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Radiopharmaceutical Drugs - Transition Cutover Differences - (#)

This article serves as notification of payment differences for Jurisdiction J (JJ) provider community that will take effect in JJ following the transition from Cahaba to Palmetto GBA.

Effective with transition on February 26, 2018, Palmetto GBA will implement Palmetto GBA's established fees for all claims processed for dates of service 2016 and after. Claims previously paid will not be reopened unless they are brought to our attention, or through the process of applying other CMS mandated adjustments related to recent 2018 MPFSDB fee revisions.

Following is Palmetto GBA's process for pricing Radiopharmaceutical drugs Codes (A4641, A4642, A9500 – A9699):

- Reimbursement for radiopharmaceuticals is based on 95 percent of the Average Wholesale Price (AWP), invoices or other reasonable payment methods/data made available.
- Priced annually, effective January 1, based on the previous November's drug compendia sources.
- CMS Average Sale Price (ASP) Fee Schedule. The fees listed on the ASP file are updated quarterly.
- This pricing methodology was in place in November 2003 and is currently used to determine reimbursement for radiopharmaceuticals.

Following is a table of differences in the 2018 Radiopharmaceutical Fees for Cahaba vs. Palmetto GBA:

HCPCS Code	2018 Cahaba Fee	2018 Palmetto GBA Fee	HCPCS Code	2018 Cahaba Fee	2018 Palmetto GBA Fee
A9500	\$122.31	\$74.73	A9552	\$452.25	\$250.00
A9502	\$111.66	\$115.73	A9553	\$343.71	INVOICE
A9503	\$28.64	\$28.50	A9555	\$502.50	\$291.88
A9505	\$107.29	\$29.01	A9556	\$64.36	\$119.17
A9507	\$2,291.40	\$2,505.72	A9558	\$211.58	\$208.25
A9509	\$2,254.75	INVOICE	A9560	\$107.01	\$106.48
A9510	\$80.20	\$17.73	A9561	\$50.41	INVOICE
A9512	\$13.69	\$5.07	A9562	\$591.18	\$287.01
A9517	\$421.46	\$40.70	A9563	\$349.30	INVOICE
A9521	\$1,668.11	\$1,659.81	A9564	\$332.79	INVOICE
A9524	\$62.06	\$61.75	A9568	\$1,278.89	\$1,235.00
A9528	\$40.88	\$40.70	A9569	INVOICE	\$1,659.80
A9530	INVOICE	\$11.48	A9580	INVOICE	\$263.00
A9531	INVOICE	\$4.36	A9582	INVOICE	\$4,487.06

A9537	\$71.79	\$63.06	A9584	INVOICE	\$2,708.64
A9538	\$43.43	\$10.13	A9586	\$3,069.30	\$2,964.00
A9539	\$7.72	\$23.02	A9588	INVOICE	\$418.95
A9540	\$90.59	\$50.00	A9600	\$416.34	\$2,200.10
A9541	\$372.35	\$55.30	A9604	INVOICE	\$4,337.50
A9547	\$4,097.31	\$2,038.46	A9606	INVOICE	\$141.23
A9548	\$1,420.18	\$706.56			
A9551	\$686.76	\$220.00			

Note: A published fee does not warrant coverage.

The Following codes are paid based on the CMS ASP Fee Schedule/ASP details:

HCPCS Code	2018 ASP Fee	HCPCS Code	2018 ASP Fee	HCPCS Code	2018 ASP Fee
A9575	\$0.222	A9578	\$1.987	A9585	\$0.377
A9576	\$1.711	A9579	\$1.934	A9606	\$141.23*
A9577	\$2.073	A9581	\$14.087		

*Paid based on 95% AWP details provided by CMS on the ASP Fee Schedule File.

Note: A published fee does not warrant coverage.

The following codes require invoice. Include NDC, Drug Name and Total Dosage.

HCPCS Code	HCPCS Code	HCPCS Code	HCPCS Code	HCPCS Code	HCPCS Code
A4641	A9516	A9542	A9553	A9564	A9583
A4642	A9526	A9543	A9554	A9566	A9587
A9501	A9527	A9544	A9557	A9567	A9597
A9504	A9529	A9545	A9559	A9570	A9598
A9508	A9532	A9546	A9561	A9571	A9699
A9509	A9536	A9550	A9563	A9572	

Note: Request for invoice does not warrant coverage.