

**LUMASON**<sup>®</sup>

(sulfur hexafluoride lipid-type A microspheres)

for injectable suspension, for intravenous  
use or intravesical use

**VISUALLY DECISIVE**

# 2026 REIMBURSEMENT RESOURCE KIT

# IDTF

## INDEPENDENT DIAGNOSTIC TESTING FACILITIES

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

LUMASON<sup>®</sup> (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**<sup>®</sup> (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 subject to the JW and JZ Modifiers under the Medicare Physician Fee Schedule. Please use the JW Modifier to indicate the amount of product that was discarded or the JZ Modifier to indicate no wastage.

**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 paid separately under MPFS and is separately reimbursed. Please code separately with the echocardiography and radiology procedure codes

**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 rebate program.

**Procedure Codes:** Echocardiography: 933xx series and C-8921-30 code series.<sup>2,3</sup> Please see pages 8 and 10 for a complete list.

**Please note: C-codes are a unique set of codes established by CMS with the intended purpose of being used exclusively for Medicare patients in the Hospital Outpatient Setting. However, many commercial plans will accept the C-codes in non-hospital facilities as well. Please consult with individual plans to find out the most appropriate way to bill for your patients.**



## Sample health insurance claim form CMS-1500 Echocardiography with contrast



**HEALTH INSURANCE CLAIM FORM**  
APPROVED BY NATIONAL UNIFORM CLAIM COMMITTEE (NUCC) 02/12

PICA  PICA

1. MEDICARE  MEDICAID  TRICARE  CHAMPVA  GROUP HEALTH PLAN  FECA BLK LUNG  OTHER

2. PATIENT'S NAME (Last Name, First Name, Middle Initial)

3. PATIENT'S BIRTH DATE MM DD YY SEX M  F

4. INSURED'S NAME (Last Name, First Name, Middle Initial)

5. PATIENT'S ADDRESS (No., Street)

6. PATIENT RELATIONSHIP TO INSURED  
Self  Spouse  Child  Other

7. INSURED'S ADDRESS (No., Street)

8. RESERVED FOR NUCC USE

9. OTHER INSURED'S NAME (Last Name, First Name, Middle Initial)

10. IS PATIENT'S CONDITION RELATED TO:  
a. EMPLOYMENT? (Current or Previous) YES  NO   
b. AUTO ACCIDENT? YES  NO  PLACE (State) \_\_\_\_\_  
c. OTHER ACCIDENT? YES  NO   
10d. CLAIM CODES (Designated by NUCC)

11. INSURED'S POLICY GROUP OR FECA NUMBER

12. PATIENT'S OR AUTHORIZED PERSON'S SIGNATURE I authorize the release of any medical or other information necessary to process this claim. I also request payment of government benefits either to myself or to the party who accepts assignment below.

13. INSURED'S OR AUTHORIZED PERSON'S SIGNATURE I authorize payment of medical benefits to the undersigned physician or supplier for services described below.

14. DATE \_\_\_\_\_ SIGNED \_\_\_\_\_

15. OTHER DATE MM DD YY

16. DATES PATIENT UNABLE TO WORK IN CURRENT OCCUPATION FROM MM DD YY TO MM DD YY

17a. ICD-9-CM PROCEDURE CODE \_\_\_\_\_  
17b. NPI \_\_\_\_\_

18. HOSPITALIZATION DATES RELAT FROM MM DD YY TO MM DD YY

19. OUTSIDE LAB? YES  NO

20. RESUBMISSION CODE \_\_\_\_\_

21. PRIOR AUTHORIZATION NUMBER \_\_\_\_\_

	A. DATE(S) OF SERVICE		B. PLACE OF SERVICE	C. EMG	D. PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances) CPT/HCPCS	E. DIAGNOSIS POINTER	F. \$ CHARGES	G. DAYS OR UNITS	H. EPST Family Plan	I. ID. QUAL	J. RENDERING PROVIDER ID. #
	From MM DD YY	To MM DD YY									
1	03	13 26	03 13 26		93306					NPI	
2	03	13 26	03 13 26		Q9950			3 mL		NPI	
3	03	13 26	03 13 26		Q9950 JW			2 mL		NPI	
4										NPI	

22. RESUBMISSION CODE \_\_\_\_\_

23. PRIOR AUTHORIZATION NUMBER \_\_\_\_\_

24. MEMBER \_\_\_\_\_ SSN/EIN \_\_\_\_\_

25. PATIENT'S ACCOUNT NO. \_\_\_\_\_

26. ACCEPT ASSIGNMENT? (For govt claims, see back) YES  NO

27. TOTAL CHARGE \$ \_\_\_\_\_

28. AMOUNT PAID \$ \_\_\_\_\_

29. Rsvd. for NUCC Use

30. BILLING PROVIDER INFO & PH # ( )

31. SIGNATURE OF PHYSICIAN OR SUPPLIER INCLUDING DEGREES OR CREDENTIALS (I certify that the statements on the reverse apply to this bill and are made a part thereof.)

32. SERVICE FACILITY LOCATION INFORMATION

SIGNED \_\_\_\_\_ DATE \_\_\_\_\_

NUCC Instruction Manual available at: www. \_\_\_\_\_

FORM 1500 (02-12)

**Clear Form**

**Form Locator 24D. (HCPCS/Rates/HIPPS Code)**

Enter CPT® or HCPCS code for procedure and radiopharmaceutical

93306 Echocardiography  
Q9950 LUMASON®

**Form Locator 24G. (Units of Service)**

Enter number of units based on the HCPCS descriptor

**JW Modifier: Discarded drug not administered, wastage**

**JZ Modifier: Zero drug wasted**

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

CPT code <sup>2</sup>	Long-description CPT	Modifier	MPFS National Payment Rate <sup>4</sup>
93303	Echo transthoracic	G	\$220.45
		TC	\$160.32
		26	\$60.12
93304	Echo transthoracic	G	\$153.64
		TC	\$118.91
		26	\$34.74
93306	Tte w/doppler complete	G	\$196.73
		TC	\$129.26
		26	\$67.47
93307	Tte w/o doppler complete	G	\$137.95
		TC	\$94.86
		26	\$43.09
93308	Tte f-up or lmtd	G	\$101.20
		TC	\$76.49
		26	\$24.72
93312	Echo transesophageal	G	\$239.48
		TC	\$134.27
		26	\$105.21
93313	Echo transesophageal	G	\$10.35
93314	Echo transesophageal	G	\$231.47
		TC	\$142.96
		26	\$88.51
93315	Echo transesophageal	26	\$123.58

CPT code <sup>2</sup>	Long-description CPT	Modifier	MPFS National Payment Rate <sup>4</sup>
93316	Echo transesophageal	26	\$24.38
93317	Echo transesophageal	26	\$85.84
93318	Echo transesophageal intraop	26	\$101.87
93319	3d echo img cgen car anomal	G	\$52.78
93320	Doppler echo exam heart	G	\$51.44
		TC	\$34.07
		26	\$17.37
93321	Doppler echo exam heart	G	\$25.38
		TC	\$18.04
		26	\$7.35
93325	Doppler color flow add-on	G	\$23.71
		TC	\$20.37
		26	\$3.34
93350	Stress tte only	G	\$185.37
		TC	\$117.91
		26	\$67.47
93351	Stress tte complete	G	\$233.47
		TC	\$152.31
		26	\$81.16
93352	Admin ecg contrast agent	G	\$35.74
93355	Echo transesophageal (tee)	G	\$192.06
93356	Myocrd strain img spckl trck	G	\$36.74

## Radiology – Liver and Urinary Tract

### Ultrasonography of the liver and urinary tract for vesicoureteral reflux<sup>2</sup>

CPT® code	Description	Modifier	MPFS National Payment Rate <sup>4</sup>
76978	Ultrasound, targeted dynamic microbubble sonographic contrast characterization (non-cardiac); initial lesion	G	\$171.35
		TC	\$96.86
		26	\$74.48
+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)	G	\$106.88
		TC	\$67.47
		26	\$39.41

## Alternate Coding from the American Medical Association

### Ultrasonography of the urinary tract for vesicoureteral reflux<sup>5</sup>

CPT® code	Description	Modifier	MPFS National Payment Rate <sup>4</sup>
51600	Injection procedure for cystography or voiding urethrocytography	G	\$207.42
74455	Urethrocytography, voiding, radiological supervision and interpretation	G	\$105.55
		TC	\$89.85
		26	\$15.70
74430	Cystography, minimum of 3 views, radiological supervision and interpretation	G	\$41.75
		TC	\$26.72
		26	\$15.03

## LUMASON® Ultrasound Enhancing Agent



Note: LUMASON UEA must be coded separately

HCPCS code <sup>3</sup>	Description	2026 Q1 CMS Average Sales Price*
Q9950	Sulfur hexafluoride lipid microspheres, per mL; there are 5 mL per single-use vial of LUMASON UEA.	\$90.83/vial or \$18.166/mL

\*Average Sales Pricing for drugs changes on a quarterly basis under CMS. For the most up-to-date reimbursement rate, please visit <https://www.cms.gov/medicare/payment/all-fee-service-providers/medicare-part-b-drug-average-sales-price/asp-pricing-files>

## Echocardiography: C-codes

C-codes are a unique set of codes established by CMS with the intended purpose of being used exclusively for Medicare patients in the Hospital Outpatient Setting. However, many commercial plans will accept the C-codes in non-hospital sites as well. Please consult with individual plans to find out the most appropriate way to bill for your patients.

HCPCS code <sup>3</sup>	Long-description HCPCS
<b>C8921</b>	Transthoracic echocardiography with contrast, or without contrast followed by with contrast, for congenital cardiac anomalies; complete
<b>C8922</b>	Transthoracic echocardiography with contrast, or without contrast followed by with contrast, for congenital cardiac anomalies; follow-up or limited study
<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
<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
<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
<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
<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
<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
<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
<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

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

CPT®	without contrast	with contrast	C-code	CPT	without contrast	with contrast	C-code
93303	←	→	<b>C8921</b>	93312	←	→	<b>C8925</b>
93304	←	→	<b>C8922</b>	93315	←	→	<b>C8926</b>
93306	←	→	<b>C8929</b>	93318	←	→	<b>C8927</b>
93307	←	→	<b>C8923</b>	93350	←	→	<b>C8928</b>
93308	←	→	<b>C8924</b>	93351	←	→	<b>C8930</b>



## 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 5mL 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**

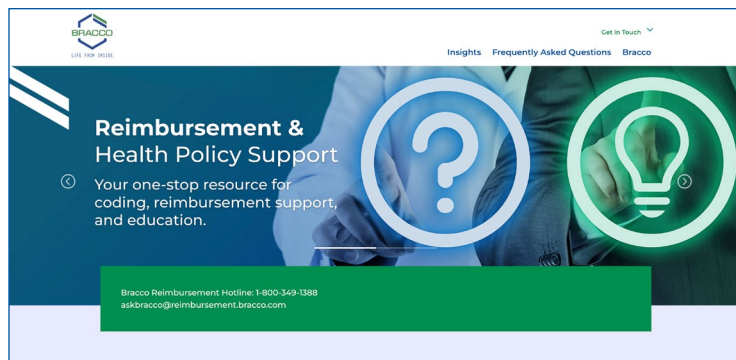


**askbracco@reimbursement.bracco.com**

**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. HCPCS Quarterly Update – January 2025 Alpha-Numeric HCPCS Files. Centers for Medicare & Medicaid Services. <https://www.cms.gov/medicare/coding-billing/healthcare-common-procedure-system/quarterly-update>. Accessed February 27, 2026.
4. Physician fee schedule look-up tool. Centers for Medicare & Medicaid Services. <https://www.cms.gov/medicare/physician-fee-schedule/search>. Accessed February 27, 2026.
5. *2025 Ultrasound Coding User's Guide*. American College of Radiology. 2024.

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