Positron Emission Tomography for Solid Tumors Post CMS Final Decision (CAG-00181R4)

Denise A. Merlino, CNMT, CPC
Barry A. Siegel, M.D.
June 19, 2013

Jointly Sponsored by:
The National Oncologic PET Registry
Merlino Healthcare Consulting Corp.
The Society of Nuclear Medicine & Molecular Imaging

PET Imaging for Solid Tumors Post CMS Final Decision (CAG-00181R4)

This webinar is being recorded and will:
• Review the CMS Final Coverage Decision (CAG-00181R4)
• Discuss coding, billing, implementation and logistics for:
  • NOPR PET studies with dates of service (DOS) prior to the CMS Final Decision
  • FDG-PET studies with DOS immediately post the CMS Final Decision
  • NOPR (NaF-PET) Registry
  • Address participants’ questions
Detailed Agenda

- Brief Review of PET Reimbursement History
- Review of the Final Decision (CAG-00181R4)
- NOPR Logistics – Transition Items
- Medicare Claims Processing Logistics and Updates
  - Transition Items
    - NOPR and MACs
  - Advanced Beneficiary Notice
  - Medicare Administrative Contractors
- NOPR (NaF-PET) Registry

Medicare Coverage Decisions

- National Coverage Decisions (NCDs)
  - National Coverage (positive decision)
    - Coverage with Evidence Development (CED)
  - National Non-coverage (negative decision)
    - Not medically necessary
- No National Coverage Decision
  - Left to contractor (MAC) discretion
    - Local Coverage Determinations (LCDs)
Changes in National Coverage for PET 2013 CMS Decisions

1. Final Decision March 7, 2013
   • MITA Request – FDA-approved PET Tracers

2. Final June 11, 2013
   • NOPR Request – Expand coverage and end CED for FDG-PET

3. Draft decision due July 9, 2013
   Final decision due October 2013
   • Lilly Request- Amyloid PET Imaging

PET NCD – Exclusionary Policy

The NCD states in part,
• Except as set forth below in cancer indications listed as "coverage with evidence development", a particular use of PET scans is not covered unless this manual specifically provides that such use is covered. Although this section 220.6 lists some non-covered uses of PET scans, it does not constitute an exhaustive list of all non-covered uses.

Use G0235 for non-covered PET studies.
March 7, 2013 – Final Decision
CMS Expands Local Coverage Options

- Unless there is a specific national coverage determination, local Medicare Administrative Contractors (MACs) may determine coverage within their respective jurisdictions for PET using radiopharmaceuticals for their **FDA-approved labeled indications for oncologic imaging for products approved by the FDA after September 1, 2012.**
  - **C-11 Choline (FDA approved 9/12/12)**
  - Potentially could apply to:
    - FLT, F-DOPA, Ga-68 DOTATOC/DOTATATE

March 7, 2013 – Final Decision
CMS Expands Local Coverage Options

- The effect of this decision is to remove the national non-coverage for FDA-approved (post September 1, 2012) labeled oncologic uses of radiopharmaceuticals that are not more specifically determined nationally.
- This decision does not change coverage for any use of PET with F-18 FDG, NaF-18 sodium fluoride, ammonia N-13, or rubidium-82 (Rb-82).
- This decision does not prevent CMS from determining national coverage for any uses of any radiopharmaceuticals in the future, and if such determinations are made, a future determination would supersede local contractor determination.
History of Medicare Coverage
Oncologic PET

1998 Evaluation of solitary pulmonary nodules and initial staging of NSCLC (non small cell lung cancer)
1999 Suspected recurrent colorectal cancer, lymphoma, melanoma (covered after public meeting, with considerable restrictions)
2001 Further expanded coverage for six prevalent cancers (PET must either resolve inconclusive results of standard test or replace standard test)

2002 Individual requests submitted and some approved for several other cancers
2004 Proposed mechanism for expanded coverage (CED)
2006 National Oncologic PET Registry
2009 Expanded Coverage and New Structure (April 3, 2009)
2009 Initial Staging Cervical Cancer (Correction-November 10, 2009)
History of Medicare Coverage
Oncologic PET

2010 Single-scan limit for initial treatment strategy evaluation (08/04/2010)
RT planning, Evolving cancer / delay in treatment, CMS Final Decision to leave to contractor discretion

2011 Final Decision for 18F-NaF Bone PET
2010 Limited coverage with CED (02/26/10 CMS notification)
2011 NOPR Opened the NaF Registry 02/07/2011

2013 PET for Solid Tumors (CAG-00181R4) (6/11/13)

Covered, CED & Non-Covered Oncologic PET Indications on or before June 11, 2013

Footnotes:
1. Some Medicare contractors include anal cancer in the local coverage of "cancerous tissue". For all endeavours these criteria, PET for advanced treatment strategy evaluation (02/06/2010)
2. PET for non-advanced initial staging for solitary breast masses or patients with breast cancer found incidentally on PET malignancy, but covered for detection of distant metastatic disease in high-risk patients with breast cancer or melanoma.
3. PET is non-covered for "diagnosis" of breast cancer to evaluate a suspicious breast mass. However, PET can be covered for initial staging strategy evaluation (02/06/10 CMS notification) for patients with axillary lymph nodes that are abnormal on mammography and are suspicious for breast cancer.
4. PET is non-covered for "diagnosis" of cervical cancer. However, PET is covered for initial staging of cervical cancer.
5. To qualify as a covered indication for subsequent treatment strategy evaluation, there must be imaging evidence of disease on PET in the cervix, and the patient must have a clinical diagnosis of invasive cervical cancer (confirmed by biopsy, or clinical diagnosis of invasive cervical cancer, and the patient must have a clinical diagnosis of invasive cervical cancer). (6/11/13)

Important Notes:
- The scientific and medical community has generally led the way for cancer indications that are currently covered by Medicare as compared to the NPA, for many cancers and indications that are currently not covered by Medicare as compared to the NPA.
- The 1150-1159 codes should be used only for covered indications under the NPA.
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Note: The above table is not inclusive of all covered indications and covers only those indications that are not covered under the NPA.
FDG-PET (CAG-00181R4) Final Decision Summary

CMS is ending the requirement for Coverage with Evidence Development (CED) for oncologic indications contained in section 220.6.17 of the Medicare National Coverage Manual.

- “CMS is adopting a coverage framework that ends the prospective data collection requirements by NOPR under CED for all oncologic uses of FDG-PET imaging.”

Effective Date for Ending Data Collection:

- Effective for claims with dates of service (DOS) on or after June 11, 2013

Because of late afternoon announcement by CMS, NOPR will complete data collection for all scans done on June 11, 2013.

- CED for NaF-PET is not affected and continues.
FDG-PET (CAG-00181R4)
Final Decision Summary

Limitation on Coverage:

• Three (3) FDG-PET scans will be nationally covered for oncologic indications when used to guide subsequent physician management of anti-tumor strategy after initial anticancer therapy.
• Additional scans will be permitted at MAC or MA Plan Contractor discretion.

Coverage of Prostate Cancer:

• Use of FDG-PET/CT “when used to guide subsequent anti-tumor treatment strategy for patients with cancer of the prostate is reasonable and necessary under § 1862(a)(1)(A).”
  • MACs are likely to monitor for appropriate patient use
FDG-PET (CAG-00181R4) Final Decision Summary

Use of PET for Surveillance:
- CMS acknowledged that “we are now aware that many patients may expect to undergo more than one FDG-PET scan during later phases of their medical treatment.”
- By nationally covering three scans, the Final Decision provides “administrative flexibility to enhance patient access to needed medical care, and reduce potential overutilization of FDG-PET scans that would not be found to be reasonable and necessary.”

Scanner Technology:
- CMS clarified that “we include integrated FDG-PET/computerized tomography (FDG-PET/CT) and integrated FDG-PET/magnetic resonance imaging (FDG-PET/MRI) in the term FDG-PET as used in this decision unless context indicates otherwise.”
- “However, we [CMS] are not with this reconsideration determining any change in coverage either for CT or for MRI.”
FDG-PET (CAG-00181R4)
Final Decision Summary

Anti-Tumor Treatment Strategy (ATS):

- The completion of initial anticancer therapy (that is, the conclusion or termination of all anticancer therapies in the *initially* intended (combination) treatment regimen) marks, in time, the starting point of *subsequent* ATS planning (and the completion of initial ATS planning).
- ‘Watchful waiting’ represents a widespread clinical approach for patients with certain cancers, we (CMS) do not intend that it is a ‘therapy’ to be included in an initial treatment regimen.

This definition differs from that CMS used previously. Language in Manual now will stand!

CMS Decision Framework

*Framework* differentiates PET imaging into use for:

- **Anti-tumor treatment strategy (ATS)**
  - *Initial treatment strategies (ITS)*
    (formerly diagnosis and initial staging)
  - *Subsequent treatment strategies (STS)*
    (formerly treatment monitoring and restaging/detection of suspected recurrence)
PET Oncology Modifiers

<table>
<thead>
<tr>
<th>HCPCS Modifier</th>
<th>Descriptor</th>
<th>Effective October 30, 2009 on Claims With DOS April 3, 2009 for covered FDG-PET Oncologic-Related Claims NaF-18 Claims DOS February 7, 2011</th>
</tr>
</thead>
<tbody>
<tr>
<td>PI (eye)</td>
<td>Positron emission tomography (PET) or PET / computed tomography initial treatment strategy of tumors that are biopsy proven or suspected of being cancerous based on other diagnostic testing</td>
<td>PET tumor initial treatment strategy “Diagnosis” or “initial staging”</td>
</tr>
<tr>
<td>PS</td>
<td>Positron emission tomography (PET) or PET / computed tomography (CT) to inform the subsequent treatment strategy of cancerous tumors when the beneficiary’s treating physician determines that the PET study is needed to inform subsequent anti-tumor strategy.</td>
<td>PET tumor subsequent treatment strategy “Restaging” or “monitoring”</td>
</tr>
</tbody>
</table>

Initial ATS Nationally Covered Effective June 11, 2013

- CMS continues to **nationally cover one FDG-PET study** for beneficiaries who have cancers that are **biopsy proven or strongly suspected based on other diagnostic testing** when the beneficiary’s treating physician determines that the FDG-PET study is needed to determine the location and/or extent of the tumor for the following therapeutic purposes related to the initial anti-tumor treatment strategy:
  - To determine whether or not the beneficiary is an appropriate candidate for an invasive diagnostic or therapeutic procedure; or
  - To determine the optimal anatomic location for an invasive procedure; or
  - To determine the anatomic extent of tumor when the recommended anti-tumor treatment reasonably depends on the extent of the tumor.
CMS **NON-Covered** Indications for FDG-PET

**Initial Treatment Strategy**
- Breast cancer diagnosis (to determine if mass on physical examination or mammography is benign or malignant)
- Detection of axillary nodal metastasis in newly diagnosed breast cancer
- Detection of regional nodal metastasis in newly diagnosed malignant melanoma
- Diagnosis of cervical cancer
- Diagnosis and initial staging of prostate cancer

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**Medicare Non-Covered PET Procedures**

<table>
<thead>
<tr>
<th>HCPCS Level II</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>G0219</td>
<td>PET imaging whole body; <a href="#">melanoma for non-covered indications</a> <em>Initial staging regional lymph nodes</em></td>
</tr>
<tr>
<td>G0235</td>
<td>PET imaging, any site, <a href="#">not otherwise specified</a></td>
</tr>
<tr>
<td>G0252</td>
<td>PET imaging, full and partial-ring PET scanners only, for <a href="#">initial diagnosis of breast cancer</a> and/or <a href="#">surgical planning for breast cancer</a> (e.g. initial staging of axillary lymph nodes)</td>
</tr>
</tbody>
</table>

For PET examinations that do not correspond to any Medicare-covered conditions, providers may choose to obtain a signed ABN from the patient.
Subsequent ATS Nationally Covered Effective June 11, 2013

- Three (3) FDG-PET scans are nationally covered when used to guide subsequent management of anti-tumor treatment strategy after completion of initial anti-tumor therapy.
- Coverage of more than three FDG-PET scans to guide subsequent management of anti-tumor treatment strategy after completion of initial anti-tumor therapy shall be determined by the local Medicare Administrative Contractors.

The “count” for this provision starts on June 11, 2013.

Achieving Favorable Outcomes of Coverage at MAC Discretion

Reporting Guidance for Oncologic 18F-FDG PET/CT Imaging

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Learning Objectives: Upon successful completion of this activity, participants should be able to discuss (i) the elements of a concise and complete oncologic 18F-FDG PET/CT report, (ii) the importance of obtaining and including in the report a detailed history of the patient's malignancy and metastatic disease, and (iii) the importance of interpreting both the 18F-FDG PET and the CT findings of PET/CT and of integrating both the metabolic and the anatomic components in the report.

Leukemia
Nationally Covered Effective June 11, 2013
Monitored by MAC

Prostate Cancer for Subsequent Treatment Strategy:
- CMS reversed its position in proposed decision.
- Will provide coverage for FDG-PET for subsequent treatment strategy in prostate cancer.
  - “CMS anticipates that post-coverage analysis (PCA) will confirm the NOPR public comments noting that physicians selectively employed FDG-PET for subsequent anticancer treatment planning in appropriate patients.”
National Coverage Change  
Effective June 11, 2013

Thyroid Cancers for Subsequent Treatment Strategy:

- **Prior to June 11, 2013:** FDG-PET covered for thyroid cancer of follicular cell origin, previously treated by thyroidectomy and radiiodine ablation, with current serum thyroglobulin > 10 ng/mL and negative whole-body I-131 scan.
- Other patients could be entered into NOPR.
- **On or after June 11, 2013:** this qualification is removed.

National Coverage Important Notes  
Effective June 11, 2013

Check your Medicare or Third Party Payer local medical coverage policy for specific ICD 9 or ICD 10 codes:

- The billing physician remains responsible for documenting medical necessity, which is required for the coding and billing of all covered PET studies. Referring and interpreting physicians are thus advised to refer to the published literature to better understand the potential limitations of FDG-PET.
- **We strongly advise conversations between referring MD and radiologist to determine usefulness of FDG-PET.**
FDG-PET NOPR Logistics
Claims DOS on/or prior to June 11, 2013

• These claims were entered into NOPR prior to the CMS Final Decision.
  • Facilities should continue through the entire process of data collection and entry within the required time frame.
  • Data entry for “open” NOPR-2009 cases will no longer be possible after **July 10, 2013** (end of the 30-day window for entering post-PET form after scan).

FDG-PET NOPR Logistics
Claims DOS on or after June 11, 2013

• Any case registered on or before the close of business on June 11, 2013 **without scan completion on or before June 11, 2013** will be cancelled and the $50 case registration fee will be automatically refunded to the site’s escrow account.
  • **NOPR-2009 is closed for new FDG-PET patient registration for scans performed after June 11.**
How do we get a refund of balance in our escrow account, now that NOPR-2009 has ended?

Those sites no longer wishing to participate in NOPR may submit a request to withdraw from the NOPR and have the balance in its escrow account refunded; alternatively, balance can be used for NaF-PET.

- If your site wants to end its participation, send request to the following:

  OPTOUT_NOPR@acr.org

  Please ensure that the request includes the following information:
  - NOPR facility ID number
  - NOPR facility name
  - Name of person submitting request
  - Phone number of the person submitting request
  - Date of request
  - Payee information (i.e., name and address)

  NOPR will acknowledge receipt of your request and send a refund check to the payee as indicated in the request with 7-10 days.

General Claims Processing Questions: Ending Data Collection

- **Question**: Today, on June 19, 2013, I tried to enter a patient into NOPR-2009 but the web site does not seem to work. Is the system down? Can I enter the data later?

- **Answer**: NOPR-2009 is closed to new patients because of the June 11, 2013 NCD publication. You can locate the detailed decision at:

General Claims Processing
Questions: Ending Data Collection

• **Question:** Should I still append the Q0 (zero) modifier for my claims with DOS on or after June 12, 2013 that used to be **covered under CED**, but now are **covered**?

• **Answer:** No, appending the Q0 modifier signifies that subject participated in a clinical trial, such as NOPR. Since NOPR-2009 closed EOB June 11, 2013 for new patients, we do not believe appending the modifier is appropriate or consistent with correct coding principles.
  
  • *(Answer continued on next slide.)*

General Claims Processing
Questions: Interim Claims Processing

• **Question:** Should I still append the Q0 (zero) modifier for my claims with DOS on or after June 12, 2013 that used to be covered under CED, but now are covered?

• **Answer continued:** No; Pending CMS Transmittal & MAC / MA Plan Implementation, claims will very likely deny
  
  • Q0 modifier, or other NOPR claims processing items such as V70.7 and condition code – no longer appropriate
  
  • MACs given 30 to 60 day time period to get systems ready
  
  • Alternatively, you may want to consider **holding** those newly covered indication claims and wait for your MAC instructions
  
  • To be clear providers should NOT hold claims that were covered prior to the June 11th. NCD.
Limitation on Coverage Questions:

Three (3) FDG-PET scans used to guide subsequent physician management of anti-tumor strategy after initial anticancer therapy.

- **Question:** If a patient had two PS studies prior to June 11, 2013, are those counted?
- **Answer:** No, the counting begins with the NCD publication on June 11, 2013.

Limitation on Coverage Questions:

Three (3) FDG-PET scans used to guide subsequent physician management of anti-tumor strategy after initial anticancer therapy.

- **Question:** What if the patient or referring physician tells us that patient has not previously had ≥ 3 PET studies, but we later find out had 3? Will Medicare deny coverage? Can we appeal to the local Medicare contractor?
- **Answer:** The NCD allows for medically necessary scans beyond 3; specifically, if there is medical necessity for more than 3 PET scans, appeal to the local MAC providing documentation. Without documentation of medical necessity, claim likely will not be paid on appeal.
Limitation on Coverage Questions:

Three (3) FDG-PET scans used to guide subsequent physician management of anti-tumor strategy after initial anticancer therapy.

• **Question:** Can you please clarify if the limitations that are referenced in the NCD are per cancer or per patient?
  
  • **Answer:** The limits are per patient per cancer.

Limitation on Coverage Questions:

Three (3) FDG-PET scans used to guide subsequent physician management of anti-tumor strategy after initial anticancer therapy.

• **Question:** Is there a time limit for a recurrence of a cancer specified in the NCD? Is the limit of three PS scans per year or per patient lifetime?

• **Answer:** The limits are per patient per cancer over the patient’s lifetime (with the count beginning on June 11, 2013).

• A time limit is not referenced in the NCD.
Medicare Advantage Plan “NOPR-2009”
Cases: Whom do we bill?

- For claims DOS prior to June 12, 2013, bill the MAC
- For claims DOS on or after June 12, 2013, continue to bill the MAC (pending further instructions from CMS)
  - Providers should obtain preauthorization / precertification as usual, you may or may not get approval. If the study clearly meets the new NCD guidelines, perform the study.
    - Expect claim denials for interim until CMS transmittal is out with instructions and timing.
    - Alternatively hold the claim.

Resources
SNMMI Payer Relations Kit

- How to Deal with Denials
- Understand Reasons for Denials
  - Unaware of local coverage determinations
  - Clerical errors
- Dealing with Denials
- Tips to Regular Contact with Payers
  - Attend CAC meeting
  - Attend local educational seminars
  - Send new guidelines & literature to Medical Director
Resources
Example Re-Determination Request

- Place on provider letterhead
- Attach report alone, (if report contains details history)
- If report does not contain detailed history, additionally attach Letter of Medical Necessity including a detailed history, or progress notes (or other medical documentation) from phone calls or directly from the referring physician.

Advance Beneficiary Notice (ABN)
Form CMS-R-131 (03/11) - Effective Jan 1, 2012

Form Number & Date
(CMS-R-131 3/11)

Form OMB No.
0938-0566
### Medicare Administrative Contractors (MAC) A/B Consolidations

**Status May 2013**

<table>
<thead>
<tr>
<th>Jurisdiction#</th>
<th>States Included in Jurisdiction</th>
<th>Awarded / Imp. Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 (E)</td>
<td>American Samoa, California, Guam, Hawaii, Nevada, &amp; Northern Mariana Islands</td>
<td>Palmetto GBA - Current MAC Noridian Awarded Sep 2012; Protest Denied Apr 2013. Implement Sep 2013</td>
</tr>
<tr>
<td>F (2 &amp; 3)</td>
<td>Alaska, Arizona, Idaho, Montana, North Dakota, Oregon, South Dakota, Utah, Washington and Wyoming</td>
<td>Noridian (NAS) - Fully Implemented</td>
</tr>
<tr>
<td>H (4 &amp; 7)</td>
<td>Arkansas, Colorado, Louisiana, Mississippi, New Mexico, Oklahoma, Texas</td>
<td>Novitas (Formerly Highmark) - Fully Implemented</td>
</tr>
<tr>
<td>5 (G)</td>
<td>Iowa, Kansas, Missouri, and Nebraska</td>
<td>WPS - New Contract Jul 2012</td>
</tr>
<tr>
<td>6 (G)</td>
<td>Illinois, Minnesota, and Wisconsin</td>
<td>NGS - A (IL, WI) &amp; NAS-A (MN), WPS-B - NGS - Part A/B Awarded Sep 2012; Protest Filed, GAO denied Implementation (in progress) by Sep</td>
</tr>
<tr>
<td>8 (I)</td>
<td>Indiana and Michigan</td>
<td>WPS - Awarded Sep 2011 - NGS Dispute Denied by GAO; Implementation Completed</td>
</tr>
<tr>
<td>9 (N)</td>
<td>Florida, Puerto Rico, and U.S. Virgin Islands</td>
<td>First Coast Service Options, Inc (FCSO) - Fully Implemented; Re-evaluate in progress as of Feb 2013</td>
</tr>
<tr>
<td>10 (J)</td>
<td>Alabama, Georgia, and Tennessee</td>
<td>Cahaba GBA - Fully Implemented; Re-evaluate in progress as of Feb 2013</td>
</tr>
<tr>
<td>11 (M)</td>
<td>North Carolina, South Carolina, Virginia and West Virginia</td>
<td>Palmetto GBA - Fully Implemented</td>
</tr>
<tr>
<td>12 (L)</td>
<td>Delaware, District of Columbia, Maryland, New Jersey, and Pennsylvania</td>
<td>Novitas (Formerly Highmark) - New Contract Sep 2012 - Protest Pending. Implement by Jul 2013</td>
</tr>
<tr>
<td>15 (I)</td>
<td>Kentucky and Ohio</td>
<td>CGNMA Gov Svcs - Fully Implemented</td>
</tr>
</tbody>
</table>
Questions Post Webinar

- Contact your local MAC or payer for specific guidance.
- SNMMI Members
  - Practice management, coding corner, submit a question to the C&R SNMMI committee.
  - HPRA@snmmi.org

NOPR (NaF-PET)

- The June 11, 2013 NCD does not change the coverage policy for NaF-PET bone imaging, which is still covered by Medicare only under CED.
- NORP remains open for NaF-PET Registry data submissions.
- NOPR will be asking all sites to opt in or out of NaF-PET registry and to provide updated site information if opting in.
Continuing Education Credits
Live Session

This program is approved for three type of credits:

• Post the Webinar Look for an E-mail and complete the evaluation, select the type of CEU

• SNMMI- Contact: jschoolnik@snmmi.org
  • Nuclear Medicine Technologists – VOICE
  • Physicians, Nurses, etc – CME

• Merlino Healthcare Consulting Corp.
  • Billers and Coders – AAPC
    • For Live Credits e-mail: training@merlinohccc.com

Continuing Education Credits
Recorded Instructions

This program is approved for three type of credits:

• SNMMI- Contact: jschoolnik@snmmi.org

• Recording Link: http://interactive.snm.org/index.cfm?PageID=12734
  • Nuclear Medicine Technologists – VOICE
  • Physicians, Nurses, etc – CME

• Merlino Healthcare Consulting Corp.
  • Billers and Coders – AAPC
    • For On Demand AAPC Credits http://www.merlinohccc.com/presentations.html

• National Oncologic PET Registry-
  • www.CancerPETRegistry.org
  • Handouts and Recording ONLY no credits available.
Questions

PET Resources – CMS, SNMMI & NOPR Websites

- CMS Coverage Database:

- PET PROS:
  http://interactive.snm.org/index.cfm?PageID=9273

- NOPR:
  www.cancerpetregistry.org
Important PET Transmittals

- For information on FDG-PET for solid tumors and myeloma new framework, see Transmittal R120NCD (CR 6632, May 6, 2010) at http://www.cms.hhs.gov/transmittals/Downloads/R120NCD.pdf
  - PI, PS and Exclusionary language
  - Allows local contractor discretion when more than one PET study is needed and identified as (PI) initial treatment strategy
- For information on Billing Clarification for (NaF-18) PET (Sodium Fluoride - 18) PET for Identify Bone Metastasis of Cancer in Context of a Clinical Trial, see Transmittal 2096 (CR 7125, November 19, 2010) at http://www.cms.gov/transmittals/downloads/R2096CP.pdf
  - PET Bone Imaging Billing Guidance
Advance Beneficiary Notice of Noncoverage (ABN) Important URLs

**Advanced Beneficiary Notices (BNI)**


**Revised ABN CMS-R-131 Form and Instructions**

http://www.cms.gov/Medicare/Medicare-General-Information/BNI/Downloads/ABNFormInstructions.zip

**Revised ABN Manual Instructions - Transmittal 2480 (CR 7821) Jun 1, 2012**


**Revised ABN CMS-R-131 Implementation Announcement**


**Advance Beneficiary Notice of Non-Coverage (ABN) MedLearn Booklet**


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**REVISED Advance Beneficiary Notices (ABNs)**

**Effective January 1, 2012**

- New Form CMS-R-131 (March 2011) continues to combine the ABN-G (General), ABN-L (Laboratory) and NEMB (Notice of Exclusion from Medicare Benefits used in voluntary situations) Forms
- **Physicians and other providers must use the new form for claims submitted as of January 1, 2012**
  - Original implementation dates: September 1st and November 1st were extended:
    - To allow more time for transition
    - To use up leftover copies of old forms
- Form CMS-R-131 – release date, March 2011 printed in lower left corner
- ABNs with release date, March 2008 used for claims with date of service (DOS) on or after January 1, 2012 are invalid
Advance Beneficiary Notice (ABN) Non-Coverage Modifiers*

**GA - Waiver of Liability Statement Issued as Required by Payer Policy, Individual Case**
Use this modifier to report when you issue a mandatory ABN for a service as required and it is on file. You do not need to submit a copy of the ABN, but you must have it available upon request.

**GX - Notice of Liability Issued, Voluntary Under Payer Policy**
Use this modifier to report when you issue a voluntary ABN for a service that Medicare never covers because it is statutorily excluded or is not a Medicare benefit.

**GY - Item or Service Statutorily Excluded, Does Not Meet the Definition Medicare Benefit**
Use this modifier to report that Medicare statutorily excludes the item or service or the item or service does not meet the definition of any Medicare benefit.

**GZ - Item or Service Expected to Be Denied as Not Reasonable and Necessary**
Use this modifier to report when you expect Medicare to deny payment of the item or service due to a lack of medical necessity and no ABN was issued.

*Note: See Medicare Claims Processing Manual, Chapter 1, Section 60 for specific instructions on filing claims associated with ABNs*
Positron Emission Tomography Imaging for Solid Tumors Post CMS Final Decision (CAG-00181R4)

Wednesday, June 19, 2013

Noon to 1 PM EDT

Speakers: Denise A. Merlino, CPC, CNMT and Barry A. Siegel, MD

Sponsored by: NOPR/SNMMI/Merlino HCCC

This course is designed for PET professionals including coders, billers, technologists and physicians involved with PET imaging for oncologic indications and are also responsible for administration and billing activities related to providing PET services (especially those done under the National Oncologic PET Registry). This session will focus on the most current Medicare national coverage policy. Attendees will understand how new policy changes, to become effective on or after June 11, 2013, will impact their coding, coverage and provider practices. Practical implementation strategies will be discussed to limit administrative billing issues, with special attention to transition to a new coverage policy. References and resources will be provided so the participants understand where the most current information can be located.

Upon completion of this session, attendees will be able to:

1. Discuss and implement the new Medicare National Coverage Policy for FDG-PET services.
2. Implement the revised and transitional claims processing procedures for FDG-PET studies performed before and after the change in national coverage policy.
3. Identify national and local reimbursement policy via web sites for authoritative coding and billing information pertinent to FDG-PET services.

LEARNER OUTCOMES/ Desired Results - Please list what learner can expect to do in his/her practice

- PET providers will be able to update front-end FDG-PET registration and scheduling consistent with the revised FDG-PET National coverage policy, inducing potential updates to Charge Description Masters necessary as a result of the new coverage policy.
- Update and explain claims processing options for the PET imaging facility/center regarding the FDG-PET changes and how they will effect payment for the services in both the short and long term.
- Easily locate current authoritative reimbursement web-based or hard copy references important for oncologic FDG-PET nuclear medicine services.

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Financial Disclosures

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