

CODING AND BILLING GUIDE

FEBRUARY 2026

NEED MORE INFORMATION?



Visit: locametz-hcp.com



Call: 1-844-638-7222



Fax: 1-844-638-7329

Indication

LOCAMETZ[®] (kit for the preparation of gallium Ga 68 gozetotide injection), after radiolabeling with gallium-68, is indicated for positron emission tomography (PET) of prostate-specific membrane antigen (PSMA)-positive lesions in men with prostate cancer:

- with suspected metastasis who are candidates for initial definitive therapy
- with suspected recurrence based on elevated serum prostate-specific antigen (PSA) level
- for selection of patients who are indicated for PSMA-directed therapy as described in the prescribing information of the therapeutic products

IMPORTANT SAFETY INFORMATION

Risk for Misinterpretation

Image interpretation errors can occur with LOCAMETZ PET. Negative imaging does not rule out the presence of prostate cancer and a positive imaging does not confirm the presence of prostate cancer. Gallium Ga 68 gozetotide uptake is not specific for prostate cancer and may occur with other types of cancer as well as nonmalignant processes. Clinical correlation, which may include histopathological evaluation of the suspected prostate cancer site, is recommended.

Please see additional Important Safety Information on page 19.
Please see full [Prescribing Information](#).



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Please note that the current information is subject to change as new coding and coverage information becomes available. Individual payer guidance should be reviewed before the submission of a claim.



This document is presented for informational purposes only and is not intended to provide reimbursement or legal advice.

- Laws, regulations, and policies concerning reimbursement are complex and updated frequently
 - While Novartis Pharmaceuticals Corporation has made every effort to be current as of the issue date on this document, the information may not be as current or comprehensive when you view it
 - Similarly, all Current Procedural Terminology (CPT) and Healthcare Common Procedure Coding System (HCPCS) codes are supplied for informational purposes only, and this information does not represent any statement, promise, or guarantee by Novartis about coverage, levels of reimbursement, payment, or charge
- Consult the payer organization(s) for coverage and reimbursement policies and determination processes
- Consult with your internal reimbursement specialist for any reimbursement or billing questions specific to your institution
- It is the provider's responsibility to determine and submit accurate information on claims and comply with payer coverage, reimbursement, and claim submission rules
- The existence of billing codes does not guarantee coverage and payment. Novartis Pharmaceuticals Corporation does not guarantee success in obtaining reimbursement or financial assistance. Third-party payment for medical products and services is affected by numerous factors, not all of which can be anticipated or resolved

Please see Important Safety Information on page 19.
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EXECUTIVE SUMMARY



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Coding for HCP-administered RLIs like LOCAMETZ may require separate claims: one for product administration and one for the product itself.¹

Below is a list of common codes to assist with coding and reimbursement for LOCAMETZ. CLICK on each topic below for additional information.

	Code	Notes
<u>HCPCS Code Level I (CPT)^{2*}</u>	For PET: • 78812, 78813 For PET with CT: • 78815, 78816	Used to report medical procedures and services under public and private health insurance programs
<u>HCPCS Code Level II³</u>	A9800	Used to identify drugs, supplies, medical procedures, and other services Radiopharmaceuticals like LOCAMETZ are billed under A-codes, not J-codes
<u>NDC Numbers⁴</u>	10-digit: 0078-1224-61 11-digit: 00078-1224-61	Used to identify a specific drug
<u>POS Codes⁵</u>	11: Office 22: On-Campus Outpatient Hospital 49: Independent Clinic	Used to indicate the setting in which a service was provided
<u>Revenue Codes⁶</u>	0340: Nuclear medicine, general 0341: Nuclear medicine, diagnostic 0343: Nuclear medicine, diagnostic radiopharmaceuticals 0636: Pharmacy, drugs requiring detailed coding	Used for processing product claims. Review individual payer guidance to determine the appropriate codes
<u>JZ Modifier⁷</u>	Zero drug amount discarded/not administered to any patient [†]	Applied to drugs payable under Medicare Part B that are described as a “single-dose” container or “single-use” package
<u>JW Modifier⁷</u>	Drug amount discarded/not administered to any patient [†]	
<u>PI Modifier⁸</u>	Only for PET tumor initial treatment	Indicates that a PET scan is being performed for an oncology indication
<u>PS Modifier⁸</u>	Only for PET tumor subsequent anti-tumor strategy	

CPT, Current Procedural Terminology; CT, computed tomography; HCP, health care professional; HCPCS, Healthcare Common Procedure Coding System; NDC, National Drug Code; PET, positron emission tomography; POS, Place of Service; RLI, radioligand imaging.

*Separate coding for the administration of therapy may be required under different CPT codes.

[†]Contact the health plan for questions about utilizing JZ/JW modifiers.

**Please see Important Safety Information on page 19.
Please see full Prescribing Information.**





Appropriate reimbursement for the administration of LOCAMETZ depends on accurate coding and documentation. Review the following information to help you understand and navigate the overall access and reimbursement process.

- ✓ **CARE COORDINATION**
Work with imaging centers to accurately complete paperwork and determine if HCPs should receive the results. For reimbursement and patient cost-sharing purposes, confirm if imaging is performed according to the patient's insurer/health plan.
- ✓ **PATIENT BENEFITS INVESTIGATION**
Complete a check of the patient's benefits eligibility to help streamline the coverage process with the imaging center.
- ✓ **PAYER POLICY REVIEW**
Precertification or prior authorization policies may differ across health plans. If there is a need to challenge the payer's coverage policy, it may be helpful to refer the payer to a Radiology Benefit Manager (RBM).
- ✓ **PLAN CONTRACT REVIEW**
Imaging centers should review provider contracts to understand specifics about interfacing with RBMs and how to determine expected reimbursement.
- ✓ **PATIENT EDUCATION**
Educate patients on key aspects of the insurance approval process. For example, approval requires time, and your office works with payers to answer questions about the procedure. Appeals may be available if coverage is initially denied. Keep in contact with patients throughout the process.
- ✓ **FINANCIAL ASSISTANCE OPTIONS**
Help patients understand out-of-pocket (OOP) costs based on their plan's benefit policy. Provide any information on financial assistance options available to help patients with OOP costs.
- ✓ **PA OR APPEAL**
If the payer requires a PA, review payer guidance to ensure all requirements are met. If a PA submission is incomplete, then imaging procedures and reimbursement may be delayed.

Individual payer guidance should be reviewed before submission of a claim. Consult with the payer for any other required documentation specific to your patient, as needed.

FOR MORE INFORMATION



Visit locametz-hcp.com or



Call 1-844-638-7222

HCP, health care professional; PA, prior authorization.

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The following key details about LOCAMETZ are included to provide context concerning patient access, coding, and reimbursement.⁴



Indication

LOCAMETZ, after radiolabeling with gallium-68, is indicated for positron emission tomography (PET) of prostate-specific membrane antigen (PSMA)-positive lesions in men with prostate cancer:

- with suspected metastasis who are candidates for initial definitive therapy
- with suspected recurrence based on elevated serum prostate-specific antigen (PSA) level
- for selection of patients who are indicated for PSMA-directed therapy as described in the prescribing information of the therapeutic products



Dosage and Administration*

The recommended amount of radioactivity to be administered for PET is 111 MBq to 259 MBq (3 mCi to 7 mCi) by slow intravenous injection.



Patient Preparation

Advise patients to be well hydrated prior to gallium (⁶⁸Ga) gozetotide administration and to void immediately prior to and frequently during the first hours after image acquisition to reduce radiation exposure.



Image Acquisition

Begin PET scanning 50 minutes to 100 minutes after the intravenous administration of gallium Ga 68 gozetotide injection. Patients should void immediately prior to image acquisition, and image acquisition should begin at the mid-thighs and proceed cranially to the skull base or skull vertex. Adapt imaging technique according to the equipment used and patient characteristics in order to obtain the best image quality possible.



Product Overview

NDC: 0078-1224-61

Dosage form and strength: 25 micrograms as powder for solution for injection.



Storage and Handling

Before reconstitution, store at 2°C to 25°C (36°F to 77°F).

After radiolabeling, store upright with an appropriate lead shielding to protect from radiation, below 30°C (86°F). Do not freeze. After radiolabeling, use within 4 hours.

This preparation is approved for use by persons under license by the Nuclear Regulatory Commission or the relevant regulatory authority of an Agreement State.

NDC, National Drug Code.

*Please refer to the full Prescribing Information for complete information on dosing and administration, including safe handling of radiopharmaceuticals.

Please see Important Safety Information on page 19.

Please see full [Prescribing Information](#).



Diagnosis codes identify why a patient may need treatment (eg, conditions, diseases, related health problems, abnormal findings) and document the medical necessity for a patient to receive treatment with LOCAMETZ. You should review the payer’s guidance to ensure appropriate codes are selected based on the patient’s medical record. When reporting ICD-10-CM codes, it is recommended to **code to the highest level of specificity to avoid denials**.

Primary Diagnosis Codes

ICD-10-CM Codes ⁹	Description ⁹
C61	Malignant neoplasm of prostate
Z85.46	Personal history of malignant neoplasm of prostate <i>(must be used with a C or R diagnosis code)</i>
R97.21	Rising PSA following treatment for malignant neoplasm of prostate

Secondary Diagnosis Codes

ICD-10-CM Codes ⁹	Description ⁹
C63	Malignant neoplasm of other and unspecified male genital organs
C69.90	Malignant neoplasm of unspecified site of unspecified eye
C77	Secondary and unspecified malignant neoplasm of lymph nodes
C77.0	Secondary and unspecified malignant neoplasm of lymph nodes of head, face, and neck
C77.1	Secondary and unspecified malignant neoplasm of intrathoracic lymph nodes
C77.2	Secondary and unspecified malignant neoplasm of intra-abdominal lymph nodes
C77.3	Secondary and unspecified malignant neoplasm of axilla and upper limb lymph nodes
C77.4	Secondary and unspecified malignant neoplasm of inguinal and lower limb lymph nodes
C77.5	Secondary and unspecified malignant neoplasm of intrapelvic lymph nodes
C77.8	Secondary and unspecified malignant neoplasm of lymph nodes of multiple regions
C77.9	Secondary and unspecified malignant neoplasm of lymph node, unspecified

ICD-10-CM, International Classification of Diseases, 10th Revision, Clinical Modification; PSA, prostate-specific antigen.

Please see Important Safety Information on page 19.
Please see full [Prescribing Information](#).



Secondary Diagnosis Codes (continued)

ICD-10-CM Codes ⁹	Description ⁹
C78	Secondary malignant neoplasm of respiratory and digestive organs
C78.0	Secondary malignant neoplasm of lung
C78.00	Secondary malignant neoplasm of unspecified lung
C78.01	Secondary malignant neoplasm of right lung
C78.02	Secondary malignant neoplasm of left lung
C78.1	Secondary malignant neoplasm of mediastinum
C78.2	Secondary malignant neoplasm of pleura
C78.3	Secondary malignant neoplasm of other and unspecified respiratory organs
C78.30	Secondary malignant neoplasm of unspecified respiratory organ
C78.39	Secondary malignant neoplasm of other respiratory organs
C78.4	Secondary malignant neoplasm of small intestine
C78.5	Secondary malignant neoplasm of large intestine and rectum
C78.6	Secondary malignant neoplasm of retroperitoneum and peritoneum
C78.7	Secondary malignant neoplasm of liver and intrahepatic bile duct
C78.8	Secondary malignant neoplasm of other and unspecified digestive organs
C78.80	Secondary malignant neoplasm of unspecified digestive organ
C78.89	Secondary malignant neoplasm of other digestive organs

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

Please see **Important Safety Information** on page 19.
Please see full [Prescribing Information](#).



Secondary Diagnosis Codes (continued)

ICD-10-CM Codes ⁹	Description ⁹
C79	Secondary malignant neoplasm of other and unspecified sites
C79.0	Secondary malignant neoplasm of kidney and renal pelvis
C79.00	Secondary malignant neoplasm of unspecified kidney and renal pelvis
C79.01	Secondary malignant neoplasm of right kidney and renal pelvis
C79.02	Secondary malignant neoplasm of left kidney and renal pelvis
C79.1	Secondary malignant neoplasm of bladder and other and unspecified urinary organs
C79.10	Secondary malignant neoplasm of unspecified urinary organs
C79.11	Secondary malignant neoplasm of bladder
C79.19	Secondary malignant neoplasm of other urinary organs
C79.2	Secondary malignant neoplasm of skin
C79.3	Secondary malignant neoplasm of brain and cerebral meninges
C79.31	Secondary malignant neoplasm of brain
C79.32	Secondary malignant neoplasm of cerebral meninges
C79.4	Secondary malignant neoplasm of other and unspecified parts of nervous system
C79.40	Secondary malignant neoplasm of unspecified part of nervous system
C79.49	Secondary malignant neoplasm of other parts of nervous system



Secondary Diagnosis Codes (continued)

ICD-10-CM Codes ⁹	Description ⁹
C79 (continued)	Secondary malignant neoplasm of other and unspecified sites
C79.5	Secondary malignant neoplasm of bone and bone marrow
C79.51	Secondary malignant neoplasm of bone
C79.52	Secondary malignant neoplasm of bone marrow
C79.7	Secondary malignant neoplasm of adrenal gland
C79.70	Secondary malignant neoplasm of unspecified adrenal gland
C79.71	Secondary malignant neoplasm of right adrenal gland
C79.72	Secondary malignant neoplasm of left adrenal gland
C79.8	Secondary malignant neoplasm of other specified sites
C79.81	Secondary malignant neoplasm of breast
C79.82	Secondary malignant neoplasm of genital organs
C79.89	Secondary malignant neoplasm of other specified sites
C79.9	Secondary malignant neoplasm of unspecified site
Z19.2	Hormone-resistant malignancy status

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

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Please see full [Prescribing Information](#).



Healthcare Common Procedure Coding System (HCPCS) Codes

HCPCS Level II codes are used to identify drugs, supplies, medical procedures, and other services. Payers may also require the National Drug Code. HCPs should contact third-party payers for specific information on their coding, coverage, and payment policies.

Code ³	Description ³	Dosage ⁴	Billing Units ^{3*}
A9800	Gallium ga-68 gozetotide, diagnostic (locametz)	3-7 mCi	1 mCi = 1 unit [†]

*1 unit is the lowest billable unit.

†The number of billing units is dependent on the number of mCis administered.

JZ and JW Modifiers

JZ and JW modifiers should be applied to drugs payable under Medicare Part B that are described as a “single-dose” container or “single-use” package. HCPs and suppliers are required to report the JZ modifier when billing for drugs from single-dose containers when there are no discarded amounts. The JW modifier will still be required to report if any amount of the drug is discarded.

Modifier ^{7‡}	Description ⁷
JZ	Zero drug amount discarded/not administered to any patient
JW	Drug amount discarded/not administered to any patient

‡Contact the health plan for questions about utilizing JZ/JW modifiers.

PI and PS Modifiers

Modifiers PI and PS indicate that a PET scan using (2-[F18] fluoro-2-deoxy-D-glucose) (FDG) is being performed for an oncology indication. Medicare requires one of these modifiers on all FDG-PET oncology claims, including the associated radiopharmaceutical/tracer codes.

Modifier ⁸	Description ⁸
PI	PET or PET/CT to inform the initial treatment strategy of tumors that are biopsy-proven or strongly suspected of being cancerous based on other diagnostic testing
PS	PET or PET/CT to inform the subsequent treatment strategy of cancerous tumors when the beneficiary’s treating physician determines that the PET study is needed to inform subsequent anti-tumor strategy

The PI modifier is only for PET tumor initial treatment. The PS modifier is only for PET tumor subsequent anti-tumor strategy.

CT, computed tomography; HCP, health care professional; PET, positron emission tomography

Please see Important Safety Information on page 19.

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National Drug Code (NDC)

Some payers require an NDC, which is a 10- or 11-digit code used to identify a specific drug, like LOCAMETZ, in order to process claims.

10-Digit NDC Number ⁴	11-Digit NDC Number ⁴	Description ⁴
0078-1224-61	00078-1224-61	Kit for the preparation of gallium Ga 68 gozetotide injection

Current Procedural Terminology (CPT®) Codes

CPT codes are the most widely accepted codes for reporting medical procedures and services under public and private health insurance programs. Below are applicable codes that relate to administration of LOCAMETZ.

Code ²	Description ²
78812	Positron emission tomography (PET) imaging; skull base to mid-thigh
78813	Positron emission tomography (PET) imaging; whole body
78815	Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; skull base to mid-thigh
78816	Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body

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Place of Service (POS) Codes

POS codes are used to indicate the setting in which a service was provided. CMS maintains a database of POS codes commonly used in the health care industry. Below are POS codes you may use. Review the full listing of the POS codes on the CMS website and consult your payer for guidance to determine the correct code for your institution.

Service ⁵	Code ⁵	Description ⁵
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 routinely provides health examinations, diagnosis, and treatment of illness or injury on an ambulatory basis
On Campus-Outpatient Hospital	22	A portion of a hospital's main campus which 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	Location, not part of a hospital or covered and not described by any other POS code, that is organized and operated to provide preventive, diagnostic, therapeutic, rehabilitative, or palliative services to outpatients only

Revenue Codes

Specific forms, like the UB-04 (CMS-1450), require documentation of revenue codes associated with services provided to patients. These should be confirmed with the payer.

Below are commonly used revenue codes for processing claims for products such as LOCAMETZ. This is not an all-inclusive list of revenue codes that should be used, and it is recommended to review individual payer guidance to determine the appropriate codes for LOCAMETZ.

Code ⁶	Description ⁶
0340	Nuclear medicine, general
0341	Nuclear medicine, diagnostic
0343	Nuclear medicine, diagnostic radiopharmaceuticals
0636	Pharmacy, drugs requiring detailed coding

CMS, Centers for Medicare & Medicaid Services.

*An independent diagnostic testing facility shall not be allowed to bill for any CPT or HCPCS codes that are solely therapeutic.

Please see Important Safety Information on page 19.
Please see full [Prescribing Information](#).



Use the following section as an example of how to complete forms (print or electronic) associated with health insurance claims for LOCAMETZ.

General information is provided for each form along with annotated thumbnails to visually identify key sections.

Reminder: The sample claim forms in this section are provided for illustrative purposes only and their use is not a guarantee of reimbursement. It is your 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, if needed.

CMS-1500 Claim Form¹⁰

The CMS-1500 form is a standard Medicare claim form used by HCPs for administration of LOCAMETZ in the HCP office setting.

Key components of this form are described below and illustrated on the sample form on the following page.

Section	Description
Item 19*	Enter the drug name, route of administration, and dose administered (do not use any punctuation in the box)
Item 21	Enter the appropriate primary and secondary diagnosis codes (eg, relevant ICD-10-CM codes)
Item 23	Enter the prior authorization number, if applicable
Item 24B	Enter the appropriate Place of Service (POS) code to indicate the setting where a service was provided
Item 24D	Enter the appropriate CPT code(s) and HCPCS code
Item 24G	Enter the appropriate number of billing units for LOCAMETZ, noting that 1 mCi = 1 billing unit. Number of units is dependent on the mCis administered

*Some payers may require associated costs. Please consult your specific payer.

Individual payers may require you to enter total dosage in the remarks or comment box when submitting the claim.

CPT, Current Procedural Terminology; HCP, health care professional; HCPCS, Healthcare Common Procedure Coding System; ICD-10-CM, International Classification of Diseases, 10th Revision, Clinical Modification.

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Sample CMS-1500 Claim Form¹⁰



HEALTH INSURANCE CLAIM FORM

APPROVED BY NATIONAL UNIFORM CLAIM COMMITTEE (NUCC) 02/12

CARRIER

PICA <input type="checkbox"/>		PICA <input type="checkbox"/>																																																																	
1. MEDICARE <input type="checkbox"/> MEDICAID <input type="checkbox"/> TRICARE <input type="checkbox"/> CHAMPVA <input type="checkbox"/> GROUP HEALTH PLAN <input type="checkbox"/> FECA BLK/LUNG <input type="checkbox"/> OTHER <input type="checkbox"/>		1a. INSURED'S I.D. NUMBER (For Program in Item 1)																																																																	
2. PATIENT'S NAME (Last Name, First Name, Middle Initial)		3. PATIENT'S BIRTH DATE MM DD YY SEX M <input type="checkbox"/> F <input type="checkbox"/>																																																																	
4. INSURED'S NAME (Last Name, First Name, Middle Initial)		5. PATIENT'S ADDRESS (No., Street)																																																																	
6. PATIENT RELATIONSHIP TO INSURED Self <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Other <input type="checkbox"/>		7. INSURED'S ADDRESS (No., Street)																																																																	
8. RESERVED FOR NUCC USE		8. RESERVED FOR NUCC USE																																																																	
9. OTHER INSURED'S NAME (Last Name, First Name, Middle Initial)		10. IS PATIENT'S CONDITION RELATED TO:																																																																	
a. OTHER INSURED'S POLICY OR GROUP NUMBER		a. EMPLOYMENT? (Current or Previous) YES <input type="checkbox"/> NO <input type="checkbox"/>																																																																	
b. RESERVED FOR NUCC USE		b. AUTO ACCIDENT? YES <input type="checkbox"/> NO <input type="checkbox"/> PLACE (State) _____																																																																	
c. RESERVED FOR NUCC USE		c. OTHER ACCIDENT? YES <input type="checkbox"/> NO <input type="checkbox"/>																																																																	
d. INSURANCE PLAN NAME OR PROGRAM NAME		10d. CLAIM CODES (Designated by NUCC)																																																																	
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d. IS THERE ANOTHER HEALTH BENEFIT PLAN? YES <input type="checkbox"/> NO <input type="checkbox"/> <i>If yes, complete items 9, 9a, and 9d.</i>		d. IS THERE ANOTHER HEALTH BENEFIT PLAN? YES <input type="checkbox"/> NO <input type="checkbox"/> <i>If yes, complete items 9, 9a, and 9d.</i>																																																																	
<p>READ BACK OF FORM BEFORE COMPLETING & SIGNING THIS FORM.</p> <p>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.</p>																																																																			
12. PATIENT'S OR AUTHORIZED PERSON'S SIGNATURE		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 OF CURRENT ILLNESS, INJURY, or PREGNANCY (LMP) MM DD YY		15. OTHER DATE Q/JAL MM DD YY																																																																	
16. DATES PATIENT UNABLE TO WORK IN CURRENT OCCUPATION FROM MM DD YY TO MM DD YY		17. NAME OF REFERRING PROVIDER OR OTHER SOURCE																																																																	
17a. NPI		17b. NPI																																																																	
18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES FROM MM DD YY TO MM DD YY		19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC)																																																																	
20. OUTSIDE LAB? YES <input type="checkbox"/> NO <input type="checkbox"/> \$ CHARGES _____		21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY: Retain A/L to six whole time (245) ICD-10g _____																																																																	
22. RESUBMISSION ORIGINAL REF. NO. _____		23. PRIOR AUTHORIZATION NUMBER _____																																																																	
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24. FEDERAL TAX I.D. NUMBER SSN EIN		26. PATIENT'S ACCOUNT NO.																																																																	
27. ACCEPT ASSIGNMENT? YES <input type="checkbox"/> NO <input type="checkbox"/>		28. TOTAL CHARGE \$ _____																																																																	
29. AMOUNT PAID \$ _____		30. Pwd for NUCC Use																																																																	
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																																																																	
33. BILLING PROVIDER INFORMATION		33. BILLING PROVIDER INFORMATION																																																																	
SIGNED _____ DATE _____		a. NPI _____ b. NPI _____																																																																	

NUCC Instruction Manual available at: www.nucc.org PLEASE PRINT OR TYPE APPROVED OMB-0938-1197 FORM 1500 (02-12)

- **Item 19:** Claim information
- **Item 21:** Diagnosis codes
- **Item 23:** Prior authorization number
- **Item 24B:** Place of Service codes
- **Item 24D:** CPT and HCPCS* codes
- **Item 24G:** Number of units

CPT, Current Procedural Terminology; HCPCS, Healthcare Common Procedure Coding System.
 *The HCPCS code must be accompanied by the JZ modifier, indicating zero drug wasted.

Please see Important Safety Information on page 19.
 Please see full [Prescribing Information](#).



UB-04 (CMS-1450) Claim Form¹¹

The UB-04 form, also known as the CMS-1450 form, is a standard Medicare claim form used by institutions when LOCAMETZ is administered in the inpatient or outpatient setting.

Key components of this form are described below and illustrated on the sample form on the following page.

Section	Description
Form Locator (FL) 42	Enter the appropriate revenue codes corresponding to the HCPCS code in FL 44
FL 43	Enter the description corresponding to the revenue code in FL 42
FL 44	Enter the appropriate CPT code(s) and HCPCS code
FL 45	Enter the dates of service
FL 46	Enter the appropriate number of units for LOCAMETZ, noting that 1 mCi = 1 billing unit. Number of units is dependent on the mCis administered
FL 63	Enter the treatment authorization code(s)
FL 67	Enter the appropriate primary and secondary diagnosis codes (eg, relevant ICD-10-CM codes)

Individual payers may require you to enter total dosage in the remarks or comment box when submitting the claim.

CPT, Current Procedural Terminology; HCPCS, Healthcare Common Procedure Coding System; ICD-10-CM, International Classification of Diseases, 10th Revision, Clinical Modification.

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Sample UB-04 (CMS-1450) Claim Form¹¹

1	2	3a PAT. CNTL. #	4 TYPE OF BILL
5 FED. TAX NO.	6 STATEMENT COVERS PERIOD FROM	7 THROUGH	
8 PATIENT NAME	9 PATIENT ADDRESS	10 BIRTHDATE	11 SEX
12 DATE	13 HR	14 TYPE	15 SRC
16 DHR	17 STAT	18	19
20	21	22	23
24	25	26	27
28	29 ACCT STATE	30	
31 OCCURRENCE DATE	32 OCCURRENCE DATE	33 OCCURRENCE DATE	34 OCCURRENCE DATE
35 CODE	36 CODE	37	
38	39 VALUE CODES AMOUNT	40 VALUE CODES AMOUNT	41 VALUE CODES AMOUNT
42 REV. CD.	43 DESCRIPTION	44 HCPCS / RATE / HPPS CODE	45 SERV. DATE
46 SERV. UNITS	47 TOTAL CHARGES	48 NON-COVERED CHARGES	49
50 PAYER NAME	51 HEALTH PLAN ID	52 REL. INFO	53 ASSG. BEN.
54 PRIOR PAYMENTS	55 EST. AMOUNT DUE	56 NPI	57 OTHER PRV ID
58 INSURED'S NAME	59 P. REL.	60 INSURED'S UNIQUE ID	61 GROUP NAME
62 INSURANCE GROUP NO.	63 TREATMENT AUTHORIZATION CODES	64 DOCUMENT CONTROL NUMBER	65 EMPLOYER NAME
66	69 ADMIT DX	70 PATIENT REASON DX	71 ICD-9 CODE
72 ECI	73	74 PRINCIPAL PROCEDURE CODE	75
76 ATTENDING NPI	77 OPERATING NPI	78 OTHER NPI	79 OTHER NPI
80 REMARKS	81 CC	82	83

FL 42:
Revenue codes

FL 43:
Revenue code description

FL 44:
CPT and HCPCS* codes

FL 45:
Dates of service

FL 46:
Number of units

FL 63:
Treatment authorization code(s)

FL 67:
Diagnosis codes

CPT, Current Procedural Terminology; HCPCS, Healthcare Common Procedure Coding System.
*The HCPCS code must be accompanied by the JZ modifier, indicating zero drug wasted.

Please see Important Safety Information on page 19.
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Prior Authorizations (PAs)

PAs are meant to demonstrate to the payer that the health plan's specific requirements have been met or to explain why scanning with LOCAMETZ is appropriate for the patient. It is important to review a payer's guidelines when completing a PA, as these requirements often differ between payers, health plans, diagnostic agents, and more.

Checklist for completing a PA

- ✓ Patient's name, date of birth, insurance ID number, insurance group number, and dates of service
- ✓ Patient's diagnosis and corresponding ICD-10-CM code(s)
- ✓ If required by the plan, information of an imaging center within the plan's network that will conduct the scan

It may also be necessary to include the following information at the request of the payer:

- ✓ Physician information, including name and tax ID number
- ✓ Facility information, including name and tax ID number
- ✓ Setting of care
- ✓ Date of service
- ✓ Patient clinical notes detailing relevant diagnosis
- ✓ Supporting documentation for diagnostic procedures, including other laboratory and imaging results
- ✓ Relevant codes, specifically CPT and HCPCS, for services/products to be performed or provided
- ✓ LOCAMETZ Prescribing Information



Avoid delays in treatment

Missing or incomplete information or documentation can lead to a PA being denied. Ensure all requested PA information is included.

FOR MORE INFORMATION



Visit locametz-hcp.com or



Call **1-844-638-7222**

CPT, Current Procedural Terminology; HCPCS, Healthcare Common Procedure Coding System; ICD-10-CM, International Classification of Diseases, 10th Revision, Clinical Modification; ID, identification.

Please see Important Safety Information on page 19.
Please see full [Prescribing Information](#).



Appeals

If a patient is denied coverage for LOCAMETZ, it is important to first review the letter and understand the payer's reason for denial, which is often related to the coverage policy or clinical appropriateness. You can then explain your clinical rationale for ordering a diagnostic procedure using LOCAMETZ through a Letter of Appeal. This letter should address each specific reason cited in the denial and demonstrate why the health plan's preferred diagnostic options do not represent the most appropriate procedure for the patient.

It is also important to review the remittance advice (RA), which will indicate where the appeal should be filed, which form to use, and any specific deadlines.

Checklist for completing an appeal with payer

- ✓ Patient's name, date of birth, insurance ID number, insurance group number, and dates of service
- ✓ Patient's diagnosis and corresponding ICD-10-CM code(s)
- ✓ Copies of relevant medical records
- ✓ A Letter of Medical Necessity and the US Food and Drug Administration approval letter for LOCAMETZ

It may also be necessary to include the following information at the request of the payer:

- ✓ Reference number of existing claim decision, if applicable
- ✓ Patient authorization and Notice of Release of Information
- ✓ Denial information, including the denial letter or RA notification
- ✓ Other supporting documentation, such as chart notes and laboratory results

FOR MORE INFORMATION



Visit locametz-hcp.com or



Call **1-844-638-7222**



Indication

LOCAMETZ® (kit for the preparation of gallium Ga 68 gozetotide injection), after radiolabeling with gallium-68, is indicated for positron emission tomography (PET) of prostate-specific membrane antigen (PSMA)-positive lesions in men with prostate cancer:

- with suspected metastasis who are candidates for initial definitive therapy
- with suspected recurrence based on elevated serum prostate-specific antigen (PSA) level
- for selection of patients who are indicated for PSMA-directed therapy as described in the prescribing information of the therapeutic products.

IMPORTANT SAFETY INFORMATION

Risk for Misinterpretation

Image interpretation errors can occur with LOCAMETZ PET. Negative imaging does not rule out the presence of prostate cancer and a positive imaging does not confirm the presence of prostate cancer. Gallium Ga 68 gozetotide uptake is not specific for prostate cancer and may occur with other types of cancer as well as nonmalignant processes. Clinical correlation, which may include histopathological evaluation of the suspected prostate cancer site, is recommended.

The performance of LOCAMETZ seems to be affected by serum PSA levels and by site of disease for imaging of biochemically recurrent prostate cancer, and by Gleason score for imaging of metastatic pelvic lymph nodes prior to initial definitive therapy.

Radiation Risk

Gallium Ga 68 gozetotide contributes to a patient's long-term cumulative radiation exposure, which is associated with an increased risk of cancer. Ensure safe handling to minimize radiation exposure to the patient and health care workers. Advise patients to be well hydrated prior to gallium Ga 68 gozetotide administration and to void immediately prior to and frequently during the first hours after image acquisition to reduce radiation exposure.

Adverse Reactions

Adverse reactions $\geq 0.5\%$ in the VISION study were fatigue (1.2%), nausea (0.8%), constipation (0.5%), and vomiting (0.5%). Adverse reactions occurring at a rate of $< 0.5\%$ were diarrhea, dry mouth, injection site reactions, and chills.

Please see full [Prescribing Information](#).



Novartis Patient Support is a patient-centric support program committed to delivering assistance to eligible patients undergoing radioligand therapy.

After enrollment, Novartis Patient Support can assist with:



Benefits investigation

Once you've enrolled your patients in Novartis Patient Support, our team will conduct a benefits investigation to better understand your patients' coverage.



Prior authorization information

We'll help support your practice through the prior authorization and appeals processes to help you navigate access to LOCAMETZ treatment.



To get started, submit an Enrollment Form, visit locametz-hcp.com, or call us at **1-844-638-7222**.

References: **1.** Centers for Medicare & Medicaid Services. Healthcare Common Procedure Coding System (HCPCS). Accessed September 24, 2025. <https://www.cms.gov/medicare/coding-billing/healthcare-common-procedure-system> **2.** Aetna. Clinical Policy Bulletin: 0071. Accessed January 6, 2026. https://www.aetna.com/cpb/medical/data/1_99/0071.html **3.** Buy and Bill. Radiopharmaceutical Therapy - 79101 - Code and Cost Information. Accessed December 8, 2025. <https://buyandbill.com/radiopharmaceutical-therapy-79101> **4.** Locametz. Prescribing information. Novartis Pharmaceuticals Corp. **5.** Centers for Medicare & Medicaid Services. Place of service code set. Accessed April 10, 2025. <https://www.cms.gov/medicare/coding-billing/place-of-service-codes/code-sets> **6.** Noridian Healthcare Solutions. Revenue codes. Accessed April 10, 2025. <https://med.noridianmedicare.com/web/jea/topics/claim-submission/revenue-codes> **7.** Centers for Medicare & Medicaid Services. Discarded Drugs and Biologicals - JW Modifier and JZ Modifier Policy. Accessed May 7, 2025. <https://www.cms.gov/medicare/medicare-fee-for-service-payment/hospitaloutpatientpps/downloads/jw-modifier-faqs.pdf> **8.** Novitas Solutions. Positron emission tomography (FDG) for oncologic conditions and modifier usage. Last modified July 25, 2025. Accessed January 29, 2026. <https://www.novitas-solutions.com/webcenter/portal/MedicareJH/pagebyid?contentId=00291987> **9.** Centers for Medicare & Medicaid Services. ICD-10-CM Tabular List of Diseases and Injuries. Accessed January 2026. <https://www.cms.gov/medicare/coding-billing/icd-10-codes> **10.** Centers for Medicare & Medicaid Services. Professional paper claim form (CMS-1500). Accessed November 19, 2025. <https://www.cms.gov/medicare/coding-billing/electronic-billing/professional-paper-claim-form> **11.** Centers for Medicare & Medicaid Services. Institutional paper claim form (CMS-1450). Accessed November 19, 2025. <https://www.cms.gov/medicare/coding-billing/electronic-billing/institutional-paper-claim-form>

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