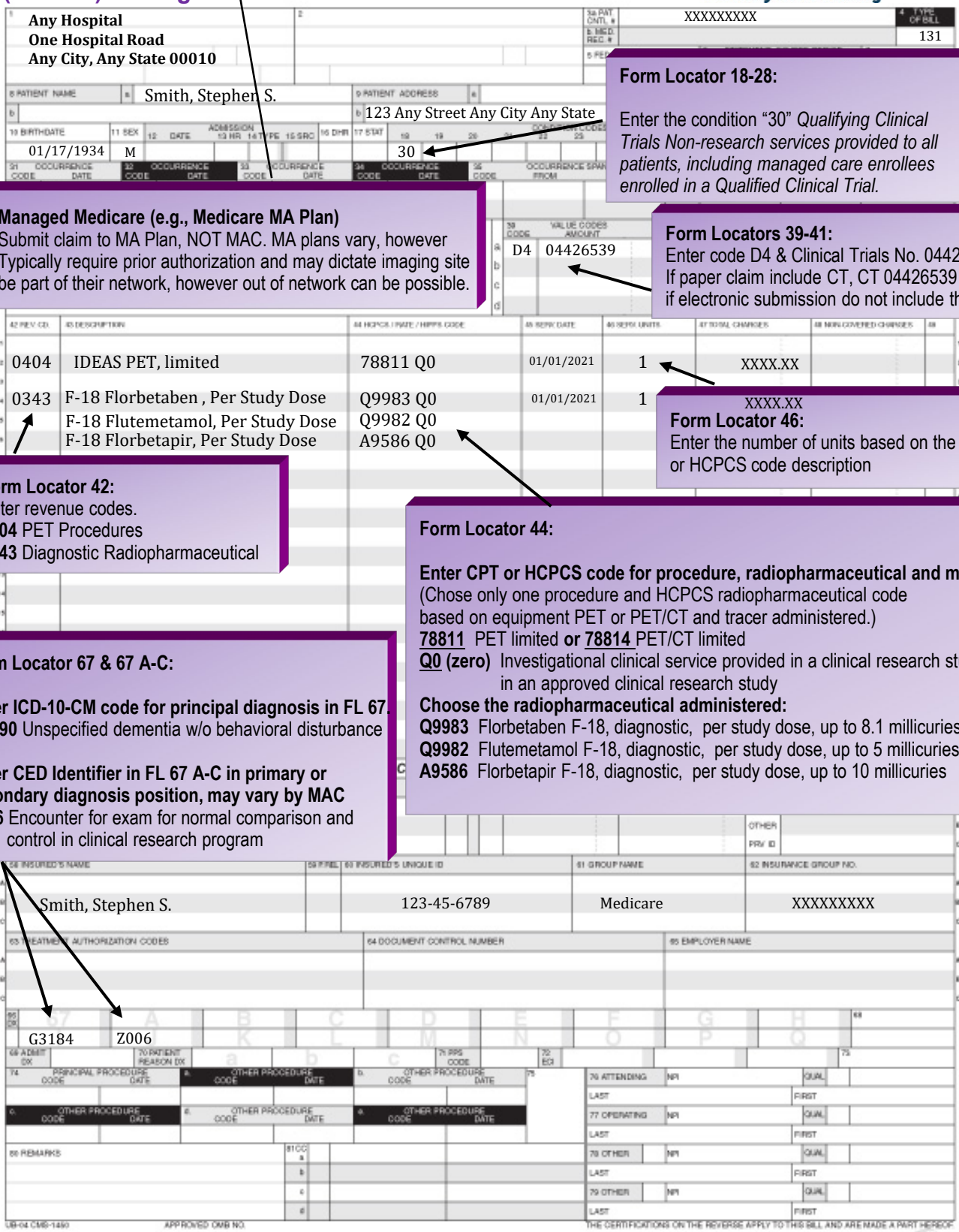
Sample Hospital Technical Billing

Medicare / Managed Medicare

Hospital Outpatient Prospective Payment System (HOPPS) Setting

NEW iDEAS
Imaging Dementia—Evidence For Amyloid Scanning



Form Locator 18-28:

Enter the condition "30" *Qualifying Clinical Trials Non-research services provided to all patients, including managed care enrollees enrolled in a Qualified Clinical Trial.*

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, however out of network can be possible.

Form Locators 39-41:
Enter code D4 & Clinical Trials No. 04426539
If paper claim include CT, CT 04426539
if electronic submission do not include the CT

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

Form Locator 42:
Enter revenue codes.
0404 PET Procedures
0343 Diagnostic Radiopharmaceutical

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
Q0 (zero) Investigational clinical service provided in a clinical research study in an approved clinical research study
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

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

Enter CED Identifier in FL 67 A-C in primary or secondary diagnosis position, may vary by MAC
Z006 Encounter for exam for normal comparison and control in clinical research program

Sample Physician Professional Billing

Medicare/Managed Medicare

Hospital Outpatient Prospective Payment System (HOPPS) Setting

NEW iDEAS
Imaging Dementia—Evidence For Amyloid Scanning

HEALTH INSURANCE CLAIM FORM

APPROVED BY NATIONAL UNIFORM CLAIM COMMITTEE 02/12

PICA

1. MEDICARE	MEDICAID	TRICARE CHAMPUS	CHAMPVA	GROUP HEALTH PLAN	FECA BLK LUNG	OTHER
X (Medicare #)	(Medicaid #)	(D# DoD#)	(Member ID#)	(ID#)	(ID#)	(ID#)

1a. INSURED'S I.D. NUMBER (For Program in Item 1): 123-45-6789

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 X

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

6. PATIENT RELATIONSHIP TO INSU: Self X Spouse Child

CITY: Any City

STATE

8. RESERVED FOR NUCC USE

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 SEX M X F

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? X YES 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: 04 01 16

SIGNED: Signature on File

14. DATE OF CURRENT ILLNESS, INJURY, or PREGNANCY (LMP) MM DD YY QUAL.

15. OTHER DATE QUAL. MM DD YY

16. DATES PATIENT UNABLE TO WORK IN CURRENT OCCUPATION MM DD YY FROM TO MM DD YY

17. NAME OF REFERRING PROVIDER OR OTHER SOURCE: DK Dr. Neurologist

17a. 1G 9999999999

17b. NPI 8888888888

19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC): CT04426539

21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY Relate A-L to services line below (24E) ICD Ind. 0

A. G3184 B. Z006 C. D. E. F. G. H. I. J. K. L.

23. PRIOR AUTHORIZATION NUMBER

24. A. DATE(S) OF SERVICE From MM DD YY	To MM DD YY	B. PLACE OF SERVICE	C. EMG	D. PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances) CPT/HCPCS	MODIFIER	E. DIAGNOSIS POINTER	F. $ CHARGES	G. DAYS OR UNITS	H. EPSDT Family Plan	I. ID. QUAL	J. RENDERING PROVIDER ID. #
1 04 01 21	04 01 16	21		78811	26 Q0 KX	AB	200 00	1		NPI	9999999999
2										NPI	

Rsvd for NUCC use

7650

PATIENT AND INSURED INFORM.

PHYSICIAN OR SUPPLIER INFORMATION

CARRIER

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, however out of network can be possible.

Item No. 21 & 24E:

Enter ICD-10-CM code for principal diagnosis in Item No. 21A.
Enter CED identifier in Item No. 21B, check with payer for placement
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

Z006 Encounter for exam for normal comparison and control in clinical research program

Item No. 24G:

Enter the number of units based on the CPT or HCPCS code description

Item No. 19:
Enter Clinical Trials Number CT04426539 (Mandatory requirement effective Jan. 1, 2014) if filing paper claim
Use CT in front of 8 digit number. If filing electronic eliminate the CT and only list 8 digit number.

Item No. 24D:
Enter CPT or HCPCS code for procedures interpreted by the physician in the hospital outpatient setting

78811 PET. limited
26 Modifier, Professional Component
Q0 (zero) Investigational clinical service provided in a clinical research study that is in an approved clinical research study
CHECK with payer for KX, may or may not be required, is required for NaF NOPR studies.
KX Requirements specified in the medical policy have been met, proven or strongly suspected of being cancerous based on other diagnostic testing.

NUCC Instruction Manual available at: www.nucc.org **PLEASE PRINT OR TYPE** APPROVED OMB-0938-1197 FORM CMS-1500 (02-12)

Notes:

Sample Physician Office

Medicare/Managed Medicare

Non-Hospital Technical

NEW iDEAS
Imaging Dementia—Evidence For Amyloid Scanning

HEALTH INSURANCE CLAIM FORM

APPROVED BY NATIONAL UNIFORM CLAIM COMMITTEE 02/12

PICA

1. MEDICARE	MEDICAID	TRICARE CHAMPUS	CHAMPVA	GROUP HEALTH PLAN	FECA BLK LUNG	OTHER	1a. INSURED'S I.D. NUMBER (For Program in Item 1)
X (Medicare #)	(Medicaid #)	(D# DoD#)	(Member ID#)	(ID#)	(ID#)		

2. PATIENT'S NAME (Last Name, First Name, Middle Initial)	3. PATIENT'S BIRTH DATE MM DD YY	SEX
Smith, Stephen S.	01 17 1934	M X

5. PATIENT'S ADDRESS (No., Street)	6. PATIENT RELATIONSHIP TO IN	7. INSURED'S ADDRESS (No., Street)
123 Any Street	Self X Spouse Child	

CITY	STATE	8. RESERVED FOR NUCC USE	CITY	STATE
Any City				

ZIP CODE	TELEPHONE (Include Area Code)	ZIP CODE	TELEPHONE (Include Area Code)
		00010	555 5555555

11. INSURED'S POLICY GROUP OR FECA NUMBER: 9876543210

a. INSURED'S DATE OF BIRTH MM DD YY: 01 17 1934 SEX: M X F

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? X YES 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: 04 01 16

SIGNED: Signature on File

14. DATE OF CURRENT ILLNESS, INJURY, or PREGNANCY (LMP) MM DD YY QUAL.

15. OTHER DATE QUAL. MM DD YY

17. NAME OF REFERRING PROVIDER OR OTHER SOURCE: DK Dr. Neurologist

17a. 1G 9999999999

17b. NPI 8888888888

19. ADDITIONAL CLAIM INFORMATION (Designated by NUC) CT04426539

VIZAMYL (FLUTEMETAMOL) 5 MCI, IV, NDC 1715606701

21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY Relate A-L to services line below (24E) ICD Ind. 0

A. G3184 B. Z006 C. D.

E. F.

I. J. K.

23. PRIOR AUTHORIZATION NUMBER

24. A. DATE(S) OF SERVICE From MM DD YY	To MM DD YY	B. PLACE OF SERVICE	C. EMG	D. CPT/HCPCS / MODIFIER	E. DIAGNOSIS POINTER	F. $ CHARGES	G. DAYS OR UNITS	H. EPSDT Family Plan	I. ID. QUAL.	J. RENDERING PROVIDER ID. #
1 04 05 21	04 05 21	11		78814 TC Q0	AB	3000 00	1		NPI	9999999999
2 04 05 21	04 05 21	11		A9599 Q0	AB	3135 00	1		NPI	9999999999
3 VIZAMYL (FLUTEMETAMOL),5 MCI,IV, NDC 1715606701										

CARRIER

PATIENT AND INSURED INFORMATION

PHYSICIAN OR SUPPLIER INFORMATION

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, however out of network can be possible.

Item No. 21 & 24E:

Enter ICD-10-CM code for principal diagnosis in Item No. 21A.
Enter CED identifier in Item No. 21B, check with payer for placement
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

Z006 Encounter for exam for normal comparison and control in clinical research program

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*

Item No. 19:
Enter Clinical Trials Number **CT04426539** (Mandatory requirement effective Jan. 1, 2014) if filing paper claim
Use CT in front of 8 digit number. If filing electronic eliminate the CT and only list 8 digit number.

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
Q0 (zero) Investigational clinical service provided in a clinical research study in an approved clinical research study
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

Notes:

Sample Independent Diagnostic Testing Facility (IDTF)

Medicare/Managed Medicare

Non-Hospital Technical

NEW iDEAS
Imaging Dementia—Evidence For Amyloid Scanning

HEALTH INSURANCE CLAIM FORM

APPROVED BY NATIONAL UNIFORM CLAIM COMMITTEE 02/12

PICA

1. MEDICARE (Medicare #) X | MEDICAID (Medicaid #) | TRICARE CHAMPUS (ID# DoD#) | CHAMPVA (Member ID#) | GROUP HEALTH PLAN (ID#) | FECA BLK LUNG (ID#) | OTHER

1a. INSURED'S I.D. 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 X

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

6. PATIENT RELATIONSHIP TO IN: Self X | Spouse | Child

CITY: Any City | STATE

8. RESERVED FOR NUCC USE

ZIP CODE | TELEPHONE (Include Area Code)

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 | SEX: M X | F

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? X YES | 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: 04 01 16

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 NU): CT04426539

NEURACEC (FLORBETABEN) 8 MCI, IV, NDC 5482800130

21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY Relate A-L to services line below (24E) ICD Ind. 0

A. G3184 B. Z006 C. D.

E. F. H.

I. J. L.

23. PRIOR AUTHORIZATION NUMBER

24. A. DATE(S) OF SERVICE From MM DD YY	To MM DD YY	B. PLACE OF SERVICE	C. EMG	D. PROCEDURES, SERVICES, OR SUPPLIES CPT/HCPCS	MODIFIER	E. DIAGNOSIS POINTER	F. $ CHARGES	G. DAYS OR UNITS	H. EPSDT Family Plan	I. ID. QUAL	J. RENDERING PROVIDER ID. #
1	04 04 21	04 04 21	81		78814	TC Q0	AB	3000 00	1		NPI	9999999999
2	04 04 21	04 04 21	81		A9599	Q0	AB	2968 00	1		NPI	9999999999
3	NEURACEC (FLORBETABEN),8 MCI,IV, NDC 5482800130											

CARRIER

PATIENT AND INSURED INFORMATION

PHYSICIAN OR SUPPLIER INFORMATION

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, however out of network can be possible.

Item No. 21 & 24E:

Enter ICD-10-CM code for principal diagnosis in Item No. 21A.
Enter CED identifier in Item No. 21B, check with payer for placement
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

Z006 Encounter for exam for normal comparison and control in clinical research program

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. 19:
Enter Clinical Trials Number **CT04426539** (Mandatory requirement effective Jan. 1, 2014) if filing paper claim
Use CT in front of 8 digit number. If filing electronic eliminate the CT and only list 8 digit number.

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
Q0 (zero) Investigational clinical service provided in a clinical research study in an approved clinical research study
Radiopharmaceuticals are contractor priced, may require invoice or additional information in box 19, 24 or other, check individual payer policy.
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

Notes:

Sample Physician Office

Medicare/Managed Medicare

Non-Hospital Global

NEW iDEAS
Imaging Dementia—Evidence For Amyloid Scanning

HEALTH INSURANCE CLAIM FORM

APPROVED BY NATIONAL UNIFORM CLAIM COMMITTEE 02/12

PICA

1. MEDICARE (Medicare #) X | MEDICAID (Medicaid #) | TRICARE CHAMPUS (ID# DoD#) | CHAMPVA (Member ID#) | GROUP HEALTH PLAN (ID#) | FECA BLK LUNG (ID#) | OTHER

1a. INSURED'S I.D. 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 X

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

6. PATIENT RELATIONSHIP TO IN: Self X | Spouse | Child

CITY: Any City | STATE

8. RESERVED FOR NUCC USE

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 | SEX: M X | F

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? X YES | 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: 04 01 16

SIGNED: Signature on File

14. DATE OF CURRENT ILLNESS, INJURY, or PREGNANCY (LMP) MM DD YY | QUAL.

15. OTHER DATE QUAL. MM DD YY

17. NAME OF REFERRING PROVIDER OR OTHER SOURCE: DK Dr. Neurologist

17a. 1G 9999999999

17b. NPI 8888888888

19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC): CT04426539

21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY Relate A-L to services line below (24E) ICD Ind. 0

A. G3184 B. Z006 C. D.

E. F. H.

I. J. L.

23. PRIOR AUTHORIZATION NUMBER

24. A. DATE(S) OF SERVICE From MM DD YY	To MM DD YY	B. PLACE OF SERVICE	C. EMG	D. CPT/HCPCS / MODIFIER	E. DIAGNOSIS POINTER	F. $ CHARGES	G. DAYS OR UNITS	H. EPSDT Family Plan	I. ID. QUAL.	J. RENDERING PROVIDER ID. #
1	04 07 21	04 07 21	11		78814 Q0	AB	3200 00	1		NPI 9999999999
2	04 07 21	04 07 21	11		A9586 Q0	AB	2756 00	1		NPI 9999999999
3										

CARRIER

PATIENT AND INSURED INFORMATION

PHYSICIAN OR SUPPLIER INFORMATION

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, however out of network can be possible.

Item No. 21 & 24E:

Enter ICD-10-CM code for principal diagnosis in Item No. 21A.
Enter CED identifier in Item No. 21B, check with payer for placement
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

Z006 Encounter for exam for normal comparison and control in clinical research program

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*

Item No. 19:
Enter Clinical Trials Number **CT04426539** (Mandatory requirement effective Jan. 1, 2014) if filing paper claim
Use CT in front of 8 digit number. If filing electronic eliminate the CT and only list 8 digit number.

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
No modifier, Global Billing includes Professional and Technical Component
Q0 (zero) Investigational clinical service provided in a clinical research study in an approved clinical research study
Radiopharmaceuticals are contractor priced, may require invoice or additional information in box 19, 24 or other, check individual payer policy.
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

Notes: