

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
Centers for Medicare & Medicaid Services



Are you ready to transition to ICD-10 on October 1, 2015? In this MLN Connects™ video on [ICD-10 Coding Basics](#), Sue Bowman from the American Health Information Management Association (AHIMA) provides a basic introduction to ICD-10 coding, including:

- Similarities and differences;
- ICD-10 code structure; and
- Coding process and examples.

To receive notification of upcoming MLN Connects videos and calls and the latest Medicare program information on ICD-10, [subscribe](#) to the weekly *MLN Connects™ Provider eNews*.

MLN Matters® Number: MM8526

Related Change Request (CR) #: CR 8526

Related CR Release Date: March 27, 2014

Effective Date: September 27, 2013

Related CR Transmittal #: 2915CP/164NCD

Implementation July 7, 2014

## Medicare National Coverage Determination (NCD) for Beta Amyloid Positron Emission Tomography (PET) in Dementia and Neurodegenerative Disease

**Note:** This article was revised on April 4, 2014, to reflect the revised CR8526 issued on March 27, 2014. In the article, the CR release date, transmittal numbers, and the Web addresses for accessing the two transmittals of CR8526 were revised. All other information remains the same.

### Provider Types Affected

This MLN Matters® Article is intended for physicians and other providers who submit claims to Medicare A/B Medicare Administrative Contractors (A/B MACs) for services provided to Medicare beneficiaries with dementia or neurodegenerative disease.

#### 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 2012 American Medical Association.

## What You Need to Know

Effective for claims with dates of service on or after, September 27, 2013, the Centers for Medicare & Medicaid Services (CMS) will only allow coverage for PET A $\beta$  imaging (one PET A $\beta$  scan per patient) through coverage with evidence development (CED) to: (1) develop better treatments or prevention strategies for Alzheimer's Disease (AD), or, as a strategy to identify subpopulations at risk for developing AD, or (2) resolve clinically difficult differential diagnoses (e.g., frontotemporal dementia (FTD) versus AD) where the use of PET A $\beta$  imaging appears to improve health outcomes, when the patient is enrolled in an approved clinical study under CED.

## Background

After careful consideration, effective for claims with dates of service on or after September 27, 2013, CMS believes that the evidence is insufficient to conclude that PET A $\beta$  imaging improves health outcomes for Medicare beneficiaries with dementia or neurodegenerative disease. However, there is sufficient evidence that the use of PET A $\beta$  imaging could be promising in certain scenarios. Therefore, Medicare will only allow coverage for PET A $\beta$  imaging (one PET A $\beta$  scan per patient) through CED to:

1. Develop better treatments or prevention strategies for AD, or, as a strategy to identify subpopulations at risk for developing AD, or
2. Resolve clinically difficult differential diagnoses (e.g., FTD versus AD) where the use of PET A $\beta$  imaging appears to improve health outcomes, when the patient is enrolled in an approved clinical study under CED.

Health outcomes may include:

1. Avoidance of unnecessary or potentially harmful treatment or tests;
2. Improving, or slowing the decline of, quality of life (to include maintenance of independence) and cognitive and functional status; and,
3. Survival.

Outcomes may be short-term (e.g., related to meaningful changes in clinical management) or long-term (e.g., related to dementia outcomes).

A list of ICD-9 and corresponding ICD-10 Codes for Beta Amyloid for Dementia and Neurodegenerative Diseases is in the following table.

ICD-9 Codes	Corresponding ICD-10 Codes
290.0 Senile dementia, uncomplicated	F03.90 Unspecified dementia without behavioral disturbance
290.10 Presenile dementia, uncomplicated	F03.90 Unspecified dementia without behavioral disturbance

### 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 2012 American Medical Association.

<b>ICD-9 Codes</b>	<b>Corresponding ICD-10 Codes</b>
290.11 Presenile dementia with delirium	F03.90 Unspecified dementia without behavioral disturbance
290.12 Presenile dementia with delusional features	F03.90 Unspecified dementia without behavioral disturbance
290.13 Presenile dementia with depressive features	F03.90 Unspecified dementia without behavioral disturbance
290.20 Senile dementia with delusional features	F03.90 Unspecified dementia without behavioral disturbance
290.21 Senile dementia with depressive features	F03.90 Unspecified dementia without behavioral disturbance
290.3 Senile dementia with delirium	F03.90 Unspecified dementia without behavioral disturbance
290.40 Vascular dementia, uncomplicated	F01.50 Vascular dementia without behavioral disturbance
290.41 Vascular dementia with delirium	F01.51 Vascular dementia with behavioral disturbance
290.42 Vascular dementia with delusions	F01.51 Vascular dementia with behavioral disturbance
290.43 Vascular dementia with depressed mood	F01.51 Vascular dementia with behavioral disturbance
294.10 Dementia in conditions classified elsewhere without behavioral disturbance	F02.80 Dementia in other diseases classified elsewhere without behavioral disturbance
294.11 Dementia in conditions classified elsewhere with behavioral disturbance	F02.81 Dementia in other diseases classified elsewhere with behavioral disturbance
294.20 Dementia, unspecified, without behavioral disturbance	F03.90 Unspecified dementia without behavioral disturbance
294.21 Dementia, unspecified, with behavioral disturbance	F03.91 Unspecified dementia with behavioral disturbance
331.11 Pick's Disease	G31.01 Pick's disease
331.19 Other Frontotemporal dementia	G31.09 Other frontotemporal dementia
331.6 Corticobasal degeneration	G31.85 Corticobasal degeneration
331.82 Dementia with Lewy Bodies	G31.83 Dementia with Lewy bodies
331.83 Mild cognitive impairment, so stated	G31.84 Mild cognitive impairment, so stated
780.93 Memory Loss	R41.1 Anterograde amnesia R41.2 Retrograde amnesia R41.3 Other amnesia (Amnesia NOS, Memory loss NOS)

**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 2012 American Medical Association.

ICD-9 Codes	Corresponding ICD-10 Codes
V70.7 Examination for normal comparison or control in clinical research	Z00.6 Encounter for examination for normal comparison and control in clinical research program

Effective for claims with dates of service on or after September 27, 2013, MACs will return to provider/return as unprocessable claims for PET A $\beta$  imaging, through CED during a clinical trial, not containing the following:

- Condition code 30, (for institutional claims only);
- Modifier Q0 and/or modifier Q1 as appropriate;
- ICD-9 dx code V70.7/ICD-10 dx code Z00.6 (on either the primary/secondary position);
- A PET HCPCS code 78811 or 78814;
- Dx codes (see list in table above); and
- A $\beta$  HCPCS code A9586 or A9599.

MACs will return as unprocessable claims for PET A $\beta$  imaging using the following messages:

- Claim Adjustment Reason Code (CARC) 4 – the procedure code is inconsistent with the modifier used or a required modifier is missing. Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.
- Remittance Advice Remark Code (RARC) N517 – Resubmit a new claim with the requested information.
- RARC N519 – Invalid combination of HCPCS modifiers.

For claims with dates of service on or after September 27, 2013, Medicare will deny/reject claims for more than one PET A $\beta$  scan; HCPCS code A9586 or A9599, in a patient's lifetime.

MACs will line-item deny claims for PET A $\beta$ , HCPCS code A9586 or A9599, where a previous PET A $\beta$ , HCPCS code A9586 or A9599 is paid in history using the following messages:

- CARC 149: "Lifetime benefit maximum has been reached for his service benefit category."
- RARC N587: "Policy benefits have been exhausted."

#### 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 2012 American Medical Association.

- Group Code: PR, assigning financial liability to the beneficiary if a claim is received with occurrence code 32 indicating a signed ABN is on file, or occurrence code 32 is present with modifier GA.
- Group Code: CO, assigning financial liability to the provider if a claim is received with a GZ modifier indicating no signed ABN is on file.

Note that MACs will not automatically adjust claims processed prior to implementation of CR8526, but they will adjust such claims that you bring to their attention.

NOTE: Each new beta amyloid radiopharmaceutical will require a separate code. Therefore, for the interim period, HCPCS code (**A9599**) - Radiopharmaceutical for beta-amyloid positron emission tomography (PET) imaging, diagnostic, per study dose shall be used with an effective date of January 1, 2014. After a new beta amyloid radiopharmaceutical is approved for a separate, individual HCPCS code, a subsequent CR will be issued to update this NCD policy.

NOTE: Contractors should refer to the business requirements in CR8526 well as general clinical trial billing requirements at Pub. 100-03, chapter 1, section 310, and Pub. 100-04, chapter 32, section 69. See Pub. 100-03, "NCD Manual", Chapter 1, Section 220.6.20, for the coverage of Beta Amyloid PET in Neurodegenerative Disease and Dementia, and Pub. 100-04, "Claims Processing Manual", Chapter 13, Section 60.12, for claims processing instructions.

## Additional Information

---

The official instruction, CR 8526, is in two transmittals issued to your A/B MAC. The first transmittal updates the "National Coverage Determinations Manual" and it is available at <http://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/Downloads/R164NCD.pdf> on the CMS website. The second transmittal updates the "Medicare Claims Processing Manual" and it is at <http://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/Downloads/R2915CP.pdf> on the CMS website.

If you have any questions, please contact your A/B MAC 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.

### 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 2012 American Medical Association.