IDEAS Reimbursement Update – Information current as of October 7, 2016

By Denise A. Merlino, CPC, CNMT, MBA

This is the first of what will be ongoing reimbursement updates addressing Centers for Medicare & Medicaid Services (CMS) coding, coverage and payment issues for the IDEAS study participants. The IDEAS team has prepared several educational items for IDEAS participants. We encourage sites to review the reimbursement educational materials prior to contacting us for additional assistance. Below is a list of these available educational items with links to the IDEAS web site:

- The Nuts and Bolts of Medicare Reimbursement for the IDEAS Study (Webinar Slides – 24May2016)
- The Nuts and Bolts of Medicare Reimbursement for the IDEAS Study (PowerPoint slides updated 10-7-2016 NEW)
- Sample Medicare Claims – Updated 08October2016 - NEW
- Claims Denial Checklist to report claims issues
- Frequently Asked Questions
- Centers for Medicare & Medicaid (CMS) IDEAS-Study Reimbursement Letter

As always, the IDEAS team is happy to support participating facilities, physician offices or independent diagnostic testing facilities (IDTFs) with reimbursement assistance. If you do not find your particular reimbursement question answered in these materials or you continue to receive denials from a payer, you should complete the Claim Denial Form and send it to IDEAS-Study@acr.org or fax to 888-606-4223.

The top common omissions/errors on IDEAS claim submissions are as follows:

Tip 1: Providers should append the Q0 (zero) modifier to the HCPCS radiopharmaceutical codes. This is in addition to appending the Q0 to the CPT procedure code for the PET study. Several of the Medicare Administrative Contractors (MACs) have told us this is the main issue that causes IDEAS claim denials.
**Tip 2:** Providers should include the appropriate clinical trial number following the example in the [Sample Medicare Claims – (Updated 8October2016 – NEW)](link) on the IDEAS web site.

**Tip 3:** IDTF providers should verify that the CPT and HCPCS codes to be used for IDEAS scans are on their CMS 855B form and accepted by the MAC for use prior to billing for IDEAS studies.

**Tip 4:** If a payer instructs you to append a PI or PS modifier to either the CPT or HCPCS codes on your claim, this is NOT a CMS billing requirement of IDEAS claims. Please notify us immediately with sample claims using the [Claim Denial Form](link) process noted above.

**Tip 5:** If a Medicare Advantage (MA) plan denies prior authorization for an IDEAS patient, we recommend you appeal that denial and provide the MA plan with three key references:

1) a copy of the [link](link) to the CMS communication to MA plans.

2) a copy of the [link](link) to the IDEAS FAQ specifically guiding them to the question:

   Will managed Medicare plans (Medicare Advantage) reimburse for scans done as part of the IDEAS Study?
   Yes, Medicare Advantage (MA) beneficiaries are eligible to be included in the IDEAS Study. The MA plans will make payments for MA enrollees. IDEAS Study claims should be billed to the MA plan. This policy is located in [Publication 100-16, Chapter 4: Managed Care Manual 10.7.3 – Benefits and Beneficiary Protections – Payment for Clinical Studies Approved Under Coverage with Evidence](link)

3) a copy of the CMS letter dated August 23, 2016, specifically directing them to item 3 in the letter. For a copy of that letter, [click here](link).

**NEW HCPCS Level II codes Q9982 and Q9983; available for claims with dates of service on or after July 1, 2016 (Table 1):**

The IDEAS team and the MACs are aware that CMS has three different transmittals to instruct the MACs to update systems with two new Healthcare Common Procedure Coding System (HCPCS) Level II Q codes for two of the amyloid imaging agents. We are aware that two of the transmittals have implementation dates of July 3, 2016 while the third coverage transmittal 1708
dated August 19, 2016, informs the MACs to implement the update on or after January 5, 2017.

We contacted CMS regarding these inconsistencies and to ask for clarification. The Hospital Outpatient Prospective Payment System (OPPS) policy team informed us they anticipate Q9982 and Q9983 should pay on OPPS claims. If either Q9982-Q0 or Q9983-Q0 do not pay, please send examples to IDEAS immediately. OPPS policy staff at CMS stated they would need examples before they could investigate further.

For Medicare Physician Fee Schedule (MPFS) claims, we are still verifying with individual MACs; however, we recommend you contact your MAC for readiness to accept Q9982 or Q9983. The Noridian, Novitas and National Government Services (NGS) MACs educational staff informed us that it is not likely Q9982 or Q9983 will pay on a claim prior to the January 5, 2017 implementation date. In those cases, providers may continue to use the A9599 code, as that code is still in their systems. We believe this would be true for other MACs. We will provide more information as it becomes available.

<table>
<thead>
<tr>
<th>Radiopharmaceutical/ Vendor</th>
<th>Setting</th>
<th>Before July 1, 2016</th>
<th>On or after July 1, 2016</th>
<th>Description</th>
</tr>
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<td>Neuraceq™ Piramal</td>
<td>Hospital</td>
<td>C9458</td>
<td>Q9983</td>
<td>Florbetaben F-18, diagnostic, <strong>per study dose</strong>, up to 8.1 millicuries</td>
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<tr>
<td></td>
<td>MPFS</td>
<td>A9599</td>
<td></td>
<td></td>
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<tr>
<td>Vizamyl™ G.E.</td>
<td>Hospital</td>
<td>C9459</td>
<td>Q9982</td>
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<tr>
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<td>Amyvid™ Lilly</td>
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<tr>
<td></td>
<td>MPFS</td>
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MAC Updates: Contractor Specific

**First Coast Service Options (FCSO)**

FCSO informed IDEAS that they realize there are some differences in the implementations dates for the various IDEAS CMS Change Requests. The new codes Q9982 and Q9983 were implemented with CR 9636 with an effective date of July 1, 2016. FCSO is currently working to add the new Q9982 and Q9983 HCPCS codes to claims processing edits for the IDEAS PET scans. FCSO hopes to have all testing and implementation completed by Mid-October. Once completed FCSO will have all incorrectly denied claims reprocessed. FCSO also indicates, like Noridian, that HCPCS code A9599 is still a valid unlisted code in MPFS and may be used to submit for reimbursement until the new codes are updated in their systems. Additionally, FCSO is developing an article that will be posted to its website to assist providers.

**Noridian**

IDEAS notified Noridian of claims processing issues wherein customer service representatives were incorrectly advising providers to append a PI or PS modifier on the CPT code. Noridian identified the edit that was causing this incorrect processing and guidance. Noridian has informed IDEAS that effective Tuesday October 4, 2016 providers may begin to submit IDEAS claims that had been temporality on hold while the testing and implementation was completed. IDEAS claims submitted following the IDEAS example claim guidance on or after October 4, 2016 should pay. If a provider is still experiencing denials after October 4, 2016 by Noridian please contact IDEAS using the denial claim form process. No resubmission of previously denied claims is required. Noridian anticipates the will implement mass adjustments for those incorrectly denied claims by mid-October or sooner. For sites that appended the PI or PS modifier stay tuned for more instructions for those claims. Noridian will keep IDEAS study staff informed and IDEAS will provide updates as new information becomes available.
**Medicare Advantage Plans**

Finally, the IDEAS team is working with our CMS contacts regarding the need for proactive communication with Medicare Advantage plans to inform them that IDEAS is a CMS-approved CED study and that they are obliged to authorize and reimburse for IDEAS amyloid PET scans. We are aware of a communication sent to the MA plans on October 3, 2016. Click [here](#) to view a copy of the memo. If you receive a denial for payment or prior authorization from a MA plan, we suggest you supply this link and e-mail content with the MA plan. As more information becomes available we will share it with IDEAS PET facilities via our website, newsletters and e-mail communications.