Sample Hospital Technical Billing

Medicare / Managed Medicare

Hospital Outpatient Prospective Payment System (HOPPS) Setting

For 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, out of network can be possible.

At the time of publication, no MAC has provided any lists of covered or non-covered ICD-10-CM codes. The 220.6.20 Amyloid NCD list of ICD-10-CM codes has been removed.

F03.90 Unspecified dementia w/o behavioral disturbance, psychotic disturbance, mood disturbance, and anxiety.

The MACs will be covering based on medical necessity. As with any claim maintain good documentation to support the service and be prepared to provide if requested.

At the time of publication, no MAC has provided any lists of covered or non-covered ICD-10-CM codes. The 220.6.20 Amyloid NCD list of ICD-10-CM codes has been removed.

Form Locator 67 & 67 A-C:
Enter ICD-10-CM code for principal diagnosis in FL 67.

F03.90 Unspecified dementia w/o behavioral disturbance, psychotic disturbance, mood disturbance, and anxiety.

(IDC-10-CM listed is an example and not meant to suggest coverage.)

Form Locator 42:
Enter revenue codes.

0404 PET Procedures
0343 Diagnostic Radiopharmaceutical

Form Locator 46:
Enter the number of units based on the CPT or HCPCS code description

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

Choose the radiopharmaceutical administered:
Q9983 Florbetaben F-18, diagnostic, per study dose, up to 8.1 millicuries
Q9982 Flutemetamol F-18, diagnostic, per study dose, up to 5 millicuries
A9586 Florbetapir F-18, diagnostic, per study dose, up to 10 millicuries

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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 CLAIM COMMITTEE 02/12

2. PATIENT'S NAME (Last Name, First Name, Middle Initial)
   Smith, Stephen S.

5. PATIENT'S ADDRESS (No., Street)
   123 Any Street

Item No. 24G:
Enter the number of units based on the CPT or HCPCS code description

Item No. 24D:
Enter CPT or HCPCS code for procedures interpreted by the physician in the hospital outpatient setting
(Choose only one procedure code based on equipment PET or PET/CT noted on PET report documentation.)
78811 PET limited or 78814 PET/CT limited

26 Modifier, Professional Component

CHECK with payer for KX, may or may not be required.
KX Requirements specified in the medical policy have been met

For 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, out of network can be possible.

F03.90 Unspecified dementia w/o behavioral disturbance, psychotic disturbance, mood disturbance, and anxiety.
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F0390

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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. 24D:
Enter CPT or HCPCS code for procedure, radiopharmaceutical and modifier
(Chose only procedure and HCPCS radiopharmaceutical code based on equipment PET or PET/CT and tracer administered.)
78811 PET limited or 78814 PET/CT limited
TC modifier, Technical Component

Radiopharmaceuticals are contractor priced, may require invoice or additional information in box 19, 24 or other, check individual payer policy.

CHECK MAC and DOS for appropriate code that the payer may accept for payment.

Q9983 Florbetaben F-18, diagnostic, per study dose, up to 8.1 millicuries
Q9982 Flutemetamol F-18, diagnostic, per study dose, up to 5 millicuries
A9586 Florbetapir F-18, diagnostic, per study dose, up to 10 millicuries
Sample Physician Office
Medicare/Managed Medicare
Non-Hospital Global

HEALTH INSURANCE CLAIM FORM
APPROVED BY NATIONAL UNIFORM CLAIM COMMITTEE 02/12

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.

For 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, out of network can be possible.

Item No. 21 & 24E:
Enter ICD-10-CM code for principal diagnosis in Item No. 21A.
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, psychotc disturbance, mood disturbance, and anxiety.
(ICD-10-CM listed is an example and not meant to suggest coverage.)

The MACs will be covering based on medical necessity.
As with any claim maintain good documentation to support the service and be prepared to provide if requested.

At the time of publication, no MAC has provided any lists of covered or non-covered ICD-10-CM codes. The 220.6.20 Amyloid NCD list of ICD-10-CM codes has been removed.

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

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 or 78814 PET/CT limited

Radiopharmaceuticals are contractor priced, may require invoice or additional information in box 19, 24 or other, check individual payer policy.

CHECK MAC and DOS for appropriate code that the payer may accept for payment.

Q9982 Florbetaben F-18, diagnostic, per study dose, up to 8.1 millicuries
Q9982 Flutemetamol F-18, diagnostic, per study dose, up to 5 millicuries
A9586 Florbetapir F-18, diagnostic, per study dose, up to 10 millicuries

Item No. 24A:
Enter ICD-10-CM code for principal diagnosis in Item No. 21A.
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, psychotc disturbance, mood disturbance, and anxiety.
(ICD-10-CM listed is an example and not meant to suggest coverage.)

The MACs will be covering based on medical necessity.
As with any claim maintain good documentation to support the service and be prepared to provide if requested.

At the time of publication, no MAC has provided any lists of covered or non-covered ICD-10-CM codes. The 220.6.20 Amyloid NCD list of ICD-10-CM codes has been removed.

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

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 or 78814 PET/CT limited

Radiopharmaceuticals are contractor priced, may require invoice or additional information in box 19, 24 or other, check individual payer policy.

CHECK MAC and DOS for appropriate code that the payer may accept for payment.

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Q9982 Flutemetamol F-18, diagnostic, per study dose, up to 5 millicuries
A9586 Florbetapir F-18, diagnostic, per study dose, up to 10 millicuries

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