

IDEAS Reimbursement UPDATE

Information Current as of May 8, 2017

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MEDICARE ADVANTAGE PLANS – *PRIOR AUTHORIZATION AND CLAIM DENIALS*

Ongoing issues persist with *some* Medicare Advantage (MA) plans that are unaware of the IDEAS Study and deny the first or second requests for prior authorization. We continue to work with the MA plan contacts and CMS on individual claims; in addition, the IDEAS Study leadership participated in a meeting with high level CMS officials on May 4, 2017 to discuss the ongoing issues and our concern regarding lower than expected MA enrollment in IDEAS study. As a result of our recent meeting, CMS has agreed to intervene in claim denials after the first denial of prior authorization and/or the first denial of post imaging denials. CMS requests that all providers continue to follow the entire appeals process and they will simultaneously review denials sent on the IDEAS claims denial forms.

As a reminder, the process is outlined below:

- While a prior authorization should not be necessary for an IDEAS study per the CMS Medicare Billing Manual, we were advised by Dr. Jeffery Kelman that it is best to instruct IDEAS participating sites to obtain prior authorization from all MA plans.
 1. The process is to call the MA plan for prior authorization, provide the AMA CPT[®] code, HCPCS code and ICD 10 code.
 2. Additionally, we advise sites to make clear that the authorization is for an IDEAS study patient who is enrolled and awaiting imaging. Sites are also advised to provide the three key documents indicated below on first submission. Likewise, if a Medicare Advantage (MA) plan denies prior authorization for an IDEAS patient, we recommend that the site appeal that denial and officially submit the MA plan with these same three references. They are posted at the IDEAS website and are linked below:
 - [Memo to Medicare Advantage Plans – 03October2016](#)
 - [Medicare Advantage Reimbursement - FAQ](#)
 - 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](#).
 3. If this prior authorization is denied, the site is asked to concurrently appeal the denial (as noted in the three bullets above) and complete the IDEAS claims denial form. Send the claims denial form to IDEAS-Study@acr.org for assistance. CMS officials recently agreed to intervene after the first denials rather than after several denials. According to the CMS MA plan process, only second or subsequent denials are sent to CMS MA plan officials for internal review. The concurrent process will allow CMS to intervene earlier in the denial process and educate the MA plans regarding the IDEAS study.

For those cases for which the site does not obtain prior authorization before the imaging is performed, or did obtain prior authorization and the claims denies. we expect is the post imaging denials to be less common. As noted above CMS will now intervene after the first claims denial, rather than after second and subsequent denials. Therefore, please send a completed IDEAS form concurrently with your 1st appeal of the denial of the claim for assistance from IDEAS MA plan officials.

We have updated two of the IDEAS FAQs on May 8, 2017 and are providing those updates below for your assistance.

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

Two Medicare FAQs were updated on 5-8-2017

Will a Medicare patient's Medigap insurance cover the cost of the co-payment for an IDEAS Study PET scan?

The answer depends on the payer, but in general, yes, Medicare supplemental (Medigap) insurance plans (or Medicaid, if applicable) should cover the co-payment, as for any other Medicare-covered service, in patients with traditional Medicare coverage (Part A and Part B). We encourage patients to check prior to their study as there are some third party payers that have denied picking up the co-payments and deductibles; Tricare, for example, will not cover these costs. We will list more as we become aware of these payers. Additionally, the IDEAS team developed a letter that providers may use to try to secure reimbursement from a third-party payer.

No, for patients in Medicare Advantage (MA) plans, as MA beneficiaries are liable for co-payment/co insurance, where Medicare supplemental insurance does not typically apply.

Is pre-authorization still needed for patients in managed Medicare plans also called Medicare Advantage (MA) plans?

What if they deny our request for pre authorization?

[Publication 100-3 Section 310.1 of the NCD Manual: Routine Costs in a Clinical Trial](#) states that Medicare Advantage (MA) plans may request prior authorization or approval for enrollees participating in clinical trials or for coverage with evidence development in CMS-approved trials. Referring physicians or PET facilities should obtain pre-authorization for patients in MA plans or document (e.g., date, time and person with whom you spoke) the details of the call. In some instances, the MA plans may direct patients to their preferred providers assuming the MA plan preferred providers are qualified and participating in the IDEAS CED Study.

It is recommended that all levels of appeal be used with Medicare Advantage plans as we are aware of MA plans that have denied the first request for prior authorization for a PET scan. A facility should appeal that denial and, if the first appeal is denied, the facility should appeal once again. You will need to state: “[T]his patient is enrolled in the CMS-approved CED program known as the IDEAS Study” and be sure to provide additional documentation (see links below) to support your request.

- [Memo to Medicare Advantage Plans – 03October2016](#)
- [Centers for Medicare & Medicaid \(CMS\) IDEAS-Study Reimbursement Letter](#)

As a reminder, Medicare Advantage (MA) beneficiaries are eligible to be included in the IDEAS Study and 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.

The last level of appeal should reach an Independent Review Entity (IRE). More information regarding IRE can be found at <https://www.cms.gov/medicare/appeals-and-grievances/mmcag/fire.html>. Finally, you may submit a completed IDEAS claim denial form after the first prior authorization or first post imaging denial. We will simultaneously engage our CMS colleagues to identify why you received that denial; however, we request that you continue all appeals while we review with CMS.

MEDIGAP PLANS (SECONDARY PAYERS): CO-PAYMENT & DEDUCTIBLES – DENIALS

We have seen denials by the secondary (supplemental) payers that affects those IDEAS patients who typically have their co-payments and deductibles paid by a secondary payer (Medigap plans). These secondary payers are stating in the denials that the scan is not medically necessary. This statement remains confusing to us, MAC has already paid the initial claim (therefore the MAC has determined it IS medically necessary) and that claim is crossed over to the secondary payer, yet the secondary is denying payment of the co-payment or deductibles. As a result of our May 4th CMS meeting, please send examples of these denials (using the IDEAS denial claim) to IDEAS-Study@acr.org so that we may follow up.

The only Medigap plan that the IDEAS team is aware of that is not responsible for IDEAS co-payments or deductibles is **Tricare for Life**, so please make a note of this and inform patients of the out of pocket expenses.

MEDICARE ADMINISTRATIVE CONTRACTOR UPDATE – (JE) NORIDIAN

Providers participating in the IDEAS study have received payment for PET services (*when claims are submitted properly*) without issue from most Medicare Administrative Contractors (MACs) nationwide. However, physician office and Independent Diagnostic Test Facility (IDTF) providers billing on the Physician Fee Schedule (PFS) have encountered significant difficulties in the past year billing Noridian for these IDEAS services. The primary problem relates to the Noridian processing system requiring the reporting of –PI and -PS modifiers which are for initial treatment strategy of tumors and subsequent treatment strategy for oncologic PET imaging. These modifiers are not to be used for brain imaging which is the focus on the IDEAS beta amyloid study. These issues appear to be localized to physician offices and IDTFs billing on the PFS. Any past Hospital claim issues have been resolved by Noridian since October 2016.

IDEAS study participants and IDEAS study team members have contacted Noridian frequently in recent months but the problem remains unsolved. Noridian has advised practices to continue submitting claims to avoid untimely filing of denials and has promised a mass adjustment at some later date. While we appreciate Noridian's ongoing communications, it has now been more than eight months since we first informed Noridian of the problem. We have spoken to our CMS colleagues in the Coverage and Analysis Group (CAG), as well as the Noridian Medical Directors; it appears the programming issues are out of their control.

The IDEAS study team is reaching out to the head of the Medicare Contractor Payment Group with an update and requesting a meeting. We suggest providers continue to submit ongoing IDEAS study claims. Physician offices and IDTFs may want to contact the Medicare Regional Office for region 10 covering Arizona, California, Hawaii, Nevada, Pacific Territories at (ROSFOFM@cms.hhs.gov) to request assistance. Additionally, sites also have the option to contact the insurance commissioner or other political contacts. We understand and appreciate this delay in payment is affecting enrollment and cash flow for the participating IDEAS sites and are very sorry for these ongoing issues.

Finally, we are aware of some sites that submitted full reconsiderations for the denied claims and while the first reconsideration was denied, the second and subsequent reconsiderations have had positive outcomes. We recognize reconsideration requests are a lot of additional work (for a predetermined outcome), however, it may be an option until this denial issue is resolved. We will keep these Noridian-based IDEAS sites updated with any developments as we become aware of them. We encourage sites to keep us informed as well by sending updates to the IDEAS-Study at IDEAS-Study@acr.org or Denise Merlino at merlinohccc@gmail.com.