
August 23, 2016

Maria C. Carrillo, Ph.D.
Chief Science Officer
Medical and Scientific Relations
Alzheimer's Association
225 North Michigan Avenue, Fl. 17
Chicago, IL 60601

Dear Dr. Carrillo:

Thank you for your letter to Dr. Patrick Conway and Tamara Syrek Jensen regarding the Centers for Medicare & Medicaid Services' (CMS) National Coverage Determination (NCD) for Beta Amyloid Positron Emission Tomography (PET) for Dementia and Neurodegenerative Disease. They asked me to respond to you directly. In your letter, you outlined several issues relating to Medicare claims processing. We have addressed each issue below.

1. Contractor Claims Denials

As you stated in your letter, CMS issued contractor instructions implementing the Beta Amyloid PET NCD. CMS has worked closely with the Imaging Dementia—Evidence for Amyloid Scanning (IDEAS) Study Team and the Medicare Administrative Contractors (MACs) to fully understand any issues with claims processing. As these issues come to CMS's attention, we work with the MACs to assist in resolving them as appropriate. We believe this continues to be the most efficient manner to resolve claims processing issues.

2. Coding for Beta Amyloid Radiopharmaceuticals

With regard to the Q-series Healthcare Common Procedure Coding System (HCPCS) codes, CMS issued contractor instructions (see Pub. 100-04 Medicare Claims Processing Transmittal 3518) on May 6, 2016 to implement the new Q codes and retire all of the C codes. Per the CMS instruction, the MACs were required to fully implement this change on July 1, 2016. Therefore, as you recommended the Q codes have been added and the C codes removed as of July 1, 2016.

With respect to the new Q codes assigned to the Medicare Physician Fee Schedule (MPFS) and Independent Diagnostic Testing Facilities (IDTF) claims, we note that the MPFS procedure status indicator "E" does not mean the code is automatically non-payable. Rather, it means it is

not payable under the MPFS methodology and is contractor priced when covered, if there is no amount on another fee schedule.

3. Medicare Advantage Plan Denials

Medicare Advantage plans are responsible for coverage if the criteria for coverage in the NCD are met. If an MA plan denies coverage, in accordance with section 422.562(b) of Title 42 of the Code of Federal Regulations, the enrollee may request the plan reconsider its initial decision and, if unsatisfied with the plan's decision, the enrollee may appeal the reconsideration.

4. Applicable ICD-10 Codes

CMS is in receipt of an email from Dr. Gil Rabinovici requesting that CMS add 42 ICD-10 codes to help reduce bias in the statistical analysis of IDEAS. CMS has reviewed the list and has determined that reducing bias in the study would be better accomplished by training participating providers to use the codes as supplementary, non-billable codes; or to enter the codes into a case-report form. CMS will continue the requirement that providers use the list of 14 billable diagnostic codes plus the codes required by coverage with evidence development for payment for the beta amyloid PET scans that are specified in the Medicare Claims Processing Transmittal 2915, dated March 27, 2014.

We look forward to continuing our work together.

Sincerely,

A handwritten signature in black ink, appearing to read "Kate Goodrich".

Kate Goodrich, MD MHS
Director, Center for Clinical Standards and Quality
Centers for Medicare & Medicaid Services