units of Service)**  
Enter number of units based on the HCPCS descriptor

*Bracco Diagnostics Inc. cannot guarantee coverage or payment for products or procedures at any particular level. For more specific information, please contact your Medicare contractor or the patient's insurer.*

## Echocardiography: C-codes

HCPCS code <sup>3</sup>	Long-description HCPCS	2026 HOPPS National Payment Rate <sup>5</sup>
<b>C8921</b>	Transthoracic echocardiography with contrast, or without contrast followed by with contrast, for congenital cardiac anomalies; complete	\$800.90
<b>C8922</b>	Transthoracic echocardiography with contrast, or without contrast followed by with contrast, for congenital cardiac anomalies; follow-up or limited study	\$800.90
<b>C8923</b>	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	\$800.90
<b>C8924</b>	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	\$356.43
<b>C8925</b>	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	\$800.90
<b>C8926</b>	Transesophageal echocardiography (TEE) with contrast, or without contrast followed by with contrast, for congenital cardiac anomalies; including probe placement, image acquisition, interpretation and report	\$800.90
<b>C8927</b>	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	\$800.90
<b>C8928</b>	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	\$800.90
<b>C8929</b>	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	\$800.90
<b>C8930</b>	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	\$800.90

## Echocardiography: Cross Walk Codes Without and With Contrast<sup>2,3</sup>

CPT <sup>®</sup>	Without contrast   With contrast	C-code
93303	←————→	<b>C8921</b>
93304	←————→	<b>C8922</b>
93306	←————→	<b>C8929</b>
93307	←————→	<b>C8923</b>
93308	←————→	<b>C8924</b>

CPT	Without contrast   With contrast	C-code
93312	←————→	<b>C8925</b>
93315	←————→	<b>C8926</b>
93318	←————→	<b>C8927</b>
93350	←————→	<b>C8928</b>
93351	←————→	<b>C8930</b>

## Echocardiography CPT<sup>®</sup> codes<sup>2</sup> for adult and pediatric patients

CPT code <sup>2</sup>	Long-description CPT	2026 HOPPS National Payment Rate <sup>5</sup>
93303	Transthoracic echocardiography for congenital cardiac anomalies; complete	\$558.25
93304	Transthoracic echocardiography for congenital cardiac anomalies; follow-up or limited study	\$558.25
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	\$558.25
93307	Echocardiography, transthoracic, real-time with image documentation (2d), includes m-mode recording, when performed, complete, without spectral or color doppler echocardiography	\$243.77
93308	Echocardiography, transthoracic, real-time with image documentation (2d), includes m-mode recording, when performed, follow-up or limited study	\$243.77
93312	Echocardiography, transesophageal, real-time with image documentation (2d) (with or without m-mode recording); including probe placement, image acquisition, interpretation and report	\$558.25
93313	Echocardiography, transesophageal, real-time with image documentation (2d) (with or without m-mode recording); placement of transesophageal probe only	\$558.25
93314	Echocardiography, transesophageal, real-time with image documentation (2d) (with or without m-mode recording); image acquisition, interpretation and report only	Packaged
93315	Transesophageal echocardiography for congenital cardiac anomalies; including probe placement, image acquisition, interpretation and report	\$558.25
93316	Transesophageal echocardiography for congenital cardiac anomalies; placement of transesophageal probe only	\$558.25
93317	Transesophageal echocardiography for congenital cardiac anomalies; image acquisition, interpretation and report only	Packaged
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	\$558.25
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	\$558.25
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	\$558.25
93352	Use of echocardiographic contrast agent during stress echocardiography (List separately in addition to code for primary procedure) (Do not report 93352 more than once per stress echo cardiogram) (Use 93352 in conjunction with 93350, 93351)	Not paid under OPPS
93355	Echocardiography, transesophageal (TEE) for guidance of a transcatheter intracardiac or great vessel(s) structural intervention(s) (eg, tavr, transcatheter pulmonary valve replacement, mitral valve repair, paravalvular regurgitation repair, left atrial appendage occlusion/closure, ventricular septal defect closure) (peri-and intra-procedural), real-time image acquisition and documentation, guidance with quantitative measurements, probe manipulation, interpretation, and report, including diagnostic transesophageal echocardiography and, when performed, administration of ultrasound contrast, doppler, color flow, and 3d	Packaged
93320	Doppler echocardiography, pulsed wave and/or continuous wave with spectral display (list separately in addition to codes for echocardiographic imaging); complete	Packaged
	Add-on code, use 93320 in conjunction with 93303, 93304, 93312, 93314, 93315, 93317, 93350, 93351, C8921, C8922, C8925, C8926, C8928, C8930	
93321	Doppler echocardiography, pulsed wave and/or continuous wave with spectral display (list separately in addition to codes for echocardiographic imaging); follow-up or limited study (list separately in addition to codes for echocardiographic imaging)	Packaged
	Add-on code, use 93321 in conjunction with 93303, 93304, 93308, 93312, 93314, 93315, 93317, 93350, 93351, C8921, C8922, C8924, C8925, C8926, C8928, C8930	
93325	Doppler echocardiography color flow velocity mapping (list separately in addition to codes for echocardiography)	Packaged
	Add-on code, use 93325 in conjunction with 76825, 76826, 76827, 76828, 93303, 93304, 93308, 93312, 93314, 93315, 93317, 93350, 93351, C8921, C8922, C8924, C8925, C8926, C8928, C8930	
+93356	Myocardial strain imaging using speckle tracking derived assessment of myocardial mechanics	Packaged

**NEW  
FOR 2026**

**CPT Code 76978 has been upgraded to  
payment rate: \$356.43**

Learn More from ICUS: <https://icus-society.org/icus-presses-for-updated-reimbursement-for-non-cardiac-ceus/>

**Radiology – Liver and Urinary Tract**

Ultrasonography of the liver <sup>2</sup>		
CPT <sup>®</sup> code	Description	2026 HOPPS National Payment Rate <sup>5</sup>
76978	Ultrasound, targeted dynamic microbubble sonographic contrast characterization (non-cardiac); initial lesion	\$356.43
+76979, add-on code	Ultrasound, targeted dynamic microbubble sonographic contrast characterization (non-cardiac); each additional lesion with separate injection (List separately in addition to code for primary procedure)	Packaged

**Alternate Coding from the American Medical Association**

Ultrasonography of the urinary tract for vesicoureteral reflux <sup>4</sup>		
CPT <sup>®</sup> code	Description	2026 HOPPS National Payment Rate <sup>5</sup>
51600	Injection procedure for cystography or voiding urethrocytography	
74455	Urethrocytography, voiding, radiological supervision and interpretation	\$243.77
74430	Cystography, minimum of 3 views, radiological supervision and interpretation	\$356.43

**LUMASON<sup>®</sup> Ultrasound Enhancing Agent**



Note: LUMASON UEA must be coded separately

HCPCS code <sup>3</sup>	Description
Q9950	Sulfur hexafluoride lipid microspheres, per mL; there are 5 mL per single-use vial of LUMASON UEA.

## **Hospital in-patient billing: Medicare Severity Adjusted Diagnosis Related Groups (MS-DRG)<sup>6</sup>**

ICD-10-PCS procedure codes are used for in-patient billing. They indicate the surgical and/or diagnostic procedures performed on the patient. These codes, in combination with diagnosis codes, help determine the assignment to an MS-DRG payment category under Medicare and other payment systems. Payment in the hospital is determined by the MS-DRG. Under this system, a hospital is paid at a predetermined specific rate for each Medicare discharge. Fixed reimbursement is established for hospital services based on the patient diagnosis and is paid regardless of the actual cost the hospital incurs in providing the services. Ultrasound exams and contrast agents are part of the MS-DRG payment.

### **Coverage: Medicare National Coverage Decisions (NCD)**

Echocardiography is included in the Medicare NCD for ultrasound and is limited.

There are Medicare Local Coverage Decisions (LCDs) for echocardiography with contrast.

The echocardiography LCDs can be found on the CMS website at:

<https://www.cms.gov/medicare-coverage-database/search.aspx>.

The Medicare National Coverage Determination (NCD) for ultrasound is non-specific.

Abdominal and retroperitoneal ultrasound are covered if medically appropriate.

Medicare National Coverage Determinations Manual, Chapter 1, Part 4, Section 220.5

[https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/ncd103c1\\_Part4.pdf](https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/ncd103c1_Part4.pdf)

**All-inclusive portable kit**

Each kit contains:

- One LUMASON® vial of 25 mg lipid-type A white lyophilized powder with headspace fill of 60.7 mg of sulfur hexafluoride
- One prefilled syringe containing 5 mL of 0.9% Sodium Chloride Injection, USP (Diluent)
- One Mini-Spike

**20-vial pack**

Each pack contains:

- Twenty (20) LUMASON® vials of 25 mg lipid-type A white lyophilized powder with headspace fill of 60.7 mg of sulfur hexafluoride
- Twenty (20) Mini-Spikes
- Twenty (20) peel-off syringe labels

<b>Product</b>	LUMASON UEA
<b>SKU</b>	709916
<b>NDC</b>	0270-7099-16
<b>Product Description</b>	KIT LUMASON 5x 25MG FLIPCAP
<b>Product Configuration</b>	Five (5) Vial Kit

<b>Product</b>	LUMASON UEA
<b>SKU</b>	709707
<b>NDC</b>	0270-7097-07
<b>Product Description</b>	MP LUMASON 20x 25MG VIAL/SPIKE US
<b>Product Configuration</b>	Twenty (20) Vial Pack

<b>Novaplus®</b>	<b>SKU</b> 709700	<b>NDC</b> 0270-7099-73
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<b>Novaplus®</b>	<b>SKU</b> 709708	<b>NDC</b> 0270-7097-08
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Available to purchase direct from Bracco Diagnostics Inc. and through authorized wholesale distributors.  
Novaplus is a registered trademark of Vizient, Inc.

**Customer Service: 1-877-BRACCO-9 (1-877-272-2269)**  
or visit us online at: [MyOrders.Bracco.com](https://MyOrders.Bracco.com)

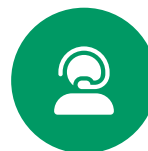
**How we support you**

The Bracco Reimbursement Hotline is here to support you for all your reimbursement needs.

Ask coding and billing questions regarding Bracco Diagnostics products and procedures related to those products.

- ✔ HCPCS codes for products
- ✔ CPT® and HCPCS codes for procedures
- ✔ Medicare payments
- ✔ Monday-Friday: 9:00 AM-6:00 PM Eastern Time

For more information on reimbursement, contact the Bracco Reimbursement Hotline at:



**1-800-349-1388**

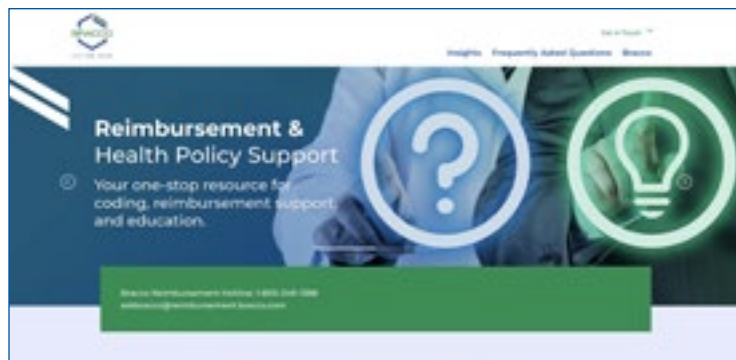


**askbracco@reimbursement.bracco.com**

**Please visit us at [www.braccoreimbursement.com](http://www.braccoreimbursement.com) for more information**

**On our website, you may sign up to:**

- ✔ Receive educational emails
- ✔ Access our complimentary reimbursement webinars
- ✔ Get the latest updates on:
  - Coding
  - Coverage
  - Payment



1. LUMASON<sup>®</sup> (sulfur hexafluoride lipid-type A microspheres) for injectable suspension, for intravenous use or intravesical use. [Full Prescribing Information](#). Princeton, NJ: Bracco Diagnostics Inc., July 2024.
2. *2026 Professional Edition CPT<sup>®</sup> Current Procedural Terminology*. American Medical Association. Chicago, IL; 2025.
3. American Medical Association. *HCPCS Level II Professional 2021*. Chicago IL: American Medical Association; 2020: 147-148, 151, 397.
4. American College of Radiology: The Coding Source, May-June 2019. <https://cs.acr.org/May-June-2019/QandA-Voiding-Urosonography>. Published June 24, 2019. Accessed February 27, 2026.
5. Hospital Outpatient Prospective Payment- Notice of Final Rulemaking (NFRM) with Comment Period Year 2025. Medicare Program: Hospital Outpatient Prospective Payment- Notice of Final Rulemaking CM#-1786-FC. <https://www.cms.gov/medicare/payment/prospective-payment-systems/hospital-outpatient/regulations-notices/cms-1786-fc> - Addendum B. Accessed February 27, 2026.
6. Centers for Medicare & Medicaid Services. Medicare Claims Processing Manual. Washington, DC: Centers for Medicare & Medicaid Services, Department of Health and Human Services. <https://www.cms.gov/regulations-and-guidance/guidance/manuals/downloads/clm104c03.pdf>. Published August 2023. Accessed February 27, 2026.

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