

# 2025 Neuraceq® Reimbursement Information

(Florbetaben F18 injection)



## Suggested Coding - 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 package insert at <https://neuraceq.com>.

## Suggested Coding and Payment Information

Amyloid PET Coverage is determined by the local Medicare Administrative Contractors and Commercial/Private Payer policies.

In order to receive adequate reimbursement, claims must 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<sup>1</sup>.

## Medicare Coding Guidelines

NDC CODE	DESCRIPTION		
54828-0001-01 <sup>1</sup>	Neuraceq® Florbetaben F18 diagnostic (1 billing unit for 8.1 millicuries per study)		
HCPCS CODE	DESCRIPTION	HOPPS	MPFS
Q9983	Florbetaben F18 diagnostic, per study dose, up to 8.1 millicuries	Reference HOPPS Addendum B <sup>2</sup>	MPFS rate released annually
CPT CODES	DESCRIPTION	HOPPS	MPFS
78811	Positron Emission Tomography (PET) imaging; limited area	Reference HOPPS Addendum B <sup>2</sup>	MPFS rate released annually
	<b>OR</b>		
78814	Positron Emission Tomography (PET) imaging with concurrently acquired Computed Tomography (CT) for attenuation correction and anatomical localization; limited area		

HOPPS: Hospital Outpatient Prospective Payment System  
 MPFS: Medicare Physician Fee Schedule  
 HCP: Health Care Professional



<https://neuraceq.com>

## Non-Medicare Coding Guidelines

NDC CODE	DESCRIPTION	
54828-0001-01 <sup>1</sup>	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 facility 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 facility 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

This is not an exhaustive list. It is the responsibility of the HCP to provide accurate coding.

**Other documents may be required and coding may change. Contact [reimbursement@life-mi.com](mailto:reimbursement@life-mi.com) for additional assistance.**

<sup>1</sup>NDC Number 54828-0001-50 may also be recognized by some Payers

<sup>2</sup>Based on the Medicare Hospital Outpatient Department Prospective Payment System Addendum B (January 2024), available online: <https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/HospitalOutpatientPPS/Addendum-A-and-Addendum-B-Updates>

FDA package insert, available online: <https://neuraceq.com>

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.



<https://neuraceq.com>



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