



News Flash – The revised publication titled End-Stage Renal Disease Composite Payment Rate System (September 2010) (previously titled Outpatient Maintenance Dialysis - End-Stage Renal Disease) provides information about the Medicare End-Stage Renal Disease composite payment rate system, the one-time election and transition period, and separately billable items and services. This publication can be accessed at <http://www.cms.gov/MLNProducts/downloads/ESRDpaymfctsh2010.pdf> on the CMS website.

MLN Matters® Number: MM7125

Related Change Request (CR) #: 7125

Related CR Release Date: November 19, 2010

Effective Date: February 26, 2010

Related CR Transmittal #: R2096CP

Implementation Date: February 22, 2011

Note: This article was updated on December 10, 2012, to reflect current Web addresses. All other information remains unchanged.

Billing Clarification for Positron Emission Tomography (NaF-18) PET for Identifying Bone Metastasis of Cancer in the Context of a Clinical Trial

Provider Types Affected

This article is for physicians, providers and suppliers who bill Medicare carriers, fiscal intermediaries (FIs), or Part A/B Medicare Administrative Contractors (A/B MACs) for providing NaF-18 PET scans to identify bone metastasis of cancer for Medicare beneficiaries.

Provider Action Needed

This article is based on Change Request (CR) 7125, which is being issued to clarify a requirement in CR 6861 regarding how these claims should be billed. Specifically, CR 7125 amends instructions for claims submitted for the professional component (PC), technical (TC) or global components. This article explains the specific claims handling instructions for claims submitted for each of these components. Please ensure that your billing staffs are aware of this clarification.

Background

Disclaimer

This article was prepared as a service to the public and is not intended to grant rights or impose obligations. This article may contain references or links to statutes, regulations, or other policy materials. The information provided is only intended to be a general summary. It is not intended to take the place of either the written law or regulations. We encourage readers to review the specific statutes, regulations and other interpretive materials for a full and accurate statement of their contents. CPT only copyright 2009 American Medical Association.

This article explains that CR 7125 clarifies the requirement originally discussed in MLN Matters® article MM6861, which may be viewed at <http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/downloads/MM6861.pdf> on the Centers for Medicare & Medicaid Services (CMS) website. That requirement is being amended to state that only claims for the TC or global service require the radioactive tracer, Healthcare Common Procedure Coding System (HCPCS) A9580. Claims for the PC do not require HCPCS A9580, but must contain the appropriate –PI or –PS modifier, PET/CT HCPCS procedure code, diagnosis code, and the Q0 modifier.

CR 7125 also corrects the list of applicable PET or PET with CT CPT codes that can be used for bone metastasis on the claim and to remove HCPCS 78608 and t8459 as they cannot be paid for bone metastasis with NaF-18. Finally, modifier KX (Requirements specified in the medical policy have been met) will be accepted for PC claims (modifier 26) for PET for bone metastasis (PET NaF-18) to differentiate these claims from PET for FDG in the context of a clinical trial. This modifier is not required on claims submitted to FIs, nor is it required on claims for the technical or global service.

Key Points in CR 7125

1. Effective for claims with dates of service on or after February 26, 2010, Positron Emission Tomography (NaF-18 PET) oncologic claims billed with modifier TC or globally to inform the initial treatment strategy or subsequent treatment strategy for bone metastasis that MUST include ALL of the following:
 - -PI or –PS modifier AND
 - PET or PET/CT CPT code (78811, 78812, 78813, 78814, 78815, 78816) AND
 - ICD-9 cancer diagnosis code AND
 - Q0 modifier – Investigational clinical service provided in a clinical research study, are present on the claim.
2. Effective for claims with dates of service on or after February 26, 2010, PET oncologic claims billed with modifier 26 and modifier KX to inform the initial treatment strategy or strategy or subsequent treatment strategy for bone metastasis MUST include ALL of the following:
 - -PI or –PS modifier AND
 - PET or PET/CT CPT code (78811, 78812, 78813, 78814, 78815, 78816) AND

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- ICD-9 cancer diagnosis code AND
 - Q0 modifier – Investigational clinical service provided in a clinical research study, are present on the claim.
3. Claims failing the requirements stated above will be returned as unprocessable with the following messages:
 - Claim Adjustment Reason Code 4 (The procedure code is inconsistent with the modifier used or a required modifier is missing.);
 - Remittance Advice Remark Code MA-130 (Your claim contains incomplete and/or invalid information, and no appeal rights are afforded because the claim is unprocessable. Submit a new claim with the complete/correct information.);
 - Remittance Advice Remark Code M16 (Alert: See our Web site, mailings, or bulletins for more details concerning this policy/procedure/decision.); and/or
 - Claim Adjustment Reason Code 167 (This (these) diagnosis(es) is (are) not covered.)
 4. Claims billed with modifiers 26 and KX to inform the initial treatment strategy or subsequent treatment strategy for bone metastasis billed with HCPCS A9580 will be returned as unprocessable using Claim Adjustment Reason Code 97 (The benefit for this service is included in the payment/allowance for another service/procedure that has already been adjudicated.).

Additional Information

The official instruction, CR 7125, issued to your carrier, FI, or A/B MAC regarding this change, may be viewed at <http://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/downloads/R2096CP.pdf> on the CMS website.

If you have any questions, please contact your Medicare contractor at their toll-free number, which may be found at <http://www.cms.gov/Research-Statistics-Data-and-Systems/Monitoring-Programs/provider-compliance-interactive-map/index.html> on the CMS website.

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