

Medicare / Managed Medicare

[illegible]

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.

Enter revenue codes.

0404 PET Procedures

0343 Diagnostic Radiopharmaceutical

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.

(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 220.620 Amyloid NCD list of ICD-10-CM codes has been removed.

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

At the time of publication, no MAC has provided any lists of covered or non-covered ICD-10-CM codes. The 2020.6.20 NCD list of ICD-10-CM codes has been removed.

Smith, Stephen S. 123-45-678X Medicare XXXXXXXXX

F0390

63 TREATMENT AUTHORIZATION CODES 64 DOCUMENT CONTROL NUMBER 65 EMPLOYER NAME

66 ADMIT CODE 67 PATIENT REASON CODE 68 RRS CODE 69 EC 70

71 PRINCIPAL PROCEDURE CODE 72 OTHER PROCEDURE CODE 73 OTHER PROCEDURE CODE 74 OTHER PROCEDURE CODE 75 OTHER PROCEDURE CODE

76 ATTENDING NP1 QUAL LAST FIRST 77 OPERATING NP1 QUAL LAST FIRST 78 OTHER NP1 QUAL LAST FIRST 79 OTHER NP1 QUAL LAST FIRST

80 REMARKS 81 CC a b c d

82-84 CMB-1440 APPROVED DATE NO THE CONDITIONS ON THE REVERSE APPLY TO THIS BILL AND ARE MADE A PART HEREOF

Medicare/Managed Medicare

Hospital Outpatient Prospective Payment System (HOPPS) Setting



HEALTH INSURANCE CLAIM FORM

APPROVED BY NATIONAL UNIFORM CLAIM COMMITTEE 02/12

PICA		PICA	
1. MEDICARE <input checked="" type="checkbox"/> (Medicare #) <input type="checkbox"/> MEDICAID <input type="checkbox"/> (Medicaid #) <input type="checkbox"/> TRICARE <input type="checkbox"/> (DoD #) <input type="checkbox"/> CHAMPVA <input type="checkbox"/> (Member ID#) <input type="checkbox"/> GROUP HEALTH PLAN <input type="checkbox"/> (ID#) <input type="checkbox"/> FECA <input type="checkbox"/> (ID#) <input type="checkbox"/> OTHER <input type="checkbox"/> (ID#) <input type="checkbox"/>		1a. INSURED'S I.D. NUMBER (For Program in Item 1) 123-45-67X9	
2. PATIENT'S NAME (Last Name, First Name, Middle Initial) Smith, Stephen S.		3. PATIENT'S BIRTH DATE MM DD YY 01 17 1934 M <input checked="" type="checkbox"/> F <input type="checkbox"/>	
5. PATIENT'S ADDRESS (No., Street) 123 Any Street		6. PATIENT RELATIONSHIP TO INSURER Self <input checked="" type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/>	
CITY	STATE	8. RESERVED FOR NUCC USE	
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, psychotic 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.		CODE TELEPHONE (Include Area Code) 00010 555 5555555 INSURED'S POLICY GROUP OR FECA NUMBER 9876543210 INSURED'S DATE OF BIRTH MM DD YY 01 17 1934 SEX M <input checked="" type="checkbox"/> F <input type="checkbox"/> OTHER CLAIM ID (Designated by NUCC) INSURANCE PLAN NAME OR PROGRAM NAME Medicare Or MA Plan IS THERE ANOTHER HEALTH BENEFIT PLAN? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <i>If yes, complete items 9, 9a, and 9d.</i> INSURED'S OR AUTHORIZED PERSON'S SIGNATURE I authorize payment of medical benefits to the undersigned physician or supplier for services described below.	
SIGNED Signature On File DATE 10-13-2023		SIGNED Signature on File	
14. DATE OF CURRENT ILLNESS, INJURY, or PREGNANCY (LMP) MM DD YY QUAL		15. OTHER DATE MM DD YY QUAL	
17. NAME OF REFERRING PROVIDER OR OTHER SOURCE DK Dr. Neurologist		17a. 1G 9999999999 17b. NPI 8888888888	
19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC)		21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY Relate ALL to services line below (24E) ICD Ind. 0	
A. F0390		B. C. D. E. F. G. H. I. J. K. L.	
24. A. DATE(S) OF SERVICE From To B. PLACE OF SERVICE C. EMG D. PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances) CPT/HCPCS MODIFIER E. DIAGNOSIS POINTER F. CHARGES G. DAYS OF UNITS H. EPSDT Family Plan I. ID. QUAL J. RENDERING PROVIDER ID. #		23. PRIOR AUTHORIZATION NUMBER	
1 10 13 23 10 13 23 22 78811 26 KX A 200 00 1 NPI 9999999999		23. PRIOR AUTHORIZATION NUMBER	
Item No. 24D: Enter CPT or HCPCS code for procedures interpreted by the physician in the hospital outpatient setting (Chose 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		23. PRIOR AUTHORIZATION NUMBER 7650	

NUCC Instruction Manual available at: www.nucc.org

PLEASE PRINT OR TYPE

APPROVED OMB-0938-1197 FORM CMS-1500 (02-12)

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Notes:

Sample Physician Office



Medicare/Managed Medicare



Non-Hospital Technical

HEALTH INSURANCE CLAIM FORM

APPROVED BY NATIONAL UNIFORM CLAIM COMMITTEE 02/12

PICA		PICA	
1. MEDICARE <input checked="" type="checkbox"/> (Medicare #)	MEDICAID <input type="checkbox"/> (Medicaid #)	TRICARE CHAMPUS (D# DoD#)	CHAMPVA (Member ID#)
GROUP HEALTH PLAN (ID#)	FECA BLK LUNG (ID#)	OTHER	1a. INSURED'S ID. NUMBER (For Program in Item 1)
2. PATIENT'S NAME (Last Name, First Name, Middle Initial) Smith, Stephen S.		3. PATIENT'S BIRTH DATE MM DD YY 01 17 1934 M <input checked="" type="checkbox"/>	

CARRIER

PATIENT AND INSURED INFORMATION

PHYSICIAN OR SUPPLIER INFORMATION

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, psychotic 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.
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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.

ZIP CODE 00010	TELEPHONE (Include Area Code) 555 5555555
11. INSURED'S POLICY GROUP OR FECA NUMBER 9876543210	
a. INSURED'S DATE OF BIRTH MM DD YY 01 17 1934 M <input checked="" type="checkbox"/> F <input type="checkbox"/>	
b. OTHER CLAIM ID (Designated by NUCC)	
c. INSURANCE PLAN NAME OR PROGRAM NAME Medicare Or MA Plan	
d. IS THERE ANOTHER HEALTH BENEFIT PLAN? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO If yes, complete items 9, 9a, and 9d.	
13. INSURED'S OR AUTHORIZED PERSON'S SIGNATURE I authorize payment of medical benefits to the undersigned physician or supplier for services described below.	

SIGNED Signature On File	DATE 10-13-2023
14. DATE OF CURRENT ILLNESS, INJURY, or PREGNANCY (LMP) MM DD YY	15. OTHER DATE MM DD YY
17. NAME OF REFERRING PROVIDER OR OTHER SOURCE QUAL DK Dr. Neurologist	17a. 1G 9999999999 17b. NPI 8888888888
19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC) VIZAMYL (FLUTEMETAMOL), 5 MCI, IV, NDC 1715606701	
21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY Relate A-L to services line below (24E) F0390	
24. A. DATE(S) OF SERVICE From To MM DD YY MM DD YY	B. PLACE OF SERVICE 11- Physician office

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.
11- Physician office

	DATE(S) OF SERVICE From To MM DD YY MM DD YY	PLACE OF SERVICE	DIAGNOSIS A-L	PROCEDURE CPT/HCPCS	CHARGES	UNITS	RENDERING PROVIDER ID. #
1	10 / 13 / 23 10 / 13 / 23	11	78814 TC	A	3000 00	1	NPI 9999999999
2	10 / 13 / 23 10 / 13 / 23	11	Q9982	A	3135 00	1	NPI 9999999999
3	VIZAMYL (FLUTEMETAMOL), 5 MCI, IV, NDC 1715606701						

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
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 Independent Diagnostic Testing Facility (IDTF)



Medicare/Managed Medicare

Non-Hospital Technical

HEALTH INSURANCE CLAIM FORM

APPROVED BY NATIONAL UNIFORM CLAIM COMMITTEE 02/12

PICA		PICA	
1. MEDICARE <input checked="" type="checkbox"/> (Medicare #)	MEDICAID <input type="checkbox"/> (Medicaid #)	TRICARE <input type="checkbox"/> (DoD #)	CHAMPVA <input type="checkbox"/> (Member ID#)
GROUP HEALTH PLAN <input type="checkbox"/> (ID#)	FECA <input type="checkbox"/> (ID#)	OTHER <input type="checkbox"/>	1a. INSURED'S ID. NUMBER (For Program in Item 1)
2. PATIENT'S NAME (Last Name, First Name, Middle Initial) Smith, Stephen S.		3. PATIENT'S BIRTH DATE MM DD YY 01 17 1934 M <input checked="" type="checkbox"/>	

CARRIER

PATIENT AND INSURED INFORMATION

PHYSICIAN OR SUPPLIER INFORMATION

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, psychotic disturbance, mood disturbance, and anxiety.
(ICD-10-CM listed is an example and not meant to suggest coverage.)

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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.

ZIP CODE 00010	TELEPHONE (Include Area Code) 555 5555555
11. INSURED'S POLICY GROUP OR FECA NUMBER 9876543210	
a. INSURED'S DATE OF BIRTH MM DD YY 01 17 1934 M <input checked="" type="checkbox"/> F <input type="checkbox"/>	
b. OTHER CLAIM ID (Designated by NUCC)	
c. INSURANCE PLAN NAME OR PROGRAM NAME Medicare Or MA Plan	
d. IS THERE ANOTHER HEALTH BENEFIT PLAN? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO If yes, complete items 9, 9a, and 9d.	
13. INSURED'S OR AUTHORIZED PERSON'S SIGNATURE I authorize payment of medical benefits to the undersigned physician or supplier for services described below.	

SIGNED Signature On File	DATE 10-13-2023
14. DATE OF CURRENT ILLNESS, INJURY, or PREGNANCY (LMP) MM DD YY QUAL	15. OTHER DATE MM DD YY QUAL
17. NAME OF REFERRING PROVIDER OR OTHER SOURCE DK Dr. Neurologist	17a. 1G 9999999999 17b. NPI 8888888888
19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC) NEURACEC (FLORBETABEN), 8 MCI, IV, NDC 5482800130	
21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY Relate A-L to services line below (24E) F0390 ICD Ind. 0	
24. A. DATE(S) OF SERVICE From To MM DD YY MM DD YY	B. PLACE OF SERVICE SERVICE

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

	DATE(S) OF SERVICE From To MM DD YY MM DD YY	PLACE OF SERVICE SERVICE	DIAGNOSIS POINT	CHARGES	DAYS OR UNITS	EPSDT Family Plan	ID. ID. QUAL	RENDERING PROVIDER ID. #
1	10 / 13 / 23 10 / 13 / 23	81	78814 TC	3000 00	1		NPI	9999999999
2	10 / 13 / 23 10 / 13 / 23	81	Q9982	2968 00	1		NPI	9999999999
3	NEURACEC (FLORBETABEN), 8 MCI, IV, NDC 5482800130							

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

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 Flortbetaben F-18, diagnostic, per study dose, up to 8.1 millicuries

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

A9586 Flortbetapir F-18, diagnostic, per study dose, up to 10 millicuries

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