Nuts & Bolts of Medicare Reimbursement; IDEAS Study

10-8-2016 Updated

Presented by:
Denise A. Merlino, MBA, CNMT, CPC, FSNMTS
Presenter & Disclosures

Consultant to:
SNMMI & ACNM & ASNC
Bracco & UPPI & Pharmalucence
American Thoracic Society (ATS)
American College of Chest Physicians (CHEST)
American Geriatrics Society (AGS)
American Society for Clinical Oncology (ASCO)
American Psychiatric Association (APA)
American Speech Language and Hearing Association (ASHA)

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Agenda for Today

- Review the Medicare billing guidance for the study, including the basics of the CPT and HCPCS codes as well as national payment rates in the varying patient settings.
- Review the basic set up necessary to begin billing IDEAS studies as well as the patient copayment and cost sharing.
- How to work with your local Medicare Administrative Contractors (MAC) or Medicare Advantage Plans to resolve any denials.
- Questions will be taken at the end of the presentation.
Transmittals, Change Requests, MLN Matters Articles

CMS GUIDANCE
Who is Eligible for IDEAS?

- **First**, those Medicare patients that meet the IDEAS study criteria
- **Second**, must have Medicare as “primary” not secondary insurance plan
- **Third**, must have Medicare “Part B” or Medicare Advantage plan as “primary”.
- Patients may have Medi-Gap plans that would generally be secondary to pick up co-payments and deductibles.
For information on Medicare National Coverage Determination (NCD) for Beta Amyloid Positron Emission Tomography (PET) in Dementia & Neurodegenerative Disease;
Transmittals 164 & 2915 (CR 8526, March 27, 2014)
The official instruction, CR 8526, is in two transmittals issued to the A/B MACs.

Important PET Transmittals
Beta Amyloid PET Imaging Prior to July 1, 2016

HCPCS Updates and Clarification via MLN Matters:

**MM8526** – 2915CP / 164 NCD updated July 7, 2014

**MM8888** – R3097CP updated October 2014 A9586 changed status indicator from “N” not covered to “C” Carrier Priced

**MM9486** – R3425CP January 4, 2016 added **C9458 and C9459**, updated payments and clarified diagnostic radiopharmaceutical codes to use in HOPPS prior to pass-through codes implemented, A code or J3490, which ever appropriate.
Important PET Transmittals
New Q Codes for Beta Amyloid PET Imaging

1. **Quarterly HCPCS July 2016 Update**
   
   MM9636 – CR 9636, R3518CP issued May 6, 2016, updated implemented July 5, 2016. **added Q9982 and Q9983 effective for DOS July 1, 2016.**

2. **July 2016 Integrated Outpatient Editor (I/OCE) specification V 17.2**
   
   Transmittal 3524 – CR 9661, issued May 13, 2016. **deleted C9458 and C9459 while adding Q9982 and Q9983 to hospital OPPS claims,** effective for DOS July 1, 2016, **implemented July 5, 2016.**

3. **Coding Revisions to National Coverage Determination (NCDs)**
   
   Transmittal 1708 – CR 9751, issued August 19, 2016. **added Q9982 and Q9983 to the national coverage updates,** effective for DOS January 1, 2017, **implemented January 3, 2016**

   **NOTE:** MPFS billing check with contractor as the MACs may accept the A9599 code prior to the January 3, 2016 implementation date for coverage.
Medicare Advantage Plans Chapter 4, Section 10.7.3 – Payment for Clinical Studies Approved Under Coverage with Evidence (CED)

(Rev. 120, Issued: 01-16-15, Effective: 01-01-15, Implementation: 01-01-15)

- In National Coverage Determinations (NCDs) requiring CED, Medicare covers items and services in CMS-approved CED studies. **MAOs are responsible** for payment of items and services in CMS-approved CED studies unless CMS determines that the significant cost threshold is exceeded for that item or service (see 42 CFR 422.109). Approved CED studies are posted on the CMS Coverage with Evidence Development webpage (see [http://www.cms.gov/Medicare/Coverage/Coverage-with-Evidence-Development/index.html](http://www.cms.gov/Medicare/Coverage/Coverage-with-Evidence-Development/index.html)).

- **Billing instructions are issued for each NCD.**
  
  - SEE Prior slides for CMS transmittals.


cost-sharing would be based on similar services/coverage areas
Medicare Advantage (MA) beneficiaries are eligible to be included in the registry, and CMS will make payments to the MA plan for enrollees for covered routine clinical trial costs (including services provided under coverage with evidence development).

Beneficiaries enrolled in Medicare Advantage (MA) plans are responsible for cost-share applicable to their MA plan, meaning that the co-payments and deductibles are NOT waived. The PET provider should bill the MA enrollee for any cost-sharing, including both co-payments and deductibles.

The complete requirements for payment may be found in the Medicare Claims Processing Manual, Transmittal 2955.
For information on Mandatory Reporting of an 8-Digit Clinical Trial Number on Claims, see Transmittal 2955 (CR 8401, May 13, 2014) at http://www.cms.gov/transmittals/downloads/R2955CP.pdf

- Currently in use for all CED programs, including Beta Amyloid
- http://clinicaltrials.com/
- MM8401 or below.
IDEAS is a CMS Approved Clinical Trial


• Study Title: Imaging Dementia—Evidence for Amyloid Scanning (IDEAS) Study
  Sponsor: American College of Radiology Imaging Network
  ClinicalTrials.gov Number: NCT02420756
  IDEAS Study site: http://ideas-study.org/
  CMS Approval Date: 03/03/2015

See sample claim forms for proper location and reporting of the clinical trials number on Medicare Claims.
CODING & REIMBURSEMENT
BY SETTING OF CARE
**Abbreviations:** APC, Ambulatory Payment Classifications; DRG, Diagnosis-Related Groups; HOPPS, Hospital Outpatient Prospective Payment System; IPPS, Inpatient Prospective Payment System; MPFS, Medicare Physician Fee Schedule; RBRVS, Resource-Based Relative Value System, POS, Place of Service IDTF, Independent Diagnostic Testing Facilities

<table>
<thead>
<tr>
<th>POS</th>
<th>Hospital Inpatient IPPS/DRG</th>
<th>On Campus-Hospital Outpatient OPPS/APC</th>
<th>Off Campus-Hospital Outpatient OPPS/APC</th>
<th>Physician outpatient Services RBRVS/MPFS</th>
<th>Imaging outpatient Centers (IDTF) RBRVS/MPFS</th>
</tr>
</thead>
<tbody>
<tr>
<td>POS</td>
<td>21</td>
<td>22</td>
<td>19</td>
<td>11</td>
<td>The setting the beneficiary received the technical component (TC) of the service.</td>
</tr>
</tbody>
</table>

**Medicare program $**

- Part A
- Part B

**Local Medicare contractors/ administrators of the policies**

- Fiscal Intermediaries (old)
- Carriers (old)

**Medicare Administrative Contractors (MAC) (Current)**

[www.cms.hhs.gov medicarecontractingreform/](http://www.cms.hhs.gov medicarecontractingreform/)

POS 15 = Mobile Unit / Facility/ unit that moves from place-to –place equipment to provide diagnostic and or treatment services.
Medicare Payment Systems
Basic Comparison of MPFS vs OPPS

- **MPFS** is a system that pays for covered physicians’ & IDTF services furnished outside the hospital.
- Under the MPFS a relative value (RVU) is assigned to each service to capture the direct and indirect (overhead) practice expenses typically involved in furnishing the service. *AMA along with professional societies* develop inputs and values by survey not claims data.
- The higher the number of relative value units (RVUs) assigned to a service, the higher the payment.
- **Radiopharmaceuticals are paid at AWP or invoice cost.**
- Drugs are paid at ASP + 6%.

- All services under the **Hospital OPPS** are *technical* and are classified into groups called Ambulatory Payment Classifications (APCs) groups. Services in each APC are grouped by clinically similar services that require the use of similar resources.
- A payment rate is established for each APC using *two year old hospital claims data adjusted by individual hospital’s cost to charge ratios.*
- Currently, *diagnostic radiopharmaceuticals* are bundled into the APC rate and considered supplies. IDEAS Dx Rps are currently paid separately, under pass-through payments for 2 not to exceed 3 years.

*Both OPPS and MPFS have local wage adjustments, these slides list national rates.*
### Procedure Coding - IDEAS

<table>
<thead>
<tr>
<th>CPT Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>78811</td>
<td>Positron emission tomography (PET) imaging; limited area (eg, chest, head/neck)</td>
</tr>
<tr>
<td>78814</td>
<td>Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; limited area (eg, chest, head/neck)</td>
</tr>
</tbody>
</table>

**CODING TIP:** Do NOT use CPT 78608
Brain imaging, positron emission tomography (PET); metabolic evaluation

**CODING TIP:** Report CPT 78811 along with MRI codes for studies ordered & performed with PET/MRI

**CODING TIP:** Report CPT 78811 OR 78814, not both, plus any required modifiers and HCPCS radiopharmaceutical codes supplied.
## Diagnostic Radiopharmaceutical (Dx Rp)
Payment Pass-Through or Contractor Priced

*Must participate in CED Trial for Amyloid Agents*

### 2016 HCPCS Level II Codes Jan to June 2016

<table>
<thead>
<tr>
<th>HCPCS Level II</th>
<th>Trade Name Company</th>
<th>Description</th>
<th>2016 SI / APC</th>
<th>2016 OPPS Payment</th>
<th>2016 MPFS Payment</th>
</tr>
</thead>
<tbody>
<tr>
<td>C9458</td>
<td>Neuracec™ Piramal</td>
<td>Florbetaben F-18, diagnostic, per study dose, up to 8.1 millicuries</td>
<td>G 9458</td>
<td>$2,968.00</td>
<td>Contractor Priced Most likely at Invoice Cost.</td>
</tr>
<tr>
<td>A9599</td>
<td>Neuracec™ Piramal</td>
<td>Florbetaben F-18, diagnostic, per study dose, up to 8.1 millicuries</td>
<td>G 9458</td>
<td>$2,968.00</td>
<td>Contractor Priced Most likely at Invoice Cost.</td>
</tr>
<tr>
<td>C9459</td>
<td>Vizamyl™ G.E.</td>
<td>Flutemetamol F-18, diagnostic, per study dose, up to 5 millicuries</td>
<td>G 9459</td>
<td>$3,135.00</td>
<td>Contractor Priced Most likely at Invoice Cost.</td>
</tr>
<tr>
<td>A9586</td>
<td>Amyvid™ Lily</td>
<td>Florbetapir F-18, diagnostic, per study dose, up to 10 millicuries</td>
<td>G 1664</td>
<td>$2,756.00</td>
<td>Contractor Priced Most likely at Invoice Cost.</td>
</tr>
</tbody>
</table>

*A9599  Radiopharmaceutical, diagnostic, for beta-amyloid positron emission tomography (PET) imaging, per study dose

OPPS Pass-through codes, no co-payment.
MPFS does have 20% co-payment
Patient deductibles apply to both HOPPS and MPFS
### Diagnostic Radiopharmaceutical (Dx Rp)
Payment Pass-Through or Contractor Priced

*Must participate in CED Trial for Amyloid Agents*

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#### 2016-2017 HCPCS Level II Codes

**OPPS C codes prior to DOS July 1, 2016; Q codes for DOS on or after July 1, 2016**

**MPFS A9599 codes prior to DOS July 1, 2016; Q codes for DOS on or after Jan 1, 2017**

<table>
<thead>
<tr>
<th>HCPCS Level II</th>
<th>Trade Name Company</th>
<th>Description</th>
<th>2016 SI / APC</th>
<th>Oct 1, 2016 OPPS Payment</th>
<th>2016 MPFS Payment</th>
</tr>
</thead>
</table>
| **C9458**      | Neuracec™ Piramal  | Florbetaben F-18, diagnostic, **per study dose**, up to 8.1 millicuries | G 9458 | **$2,968.00** | Contractor Priced  
Most likely at Invoice Cost. |
| Q9983          | NDC # 54828-001-30 |                                                        |               |                         |                   |
| **C9459**      | Vizamyl™ G.E.     | Flutemetamol F-18, diagnostic, **per study dose**, up to 5 millicuries | G 9459 | **$3,135.00** |                   |
| Q9982          | NDC # 17156-067-01|                                                        |               |                         |                   |
| **A9586**      | Amyvid™ Lily      | Florbetapir F-18, diagnostic, **per study dose**, up to 10 millicuries | G 1664 | **$2,756.00** |                   |
|                | NDC # 0002-1200-01|                                                        |               |                         |                   |

*OPPS drug and Rp pass-through rates can change quarterly, check CMS web site for updates, July, Oct, January & April.*

**OPPS Pass-through codes, no co-payment.**

**MPFS does have 20% co-payment**

**Patient deductibles apply to both HOPPS and MPFS**
### Procedure Coding - IDEAS

<table>
<thead>
<tr>
<th>CPT Code</th>
<th>Description</th>
<th>2016 OPPS National Rate</th>
<th>2016 MPFS NF National Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>78811-Tc</td>
<td>PET imaging; limited area (eg, chest, head/neck)</td>
<td>$1,285.17-$228.37 = $1,056.80</td>
<td>$1,285.17 OPPS CAP</td>
</tr>
<tr>
<td>78814-Tc</td>
<td>PET w/ CT for AC and anatomic localization imaging; limited area (eg, chest, head/neck)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

2016 Off-set only applies for Hospital OPPS setting technical: APC 5594 = $228.37

MPFS NF= Non-Facility, Physician Office, Independent Diagnostic Testing Facility Setting (IDTF)

Rates will vary geographically. Figures are national rates.
## Procedure Coding - IDEAS

<table>
<thead>
<tr>
<th>CPT Code</th>
<th>Description</th>
<th>2016 MPFS NF National Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>78811-26</td>
<td>PET imaging; limited area (eg, chest, head/neck)</td>
<td>$78.77</td>
</tr>
<tr>
<td>78814-26</td>
<td>PET w/ CT for AC and anatomic localization imaging; limited area (eg, chest, head/neck)</td>
<td>$110.28</td>
</tr>
</tbody>
</table>

MPFS NF= Non-Facility, Physician Office, Independent Diagnostic Testing Facility Setting (IDTF)

Rates will vary geographically. Figures are national rates.
Co-Insurance includes co-payments & deductibles

*Would apply as does any procedure or service there is no added co-payment for participating in the IDEAS study.*

- Yes, co-insurance for **PET Procedure** *(2016 ~$257)*
- Yes, co-insurance for **PET Reading** *(2016 ~$16-$22)*
- Yes, MPFS-Physician office, IDTF, HCPCS Dx Rp co-insurance **would** apply (typically 20%, as with any other drug or Rp)
- No, Hospital OPPS, co-insurance for HCPCS Dx Rp **No** co-payments apply, due to statute designation of pass-through status.
- Yes, co-insurance and deductibles apply for MA plans, each patient and each plan can have differing co-insurance, therefore check individually for each plan and each patient.
<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>F03.90</td>
<td>Unspecified dementia without behavioral disturbance</td>
</tr>
<tr>
<td>F03.91</td>
<td>Unspecified dementia with behavioral disturbance</td>
</tr>
<tr>
<td>F01.50</td>
<td>Vascular dementia without behavioral disturbance</td>
</tr>
<tr>
<td>F01.51</td>
<td>Vascular dementia with behavioral</td>
</tr>
<tr>
<td>F02.80</td>
<td>Dementia in other diseases classified elsewhere without behavioral disturbance</td>
</tr>
<tr>
<td>F02.81</td>
<td>Dementia in other diseases classified elsewhere with behavioral disturbance</td>
</tr>
<tr>
<td>G31.01</td>
<td>Pick’s disease</td>
</tr>
<tr>
<td>G31.83</td>
<td>Dementia with Lewy bodies</td>
</tr>
<tr>
<td>G31.84</td>
<td>Mild cognitive impairment, so stated</td>
</tr>
<tr>
<td>G31.85</td>
<td>Corticobasal degeneration</td>
</tr>
<tr>
<td>G31.09</td>
<td>Other frontotemporal dementia</td>
</tr>
<tr>
<td>R41.1</td>
<td>Anterograde amnesia</td>
</tr>
<tr>
<td>R41.2</td>
<td>Retrograde amnesia</td>
</tr>
<tr>
<td>R41.3</td>
<td>Other amnesia (Amnesia NOS, Memory loss NOS)</td>
</tr>
</tbody>
</table>
LOGISTICS

Resources, Tips, Sample Claim Forms, IDEAS Billing Denial Form
Logistics – CED - Claims

• Implement policies to **HOLD claims** until all elements of IDEAS are met
  • applies to technical and professional
• Keep a copy of the e-mail from IDEAS in your billing records in case of audit
  • Implement policies to notify and share with those billing professional component

*If you participated in NOPR, treat similarly.*
Amyloid PET Report Form

• This form becomes available when the Amyloid PET Completion form has been submitted.

• This form must be submitted within 7 days after the PET is completed.

• Following fields are required:
  - Date of PET report
  - Selection of interpreting physician
  - Entering COMPLETE text of PET report (copy/paste)
Interpreting physician will see available PET Assessment Forms for completion.
When Amyloid PET Report form has been submitted, the PET Facility will receive the following email.

Practice ID#: 2005
Practice Name: Harvard
PET Facility ID#: 8006
PET Facility Name: Resolution Imaging
Patient SSN: ******111
Case #: 29
PET Scan Completed: 12/29/2015

The Amyloid PET Report Form has been successfully submitted for the above referenced patient.
This is NOT a new policy rather a Reminder for IDTFs; IDTFs must notify CMS for any new service or equipment added to site:

- Complete an **855B form** and send to your Medicare Administrative Contractor, as required.
- Complete for any CPT or HCPCS codes (or equipment) if not already listed.
- Wait for the MAC to send you a confirmatory letter before you begin performing new services.
PET Resources – CMS, SNMMI & IDEAS Websites

- **CMS Coverage Database:**

- **SNMMI PET PROS Referring/Interpreting Physician Resources – Elements of PET/CT Reporting & Q&As:**
  http://www.snmmi.org/Membership/Content.aspx?ItemNumber=5181

- **Imaging Dementia – Evidence For Amyloid Scanning IDEAS):**
  IDEAS-Study.org
  IDEAS Claim Forms – Locate in PET Facilities, Under FORMS
Reimbursement Info IDEAS web site

http://www.ideas-study.org/faqs/#medicare

Is the IDEAS Study on its own enough to change CMS policy re: Medicare coverage of brain amyloid PET imaging?
Reimbursement Info IDEAS web site
http://www.ideas-study.org/forms/

Scroll down to Medicare Forms

REFERRING PHYSICIANS PRACTICE
- Referring Physicians Case Report Forms
- Form Revision Notice – 26April2016
- Form Revision Notice – 14April2016
- Form Revision Notice – 05Feb2016
- Referring Physician Process Flow & Data Submission Timelines

PET FACILITIES
- PET Facility Case Report Forms
- Form Revision Notice – 26April2016
- Form Revision Notice – 14April2016
- Form Revision Notice – 05Feb2016
- PET Facility Process Flow & Data Submission Timelines

MEDICARE CLAIMS FORMS AND INFORMATION
- Sample Medicare Claim Forms
- IDEAS Claim Denial Checklist
Sample Hospital Technical Billing
Medicare / Managed Medicare

Hospital Outpatient Prospective Payment System (HOPPS) Setting

Form Locator 67 & 67 A-C:
Enter ICD-10-CM code for principle diagnosis in FL 67.

Enter CED Identifier in FL 67 A-C in primary or secondary diagnosis position, may vary by MAC.

Managed Medicare (e.g., Medicare MA Plan)
Submit claim to MA Plan, NOT MAC. MA plans vary, however typically require prior authorization and may dictate imaging site be part of their network, however out of network can be possible.

Form Locator 42:
Enter revenue codes.

0404 PET Procedures
0343 Diagnostic Radiopharmaceutical

Form Locator 44:
Enter CPT or HCPCS code for procedure, radiopharmaceutical and modifier
(Chose only one procedure and HCPCS radiopharmaceutical code based on equipment PET or PET/CT and tracer administered.)

78811 PET limited or 78814 PET/CT limited
Q0 (zero) Investigational clinical service provided in a clinical research study in an approved clinical research study

Choose the radiopharmaceutical administered based on the date of service.
DOS before July 1, 2016
C9458 Florbetaben F-18, diagnostic, per study dose, up to 8.1 millicuries
C9459 Flutemetamol F-18, diagnostic, per study dose, up to 5 millicuries
A9586 Florbetapir F-18, diagnostic, per study dose, up to 10 millicuries

DOS on or after July 1, 2016
Q9983 Florbetaben F-18, diagnostic, per study dose, up to 8.1 millicuries
Q9982 Flutemetamol F-18, diagnostic, per study dose, up to 5 millicuries
A9586 Florbetapir F-18, diagnostic, per study dose, up to 10 millicuries

Form Locator 18-28:
Enter the condition “30” Qualifying Clinical Trials Non-research services provided to all patients, including managed care enrollees enrolled in a Qualified Clinical Trial.

Form Locators 39-41:
Enter code D4 & Clinical Trials No. 02420756
If paper claim include CT, CT02420756
If electronic submission do not include the CT

Form Locator 68:
Enter the number of units based on the CPT or HCPCS code description
<table>
<thead>
<tr>
<th>Item No. 24G</th>
<th>Enter the number of units based on the CPT or HCPCS code description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Item No. 19</td>
<td>Enter Clinical Trials Number CT02420756 (Mandatory requirement effective Jan. 1, 2014) if filing paper claim. Use CT in front of 8 digit number. If filing electronic eliminate the CT and only list 8 digit number.</td>
</tr>
<tr>
<td>Item No. 24D</td>
<td>Enter CPT or HCPCS code for procedures interpreted by the physician in the hospital outpatient setting. PET: limited 26 Modifier, Professional Component Q0 (zero) Investigational clinical service provided in a clinical research study that is in an approved clinical research study. CHECK with payer for KX, may or may not be required, is required for NaF NOPR studies. KX Requirements specified in the medical policy have been met, proven or strongly suspected of being cancerous based on other diagnostic testing.</td>
</tr>
</tbody>
</table>
Sample Physician Office

Medicare/Managed Medicare
Non-Hospital Technical

HEALTH INSURANCE CLAIM FORM
APPROVED BY NATIONAL UNIFORM CLAIM COMMITTEE 2012

2 PATIENTS NAME (Last Name, First Name, Middle Initial)
Smith, Stephen S.

2 PATIENTS ADDRESS (City, State)
123 Any Street
Any City

Item No. 21 & 24E:
Enter ICD-10-CM code for principle diagnosis in Item No. 21A.
Enter CED identifier in Item No. 21B, check with payer for placement
Enter ICD indicator 0 for ICD-10-CM
Enter Dx Ref. letter(s) corresponding to the procedure in Item No. 24E

Item No. 24B:
Enter Place of Service number.
11 - Physician office

Item No. 24G:
Enter the number of units based on the CPT or HCPCS code description
Charges are for sample only, PET site to set rates.

Item No. 19:
Enter Clinical Trials Number CT02420756 (Mandatory requirement effective Jan. 1, 2014) if filing paper claim
Use CT in front of 8 digit number. If filing electronic, eliminate the CT and only list 8 digit number.

Item No. 24D:
Enter CPT or HCPCS code for procedure, radiopharmaceutical and modifier
(Chose only one procedure and HCPCS radiopharmaceutical code based on equipment PET or PET/CT and tracer administered.)

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CPT codes, descriptors and 2-digit modifiers only are copyright, 2013 AMA. All rights reserved.
Item No. 21 & 24E:
Enter ICD-10-CM code for principle diagnosis in Item No. 21A.
Enter CED identifier in Item No. 21B, check with payer for placement.
Enter ICD indicator 0 for ICD-10-CM.
Enter Dx Ref. letter(s) corresponding to the procedure in Item No. 24E.

F03.90 Unspecified dementia w/o behavioral disturbance
Z006 Encounter for exam for normal comparison and control in clinical research program

Item No. 24B:
Enter Place of Service number.
81 - IDTF

Item No. 19:
Enter Clinical Trials Number CT02420756 (Mandatory requirement effective Jan. 1, 2014) if filing paper claim.
Use CT in front of 8 digit number. If filing electronic eliminate the CT and only list 8 digit number.

Item No. 24D:
Enter CPT or HCPCS code for procedure, radiopharmaceutical and modifier.
(Chose only one procedure and HCPCS radiopharmaceutical code based on equipment PET or PET/CT and tracer administered.)
78811 PET limited or
78814 PET/CT limited
TC modifier, Technical Component
Q0 (zero) Investigational clinical service provided in a clinical research study in an approved clinical research study.

Radiopharmaceuticals are contractor priced, may require invoice or additional information in box 19, 24 or other, check individual payer policy.
CHECK MAC and DOS for appropriate code that the payer may accept for payment.

A9599 or Q9983 Florbetaben F-18, diagnostic, per study dose, up to 8.1 millicuries
A9599 or Q9982 Flutemetamol F-18, diagnostic, per study dose, up to 5 millicuries
A9586 Florbetapir F-18, diagnostic, per study dose, up to 10 millicuries

Item No. 24G:
Enter the number of units based on the CPT or HCPCS code description.
Charges are for sample only, PET site to set rates.

Managed Medicare (e.g., Medicare MA Plan)
Submit claim to MA Plan, NOT MAC. MA plans vary, however typically require prior authorization and may dictate imaging site be part of their network, however out of network can be possible.
Sample Physician Office

Medicare/Managed Medicare

Non-Hospital Global

HEALTH INSURANCE CLAIM FORM

APPROVED BY NATIONAL UNIFORM CLAIM COMMITTEE 2012

Item No. 24G:
Enter the number of units based on the CPT or HCPCS code description

Charges are for sample only, PET site to set rates.

Managed Medicare (e.g., Medicare MA Plan)
Submit claim to MA Plan, NOT MAC. MA plans vary, however typically require prior authorization and may dictate imaging site to be part of their network, however out of network can be possible.

Item No. 24B:
Enter Place of Service number. 11 - Physician office

Item No. 21 & 24E:
Enter ICD-10-CM code for principle diagnosis in Item No. 21A.
Enter CED identifier in Item No. 21B, check with payer for placement.
Enter ICD indicator 0 for ICD-10-CM
Enter Dx Ref. letter(s) corresponding to the procedure in Item No. 24E

F03.90 Unspecified dementia w/o behavioral disturbance
Z006 Encounter for exam for normal comparison and control in clinical research program

Item No. 19:
Enter Clinical Trials Number CT02420756 (Mandatory requirement effective Jan. 1, 2014) if filing paper claim.
Use CT in front of 8 digit number. If filing electronic eliminate the CT and only list 8 digit number.

Item No. 24D:
Enter CPT or HCPCS code for procedure, radiopharmaceutical and modifier
(Chose only one procedure and HCPCS radiopharmaceutical code based on equipment PET or PET/CT and tracer administered.)

78811 PET limited
or 78814 PET/CT limited

No modifier, Global Billing includes Professional and Technical Component

Q0 (zero) Investigational clinical service provided in a clinical research study in an approved clinical research study

Radiopharmaceuticals are contractor priced, may require invoice or additional information in box 19, 24 or other, check individual payer policy.

CHECK MAC and DOS for appropriate code that the payer may accept for payment.

A9598 or Q9893 Florbetaben F-18, diagnostic, per study dose, up to 8.1 millicuries
A9590 or Q9892 Flutemetamol F-18, diagnostic, per study dose, up to 5 millicuries
A9586 or Q9892 Florbetapir F-18, diagnostic, per study dose, up to 10 millicuries

Notes:
CPT codes, descriptors and 2-digit modifiers only are copyright, 2013 AMA. All rights reserved.
Billing Specifics – CED- Amyloid
(updated 10-10-2016)

- Condition code 30 (for institutional claims only)
- Modifier Q0 (zero)
  - On both CPT and HCPCS codes
- Form Locator 39 (institutional claims) 1450 claim form
  - Clinical Trial Number D4 CT02420756 (paper claim) or 02420756 (electronic claim)
- Form Locator 19 (physician office and/or IDTF claims) 1500 claim form
  - Clinical Trial Number P4 CT02420756 (paper claim) or 02420756 (electronic claim)
- ICD-10-CM codes (choose at least 1 from NCD list) place in primary position, plus Z00.6 (in secondary position)

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Z00.6</td>
<td>Encounter for examination for normal comparison and control in clinical research program</td>
</tr>
</tbody>
</table>
Q: For claims with Date of Service (DOS) on or after July 1, 2016 and for the GE or Piramal amyloid radiopharmaceuticals, do I report the C9458, C9459 or the Q9983, Q9982 codes?

A: The Hospital OPPS officials told us both Q9983 and Q9982 HCPCS codes should be paying now. *If you experience a denial in the OPPS setting for either of the Q codes, please notify IDEAS by completing the IDEAS denial form as soon as possible.*

*Please verify all items on the claim submission are correct and that you have included the Q0 modifier on the HCPCS Q code.*
MPFS Coding Question
(updated 10-10-2016)

Q: For claims with Date of Service (DOS) on or after July 1, 2016 and for the GE or Piramal amyloid radiopharmaceuticals, do I report the A9599 or the Q9983, Q9982 codes?

A: The Noridian, Novitas, FCSO and National Government Services (NGS) MAC officials told us A9599 will continue to pay for both GE and Piramal tracers while Q9983 and Q9982 HCPCS codes are being updated in their systems. The NCD date of implementation for the MACs is on or after January 3, 2017, therefore we do not anticipate the MACs will update prior to that date. As we learn more we will provide updates.

If you experience a denial in the OPPS setting for either of the A9599, please notify IDEAS by completing the IDEAS denial form as soon as possible. Please verify all items on the claim submission are correct and that you have included the Q0 modifier on the HCPCS code.

Medicare Claims Processing Manual Chapter 13
Q: Do I append the **Q0 (zero)** modifier for Amyloid PET scans?

A: Yes, this is appended to the PET procedure code and may be applied to the Dx Rp depending on the Medicare Administrative contractor. Update, most MACs are requiring the Q0 on the HCPCS code in addition to the procedure code.

Q: Do I append the PI or PS modifier for Amyloid PET scans?

A: No, these are only for FDG and NaF PET studies at this point. *If a MAC requests this, notify IDEAS immediately.*

Medicare Claims Processing Manual Chapter 13
General Claims Processing
Questions: Billing Limitations

• **Question:** Is the limit of 1 scan per year or per patient lifetime?

• **Answer:** The limits are per patient over the patient’s lifetime *(with the count technically beginning at the start of the CMS approved CED trial).*
A/B MAC
as of January 1, 2016
# A/B MAC

## as of January 2016

<table>
<thead>
<tr>
<th>MAC Jurisdiction</th>
<th>Previous MAC Jurisdiction</th>
<th>Processes Part A &amp; Part B Claims for the following states:</th>
<th>MAC</th>
</tr>
</thead>
<tbody>
<tr>
<td>DME A</td>
<td>DME A</td>
<td>Connecticut, Delaware, District of Columbia, Maine, Maryland, Massachusetts, New Hampshire, New Jersey, New York, Pennsylvania, Rhode Island, Vermont</td>
<td>NHIC Corp. (awarded to Noridian Dec 2013; implementation in progress)</td>
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<tr>
<td>DME B</td>
<td>DME B</td>
<td>Illinois, Indiana, Kentucky, Michigan, Minnesota, Ohio, Wisconsin</td>
<td>National Government Services, Inc. (awarded to CGS Sept. 2013; implementation in progress)</td>
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<tr>
<td>DME C</td>
<td>DME C</td>
<td>Alabama, Arkansas, Colorado, Florida, Georgia, Louisiana, Mississippi, New Mexico, North Carolina, Oklahoma, South Carolina, Tennessee, Texas, Virginia, West Virginia, Puerto Rico, U.S. Virgin Islands</td>
<td>CGS Administrators, LLC</td>
</tr>
<tr>
<td>DME D</td>
<td>DME D</td>
<td>Alaska, Arizona, California, Hawaii, Idaho, Iowa, Kansas, Missouri, Montana, Nebraska, Nevada, North Dakota, Oregon, South Dakota, Utah, Washington, Wyoming, American Samoa, Guam, Northern Mariana Islands</td>
<td>Noridian Healthcare Solutions, LLC</td>
</tr>
<tr>
<td>5</td>
<td>5</td>
<td>Iowa, Kansas, Missouri, Nebraska</td>
<td>Wisconsin Physicians Service Insurance Corporation</td>
</tr>
<tr>
<td>8</td>
<td>8</td>
<td>Indiana, Michigan</td>
<td>Wisconsin Physicians Service Insurance Corporation</td>
</tr>
<tr>
<td>15</td>
<td>15</td>
<td>Kentucky, Ohio</td>
<td>CGS Administrators, LLC</td>
</tr>
<tr>
<td>E</td>
<td>E</td>
<td>California, Hawaii, Nevada, American Samoa, Guam, Northern Mariana Islands</td>
<td>Noridian Healthcare Solutions, LLC</td>
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<tr>
<td>H</td>
<td>4 &amp; 7</td>
<td>Arkansas, Colorado, New Mexico, Oklahoma, Texas, Louisiana, Mississippi</td>
<td>Novitas Solutions, Inc.</td>
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<tr>
<td>J</td>
<td>10</td>
<td>Alabama, Georgia, Tennessee</td>
<td>Cahaba's Government Benefit Administrator, LLC</td>
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<tr>
<td>L</td>
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<td>Delaware, District of Columbia, Maryland, New Jersey, Pennsylvania (includes Part B for counties of Arlington and Fairfax in Virginia and the city of Alexandria in Virginia)</td>
<td>Novitas Solutions, Inc.</td>
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<tr>
<td>M</td>
<td>11</td>
<td>North Carolina, South Carolina, Virginia, West Virginia (excludes Part B for the counties of Arlington and Fairfax in Virginia and the city of Alexandria in Virginia)</td>
<td>Palmetto GBA, LLC</td>
</tr>
<tr>
<td>N</td>
<td>9</td>
<td>Florida, Puerto Rico, U.S. Virgin Islands</td>
<td>First Coast Service Options, Inc.</td>
</tr>
</tbody>
</table>

**Also Processes Home Health and Hospice claims**
TIP: Along with completing this form, use all your appeal rights, through to ALJ process. No NOT rely only on IDEAS to resolve.
IDEAS Denial Issues Status MACs (as of 10-10-2016)

- Noridian – Oct 3, 2016 Fixed PI/PS issue
  - anticipate Mid-Oct Mass Adjustment on prior claims, do not resubmit the denials prior to October 3, 2016.

- FCSO – Mid-Oct PI/PS Fix anticipated

- Cahaba – Fixed in September 2016

- Novitas – HOPPS-MPFS PI/PS edits fixed, IDTF LCD updated, site must re-submit 855B
• Several **MA plans** don’t know about **IDEAS** – many resolved individually, some pending

• IDEAS facilitated and obtained a copy of a communication to the **MA plans**, download the PDF from the ideas web site.

**Prior Authorization TIPs:** Do **NOT** give up if MA plan denies on first of second call; continue to pursue all levels of an appeal of a denial. Be thoughtful and complete regarding supplying MA plans with IDEAS and patient information.
Some **MA plans** don’t know about IDEAS

**TIPS:** Recently I assisted a provider who was denied through Evicor; a radiology benefit manager (RBM), for some MA plans. Evicor **does** approve IDEAS studies, however providers must give complete information in order to gain prior authorization.

The office that made the first call (likely the referring MD) to Evicor provided the following information, **“the pt. has mild cognitive impairment - G31.84 and no history or notes. Evicor then requested additional clinical information.”**

If the office would have stated the following, **“the pt. has mild cognitive impairment - G31.84 and meets the qualifications to participate in the IDEAS study. We have enrolled the patient in the IDEAS study a CMS approved CED trial 02420756, the patient IDEAS case number is __. If additional clinical information is necessary it would be the clinical items of the IDEAS study that allowed the patient to qualify. In this case no peer to peer would have been needed if the clinical information had been provided.”**
Thank you!

QUESTIONS