

IDEAS & Medicare Advantage (MA) Plans

Information Current as of November 11, 2017

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MEDICARE ADVANTAGE PLANS – *PAYMENT AMOUNTS AND PROVIDER CONTRACTS*

We have reports that some Medicare Advantage (MA) plans may not be paying the amounts that providers had anticipated to cover the cost of the PET scan or the cost of the diagnostic radiopharmaceutical. ***These are payments that are outside of the amount that are the patients' responsibility. As discussed in other IDEAS educational materials, MA plan deductibles and co-insurance can be higher than traditional Medicare plans. Therefore, please check to be sure the underpayment is not due to a deductible or co-insurance issue prior to appealing.*** In the rare case of an underpayment that is not due to a copayment or patient deductible, we recommend the site appeal and submit a reconsideration request. While the appeal process is like other denial appeals, the difference here is that you are requesting a ***reconsideration for underpayment***. These underpayments may be tied to contractual arrangements between your facility and the plan. . The MA plan may be equating the payment amount to an FDG PET study and not to an amyloid study or the contractual arrangement may be tied to a percentage of the Medicare fee schedule.

An appeal for underpayment should include:

- a copy of the invoice for the diagnostic radiopharmaceutical; a handwritten note should be added to the invoice to include the patient's name and the HCPCS level II code that represents the patient dose.
- a copy of the IDEAS Study case registration, original claim submission and EOB (explanation of benefit) denial for that patient
- a copy of the local Medicare fee schedule for the CPT code and for the radiopharmaceutical. If your local contractor does not publish this amount, use the published hospital outpatient payment amount listed for that year. Those can be found on the SNMMI web site under hospital payment charts, or on the CMS websites in the quarterly payment addendum B tables.
- A copy of the IDEAS website FAQ that lists the approximate payment rates for procedures and diagnostic radiopharmaceuticals.
- Finally, in the cover letter write the explanation that the IDEAS study is a coverage with evidence (CED) CMS-approved study and the costs differ from other PET studies that utilize FDG as the radiopharmaceutical and that you respectfully request payment that covers your costs.

In addition to the appeal, we recommend that you share the draft appeal letter with your financial department personnel or team that is responsible for MA plan contacts. The names of these committees or departments can vary so it is best to talk to the administrators to locate those staff that are responsible for contracting and can identify potential carve-out language in your contract. If your current contracts do not have carve-outs for new procedures, these should be added to any future contacting schedules for all payers including MA plans.

The IDEAS team continues to work with MA plan and CMS personnel on individual claims; as with prior authorization or claim denials, CMS can intervene for underpayments. While CMS officials recently agreed to intervene after the first denial, they request that all providers continue to follow the entire appeals and reconsideration process. Here are the steps when providers receive the first denial:

- Submit an appeal to CMS
- Concurrently, complete the claim denial form on the IDEAS website and submit to IDEAS-Study@acr.org. This allows the IDEAS Study reimbursement consultant to call these to the attention of CMS staff so that MA plan education may take place.
- Continue to follow the entire appeals and reconsideration process

Other MA plan Q&A and Resources include:

- [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/ire.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.