Nuts & Bolts of Medicare Reimbursement; IDEAS Study

5-24-2016

Presented by:

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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)
Renal Physicians Association (RPA)
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

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.
**MM9636** – CR 9636, R3518CP updated July 5, 2016 added Q9982 and Q9983 effective for DOS July 1, 2016.

**NOTE:** check with contractor as the MACs likely are waiting instructions from coverage group to add these codes to the NCD.
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*
Reimbursement Policy
Medicare Advantage Plans

- 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 2805
Important PET Transmittals
Clinical Trial Number on Claims

- 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/
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.
CPT, HCPCS, Hospital Revenue Codes & ICD-10-CM

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>
<tr>
<td>Medicare program $</td>
<td>Part A</td>
<td>Part B</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Local Medicare contractors/ administrators of the policies</td>
<td>Fiscal Intermediaries (old)</td>
<td>Carriers (old)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td><strong>Medicare Administrative Contractors (MAC)</strong> (Current)</td>
<td></td>
<td></td>
<td></td>
<td><strong><a href="http://www.cms.hhs.gov/medicarecontractingreform/">www.cms.hhs.gov/medicarecontractingreform/</a></strong></td>
</tr>
</tbody>
</table>

POS 15 = Mobile Unit / Facility/ unit that moves from place-to-place equipment to provide diagnostic and or treatment services.

Slide copyright **MHCCC 2016**
Medicare Payment Systems
Basic Comparison of MPFS vs HOPPS

- **MPFS** is a system that pays for covered physicians’ services furnished to a person outside of a 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 **HOPPS** 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 paid separately, under pass-through payments for 2 to 3 years.**

*Both HOPPS and MPFS have local wage adjustments, these slides list national rates.*
<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
<table>
<thead>
<tr>
<th>HCPCS Level II</th>
<th>Trade Name Company</th>
<th>Description</th>
<th>2016 SI / APC</th>
<th>2016 HOPPS Payment</th>
<th>2016 MPFS Payment</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>C9458</strong> A9599</td>
<td>Neuracec™ Piramal NDC # 54828-001-30</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><strong>C9459</strong> A9599</td>
<td>Vizamyl™ G.E. NDC # 17156-067-01</td>
<td>Flutemetamol F-18, diagnostic, per study dose, up to 5 millicuries</td>
<td>G 9459</td>
<td>$3,135.00</td>
<td>* This setting typically does not accept C codes, use A9599 or A9586</td>
</tr>
<tr>
<td>A9586</td>
<td>Amyvid™ Lily NDC # 0002-1200-01</td>
<td>Florbetapir F-18, diagnostic, per study dose, up to 10 millicuries</td>
<td>G 1664</td>
<td>$2,756.00</td>
<td></td>
</tr>
</tbody>
</table>

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

HOPPS Pass-through codes, no co-payment.
MPFS does have 20% co-payment
Patient deductibles apply to both HOPPS and MPFS
## 2016 HCPCS Level II Codes PENDING July 2016

<table>
<thead>
<tr>
<th>HCPCS Level II</th>
<th>Trade Name</th>
<th>Company</th>
<th>Description</th>
<th>2016 SI / APC</th>
<th>2016 HOPPS Payment</th>
<th>2016 MPFS Payment</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>C9458</strong></td>
<td>Neuracec™</td>
<td>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></td>
</tr>
<tr>
<td><strong>Q9983</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Contractor Priced</td>
</tr>
<tr>
<td><strong>Q9983</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Most likely at Invoice Cost.</td>
</tr>
<tr>
<td><strong>C9459</strong></td>
<td>Vizamyl™</td>
<td>G.E.</td>
<td>Florbetapir F-18, diagnostic, per study dose, up to 10 millicuries</td>
<td>G 1664</td>
<td>$2,756.00</td>
<td></td>
</tr>
<tr>
<td><strong>Q9982</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>A9586</strong></td>
<td>Amyvid™</td>
<td>Lily</td>
<td>Flutemetamol F-18, diagnostic, per study dose, up to 5 millicuries</td>
<td>G 9459</td>
<td>$3,135.00</td>
<td></td>
</tr>
</tbody>
</table>

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

**HOPPS Pass-through codes, no co-payment.**
**MPFS does have 20% co-payment**
**Patient deductibles apply to both HOPPS and MPFS**

*This setting typically does not accept C codes, use Q9983, Q9982 OR A9586*
## Procedure Coding - IDEAS

<table>
<thead>
<tr>
<th>CPT Code</th>
<th>Description</th>
<th>2016 HOPPS 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>$1,285.17 - $228.37 = $1,056.80</td>
<td>$1,285.17 OPPS CAP</td>
</tr>
</tbody>
</table>

2016 Off-set only applies for HOPPS 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.
<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 – IDEAS Medicare Patients

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, HOPPS, 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 disturbance</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>
Resources, Tips, Sample Claim Forms, IDEAS Billing Denial Form

LOGISTICS
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
Reimbursement Info IDEAS web site
http://www.ideas-study.org/forms/

Scroll down to Medicare Forms
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.
F03.90 Unspecified dementia w/o behavioral disturbance

Enter CED Identifier in FL 67 A-C in primary or secondary diagnosis position, may vary by MAC.
Z006 Encounter for exam for normal comparison and control in clinical research program

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
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

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 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

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Sample Physician Professional Billing

Medicare/Managed Medicare

Hospital Outpatient Prospective Payment System (HOPPS) Setting

HEALTH INSURANCE CLAIM FORM

APPROVED BY NATIONAL UNIFORM BILLING COMMITTEE 2012

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Item No. 24G:

Enter the number of units based on the CPT or HCPCS code description

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 CT00868582 (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 procedures interpreted by the physician in the hospital outpatient setting

78811 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
KX Requirements specified in the medical policy have been met, proven or strongly suspected of being cancerous based on other diagnostic testing.
Sample Physician Office

Medicare/Managed Medicare

Non-Hospital Technical

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.

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

Note:
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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. 24B:
Enter Place of Service number, 81-IDTF

Item No. 19:
Enter Clinical Trials Number CT00668582 (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
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.
A9599 Florbetaben F-18, diagnostic, per study dose, up to 8.1 millicuries
A9599 Flutemetamol F-18, diagnostic, per study dose, up to 5 millicuries
A9586 Florbetapir F-18, diagnostic, per study dose, up to 10 millicuries

Notes:
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Sample Physician Office
Medicare/Managed Medicare

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.

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.
11- Physician office

Item No. 19:
Enter Clinical Trials Number CT00688582 (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
(Choose only one procedure and HCPCS radiopharmaceutical code based on equipment PET or PET/CT and tracer administered.)
78811 PET 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.
A9599 Florbetaben F-18, diagnostic, per study dose, up to 8.1 millicuries
A9599 Florbetamol F-18, diagnostic, per study dose, up to 5 millicuries
A9586 Florbetal 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

- Condition code 30 (for institutional claims only)
- Modifier Q0
- Form Locator 39 Clinical Trial Number
  - D4 NCT02420756
- ICD-10-CM code
  - Z00.6 (on either the primary/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>
General Claims Processing
Questions: Modifiers on Claims

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.

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.

Medicare Claims Processing Manual Chapter 13
**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

[Map of the United States showing regions with different MAC codes, such as JF, JE, JF, JH, J6, J8, etc.]
## A/B MAC as of January 2016

<table>
<thead>
<tr>
<th>Jurisdiction</th>
<th>Previous Jurisdiction</th>
<th>Processes Part A &amp; Part B Claims for the following states:</th>
<th>MAC</th>
</tr>
</thead>
<tbody>
<tr>
<td>DME B</td>
<td>DME B</td>
<td>Illinois, Indiana, Kentucky, Michigan, Minnesota, Ohio, Wisconsin</td>
<td>National Government Services, Inc.</td>
</tr>
<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>
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<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>
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<td>Iowa, Kansas, Missouri, Nebraska</td>
<td>Wisconsin Physicians Service Insurance Corporation</td>
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<td>National Government Services, Inc.</td>
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<td>CGS Administrators, LLC</td>
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<td>California, Hawaii, Nevada, American Samoa, Guam, Northern Mariana Islands</td>
<td>Noridian Healthcare Solutions, LLC</td>
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<td>4 &amp; 7</td>
<td>Arkansas, Colorado, New Mexico, Oklahoma, Texas, Louisiana, Mississippi</td>
<td>Novitas Solutions, Inc.</td>
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<td>Alabama, Georgia, Tennessee</td>
<td>Cahaba's Government Benefit Administrators, LLC</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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<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 GB, LLC</td>
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<td>Florida, Puerto Rico, U.S. Virgin Islands</td>
<td>First Coast Service Options, Inc.</td>
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**Also Processes Home Health and Hospice claims**
IDEAS Denial Issues Status

- FCSO – Pending Resolution
- Cahaba – Pending Resolution
- Several MA plans don’t know about IDEAS – many resolved individually, some pending
- Novitas – HOPPS-MPFS edits fixed, IDTF LCD updated, site must re-submit 855B
Thank you!

QUESTIONS