

Sample Hospital Technical Billing

Medicare / Managed Medicare

Hospital Outpatient Prospective Payment System (HOPPS) Setting

1 Any Hospital One Hospital Road Any City, Any State 00010		2		3a PAY CONT. # XXXXXXX		4 TYPE OF BILL 131	
8 PATIENT NAME Smith, Stephen S.				9 PATIENT ADDRESS 123 Any Street Any City Any State			
10 BIRTHDATE 01/17/1934	11 SEX M	12 ADMISSION DATE		13 ADMISSION TIME		14 ADMISSION TYPE	
15 SRC	16 DMR	17 STAT	18	19	20	21	22
23	24	25	26	27	28	29	30
31 OCCURRENCE CODE	32 OCCURRENCE DATE	33 OCCURRENCE CODE	34 OCCURRENCE DATE	35 OCCURRENCE CODE	36 OCCURRENCE DATE	37 OCCURRENCE CODE	38 OCCURRENCE DATE
39 CODE	40 VALUE AMOUNT	41 CODE	42 VALUE AMOUNT	43 CODE	44 VALUE AMOUNT	45 CODE	46 VALUE AMOUNT
47 REV. CD.	48 DESCRIPTION	49 HCPCS / PROC. / HPPS CODE	50 REP. DATE	51 REPS UNITS	52 TOTAL CHARGES	53 NONCOVERED CHARGES	54
0404	IDEAS PET, limited	78811	10/13/2023	1	XXXX.XX		
0343	F-18 Florbetaben , Per Study Dose	Q9983	10/13/2023	1	XXXX.XX		
	F-18 Flutemetamol, Per Study Dose	Q9982					
	F-18 Florbetapir, Per Study Dose	A9586					
63 TREATMENT AUTHORIZATION CODES		64 DOCUMENT CONTROL NUMBER		65 EMPLOYER NAME			
66 ADMIT. DX		67 PATIENT REASON FOR		68 TRNS CODE		69 EC	
74	75	76	77	78	79	80	81
82	83	84	85	86	87	88	89
90 REMARKS		91 CC	92	93	94	95	96
Smith, Stephen S.		123-45-678X		Medicare		XXXXXXXXXX	
F0390							

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.

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 (Choose 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

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

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 #)	MEDIC AID <input type="checkbox"/> (Medicaid #)	TRICARE CHAMPUS <input type="checkbox"/> (DoD #)	CHAMPVA <input type="checkbox"/> (Member ID#)
GROUP HEALTH PLAN <input type="checkbox"/> (ID#)	FECA BLK LUNG <input type="checkbox"/> (ID#)	OTHER <input type="checkbox"/> (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 <input checked="" 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	

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, 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.

ICD-10-CM 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 M <input checked="" type="checkbox"/> F <input type="checkbox"/>	
SEX	
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	15. OTHER DATE MM DD YY	16. DATES PATIENT UNABLE TO WORK IN CURRENT OCCUPATION FROM MM DD YY TO MM DD YY

17. NAME OF REFERRING PROVIDER OR OTHER SOURCE DK Dr. Neurologist	17a. IG 9999999999
	17b. NPI 8888888888

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

21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY (Relate ALL to services line below (24E)) F0390		ICD Ind. 0
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 OF UNITS	H. EPSDT Family Plan	I. ID. QUAL	J. RENDERING PROVIDER ID. #
10 13 23 10 13 23	22		78811 26 KX	A	200 00	1		NPI	9999999999

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

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 MEDIC AID TRICARE CHAMPVA GROUP HEALTH PLAN FECA BLK LUNG OTHER
 (Medicare #) (Medicaid #) (DoD #) (Member ID #) (ID #) (ID #) (ID #)

1a. INSURED'S POLICY NUMBER (For Program in Item 1) **100-17-67X**

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

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, 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.

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 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? 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 **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 17a. ICD **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) ICD Ind. **0**

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

24. A. DATE(S) OF SERVICE From MM DD YY To MM DD YY	B. PLACE OF SERVICE	C. ICD	D. ICD	E. DIAGNOSIS POINTER	F. \$ CHARGES	G. DAYS OF UNITS	H. EPSDT Family Plan	I. ID. QUAL	J. RENDERING PROVIDER ID. #
10 / 13 / 23 10 / 13 / 23	11	78814	TC	A	3000 00	1		NPI	9999999999
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 MEDIC AID TRICARE CHAMPVA GROUP HEALTH PLAN FECA OTHER 1a. INSURED'S POLICY NUMBER (For Program in Item 1) **100-17-67X**

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

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, 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.

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 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? 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 **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 17a. ICG **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) ICD Ind. **0**

A. L **F0390** B. C. D.

24. A. DATE(S) OF SERVICE From To B. PLACE OF SERVICE C. APPLIES E. DIAGNOSIS POINTER F. CHARGES G. DAYS OF UNITS H. EPSDT Family Plan I. ID. QUAL J. RENDERING PROVIDER ID. #

1	From	To	Place of Service	Applies	Diagnosis Pointer	Charges	Days of Units	EPSDT Family Plan	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. 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 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

