

2024 Neuraceq® Reimbursement Information

(Florbetaben F18 injection)



Reimbursement Codes for HOPPs and MPFS Part B

Neuraceq® is a radioactive diagnostic agent indicated for Positron Emission Tomography (PET) imaging of the brain to estimate beta-amyloid neuritic plaque density in adult patients with cognitive impairment who are being evaluated for Alzheimer’s disease (AD) and other causes of cognitive decline. Neuraceq® is an adjunct to other diagnostic evaluations. The most commonly reported adverse reactions were injection site reaction consisting of erythema, irritation, and pain. For complete prescribing information, please review our FDA-approved package insert at <https://neuraceq.com>.

Suggested Coding and Payment Information

It has been determined that coverage determination for PET scans will be made at the local Medicare Administrative Contractor (MAC) level as of October 13, 2023.

In order to receive adequate reimbursement, claims should include the appropriate HCPCS code for the product and the appropriate CPT® code for the procedure. Medicare (and most other third-party payers) require the National Drug Code (NDC) for Neuraceq®: 54828-0001-01.

Medicare Coding Guidelines

NDC CODE	DESCRIPTION		
54828-0001-01	Neuraceq® Florbetaben F18 diagnostic (1 billing unit for 8.1 millicuries per study dose)		
HCPCS CODE	DESCRIPTION	HOPPS	MPFS
Q9983	Florbetaben F18 diagnostic, per study dose, up to 8.1 millicuries	Bundled rate	Invoiced based pricing
CPT CODES	DESCRIPTION	HOPPS	MPFS
78811	Positron Emission Tomography (PET) imaging; limited area	Bundled rate set annually	MPFS rate released annually
78814	Positron Emission Tomography (PET) imaging with concurrently acquired Computed Tomography (CT) for attenuation correction and anatomical localization; limited area	Bundled rate set annually	MPFS rate released annually

For updated rates, scan the QR Code or visit the website below.



HOPPS: Hospital Outpatient Prospective Payment System
MPFS: Medicare Physician Fee Schedule

Non-Medicare Coding Guidelines

NDC CODE	DESCRIPTION	
54828-0001-01	NeuraCeq® Florbetaben F18 diagnostic (1 billing unit for 8.1 millicuries per study dose)	
HCPCS CODE	DESCRIPTION	PRIVATE THIRD-PARTY PAYERS
Q9983	Florbetaben F18 diagnostic, per study dose, up to 8.1 millicuries	Coverage policies differ by insurer and rates will vary by contract. Please check with the patient's insurance plan for specific coverage.
CPT CODES	DESCRIPTION	PRIVATE INSURANCE PLANS OR STATE MEDICAID PAYMENT
78811	Positron Emission Tomography (PET) imaging; limited area	Coverage policies differ by insurer and rates will vary by contract. Please check with the patient's insurance plan for specific coverage.
78814	Positron Emission Tomography (PET) Imaging with concurrently acquired Computed Tomography (CT) for attenuation correction and anatomical localization; limited area	

Recognized ICD-10 Codes

ICD-10 CODES	DESCRIPTION
G30.0	Alzheimer's disease (AD) with early onset
G30.1	AD with late onset
G30.8	Other AD
G30.9	AD unspecified
G31.84	Mild cognitive impairment of uncertain or unknown etiology

The above ICD-10 Codes are assigned by the Ordering Physician's office. There is currently no publication of codes accepted/excluded since the National Coverage Determination (NCD) has been removed. For previously-used/additional validated ICD-10 Codes, visit: <https://icd10cmtool.cdc.gov/?fy=FY2024>

Other documents may be required and coding may change. Please reach out to reimbursement@life-mi.com for additional assistance.

¹ FDA package insert, available online: <http://www.neuraCeq.com>

² Based on the Medicare Hospital Outpatient Department Prospective Payment System Addendum B (January 2016), available online: <https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/HospitalOutpatientPPS/Addendum-A-and-Addendum-B-Updates>

³ National unadjusted payment for APC 5594 (Level 4 Nuclear Medicine and Related Services) for CY 2016, based on data from the Centers for Medicare and Medicaid Services' FY 2016 Hospital Wage Index (<https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/AcuteInpatientPPS/Wage-Index-Files-Items/FY-2016-Wage-Index-Home-Page.html>) and Hospital Outpatient Department Prospective Payment System Addendum B (January 2016).

The information within this document is based upon coding experience and research of current general coding practices. The listing of codes does not guarantee coverage or payment for any procedure or imaging agent by any payer. The final decision for coding of any procedure must be made by the provider of care after assessing the medical necessity of the services and supplies provided along with the regulations and local, state, or federal laws that may apply. The coding and payment data within this document and referenced are for general informational purposes only. Coding and payment data herein should not be relied upon for the purposes of determining payer coverage and coding for a specific case or claim for payment. Providers should refer to authoritative coding sources, such as the Common Procedural Terminology (CPT) codes and Healthcare Common Procedure Coding System (HCPCS) codes.



www.neuraCeq.com



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