

THE UNIVERSITY
OF KANSAS HOSPITAL
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September 21, 2006

The Honorable Mark McClellan
Administrator
Centers for Medicare and Medicaid Services
U.S. Department of Health and Human Services
Room 445-G, Hubert H. Humphrey Building
200 Independence Avenue, S.W.
Washington, DC 20201

Marjorie (2)
Joan
Carol
Alberta

ATTN: FILE CODE CMS-1506-P

Re: Medicare Program; Changes to the Hospital Outpatient Prospective Payment System and Calendar Year 2007 Payment Rates; Payment for PET/CT

Dear Administrator McClellan:

We are writing on behalf of The University of Kansas Hospital in Kansas City, KS to address an issue of great importance to Medicare beneficiaries with cancer. The University of Kansas Hospital is a leading Oncologic treatment center in the greater Kansas City metropolitan area, and treats approximately 23,000 cancer patients annually. We appreciate the thoughtful attention that the Centers for Medicare and Medicaid Services (CMS) has devoted to cancer care in recent years. We are deeply concerned, however, that the substantial cuts in the payment rate for positron emission tomography with computed tomography (PET/CT) set forth on the proposed hospital outpatient rule will seriously underpay hospitals, and could compromise beneficiary access to this vital technology.

Over the past several years, PET/CT has replaced conventional PET as the standard of care for cancer patients. The fusion of PET and CT into a single imaging modality has enabled earlier diagnosis, more accurate staging, more precise treatment planning, and better therapeutic monitoring. These benefits ultimately reduce the number of invasive procedures—such as biopsies—required during cancer care, thus sparing patients pain and discomfort and saving hospitals valuable resources.

CMS proposes to reduce the Medicare payment rate for PET/CT to \$865—the same rate proposed for conventional PET—from its current rate of \$1,250. Based on my experience, I believe that \$865 is far below the true cost to our hospital outpatient department of providing PET/CT services, and that such a reduction would significantly underpay The University of Kansas Hospital. The proposal does not recognize the important clinical and technological distinctions between PET/CT and conventional PET. In fact, the costs to The University of Kansas Hospital of acquiring, maintaining, and operating our PET/CT scanner vs. our previous conventional PET scanner is 24% higher. The payment rate for PET/CT should reflect this difference.

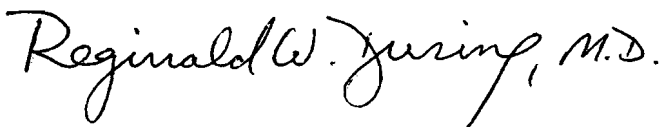
KU Medical Center
Department of Radiology
3901 Rainbow Boulevard, Kansas City, Kansas 66160-7234

Furthermore, CMS bases the proposed rate reduction on only nine months of hospital claims data from 2005. During this timeframe, there was confusion regarding coding for these services as evidenced by the attached transmittals. The PET/CT CPT codes were listed as non-covered from 1/1/04 - 4/4/05. The fee schedule was then updated retroactively for these CPT codes to become covered. In October 2005, there were further changes to CMS edits regarding the billing of radiopharmaceuticals as well as edits for billing for skilled nursing patients. Again, in 2006, the edits for radiopharmaceuticals were not updated until August so our claims for PET/CT scans for the period 1/1/06 - 8/1/06 were not paid until August.

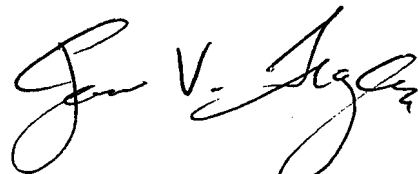
The proposed payment rate reduction for PET/CT would seriously underpay hospitals, and risk limiting beneficiary access to this vital technology. We respectfully request that CMS maintain the current PET/CT payment rate of \$1,250.

Thank you for your attention to this important matter. Please feel free to contact us for additional information.

Sincerely,



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JT/attachments

Related Change Request (CR) #: 4010

MLN Matters Number: MM4010

Related CR Release Date: August 5, 2005

Related CR Transmittal #: 641

Effective Date: January 28, 2005

Implementation Date: October 3, 2005

October 2005 Quarterly Update to Skilled Nursing Facility (SNF) Consolidated Billing (CB)

Note: This article was revised to contain Web addresses that conform to the new CMS web site and to show they are now MLN Matters articles. All other information remains the same.

Provider Types Affected

Physicians providing Positron Emission Tomography (PET) scan professional component services to SNF patients affected by SNF CB.

Provider Action Needed

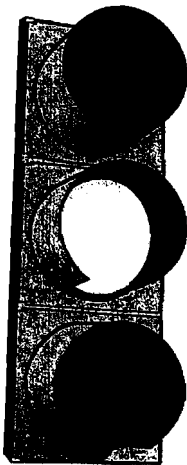
STOP – Impact to You

Medicare established HCPCS codes, 78459, 78491, 78492, 78608, 78609, 78811, 78812, 78813, 78814, 78815, and 78816 for Positron Emission Tomography (PET) scans effective for dates of service on or after January 28, 2005. The physician professional component of these services may be paid separately outside of SNF CB. These codes will be added to editing on October 3, 2005.

Since April 18, 2005, your Medicare carrier may not have paid you correctly for these services, but the carrier will adjust the claims on or after October 3, 2005 if you bring such claim(s) to your carrier's attention.

GO – What You Need to Do

Should you have received a denial for these services after April 18, 2005, for claims with dates of service on after January 28, 2005, through October 2, 2005, contact your carrier to have those claims adjusted.



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.

Background

The affected HCPCS codes are as follows:

- 78459 Myocardial imaging, positron emission tomography (PET), metabolic evaluation
- 78491 Myocardial imaging, positron emission tomography (PET), perfusion, single study at rest or stress
- 78492 Myocardial imaging, positron emission tomography (PET), perfusion, multiple studies at rest and/or stress
- 78608 Brain imaging, positron emission tomography (PET); metabolic evaluation
- 78609 Brain imaging, positron emission tomography (PET); perfusion evaluation
- 78811 Tumor imaging, positron emission tomography (PET); limited area (e.g., chest, head/neck)
- 78812 Tumor imaging, positron emission tomography (PET); skull base to mid thigh
- 78813 Tumor imaging, positron emission tomography (PET); whole body
- 78814 Tumor imaging, positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization; limited area (e.g., chest, head/neck)
- 78815 Tumor imaging, positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization; skull base to mid thigh
- 78816 Tumor imaging, positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization; whole body

Implementation Date

This change will be made to Medicare systems on October 3, 2005.

Additional Information

For complete details, please see the official instruction issued to your carrier regarding this change. That instruction may be viewed by going to <http://www.cms.hhs.gov/Transmittals/downloads/R641CP.pdf> on the CMS web site.

For more information on SNF CB, see MLN Matter Special Edition SE0431, Skilled Nursing Consolidated Billing, available at <http://www.cms.hhs.gov/MLNMattersArticles/downloads/SE0431.pdf> on the CMS web site.

If you have any questions, please contact your Medicare carrier at their toll-free number, which may be found at <http://www.cms.hhs.gov/MLNProducts/downloads/CallCenterTollNumDirectory.pdf> on the CMS web site.

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CMS Manual System

Pub 100-04 Medicare Claims Processing

Transmittal 503

Department of Health &
Human Services
Center for Medicare and
&
Medicaid Services
Date: MARCH 11, 2005
Change Request 3750

SUBJECT: April Update to the Medicare Non-OPPS Outpatient Code Editor (OCE) Specifications Version 20.2

I. SUMMARY OF CHANGES: This CR informs the Fiscal Intermediaries (FIs) that the Non-OPPS OCE, used to process bills from hospitals not paid under the OPSS has been updated with new additions, changes, and deletions to HCPCS codes, diagnosis codes and procedure codes.

NEW/REVISED MATERIAL :

EFFECTIVE DATE : Various dates as described in the CR

IMPLEMENTATION DATE : April 04, 2005

Disclaimer for manual changes only: The revision date and transmittal number apply only to red italicized material. Any other material was previously published and remains unchanged. However, if this revision contains a table of contents, you will receive the new/revised information only, and not the entire table of contents.

II. CHANGES IN MANUAL INSTRUCTIONS: (N/A if manual is not updated)

R = REVISED, N = NEW, D = DELETED – *Only One Per Row.*

R/N/D	Chapter / Section / SubSection / Title
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III. FUNDING:

No additional funding will be provided by CMS; Contractor activities are to be carried out within their FY 2005 operating budgets.

IV. ATTACHMENTS:

Recurring Notification Form

**Unless otherwise specified, the effective date is the date of service.*

Attachment – Recurring Update Notification

Pub. 100-04	Transmittal: 503	Date: March 11, 2005	Change Request 3750
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SUBJECT: April Update to the Medicare Non-OPPS Outpatient Code Editor (OCE) Specifications Version 20.2

I. GENERAL INFORMATION

A. Background: This Change Request (CR) informs you that the Non-OPPS OCE has been updated with new additions, changes, and deletions to Healthcare Common Procedure Coding System/Current Procedural Terminology, Fourth Edition (HCPCS/CPT-4) codes. This OCE is used to process bills from hospitals not paid under the OPPTS. CMS sent detailed information about these changes in separate communications.

B. Policy:

The following are changes made to version 20.2 of the Non-OPPS OCE:

- Changes retroactive to 8/1/00 (OCE v15.2)

The following codes have been **removed** from the **Non-Reportable list, effective 8/1/00:**

Code	Description
93042	Rhythm ECG, report
93233	ECG monitor/review, 24 hrs
93237	ECG monitor/review, 24 hrs
93722	Plethysmography report

- Changes retroactive to 1/1/04 (OCE v19.1)

The following code has been **deleted** from the list of valid HCPCS, **effective 1/1/04:**

Code	Description
C9408	FDG, per dose, brand

The following code has been **added** to the **Non-Covered list, effective 1/1/04**

Code	Description
E0637	Sit-stand w seatlift

The following codes have been **removed** from the **Non-Reportable list, effective 1/1/04:**

Code	Description
E1019	HD feature power seat
E1021	Ex hd feature power seat
E0637	Sit-stand w seatlift

- Changes retroactive to 10/1/04 (OCE v20.0)

The following codes have been **added** to the list of valid HCPCS, **effective 10/1/04:**

Code	Description
S0109	Methadone oral 5mg
S0166	Inj olanzapine 2.5mg
S0167	Inj apomorphine HCl 1mg
S0168	Inj azacitidine 100mg
S0515	Scleral lens liquid bandage
S2215	UGI endoscopy inj implant
S8093	CT angiography coronary
S9097	Home visit wound care

The following codes have been **deleted** from the list of valid HCPCS, **effective 10/1/04:**

Code	Description
G0330	PET image initial dxs cervcal
G0331	PET image restage ovarian ca
S2370	Intradiscal electrothermal
S2371	Each additional interspace

The following codes have been **added** to the **Non-Reportable list**, **effective 10/1/04:**

Code	Description
S0109	Methadone oral 5mg
S0166	Inj olanzapine 2.5mg
S0167	Inj apomorphine HCl 1mg
S0168	Inj azacitidine 100mg
S0515	Scleral lens liquid bandage
S2215	UGI endoscopy inj implant
S8093	CT angiography coronary
S9097	Home visit wound care

- Changes retroactive to 1/1/05 (OCE v20.1)

The following codes have been **added** to the list of valid HCPCS, **effective 1/1/05:**

Code	Description
C9127	Paclitaxel protein pr
C9128	Inj pegaptamib sodium
C9440	Vinorelbine tar,brand
G0235	PET not otherwise specified
G0369	Pharm fee 1st month transpla
G0370	Pharmacy fee oral cancer etc
G0371	Pharm dispense inhalation 30
G0374	Pharm dispense inhalation 90
G9021	Chemo assess nausea vomit L1
G9022	Chemo assess nausea vomit L2
G9023	Chemo assess nausea vomit L3
G9024	Chemo assess nausea vomit L4

G9025	Chemo assessment pain level1
G9026	Chemo assessment pain level2
G9027	Chemo assessment pain level3
G9028	Chemo assessment pain level4
G9029	Chemo assess for fatigue L1
G9030	Chemo assess for fatigue L2
G9031	Chemo assess for fatigue L3
G9032	Chemo assess for fatigue L4
K0670	Stance phase only
K0671	Portable oxygen concentrator
S0142	Colistimethate inh sol mg
S0143	Aztreonam inh sol gram
S0197	Prenatal vitamins 30 day
S0595	New lenses in pts old frame
S0625	Digital screening retinal
S3005	Eval self-assess depression
S8434	Interim splint upper extrem
S8940	Hippotherapy per session

The following codes have been **deleted** from the list of valid HCPCS, **effective 1/1/05**

Code	Description
A4534	Youth size brief each
C2666	Unassigned #71
C2667	Unassigned #72
C2668	Unassigned #73
C2669	Unassigned #74
C2670	Unassigned #75

The following codes have been **added** to the **Non-Covered list**, **effective 1/1/05**

Code	Description
E0203	Therapeutic lightbox tabletp
G0235	PET not otherwise specified

The following codes have been **removed** from the **Non-Covered list**, **effective 1/1/05**

Code	Description
0020T	Extracorp shock wave tx, ft
78608	Brain imaging (PET)
78609	Brain imaging (PET)
78811	Tumor imaging (pet), limited
78812	Tumor image (pet)/skul-thigh
78813	Tumor image (pet) full body
78814	Tumor image pet/ct, limited
78815	Tumor image pet/ct skul-thigh
78816	Tumor image pet/ct full body

The following codes have been added to the Non-Reportable list, effective 1/1/05:

Code	Description
C9127	Paclitaxel protein pr
C9128	Inj pegaptamib sodium
C9440	Vinorelbine tar,brand
G0345	IV infuse hydration, initial
G0346	Each additional infuse hour
G0347	IV infusion therapy/diagnost
G0348	Each additional hr up to 8hr
G0349	Additional sequential infuse
G0350	Concurrent infusion
G0351	Therapeutic/diagnostic injec
G0353	IV push, single orinitial dru
G0354	Each addition sequential IV
G0355	Chemo administrate subcut/IM
G0356	Hormonal anti-neoplastic
G0357	IV push single/initial subst
G0358	IV push each additional drug
G0359	Chemotherapy IV one hr initi
G0360	Each additional hr 1-8 hrs
G0361	Prolong chemo infuse>8hrs pu
G0362	Each add sequential infusion
G0363	Irrigate implanted venous de
G0368	EKG interpret & report preve
G0369	Pharm fee 1st month transpla
G0370	Pharmacy fee oral cancer etc
G0371	Pharm dispense inhalation 30
G0374	Pharm dispense inhalation 90
G9021	Chemo assess nausea vomit L1
G9022	Chemo assess nausea vomit L2
G9023	Chemo assess nausea vomit L3
G9024	Chemo assess nausea vomit L4
G9025	Chemo assessment pain level1
G9026	Chemo assessment pain level2
G9027	Chemo assessment pain level3
G9028	Chemo assessment pain level4
G9029	Chemo assess for fatigue L1
G9030	Chemo assess for fatigue L2
G9031	Chemo assess for fatigue L3
G9032	Chemo assess for fatigue L4
K0671	Portable oxygen concentrator
S0142	Colistimethate inh sol mg
S0143	Aztreonam inh sol gram
S0197	Prenatal vitamins 30 day
S0595	New lenses in pts old frame
S0625	Digital screening retinal
S3005	Eval self-assess depression
S8434	Interim splint upper extrem
S8940	Hippotherapy per session

The following codes have been removed from the Non-Reportable list, effective 1/1/05

Code	Description
36416	Capillary blood draw
78491	Heart image (pet), single
78492	Heart image (pet), multiple
Q0081	Infusion ther other than che
Q0083	Chemo by other than infusion
Q0084	Chemotherapy by infusion

• Changes effective 4/1/05 (OCE v.20.2)

The following codes have been added to the list of valid HCPCS, effective 4/1/05:

Codes	Description
C9223	Inj adenosine, tx dx
C9723	Dyn IR Perf Img
C9724	EPS gast cardia plic
G9041	Low vision serv occupational
G9042	Low vision orient/mobility
G9043	Low vision rehab therapist
G9044	Low vision rehab teacher
Q4079	Injection, natalizumab
Q9941	IVIG lyophil 1 G
Q9942	IVIG lyophil 10 MG
Q9943	IVIG non-lyophil 1 G
Q9944	IVIG non-lyophil 10 MG
Q9945	LOCM <= 149 mg/ml iodine, 1 ml
Q9946	LOCM 150-199 mg/ml iodine, 1 ml
Q9947	LOCM 200-249 mg/ml iodine, 1 ml
Q9948	LOCM 250-299 mg/ml iodine, 1 ml
Q9949	LOCM 300-349 mg/ml iodine, 1 ml
Q9950	LOCM 350-399 mg/ml iodine, 1 ml
Q9951	LOCM >=400 mg/ml iodine, 1 ml
Q9952	Inj Gad-base MR contrast, ml
Q9953	Inj Fe-based MR contrast, ml
Q9954	Oral MR contrast, 100 ml
Q9955	Inj perflexane lip micros, ml
Q9956	Inj octafluoropropane mic, ml
Q9957	Inj perflugren lip micros, ml

The following codes have been deleted from the list of valid HCPCS, effective 4/1/05:

Codes	Description
G0030	PET imaging prev PET single
G0031	PET imaging prev PET multiple
G0032	PET follow SPECT 78464 singl
G0033	PET follow SPECT 78464 mult

G0034	PET follow SPECT 76865 singl
G0035	PET follow SPECT 78465 mult
G0036	PET follow cornry angio sing
G0037	PET follow cornry angio mult
G0038	PET follow myocard perf sing
G0039	PET follow myocard perf mult
G0040	PET follow stress echo singl
G0041	PET follow stress echo mult
G0042	PET follow ventriculogm sing
G0043	PET follow ventriculogm mult
G0044	PET following rest ECG singl
G0045	PET following rest ECG mult
G0046	PET follow stress ECG singl
G0047	PET follow stress ECG mult
G0125	PET image pulmonary nodule
G0210	PET img wholebody dxlung
G0211	PET img wholbody init lung
G0212	PET img wholebod restag lung
G0213	PET img wholbody dx
G0214	PET img wholebod init
G0215	PETimg wholebod restag
G0216	PET img wholebod dx melanoma
G0217	PET img wholebod init melan
G0218	PET img wholebod restag mela
G0220	PET img wholebod dx lymphoma
G0221	PET imag wholbod init lympho
G0222	PET imag wholbod resta lymph
G0223	PET imag wholbod reg dx head
G0224	PET imag wholbod reg ini hea
G0225	PET whol restag headneckonly
G0226	PET img wholbody dx esophagl
G0227	PET img wholbod ini esophage
G0228	PET img wholbod restg esopha
G0229	PET img metaboloc brain pres
G0230	PET myocard viability post
G0231	PET WhBD colorec; gamma cam
G0232	PET whbd lymphoma; gamma cam
G0233	PET whbd melanoma; gamma cam
G0234	PET WhBD pulm nod; gamma cam
G0253	PET image brst dection recur
G0254	PET image brst eval to tx
G0296	PET imge restag thyrod cance
G0336	PET imaging brain alzheimers

The following code has been removed from the Non-Covered list, effective 4/1/05:

Code	Description
J8501	Oral aprepitant

The following codes have been added to the Non-Reportable list, effective 4/1/05:

Requirement Number	Requirements	Responsibility ("X" indicates the columns that apply)								
		F I	R H I	C a r r i e r	D M E R C	Shared System Maintainers				Other
						F I S S	M C S	V M S	C W F	
	<p>established "medlearn matters" listserv. Contractors shall post this article, or a direct link to this article, on their Web site and include information about it in a listserv message within 1 week of the availability of the provider education article. In addition, the provider education article shall be included in your next regularly scheduled bulletin and incorporated into any educational events on this topic. Contractors are free to supplement Medlearn Matters articles with localized information that would benefit their provider community in billing and administering the Medicare program correctly.</p>									

IV. SUPPORTING INFORMATION AND POSSIBLE DESIGN CONSIDERATIONS

A. Other Instructions:

X-Ref Requirement #	Instructions

B. Design Considerations:

X-Ref Requirement #	Recommendation for Medicare System Requirements

C. Interfaces: N/A

D. Contractor Financial Reporting /Workload Impact: N/A

E. Dependencies: N/A

F. Testing Considerations: N/A

V. SCHEDULE, CONTACTS, AND FUNDING

<p>Effective Date*: Various dates as described in the CR</p> <p>Implementation Date: April 4, 2005</p> <p>Pre-Implementation Contact(s): Taneka Rivera 410-786-9502 or TRivera@cms.hhs.gov and Diana Motsiopoulos 410-786-3379 or DMotsiopoulos@cms.hhs.gov</p> <p>Post-Implementation Contact(s): Regional Office</p>	<p>No additional funding will be provided by CMS; Contractor activities are to be carried out within their FY 2005 operating budgets.</p>
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***Unless otherwise specified, the effective date is the date of service.**

Attachment

Specifications for Outpatient Code Editor v20.2

MVS-BATCH/MS-DOS

Effective April 1, 2005

Last Modified 1/28, 1/31, 2/1, 2/4, 2/7, 2/10/05

Table of Contents

- 0 – List of Changes
 - I – Software Modifications
 - II – Clinical Specifications
 - III – Additional Items
 - IV – Production/Shipping Notes
-

0 – Changes to Specifications since 1/31/05

1. Code C9723 added to the valid HCPCS and to the NRL, effective 4/1/05
2. Code C9724 added to the NRL, effective 4/1/05
3. Codes C9127, C9128, C9440 added to the NRL, effective 1/1/05

2/4/05:

4. Corrected effective date for 4/1/05 NRL code changes listed as 1/1/05 in error
5. Added four new HCPCS codes, Q9941 - Q9944, effective 4/1/05
6. Added two codes, J1563 and J1564, to the NRL, effective 4/1/05
7. Two codes, G0330 and G0331, placed on the delete list (instead of NCL), effective 10/1/04

2/7/05:

8. Fourteen new codes added to the valid HCPCS list, effective 4/1/05

2/10/05

9. Corrected effective date for 10/1/04 HCPCS deletions listed as 1/1/04 in error
-

I – Software Modifications:

Version Number and Effective Dates

- Create OCE v20.2 with date range from 4/1/05 to 9/30/05

Change the effective date for OCE v20.1 as follows:

- OCE v20.1 date range from 1/1/05 to 3/31/05

Modify all specified previous OCE versions to incorporate retroactive changes

II – Clinical Specifications:

Overview

These specifications include code and edit modifications.

Code Descriptions:

Update the Code Description Database with the same codes and descriptions used for OPSS OCE v6.1.

A) Changes retroactive to 8/1/00 (OCE v15.2)

Non-Reportable List Changes:

- Remove the following codes from the Non-Reportable list, effective 8/1/00:

Code	Description
93042	Rhythm ECG, report
93233	ECG monitor/review, 24 hrs
93237	ECG monitor/review, 24 hrs
93722	Plethysmography report

B) Changes retroactive to 1/1/04 (OCE v19.1)

HCPCS Code Changes

- Delete the following code from the list of valid HCPCS, effective 1/1/04:

Code	Description
C9408	FDG, per dose, brand

Non-Covered List Changes

- Add the following code to the Non-Covered list, effective 1/1/04

Code	Description
E0637	Sit-stand w seatlift

Non-Reportable List Changes:

- Remove the following codes from the Non-Reportable list, effective 1/1/04:

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E1019	HD feature power seat
E1021	Ex hd feature power seat
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C) Changes retroactive to 10/1/04 (OCE v20.0)

HCPCS Code Changes

- Add the following codes to the list of valid HCPCS, effective 10/1/04:

Code	Description
S0109	Methadone oral 5mg
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S8093	CT angiography coronary
S9097	Home visit wound care

- Delete the following code from the list of valid HCPCS, effective 10/1/04:

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D) Changes retroactive to 1/1/05 (OCE v20.1)

HCPCS Code Changes

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G9026	Chemo assessment pain level2
G9027	Chemo assessment pain level3
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G9029	Chemo assess for fatigue L1
G9030	Chemo assess for fatigue L2
G9031	Chemo assess for fatigue L3
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S3005	Eval self-assess depression
S8434	Interim splint upper extrem
S8940	Hippotherapy per session

- Delete the following code from the list of valid HCPCS, effective 1/1/05

Code	Description
A4534	Youth size brief each
C2666	Unassigned #71
C2667	Unassigned #72
C2668	Unassigned #73

C2669 Unassigned #74
C2670 Unassigned #75

Non-Covered List Changes

- Add the following code to the Non-Covered list, effective 1/1/05

Code	Description
E0203	Therapeutic lightbox tabletp
G0235	PET not otherwise specified

- Remove the following codes from the Non-Covered list, effective 1/1/05

Code	Description
0020T	Extracorp shock wave tx, ft
78608	Brain imaging (PET)
78609	Brain imaging (PET)
78811	Tumor imaging (pet), limited
78812	Tumor image (pet)/skul-thigh
78813	Tumor image (pet) full body
78814	Tumor image pet/ct, limited
78815	Tumorimage pet/ct skul-thigh
78816	Tumor image pet/ct full body

Non-Reportable List Changes:

- Add the following codes to the Non-Reportable list, effective 1/1/05:

Code	Description
C9127	Paclitaxel protein pr
C9128	Inj pegaptamib sodium
C9440	Vinorelbine tar,brand
G0345	IV infuse hydration, initial
G0346	Each additional infuse hour
G0347	IV infusion therapy/diagnost
G0348	Each additional hr up to 8hr
G0349	Additional sequential infuse
G0350	Concurrent infusion
G0351	Therapeutic/diagnostic injec
G0353	IV push,single orinital dru
G0354	Each addition sequential IV
G0355	Chemo adminisrate subcut/IM
G0356	Hormonal anti-neoplastic
G0357	IV push single/initial subst
G0358	IV push each additional drug
G0359	Chemotherapy IV one hr initi
G0360	Each additional hr 1-8 hrs
G0361	Prolong chemo infuse>8hrs pu
G0362	Each add sequential infusion

G0363	Irrigate implanted venous de
G0368	EKG interpret & report preve
G0369	Pharm fee 1st month transpla
G0370	Pharmacy fee oral cancer etc
G0371	Pharm dispense inhalation 30
G0374	Pharm dispense inhalation 90
G9021	Chemo assess nausea vomit L1
G9022	Chemo assess nausea vomit L2
G9023	Chemo assess nausea vomit L3
G9024	Chemo assess nausea vomit L4
G9025	Chemo assessment pain level1
G9026	Chemo assessment pain level2
G9027	Chemo assessment pain level3
G9028	Chemo assessment pain level4
G9029	Chemo assess for fatigue L1
G9030	Chemo assess for fatigue L2
G9031	Chemo assess for fatigue L3
G9032	Chemo assess for fatigue L4
K0671	Portable oxygen concentrator
S0142	Colistimethate inh sol mg
S0143	Aztreonam inh sol gram
S0197	Prenatal viatamins 30 day
S0595	New lenses in pts old frame
S0625	Digital screening retinal
S3005	Eval self-assess depression
S8434	Interim splint upper extrem
S8940	Hippotherapy per session

- **Remove** the following codes from the Non-Reportable list, effective 1/1/05

Code	Description
36416	Capillary blood draw
78491	Heart image (pet), single
78492	Heart image (pet), multiple
Q0081	Infusion ther other than che
Q0083	Chemo by other than infusion
Q0084	Chemotherapy by infusion

E) Changes effective 4/1/05 (OCE v20.2)

- **HCPCS Code Changes**

- **Add** the following codes to the list of valid HCPCS, effective 4/1/05

Codes	Description
C9223	Inj adenosine, tx dx
C9723	Dyn IR Perf Img
C9724	EPS gast cardia plic
G9041	Low vision serv occupational

G9042	Low vision orient/mobility
G9043	Low vision rehab therapist
G9044	Low vision rehab teacher
Q4079	Injection, natalizumab
Q9941	IVIG lyophil 1 G
Q9942	IVIG lyophil 10 MG
Q9943	IVIG non-lyophil 1 G
Q9944	IVIG non-lyophil 10 MG
Q9945	LOCM <= 149 mg/ml iodine, 1 ml
Q9946	LOCM 150-199 mg/ml iodine, 1 ml
Q9947	LOCM 200-249 mg/ml iodine, 1 ml
Q9948	LOCM 250-299 mg/ml iodine, 1 ml
Q9949	LOCM 300-349 mg/ml iodine, 1 ml
Q9950	LOCM 350-399 mg/ml iodine, 1 ml
Q9951	LOCM >=400 mg/ml iodine, 1 ml
Q9952	Inj Gad-base MR contrast, ml
Q9953	Inj Fe-based MR contrast, ml
Q9954	Oral MR contrast, 100 ml
Q9955	Inj perflerone lip micros, ml
Q9956	Inj octafluoropropane mic, ml
Q9957	Inj perflugren lip micros, ml

- Delete the following codes from the list of valid HCPCS, effective 4/1/05

Code	Description
G0030	PET imaging prev PET single
G0031	PET imaging prev PET multiple
G0032	PET follow SPECT 78464 single
G0033	PET follow SPECT 78464 multiple
G0034	PET follow SPECT 76865 single
G0035	PET follow SPECT 76865 multiple
G0036	PET follow coronary angiogram single
G0037	PET follow coronary angiogram multiple
G0038	PET follow myocardial perfusion single
G0039	PET follow myocardial perfusion multiple
G0040	PET follow stress echo single
G0041	PET follow stress echo multiple
G0042	PET follow ventriculogram single
G0043	PET follow ventriculogram multiple
G0044	PET following rest ECG single
G0045	PET following rest ECG multiple
G0046	PET follow stress ECG single
G0047	PET follow stress ECG multiple
G0125	PET image pulmonary nodule
G0210	PET image wholebody dx lung
G0211	PET image wholebody init lung
G0212	PET image wholebody restag lung
G0213	PET image wholebody dx
G0214	PET image wholebody init
G0215	PET image wholebody restag
G0216	PET image wholebody dx melanoma

G0217	PET img wholebod init melan
G0218	PET img wholebod restag mela
G0220	PET img wholebod dx lymphoma
G0221	PET imag wholbod init lympho
G0222	PET imag wholbod resta lymph
G0223	PET imag wholbod reg dx head
G0224	PET imag wholbod reg ini hea
G0225	PET whol restag headneckonly
G0226	PET img wholbody dx esophagl
G0227	PET img wholbod ini esophage
G0228	PET img wholbod restg esopha
G0229	PET img metaboloc brain pres
G0230	PET myocard viability post
G0231	PET WhBD colorec; gamma cam
G0232	PET whbd lymphoma; gamma cam
G0233	PET whbd melanoma; gamma cam
G0234	PET WhBD pulm nod; gamma cam
G0253	PET image brst dection recur
G0254	PET image brst eval to tx
G0296	PET imge restag thyrod cance
G0336	PET imaging brain alzheimers

Remove the following code from the Non-Covered list, effective 4/1/05

Code	Description
J8501	Oral aprepitant

Non-Reportable List Changes:

- Add the following codes to the Non-Reportable list, effective 4/1/05:

Code	Description
C9223	Inj adenosine, tx dx
C9723	Dyn IR Perf Img
C9724	EPS gast cardia plic
J1563	IV immune globulin
J1564	Immune globulin 10 mg

III – Additional Items

Documentation Notes

1. Update the edit lists to add and delete codes as appropriate.
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IV -- Production/Shipping Notes

MVS software and documentation will be delivered electronically to CMS and Standard System Maintainers by or before 2/25/05.

Ground shipment of software and documentation will take place at the same time as the OPPS OCE final release, by or before 3/7/05.

Release package for OCE v20.2 will consist of the following:

- Software media
 - Updated User Manuals
 - Summary of Modifications
 - Client Letter
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CMS Manual System

Pub 100-04 Medicare Claims Processing

Transmittal 628

Department of Health &
Human Services

Centers for Medicare &
Medicaid Services

Date: JULY 29, 2005

CHANGE REQUEST 3945

SUBJECT: Radiopharmaceutical Diagnostic Imaging Agents Codes Applicable to PET Scan Services Performed on or After January 28, 2005

I. SUMMARY OF CHANGES: This instruction updates Pub. 100-4, chapter 13, section 60, to include the applicable HCPCS codes for radiopharmaceutical diagnostic imaging agents (tracers) when billing for CPT codes effective for PET scan services performed on or after January 28, 2005.

NEW/REVISED MATERIAL :

EFFECTIVE DATE :October 31, 2005

IMPLEMENTATION DATE : October 31, 2005

Disclaimer for manual changes only: The revision date and transmittal number apply only to red italicized material. Any other material was previously published and remains unchanged. However, if this revision contains a table of contents, you will receive the new/revised information only, and not the entire table of contents.

II. CHANGES IN MANUAL INSTRUCTIONS:

R = REVISED, N = NEW, D = DELETED

R/N/D	CHAPTER/SECTION/SUBSECTION/TITLE
R	13/Table of Contents
R	13/60.3.1/Appropriate CPT Codes Effective for PET Scans Services Performed on or After January 28, 2005
N	13/60.3.2/Tracer Codes Required for PET Scans

III. FUNDING:

No additional funding will be provided by CMS; contractor activities are to be carried out within their FY 2005 operating budgets.

IV. ATTACHMENTS:

Business Requirements
Manual Instruction

**Unless otherwise specified, the effective date is the date of service.*

Requirement Number	Requirements	Responsibility ("X" indicates the columns that apply)								
		F I	R H I	C a r r i e r	D M E R C	Shared System Maintainers				Other
						F I S S	M C S	V M S	C W F	
3945.2	Contractors shall post this entire instruction, or a direct link to this instruction, on their Web site and include information about it in a listserv message within 1 week of the release of this instruction. In addition, the entire instruction must be included in your next regularly scheduled bulletin and incorporated into any educational events on this topic.	x		x						

IV. SUPPORTING INFORMATION AND POSSIBLE DESIGN CONSIDERATIONS

A. Other Instructions: N/A

X-Ref Requirement #	Instructions

B. Design Considerations: N/A

X-Ref Requirement #	Recommendation for Medicare System Requirements

C. Interfaces: N/A

D. Contractor Financial Reporting /Workload Impact: N/A

E. Dependencies: N/A

F. Testing Considerations: N/A

V. SCHEDULE, CONTACTS, AND FUNDING

Effective Date*: October 31, 2005 Implementation Date: October 31, 2005 Pre-Implementation Contact(s): Institutional Billing: Wendy.Tucker@cms.hhs.gov , 410-786-3004 Carrier Billing: Yvette.Cousar@cms.hhs.gov 410-786-2160	No additional funding will be provided by CMS; contractor activities are to be carried out within their FY 2005 operating budgets.
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Post-Implementation Contact(s): Appropriate RO	
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***Unless otherwise specified, the effective date is the date of service.**

Medicare Claims Processing Manual

Chapter 13 - Radiology Services and Other Diagnostic Procedures

Table of Contents *(Rev. 628, 07-29-05)*

60.3.2 - Tracer Codes Required for PET Scans

60.3.1 - Appropriate CPT Codes Effective for PET Scans for Services Performed on or After January 28, 2005

(Rev. 628, Issued: 07-29-05; Effective: 10-31-05; Implementation: 10-31-05)

NOTE: All PET scan services require the use of a radiopharmaceutical diagnostic imaging agent (tracer). The applicable tracer code should be billed when billing for a PET scan service. See section 60.3.2 below for applicable tracer codes.

CPT Code	Description
78459	Myocardial imaging, positron emission tomography (PET), metabolic evaluation
78491	Myocardial imaging, positron emission tomography (PET), perfusion, single study at rest or stress
78492	Myocardial imaging, positron emission tomography (PET), perfusion, multiple studies at rest and/or stress
78608	Brain imaging, positron emission tomography (PET); metabolic evaluation
78609	Brain imaging, positron emission tomography (PET); perfusion evaluation
78811	Tumor imaging, positron emission tomography (PET); limited area (eg, chest, head/neck)
78812	Tumor imaging, positron emission tomography (PET); skull base to mid thigh
78813	Tumor imaging, positron emission tomography (PET); whole body
78814	Tumor imaging, positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization; limited area (e.g., chest, head/neck)
78815	Tumor imaging, positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization; skull base to mid thigh
78816	Tumor imaging, positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization; whole body

60.3.2 Tracer Codes Required for PET Scans

(Rev.)

Tracer codes applicable to CPT 78491 and 78492:

Institutional providers billing the fiscal intermediary

<i>HCPCS</i>	<i>Description</i>
<i>Q3000</i>	<i>Supply of Radiopharmaceutical Diagnostic Imaging Agent, Rubidium RB-82</i>
<i>A9526</i>	<i>Supply of Radiopharmaceutical Diagnostic Imaging Agent, Ammonia N-13</i>

Physicians / practitioners billing the carrier:

<i>A4641</i>	<i>Supply of Radiopharmaceutical Diagnostic Imaging Agent, Not Otherwise Classified</i>
<i>A9526</i>	<i>Supply of Radiopharmaceutical Diagnostic Imaging Agent, Ammonia N-13</i>

Tracer codes applicable to CPT 78459, 78608, 78609, 78811-78816:

Institutional providers billing the fiscal intermediary:

<i>C1775 (OPPS Only)</i>	<i>Supply of Radiopharmaceutical Diagnostic Imaging Agent, Fluorodeoxyglucose F18</i>
<i>A4641</i>	<i>Supply of Radiopharmaceutical Diagnostic Imaging Agent, Not Otherwise Classified</i>

Physicians / practitioners billing the carrier:

<i>A4641</i>	<i>Supply of Radiopharmaceutical Diagnostic Imaging Agent, Not Otherwise Classified</i>
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