Information for PET Facilities and Interpreting Physicians

iDEAS
Imaging Dementia—Evidence For Amyloid Scanning

ACR
American College of Radiology

alzheimer's association
WELCOME

• Recording session and will post to the IDEAS-Study website (www.ideas-study@acr.org)
• All lines are muted except panelists; Q & A by “chat”

AGENDA

PET Facility Responsibilities/Case Report Form Completion
*Barry Siegel, MD, Washington University, IDEAS Study Investigator*

PET Image Submission via TRIAD
*Adam Opanowski, CNMT, American College of Radiology*

Coding and Payment under Coverage with Evidence Development (CED)
*Denise Merlino, CPC, CNMT, MBA, Merlino Healthcare Consulting Corp.*

Question & Answer Session
iDEAS

Imaging Dementia—Evidence For Amyloid Scanning

A Study to Evaluate the Clinical Utility of Amyloid PET in U.S. Medicare Beneficiaries

Study Chair: Gil D. Rabinovici
Co-chairs: Maria C. Carrillo, Constantine A. Gatsonis, Bruce E. Hillner, Barry A. Siegel, Rachel A. Whitmer
PET Amyloid Imaging

• Three agents approved by FDA as imaging biomarkers of amyloid deposits
  – April, 2012 $^{18}$F-florbetapir
  – October 2013 $^{18}$F-flutemetamol
  – March, 2014 $^{18}$F-florbetaben

• September, 2013 CMS issues National Coverage Decision
• Insufficient evidence of clinical utility to justify coverage of Aβ PET
• Reimbursement would be considered under coverage with evidence development (CED) in clinical studies designed to:
  • Develop better treatments or prevention strategies for AD
  • Identify subpopulations at risk for developing AD
  • Resolve clinically difficult differential diagnoses (e.g., frontotemporal dementia versus AD)
• Must demonstrate Aβ PET improves health outcomes (short-term outcomes related to changes in management as well as longer-term dementia outcomes)
After a Two-Year Gestation: IDEAS

• An open-label, longitudinal cohort study under CED to assess the impact of amyloid PET on patient-oriented outcomes in individuals meeting Appropriate Use Criteria for amyloid PET (Johnson, et al. 2013)

• The primary hypothesis is that, in diagnostically uncertain cases, knowledge of amyloid PET status will lead to significant changes in patient management, and this will translate into improved medical outcomes
Inclusion Criteria – AUC+

- Medicare beneficiary, age 65 or older, referred by dementia expert
  - Board-certified in neurology, psychiatry, or geriatric medicine, devotes ≥25% of patient contact time to cognitive disorders
- New diagnosis of cognitive impairment (<2 years)
  - MCI
  - Dementia
- Etiology of cognitive impairment is uncertain after a comprehensive evaluation
  - History & physical exam, mental status testing, labs, structural neuroimaging (CT or MRI)
- Knowledge of amyloid PET status is expected to alter diagnosis and management
Exclusion Criteria

- Normal cognition or subjective complaints only, non-medical purpose, other inappropriate uses per AUC
- Knowledge of amyloid status may cause significant psychological harm or otherwise negatively impact the patient or family
- Amyloid status known (previous CSF or PET)
- Previous participation in an anti-amyloid trial
- Cancer requiring active therapy (excluding non-melanoma skin cancer)
- Hip/pelvic fracture within 12 months
- Life expectancy less than 24 months
- Residence in a skilled nursing facility
Specific Aims

Aim 1: To assess the impact of amyloid PET on patient management at 90 days
   - Management plans recorded via pre- and post-PET case report forms completed by dementia specialist

Aim 2: To assess the impact of amyloid PET on hospital admissions and emergency room visits at 12 months
   - Medicare claims of study participants compared to those of concurrent propensity-matched controls who have not had amyloid PET
IDEAS Study

• Much more complicated study than NOPR
  – Will collect more detailed information from referring MDs, as well as images (for future analysis)
  – Patient-centered outcomes (Aim 2) most important to CMS

• Estimated sample size
  – Aim 1: 11,050 subjects for 30% change in management composite endpoint
  – Aim 2: 18,448 subjects for 10% relative reduction in hospitalization, ER visits

• Expected study cost $20M (excluding cost of scans)
• Timeline to coverage: at least 5 years
IDEAS Operational Model

IDEAS Project Team

Patients

PET Imaging Centers

Dementia Specialists

IDEAS-Study.org
IDEAS Operational Model

- Screen
- Consent and register
- Pre-PET *Intended management plan*
- Order PET scan
Note: The amyloid PET scan itself is NOT part of the research!
IDEAS Operational Model

- Patients
- PET Imaging Centers
- Dementia Specialists
- IDEAS Project Team

+90 Days
Post-PET (ACTUAL management plan)
IDEAS Operational Model

- PET Imaging Centers
- Dementia Specialists
- IDEAS Project Team

Data Analysis
- Impact on management plan
- 12 month outcomes assessment of longitudinal cohort and CMS matching cohort
Clinical Site Locations

- Patients referred by dementia specialists must have access to a participating PET facility (*and vice versa*).
- Dementia specialist practices and PET facilities must register separately to participate.
- PET facility must be within 3-4 hours of an amyloid tracer supplier.
- Dementia specialists and imaging sites will be posted on Ideas-Study.org upon activation of patient enrollment (January 2016).
Radiopharmaceutical Production Sites

PET facilities located within 3-4 hours of location may have access to radiopharmaceuticals (Updated October 20, 2015)

<table>
<thead>
<tr>
<th>Beta Amyloid Tracer Availability</th>
</tr>
</thead>
<tbody>
<tr>
<td>Phoenix</td>
</tr>
<tr>
<td>Tempe</td>
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<tr>
<td>Colton (Los Angeles)</td>
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<tr>
<td>Culver City (Los Angeles)</td>
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<tr>
<td>Palo Alto</td>
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<tr>
<td>Sacramento</td>
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<tr>
<td>Gilroy</td>
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<td>Denver</td>
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<tr>
<td>East Hartford</td>
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<td>Ft. Lauderdale</td>
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<td>Jacksonville</td>
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<td>Minneapolis</td>
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<td>Kansas City</td>
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<tr>
<td>Charlotte</td>
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<tr>
<td>Raleigh/Durham</td>
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<tr>
<td>Hackensack</td>
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<tr>
<td>Totowa</td>
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<tr>
<td>Albany</td>
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<tr>
<td>Columbus</td>
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<tr>
<td>Cleveland</td>
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<td>Philadelphia</td>
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<td>Gray</td>
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<tr>
<td>Dallas</td>
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<td>Houston</td>
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<tr>
<td>Charlottesville</td>
</tr>
<tr>
<td>Sterling</td>
</tr>
<tr>
<td>Seattle</td>
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<tr>
<td>Morgantown</td>
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</tbody>
</table>
Where are amyloid agents available in USA?
PET Facility Qualifications

• Experience with brain PET (FDG or amyloid agent)
• Free-standing PET facility must be accredited for brain PET by one of the following:
  - American College of Radiology (ACR)
  - Intersocietal Accreditation Commission (IAC)
  - RadSite
• Hospital-based facility must be accredited by a Medicare-approved hospital accrediting agency (Joint Commission) ± one of above
PET Facility Registration Requirements

• Confirm qualifications
• Execute Business Associate Agreement/Contract with ACR
• Establish escrow account to pay $50/case charge
Interpreting Physician Qualifications: Board Certification

Must be board-certified by one or more of the following boards:

- American Board of Nuclear Medicine
- American Board of Radiology (Diagnostic Radiology)
- American Board of Radiology (Nuclear Radiology)
- American Osteopathic Board of Radiology (Diagnostic Radiology)
- American Osteopathic Board of Nuclear Medicine
Interpreting Physician Qualifications: Vendor Training

- Must have completed vendor-provided training for the specific amyloid imaging agent being used by facility
- Training links are provided on the IDEAS website

Registration
- Consent
- User account set-up (including new ACR user ID and password)
The dementia specialist practice will consent the patient, schedule the scan and then register the patient.
When patient has been registered by the dementia specialist, the following email is sent to selected PET Facility.

The above listed case has been registered on the IDEAS Study. The PET scan must be completed within 30 days of the date the Pre-PET form is completed by the referring physician. You will be notified when the Pre-PET form has been submitted.

Data required for this case: [Dementia Specialist / PET Facility / Interpreting Physician]

Pre-PET Form - Must be entered within 7 days of case registration date.

PET Completion Form - Must be entered by midnight on the day the scan was performed.

PET Report Submission Form - Must be entered within 7 days of the PET scan date.

PET Assessment Form -- Must be entered within 7 days of the PET scan date.

Post-PET Clinical Assessment Form - Must be entered within 15 days of the 90-day follow-up visit.

PET scan images - Must be submitted via TRIAD within 7 days of the scan unless patient withheld consent for image collection and archive.

IDEAS-Study.org
After Pre-PET form has been submitted by dementia specialist, the following email is sent to PET Facility.

Practice ID#: 2005
Practice Name: Harvard
PET Facility ID#: 8006
PET Facility Name: Resolution Imaging
Patient SSN: ******111
Case #: 29

The Pre-PET Clinical Assessment Form has been successfully submitted for the above referenced patient. You may now perform the PET scan.
Amyloid PET Completion Form

- Form available to PET Facility when Pre-PET form has been submitted by the dementia specialist.
- Scan must be completed within 30 days of the case registration date.
- Form must be submitted by midnight on the day the scan was performed.
- Following fields are required:
  - Date of scan
  - Scan type
  - Radiopharmaceutical and dosage
  - Scanner
PET Facility can access PET Completion Form when Pre-PET form submitted.
Forms in blue are available for data entry.
When Amyloid PET Completion Form has been submitted, the following email is sent to PET Facility.

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 12:00:00 AM

The Amyloid PET Completion Form has been successfully submitted for the above referenced patient. If you have not submitted the PET scan via TRIAD then you should do so now if the patient has consented to image collection and archive.
Amyloid PET Assessment Form

• Becomes available when Amyloid PET Completion Form has been submitted.
• This form must be completed *on-line* by interpreting physician within 7 days of the amyloid PET scan.
• Following fields are required:
  - Radiopharmaceutical
  - Scan type
  - Was image quantification used to assist in interpretation?
  - Was comparison with prior imaging studies used to assist in interpretation?
  - Global scan result
Amyloid PET Assessment Form

Global Scan Result:

- Positive for cortical beta-amyloid
- Negative for cortical beta-amyloid
- Uninterpretable/technically inadequate study

If positive or negative, provide confidence level of interpretation:

- Low
- Intermediate
- High

If uninterpretable/technically inadequate study, specify reason(s):

- Patient motion
- Image too noisy
- Image artifact
- Other, specify: ______________________________
Interpreting physician logs in and selects Data Collection to access PET Assessment Forms.
Interpreting physician will see available PET Assessment Forms for completion.
When Amyloid PET Assessment 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 Assessment Form has been successfully submitted for the above referenced patient.
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)
PET Facility will see available PET Report 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.
Additional Email Notifications
To PET Facility if patient is ineligible.

Practice ID#: 1087
Practice Name: new_test
Patient SSN: *******6787
Case#: 58

IDEAS Patient 58, Jack Webb, who was referred to your facility recently from DE clinic name, has been found to be ineligible for the IDEAS study. CMS will not pay the costs of an amyloid PET scan for this patient. The Dementia Clinic has been advised to notify the patient, but you may wish to verify that the patient has been notified.
To Dementia Expert Practice and PET Facility if PET scan is rescheduled.

Practice ID#: 1087
Practice Name: new_test
PET Facility ID#: 1000
PET Facility Name: new_test1
Patient SSN: ******6787
Case #: 700048

The Pre-PET form will no longer be valid if scan is rescheduled for a date later than XX/XX/XXXX.
To Practice Administrator, PET Facility and ACR if case is canceled by Dementia Practice.

Practice ID#: 2005

Practice Name: new_test

PET Facility ID#: 8006

PET Facility Name: new_test1

Patient SSN: *******6787

Case #: 58

Case #: 58 was manually cancelled by Practice.

The reason of cancellation is: {entered text from form}
To PET Facility, if there is a discrepancy in scan type.

Practice ID#: 1087
Practice Name: new_test
PET Facility ID#: 1000
PET Facility Name: new_test1
Patient SSN: *****6787
Case #: 22

The scan type reported by nuclear medicine physician for the above referenced case does not match the type reported on the PET Completion Form. ACR staff have been notified of this discrepancy. Please contact ACR Staff to resolve this problem.
To PET Facility if there is a radiopharmaceutical discrepancy.

Practice ID#: 1087
Practice Name: new_test
PET Facility ID#: 1000
PET Facility Name: new_test1
Patient SSN: *******6787
Case#: 22

The radiopharmaceutical reported by nuclear medicine physician for the above referenced case does not match the drug reported on the PET Completion Form. ACR staff have been notified of this discrepancy. Please contact ACR Staff to resolve this problem.
PET Image Submission
TRIAD™
Adam Opanowski, CNMT, PET, NCT, R.T.(N)
American College of Radiology

215.940.8890
aopanowski@acr.org
Digital Image Submission

• All brain amyloid PET scans will be submitted to the American College of Radiology (ACR) archive within 7 days of scan acquisition using the TRIAD™ application

• Subjects who have specifically opted out of image collection during the study consent process will not be submitted to ACR

• Site staff (e.g., Nuclear Medicine Tech) who submit images will need to be registered by the PET Facility Administrator as users which will automatically enable them as TRIAD users

• Site staff who submit images through TRIAD will need to be registered in the IDEAS Database and have a valid account
Digital Image Submission = TRIAD

• TRIAD™ (Transfer of Images and Data)
• Cloud based image and data exchange platform to support image and data sharing for Clinical Trials
• TRIAD meets FDA regulatory requirements for use in Clinical Trials; it is Title 21 CFR Part 11 compliant
  • Sends images and data files securely
  • Anonymizes the DICOM headers locally before submission based on flexible and profile based algorithm
  • A straight-forward software download to get started
  • Images are submitted with a click of a button
• More info: http://triadhelp.acr.org/

IDEAS-Study.org
Digital Image Submission = TRIAD

• All PET scans are required to be submitted using TRIAD
• Can be installed on one or several computers of choice within the institutional ‘firewall’ and on institutional network
• TRIAD application can be used to submit images located on CDs/DVDs or network drives
• TRIAD application can also be configured as a DICOM destination on either scanner and/or PACS system for direct network transfer
https://triadinstall.acr.org/triadclient/  (Not ready until Jan 25)

User Guide to be updated by 1/25/2016

Check .NET framework is 4.5.2 or higher
Open TRIAD, choose IDEAS in dropdown menu
Select image files from your computer (ex, CD Drive, Folder on Desktop)
Move selected images to TRIAD Submission Queue
Choose the Case ID for PET scan you are submitting and Click submit button
Radial button will turn GREEN in the ‘Anonymize and Upload’ column when PET scan was successfully received by ACR
How do I get TRIAD Support?

Tech Support is available from Monday to Friday between 8am – 5pm ET

Contact By Email:  Triad-Support@acr.org
Contact By Phone:  703.390.9858

IDEAS Support:
Contact By Email:  IDEAS-Study@acr.org
Contact By Phone:  215.574.3156
Coding & Payment
Denise Merlino, CPC, CNMT, MBA
SNMMI Coding Advisor
CED Payment - IDEAS

• Payment **Policies**, based on setting of care, are similar to other covered Nuclear Medicine Services
• Paid at **Rates** for PET Studies
• Similar billing **instructions** to NOPR PET studies
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
Important PET Transmittals

Beta Amyloid PET Imaging

CMS Transmittals for (CAG-00181R4)

CMS Manuals Pub 100-03 NCD 220.6.17
Claims Processing Chapter 13 Section 60.14-16

For information on Medicare National Coverage Determination (NCD) for Beta Amyloid Positron Emission Tomography (PET) in Dementia & Neurodegenerative Disease, see Transmittals 164 & 2915 (CR 8526, March 27, 2014)

The official instruction, CR 8526, is in two transmittals issued to the A/B MACs.


• PET Beta Amyloid Imaging Billing & Coverage Guidance
## 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
Co-Insurance - IDEAS

Co-Insurance includes co-payments & deductibles

• Yes, co-insurance for PET Procedure *(2016 $257.04)*
• Yes, co-insurance for PET reading
• MPFS-Physician office, HCPCS Dx Rp co-insurance would apply (typically 20%, as with any other drug or Dx Rp)
• No, co-insurance for hospital pass-through Dx Rp
Diagnostic Radiopharmaceutical (Dx Rp)  
Payment Pass-Through or Contractor Priced

Must participate in CED Trial for Amyloid Agents

<table>
<thead>
<tr>
<th>2016 HCPCS Level II Codes</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>HCPCS Level II</strong></td>
</tr>
<tr>
<td>-----------------</td>
</tr>
</tbody>
</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. |
| **A9599**       | NDC # 54828-001-30       |                  |                 |                     |                     |
| **C9459**       | Vizamyl™ G.E.            | Flutemetamol F-18, diagnostic, **per study dose**, up to 5 millicuries | G 9459 | $3,135.00 |                     |
| **A9599**       | 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       |                  |                 |                     |                     |

* This setting typically does not accept C codes, use A9599

IDEAS-Study.org
# 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></td>
<td></td>
</tr>
</tbody>
</table>

Rates will vary geographically. Figures are national rates.

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

NF= Non-Facility, Physician Office, Independent Diagnostic Testing Facility Setting (IDTF)
# 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>
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</tbody>
</table>

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

Rates will vary geographically. Figures are national rates.
## ICD-10-CM

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
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<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>
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/
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
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>
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</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
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*).
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
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 – IN PROCESS
Questions?