

LUMASON®

(sulfur hexafluoride lipid-type A microspheres)
for injectable suspension, for intravenous
use or intravesical use

2019 LUMASON® ULTRASOUND CONTRAST AGENT REIMBURSEMENT RESOURCE KIT

DISCLAIMERS

The information provided here is general reimbursement information for LUMASON. It is not legal advice, nor is it advice about how to code, complete, or submit any particular claim for payment. Although we supply this information based on our current knowledge, it is always the provider's responsibility to determine and submit appropriate codes, charges, modifiers, and bills for the services that were rendered. This coding and reimbursement information is subject to change without notice. Payers or their local branches may have their own coding and reimbursement requirements and policies. Before filing any claims, providers should verify current requirements and policies with the payer.

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LUMASON is the only ultrasound contrast agent with 3 indications:¹

- ✓ Echocardiography to opacify the left ventricular chamber and to improve the delineation of the left ventricular endocardial border in adult patients with suboptimal echocardiograms
- ✓ Ultrasonography of the liver for the characterization of focal liver lesions in adult and pediatric patients
- ✓ Ultrasonography of the urinary tract for the evaluation of suspected or known vesicoureteral reflux in pediatric patients



INDICATIONS AND USAGE¹

LUMASON is an ultrasound contrast agent indicated for use:

- in echocardiography to opacify the left ventricular chamber and to improve the delineation of the left ventricular endocardial border in adult patients with suboptimal echocardiograms
- in ultrasonography of the liver for characterization of focal liver lesions in adult and pediatric patients
- in ultrasonography of the urinary tract for the evaluation of suspected or known vesicoureteral reflux in pediatric patients

CONTRAINDICATIONS¹

LUMASON is contraindicated in patients with:

- history of hypersensitivity reactions to sulfur hexafluoride lipid microsphere components or to any of the inactive ingredients in LUMASON

IMPORTANT SAFETY INFORMATION¹

WARNING: SERIOUS CARDIOPULMONARY REACTIONS

Serious cardiopulmonary reactions, including fatalities, have occurred uncommonly during or following the injection of ultrasound contrast agents, including sulfur hexafluoride lipid microspheres [see Warnings and Precautions (5.1)]. Most serious reactions occur within 30 minutes of administration [see Warnings and Precautions (5.1)].

- Assess all patients for the presence of any condition that precludes administration [see Contraindications (4)].
- Always have resuscitation equipment and trained personnel readily available [see Warnings and Precautions (5.1)].

The risk for serious cardiopulmonary reactions may be increased among patients with unstable cardiopulmonary conditions (acute myocardial infarction, acute coronary artery syndromes, worsening or unstable congestive heart failure, or serious ventricular arrhythmias) [see Warnings and Precautions (5.1)].¹

Please see full Prescribing Information for LUMASON ultrasound contrast agent including boxed **WARNING** at <http://www.braccoimaging.com/us-en/products-and-solutions/contrast-enhanced-ultrasound/lumason/prescribing-information>

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Visit <https://www.fda.gov/Safety/MedWatch/default.htm> or call 1-800-FDA-1088.

Using the correct codes is the first step to support correct reimbursement

Procedures must be coded correctly in order to obtain appropriate reimbursement from both CMS and commercial payers. The following describes the types of codes that may be applied when submitting claims for echocardiography, ultrasonography of the liver for characterization of focal liver lesions in adult and pediatric patients, or ultrasonography of the urinary tract for the evaluation of suspected or known vesicoureteral reflux in pediatric patients.

CPT® (Current Procedural Terminology)

Codes used to report the service or procedure performed.

HCPCS (Healthcare Common Procedure Coding System)

Codes used to report the provision of supplies, materials, injections, and certain services and procedures. For example, the HCPCS code for LUMASON is Q9950.

C-codes

Unique, temporary HCPCS codes created by Medicare and used for HOPPS only. This is often done when no other appropriate code exists. An example of this is the C-code series in echocardiography, which are described on page 8.

ICD-10 (International Classification of Disease)

Codes used to describe a patient's signs and symptoms that would represent a medically necessary reason for performing the procedure. ICD-10 codes need to be entered on the claim form. ICD-10 is the 10th revision of the International Statistical Classification of Diseases and Related Health Problems (ICD), a medical classification list by the World Health Organization (WHO).

APC (Ambulatory Payment Classification)

In most cases, the unit of payment under the HOPPS is the APC. CMS assigns individual services HCPCS & CPT codes to APCs based on similar clinical characteristics and similar costs. The payment rate and copayment calculated for an APC apply to each service within the APC. In 2019 CMS did not make changes to the APC structure from 2018.

NDC (National Drug Code)

An NDC code provides a unique identifier for a specific drug. The NDC for LUMASON is: 0270-7099-16.

Medicare Addendum B

These files are updated quarterly and reflect hospital HOPPS payment rates for HCPCS codes and APC codes. This is also where the Pass-Through code for LUMASON (Q9950) can be found: www.cms.gov/Medicare/Medicare-Fee-For-Service-Payment/HospitalOutpatientpps/Addendum-A-and-Addendum-B-Updates.html.

Medicare Part B ASP (average selling price) file

Quarterly payment files are published for independent diagnostic testing facilities (IDTFs) and physician offices. This is where the payment value for LUMASON (Q9950) can be found: www.cms.gov/Medicare/Medicare-Fee-for-Service-Part-B-Drugs/McrPartBDrugAvgSalesPrice/index.html.

Medicare Physician Fee Schedule (MPFS)

Find out physician payment for specific geographic locations in the country for different procedures. This schedule provides: global (G), technical (TC), and professional (26) component payment rates. See **MEDICARE NATIONAL AVERAGE PAYMENTS FOR PHYSICIAN OFFICE/IDTFs** chart for echocardiography and ultrasound procedures covered on page 12 of this guide. To find out more information on specific locations visit: www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/PFSLookup/index.html?redirect=/pfslookup.

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CPT® & HCPCS codes

The following chart displays codes for procedures using LUMASON.

CPT®/HCPCS codes	Description
Q9950: LUMASON Ultrasound contrast agent. 1 vial= 5 mL Billing unit is per mL New October 1, 2018: Pass-Through payment is back for 2 years ²	Descriptor: Sulfur hexafluoride lipid microspheres, per mL; there are 5 mL per single-use vial of LUMASON. HOPPS: Medicare patients: LUMASON is separately payable because of its Pass-Through payment status. Code separately with the echocardiography and abdominal/ retroperitoneal procedures codes. The ASP or payment rate for the Pass-Through payment is updated on a quarterly basis in the Medicare Addendum B: https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/HospitalOutpatientPPS/Addendum-A-and-Addendum-B-Updates.html . Commercially insured patients: it may be paid separately; it is based on provider contracts. Physician office/IDTF: Medicare patients: LUMASON is billed and paid separately. Refer to the Medicare Part B drug ASP file for the current quarterly payment value: https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Part-B-Drugs/McrPartBDrugAvgSalesPrice/2019ASPFiles.html . Use of JW modifier: Since Jan. 1, 2017, CMS requires the use of the JW modifier to indicate the number of mL or units discarded for single-use vial drugs that are paid separately. See an example of billing on page 7 and 13. Commercially insured patients: the provider needs to contact their respective insurance providers to include Q9950 and establish a reimbursement value.
Echocardiography procedure codes^{3,4}	
	See chart Echocardiography: Cross Walk Codes Without and With Contrast on page 8 of this guide
933xx series and C-8921-30 series	Note that the C-codes series is for HOPPS only and generally for Medicare patients
	Some commercial payers may accept C-codes. Providers need to check with their contracts. If not – use the 933xx series

New January 1 2019!

Ultrasonography of the liver and the urinary tract for vesicoureteral reflux³	
CPT® codes	Description
76978	Ultrasound, targeted dynamic microbubble sonographic contrast characterization (non-cardiac); initial lesion
+76979, add-on code	Ultrasound, targeted dynamic microbubble sonographic contrast characterization (non-cardiac); each additional lesion with separate injection (List separately in addition to code for primary procedure)

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In accordance with Public Law 115-141, LUMASON ultrasound contrast agent is receiving Pass-Through Payment Status for 2 years effective October 1, 2018 until September 30, 2020²

Payment in an outpatient hospital clinic is based on a prospective payment system. The system is based on groups of procedures, medical visits, and ancillary services. Under the HOPPS system, contrast agents are not separately payable; rather, they are packaged or bundled with the procedure.

However, there is an exception in the case of LUMASON, because of its Pass-Through payment status. A Pass-Through payment status means that a temporary additional HOPPS payment is made for innovative devices, drugs, and biologicals for Medicare beneficiaries. It is not subject to coinsurance or packaging rules.²

As of October 1, 2018, the value of the Pass-Through payment is \$21.25 per mL and equivalent to \$106.25 /vial. Stay up to date by visiting Medicare Addendum B website at: <https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/HospitalOutpatientPPS/Addendum-A-and-Addendum-B-Updates.html>.

In MLN Matters® MM10923 and related transmittal R4123CP, CMS states that an APC offset will be applied to Level 2 and Level 3 imaging with contrast procedures. See **Table 1** for the procedure codes affected by the offset.² Since January 1, 2017, Medicare requires the use of the JW modifier to indicate the amount of discarded drug/product from a single-use vial. For more information: <https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/HospitalOutpatientPPS/Downloads/JW-Modifier-FAQs.pdf>.

It is important to code Q9950 and all the mL used and discarded for a total of 5 mL per vial to benefit from the Pass-Through payment along with the specific procedure performed.



Each mL of LUMASON is billable

Table 1: Level 2 and Level 3 Imaging with Contrast APC's and Procedure codes affected by offset²

2019 HOPPS APC & Procedure Code (Ambulatory Payment Classification)		Procedure short description	2019 Medicare National Average for bundled procedure	Pass Through Payment for Q9950 -LUMASON® Contrast Agent ¹	Estimated APC offset value based on Medicare National payment average ²
HCPCS	Description				
5571	Level 1 Imaging with Contrast		\$201.74	\$ 21.25/ mL or \$106.25 a vial	n/a
76978		US trgt dyn mbubb 1st lesion			
5572*	Level 2 Imaging with Contrast		\$385.88	\$ 21.25/ mL or \$106.25 a vial	\$46.72
C8924		2D TTE w or w/o fol w/con, fu			
5573*	Level 3 Imaging with Contrast		\$691.75	\$ 21.25/ mL or \$106.25 a vial	\$96.01
C8921		Tte w or w/o fol w/cont, co			
C8922		Tte w or w/o fol w/cont, f/			
C8923		2d tte w or w/o fol w/con,c			
C8925		2d tee w or w/o fol w/con,i			
C8926		Tee w or w/o fol w/cont,con			
C8927		Tee w or w/o fol w/cont, mo			
C8928		Tte w or w/o fol w/con,stre			
C8929		Tte w or wo fol wcon,dopple			
C8930		Tte w or w/o contr, cont ec			

* **MLN Matters® MM10923 table 4:** APC's with new Payment Rates because of the Separate payment for certain drugs and biologicals receiving Pass-Through Status in accordance with Public Law 115-141.
1. Addendum B: <https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/HospitalOutpatientPPS/Addendum-A-and-Addendum-B-Updates.html>
2. APC offset file 2019: <https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/HospitalOutpatientPPS/Annual-Policy-Files-Items/2019-Annual-Policy-Files.html>

INDICATIONS AND USAGE¹

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* MLN Matters is a registered trademark of the U.S. Department of Health and Human Services. Agency of the United States Government. United States bldg. 31 Rm2B-50, 31 Center Bethesda, Maryland 208922111.

Sample hospital setting billing form UB-04 CMS-1450

Echocardiography with LUMASON

[illegible]

Bracco Diagnostics Inc. cannot guarantee coverage or payment for products or procedures at any particular level. For more specific information please contact your Medicare contractor or the patient's insurer.

NUBC™ National Uniform
Billing Committee
LIC9213257

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Echocardiography: C-codes⁴

HCPCS code	Long-description HCPCS	2019 HOPPS National Payment Rate - HCPCS ⁵
C8921	Transthoracic echocardiography with contrast, or without contrast followed by with contrast, for congenital cardiac anomalies; complete	\$691.75
C8922	Transthoracic echocardiography with contrast, or without contrast followed by with contrast, for congenital cardiac anomalies; follow-up or limited study	\$691.75
C8923	Transthoracic echocardiography with contrast, or without contrast followed by with contrast, real-time with image documentation (2d), includes m-mode recording, when performed, complete, without spectral or color doppler echocardiography	\$691.75
C8924	Transthoracic echocardiography with contrast, or without contrast followed by with contrast, real-time with image documentation (2d), includes m-mode recording, when performed, follow-up or limited study	\$385.88
C8925	Transesophageal echocardiography (TEE) with contrast, or without contrast followed by with contrast, real time with image documentation (2d) (with or without m-mode recording); including probe placement, image acquisition, interpretation and report	\$691.75
C8926	Transesophageal echocardiography (TEE) with contrast, or without contrast followed by with contrast, for congenital cardiac anomalies; including probe placement, image acquisition, interpretation and report	\$691.75
C8927	Transesophageal echocardiography (TEE) with contrast, or without contrast followed by with contrast, for monitoring purposes, including probe placement, real time 2-dimensional image acquisition and interpretation leading to ongoing (continuous) assessment of (dynamically changing) cardiac pumping function and to therapeutic measures on an immediate time basis	\$691.75
C8928	Transthoracic echocardiography with contrast, or without contrast followed by with contrast, real-time with image documentation (2d), includes m-mode recording, when performed, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or pharmacologically induced stress, with interpretation and report	\$691.75
C8929	Transthoracic echocardiography with contrast, or without contrast followed by with contrast, real-time with image documentation (2d), includes m-mode recording, when performed, complete, with spectral doppler echocardiography, and with color flow doppler echocardiography	\$691.75
C8930	Transthoracic echocardiography, with contrast, or without contrast followed by with contrast, real-time with image documentation (2d), includes m-mode recording, when performed, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or pharmacologically induced stress, with interpretation and report; including performance of continuous electrocardiographic monitoring, with physician supervision	\$691.75

Echocardiography: Cross Walk Codes Without and With Contrast^{3,4}

CPT	without contrast with contrast	C-code	CPT	without contrast with contrast	C-code
93303	←→	C8921	93312	←→	C8925
93304	←→	C8922	93315	←→	C8926
93306	←→	C8929	93318	←→	C8927
93307	←→	C8923	93350	←→	C8928
93308	←→	C8924	93351	←→	C8930

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Echocardiography CPT® codes³

CPT® code	Long-description CPT®	2019 HOPPS National Payment Rate - CPT® ⁵
93303	Transthoracic echocardiography for congenital cardiac anomalies; complete	\$497.49
93304	Transthoracic echocardiography for congenital cardiac anomalies; follow-up or limited study	\$497.49
93306	Echocardiography, transthoracic, real-time with image documentation (2d), includes m-mode recording, when performed, complete, with spectral doppler echocardiography, and with color flow doppler echocardiography	\$497.49
93307	Echocardiography, transthoracic, real-time with image documentation (2d), includes m-mode recording, when performed, complete, without spectral or color doppler echocardiography	\$230.56
93308	Echocardiography, transthoracic, real-time with image documentation (2d), includes m-mode recording, when performed, follow-up or limited study	\$230.56
93312	Echocardiography, transesophageal, real-time with image documentation (2d) (with or without m-mode recording); including probe placement, image acquisition, interpretation and report	\$497.49
93313	Echocardiography, transesophageal, real-time with image documentation (2d) (with or without m-mode recording); placement of transesophageal probe only	\$497.49
93314	Echocardiography, transesophageal, real-time with image documentation (2d) (with or without m-mode recording); image acquisition, interpretation and report only	packaged
93315	Transesophageal echocardiography for congenital cardiac anomalies; including probe placement, image acquisition, interpretation and report	\$497.49
93316	Transesophageal echocardiography for congenital cardiac anomalies; placement of transesophageal probe only	\$497.49
93317	Transesophageal echocardiography for congenital cardiac anomalies; image acquisition, interpretation and report only	packaged
93318	Echocardiography, transesophageal (TEE) for monitoring purposes, including probe placement, real time 2-dimensional image acquisition and interpretation leading to ongoing (continuous) assessment of (dynamically changing) cardiac pumping function and to therapeutic measures on an immediate time basis	\$497.49
93350	Echocardiography, transthoracic, real-time with image documentation (2d), includes m-mode recording, when performed, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or pharmacologically induced stress, with interpretation and report;	\$497.49
93351	Echocardiography, transthoracic, real-time with image documentation (2d), includes m-mode recording, when performed, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or pharmacologically induced stress, with interpretation and report; including performance of continuous electrocardiographic monitoring, with supervision by a physician or other qualified health care professional	\$497.49
93352	Use of echocardiographic contrast agent during stress echocardiography (list separately in addition to code for primary procedure)	not paid under OPps
93355	Echocardiography, transesophageal (TEE) for guidance of a transcatheter intracardiac or great vessel(s) structural intervention(s) (eg,tavr, transcathether pulmonary valve replacement, mitral valve repair, paravalvular regurgitation repair, left atrial appendage occlusion/closure, ventricular septal defect closure) (peri-and intra-procedural), real-time image acquisition and documentation, guidance with quantitative measurements, probe manipulation, interpretation, and report, including diagnostic transesophageal echocardiography and, when performed, administration of ultrasound contrast, doppler, color flow, and 3d	packaged
93320	Doppler echocardiography, pulsed wave and/or continuous wave with spectral display (list separately in addition to codes for echocardiographic imaging); complete	packaged
	Add-on code, use 93320 in conjunction with 93303, 93304, 93312, 93314, 93315, 93317, 93350, 93351, C8921, C8922, C8925, C8926, C8928, C8930	
93321	Doppler echocardiography, pulsed wave and/or continuous wave with spectral display (list separately in addition to codes for echocardiographic imaging); follow-up or limited study (list separately in addition to codes for echocardiographic imaging)	packaged
	Add-on code, use 93321 in conjunction with 93303, 93304, 93308, 93312, 93314, 93315, 93317, 93350,93351, C8921, C8922, C8924, C8925, C8926, C8928, C8930	
93325	Doppler echocardiography color flow velocity mapping (list separately in addition to codes for echocardiography)	packaged
	Add-on code, use 93325 in conjunction with 76825, 76826, 76827, 76828, 93303, 93304, 93308, 93312, 93314, 93315, 93317, 93350, 93351, C8921, C8922, C8924, C8925, C8926, C8928, C8930	

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CONTRAINDICATIONS¹

LUMASON is contraindicated in patients with:

- history of hypersensitivity reactions to sulfur hexafluoride lipid microsphere components or to any of the inactive ingredients in LUMASON

IMPORTANT SAFETY INFORMATION¹

WARNING: SERIOUS CARDIOPULMONARY REACTIONS

Serious cardiopulmonary reactions, including fatalities, have occurred uncommonly during or following the injection of ultrasound contrast agents, including sulfur hexafluoride lipid microspheres [see Warnings and Precautions (5.1)]. Most serious reactions occur within 30 minutes of administration [see Warnings and Precautions (5.1)].

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Please see full Prescribing Information for LUMASON ultrasound contrast agent including boxed WARNING at <http://www.braccoimaging.com/us-en/products-and-solutions/contrast-enhanced-ultrasound/lumason/prescribing-information>

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Visit <https://www.fda.gov/Safety/MedWatch/default.htm> or call 1-800-FDA-1088.

New January 1 2019!

Ultrasonography of the liver and urinary tact for vesicoureteral reflux ³		
CPT® code	Description	2019 HOPPS National Payment Rate ⁵
76978	Ultrasound, targeted dynamic microbubble sonographic contrast characterization (non-cardiac); initial lesion	\$201.74
+76979, add-on code	Ultrasound, targeted dynamic microbubble sonographic contrast characterization (non-cardiac); each additional lesion with separate injection (List separately in addition to code for primary procedure)	Packaged

!

Note: C9744 is deleted as of December 31, 2018 and replaced by new CPT® codes in the chart⁴

LUMASON ultrasound contrast agent

HCPSC code	Description
Q9950	Sulfur hexafluoride lipid microspheres, per mL; there are 5 mL per single-use vial of LUMASON. LUMASON is paid separately in HOPPS for Medicare patient due to its Pass-Through payment status - see p. 6 for more details ²

INDICATIONS AND USAGE¹

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LUMASON ultrasound contrast agent is paid separately by Medicare Part B

When an echocardiogram or other type of ultrasound exam is performed in the physician's office or IDTF, LUMASON (Q9950) is paid separately by Medicare Part B and is reported along with the appropriate CPT® procedure code. Note that C-codes cannot be used in the physician office; C-codes are only for HOPPS. LUMASON (Q9950) contrast agent payment amounts are based on ASP (average selling price + 6%) and are reimbursed at the discretion of the Local Medicare Contractors (MAC). Payment rates are adjusted quarterly; please refer to the Medicare Part B ASP file at: www.cms.gov/Medicare/Medicare-Fee-for-Service-Part-B-Drugs/McrPartBDrugAvgSalesPrice/index.html. For the first quarter of the year the reimbursement value is: \$20.346 per mL or \$101.73 per vial.

LUMASON is a single-use vial. Medicare allows reimbursement for the amount injected and the amount discarded for single-use vials. Since January 1, 2017, the JW modifier is required on the claim form. The JW modifier documents the amount of a single-use vial that is discarded. LUMASON contains a total of 5 mL. For more information: www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/HospitalOutpatientPPS/Downloads/JW-Modifier-FAQs.pdf. See page 13 for an example of billing using the JW modifier.

For commercially insured patients: Commercial payers usually reimburse contrast agents separately in the physician office and IDTF setting. Providers need to verify their contracts to confirm coding, coverage, and payment amounts.

Medicaid patients: Bracco Diagnostics does not participate in the Medicaid rebate program. This means LUMASON is not paid separately.

Billing for the Procedure: The Medicare National Average payment rates for global (G), technical (TC), and professional (26) for the procedures are listed in: **MEDICARE NATIONAL AVERAGE PAYMENTS FOR PHYSICIAN OFFICE/IDTF** on page 12 of this guide, and can be found online for your specific geographic area at: www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/PFSLookup/index.html?redirect=/pfslookup.

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Echocardiography⁶

CPT [®]		Short descriptor	Payment
93303	TC	TTE limited congenital	\$174.43
93303	26	TTE limited congenital	\$65.63
93303	G	TTE limited congenital	\$239.66
93304	TC	TTE limited	\$125.78
93304	26	TTE limited	\$37.48
93304	G	TTE limited	\$163.26
93306	TC	TTE comp, Dop, CF	\$135.51
93306	26	TTE comp, Dop, CF	\$74.96
93306	G	TTE comp, Dop, CF	\$210.47
93307	TC	TTE comp, w/o Dop, CF	\$96.95
93307	26	TTE comp, w/o Dop, CF	\$46.13
93307	G	TTE comp, w/o Dop, CF	\$143.08
93308	TC	TTE F/U or limited	\$73.88
93308	26	TTE F/U or limited	\$26.31
93308	G	TTE F/U or limited	\$100.19
93312	TC	TEE place acq,int, rep.	\$139.11
93312	26	TEE place acq,int, rep.	\$112.08
93312	G	TEE place acq,int, rep.	\$251.19
93314	TC	TEE acq, inter, report	\$148.48
93314	26	TEE acq, inter, report	\$94.06
93314	G	TEE acq, inter, report	\$242.54

CPT [®]		Short descriptor	Payment
93315	26	TEE cong. acq, inter, report	\$131.90
93317	26	TEE acq, inter, report only	\$95.14
93318	26	TEE monitoring	\$107.40
93320	TC	Doppler echo	\$35.68
93320	26	Doppler echo	\$18.74
93320	G	Doppler echo	\$54.42
93321	TC	Doppler echo F/U or limited	\$19.82
93321	26	Doppler echo F/U or limited	\$7.57
93321	G	Doppler echo F/U or limited	\$27.39
93325	TC	Doppler color flow add-on	\$22.34
93325	26	Doppler color flow add-on	\$3.24
93325	G	Doppler color flow add-on	\$25.59
93350	TC	Stress TTE only	\$118.57
93350	26	Stress TTE only	\$72.80
93350	G	Stress TTE only	\$191.37
93351	TC	Stress TTE with exercise	\$149.56
93351	26	Stress TTE with exercise	\$87.21
93351	G	Stress TTE with exercise	\$236.78
93352	G	Use of contrast at stress	\$34.24

New January 1 2019!

Ultrasonography of the liver and urinary tract for vesicoureteral reflux ⁶		
CPT [®] code	Description	2019 MPFS National Payment Rate
76978	Ultrasound, targeted dynamic microbubble sonographic contrast characterization (non-cardiac); initial lesion	TC: \$247.95
		26: \$82.89
		G: \$330.84
+76979, add-on code	Ultrasound, targeted dynamic microbubble sonographic contrast characterization (non-cardiac); each additional lesion with separate injection (List separately in addition to code for primary procedure)	TC: \$180.92
		26: \$43.61
		G: \$224.52

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Sample physician billing global non-hospital outpatient setting CMS-1500
Echocardiography with LUMASON



HEALTH INSURANCE CLAIM FORM

APPROVED BY NATIONAL UNIFORM CLAIM COMMITTEE (NUCC) ©2/12

Form Locator 19 & 24D: Global Billing Example

F-19 – In order to facilitate coverage and payment, provide a description of the contrast drug (See Medicare contractors or private payer instructions for information required)

F-24D – Enter CPT® or HCPCS Code for procedures performed and interpreted by physician

Form Locator 24G

Enter the number of units based on the CPT® or HCPCS Code description

Note: LUMASON® description is per mL

<div><div>PICA</div><div>1. MEDICARE <input type="checkbox"/> (Medicare#) MEDICAID <input type="checkbox"/> (Medicaid#) TRICARE <input type="checkbox"/> (ID#/DoD#) CHAMPVA <input type="checkbox"/> (Member ID#) GROUP HEALTH PLAN <input type="checkbox"/> (ID#) FECA BLK LUNG <input type="checkbox"/> (ID#) OTHER <input type="checkbox"/> (ID#)</div></div>										<div>1a. INSURED'S I.D. NUMBER (For Program in Item 1)</div> <div>PICA</div>																																																	
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<div>5. PATIENT'S ADDRESS (No., Street)</div>										<div>6. PATIENT RELATIONSHIP TO INSURED Self <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Other <input type="checkbox"/></div>										<div>7. INSURED'S ADDRESS (No., Street)</div>																																							
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<div>a. OTHER INSURED'S POLICY OR GROUP NUMBER</div>										<div>a. INSURED'S DATE OF BIRTH MM DD YY SEX M <input type="checkbox"/> F <input type="checkbox"/></div>										<div>b. OTHER CLAIM ID (Designated by NUCC)</div>																																							
<div>b. RESERVED FOR NUCC USE</div>										<div>c. INSURANCE PLAN NAME OR PROGRAM NAME</div>										<div>d. IS THERE ANOTHER HEALTH BENEFIT PLAN? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, complete items 9, 8a, and 8d.</div>																																							
<div>13. INSURED'S OR AUTHORIZED PERSON'S SIGNATURE I authorize payment of medical benefits to the undersigned physician or supplier for services described below.</div>										<div>16. D. DATE OF SERVICE (MM DD YY)</div>										<div>18. H. DATE OF SERVICE (MM DD YY)</div>																																							
<div>17. NAME OF REFERRING PROVIDER OR OTHER SOURCE</div>										<div>17a. _____ 17b. NPI _____</div>										<div>20. C. DATE OF SERVICE (MM DD YY)</div>																																							
<div>19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC)</div>										<div>21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY Relate A-L to service line below (24E) ICD Ind. _____</div>										<div>22. R. C. DATE OF SERVICE (MM DD YY)</div>																																							
<div>A. _____ B. _____ C. _____ D. _____ E. _____ F. _____ G. _____ H. _____ I. _____ J. _____ K. _____ L. _____</div>										<div>23. PRIOR AUTHORIZATION NUMBER</div>										<div>24. A. DATE(S) OF SERVICE From MM DD YY To MM DD YY B. PLACE OF SERVICE C. EMG D. PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances) CPT/HCPCS MODIFIER E. DIAGNOSIS POINTER F. \$ CHARGES G. DAYS OR UNITS H. EPSDT Family Plan I. ID. QUAL. J. RENDERING PROVIDER ID. #</div>																																							
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<div>25. FEDERAL TAX I.D. NUMBER SSN EIN <input type="checkbox"/> <input type="checkbox"/></div>										<div>26. PATIENT'S ACCOUNT NO.</div>										<div>27. ACCEPT ASSIGNMENT? (If for govt. claims, see back) <input type="checkbox"/> YES <input type="checkbox"/> NO</div>										<div>28. TOTAL CHARGE \$</div>										<div>29. AMOUNT PAID \$</div>										<div>30. Rsvd for NUCC Use</div>									
<div>31. SIGNATURE OF PHYSICIAN OR SUPPLIER INCLUDING DEGREES OR CREDENTIALS (I certify that the statements on the reverse apply to this bill and are made a part thereof.)</div>										<div>32. SERVICE FACILITY LOCATION INFORMATION</div>										<div>33. BILLING PROVIDER INFO & PH # ()</div>																																							
<div>SIGNED DATE</div>										<div>a. NPI b.</div>										<div>a. NPI b.</div>																																							

NUCC Instruction Manual available at: www.nucc.org

Bracco Diagnostics Inc. cannot guarantee coverage or payment for products or procedures at any particular level. For more specific information please contact your Medicare contractor or the patient's insurer.

ORM 1500 (02-1

INDICATIONS AND USAGE¹

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Hospital in-patient billing: Medicare Severity Adjusted Diagnosis Related Groups (MS-DRG)⁷

ICD-10 procedure codes are used for in-patient billing. They indicate the surgical and/or diagnostic procedures performed on the patient. These codes, in combination with diagnosis codes, help determine the assignment to an MS-DRG payment category under Medicare and other payment systems. Payment in the hospital is determined by the MS-DRG. Under this system, a hospital is paid at a predetermined specific rate for each Medicare discharge. Fixed reimbursement is established for hospital services based on the patient diagnosis and is paid regardless of the actual cost the hospital incurs in providing the services. Ultrasound exams and contrast agents are part of the MS-DRG payment.

Coverage: Medicare National Coverage Decisions (NCD)

Echocardiography is included in the Medicare NCD for ultrasound and is limited.

There are Medicare Local Coverage Decisions (LCDs) for echocardiography with contrast.

The echocardiography LCDs can be found on the CMS website at:

www.cms.gov/medicare-coverage-database/overview-and-quick-search.aspx.

The Medicare National Coverage Determination (NCD) for ultrasound is non-specific.

Abdominal and retroperitoneal ultrasound are covered if medically appropriate.

Medicare National Coverage Determinations Manual, Chapter 1, Part 4, Section 220.5

https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/ncd103c1_Part4.pdf

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How we support you

The Bracco Reimbursement Hotline is here to support you for all your reimbursement needs.

Ask coding and billing questions regarding Bracco Diagnostics products and procedures related to those products.

- ✓ HCPCS codes for products
- ✓ CPT® and HCPCS codes for procedures
- ✓ Medicare payments
- ✓ Monday-Friday: 9:00 AM-6:00 PM Eastern Time

For more information on reimbursement, contact the Bracco Reimbursement Hotline at:



Askbracco@reimbursement.bracco.com

References: 1. LUMASON (sulfur hexafluoride lipid-type A microspheres) for injectable suspension, for intravenous use or intravesical use full Prescribing Information. Monroe Twp, NJ: Bracco Diagnostics Inc., December 2016. 2. MLN Matter® 100923; October 2018 Update of the Hospital Outpatient Prospective Payment System (OPPS): <https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/downloads/MM10923.pdf>. 3. American Medical Association. 2019 Professional Edition CPT® current procedural terminology. Chicago, IL: American Medical Association; 2018: 499 and 670-671. 4. American Medical Association. HCPCS Level II Professional 2019. Chicago IL: American Medical Association; 2019:147-148, 151. 5. CMS-1695-FC: Hospital Outpatient Prospective Payment- Notice of Final Rulemaking (NFRM) with Comment Period Year 2019. Medicare Program: Hospital Outpatient Prospective Payment and Ambulatory Surgical Center Payment Systems and Quality Reporting Programs. <https://www.cms.gov/newsroom/fact-sheets/cms-finalizes-medicare-hospital-outpatient-prospective-payment-system-and-ambulatory-surgical-center> - Addendum B. 6. Centers for Medicare & Medicaid Services. Physician Fee Schedule Look-Up Tool. Centers for Medicare & Medicaid Services Web site. www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/PFSlookup/index.html. Accessed January 3, 2019. 7. Centers for Medicare & Medicaid Services. Acute Care Hospital Inpatient Prospective Payment System. Washington, DC: Centers for Medicare & Medicaid Services, Department of Health and Human Services. www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/Downloads/AcutePaymntSysfctsh.pdf. Published December 2016. Accessed January 3, 2019.

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Ordering information

NDC#	0270-7099-16
Product description	LUMASON (sulfur hexafluoride lipid-type A microspheres) for injectable suspension, for intravenous use or intravesical use, 25 mg/vial
Packaging	5 kits per box



Customer Service: 1-877-BRACC09 (1-877-272-2269)

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LUMASON is an ultrasound contrast agent indicated for use:

- in echocardiography to opacify the left ventricular chamber and to improve the delineation of the left ventricular endocardial border in adult patients with suboptimal echocardiograms
- in ultrasonography of the liver for characterization of focal liver lesions in adult and pediatric patients
- in ultrasonography of the urinary tract for the evaluation of suspected or known vesicoureteral reflux in pediatric patients

CONTRAINDICATIONS¹

LUMASON is contraindicated in patients with:

- history of hypersensitivity reactions to sulfur hexafluoride lipid microsphere components or to any of the inactive ingredients in LUMASON

IMPORTANT SAFETY INFORMATION¹

WARNING: SERIOUS CARDIOPULMONARY REACTIONS

Serious cardiopulmonary reactions, including fatalities, have occurred uncommonly during or following the injection of ultrasound contrast agents, including sulfur hexafluoride lipid microspheres [see Warnings and Precautions (5.1)]. Most serious reactions occur within 30 minutes of administration [see Warnings and Precautions (5.1)].

- **Assess all patients for the presence of any condition that precludes administration [see Contraindications (4)].**
- **Always have resuscitation equipment and trained personnel readily available [see Warnings and Precautions (5.1)].**

The risk for serious cardiopulmonary reactions may be increased among patients with unstable cardiopulmonary conditions (acute myocardial infarction, acute coronary artery syndromes, worsening or unstable congestive heart failure, or serious ventricular arrhythmias) [see Warnings and Precautions (5.1)].¹

Please see full Prescribing Information for LUMASON ultrasound contrast agent including boxed **WARNING** at <http://www.braccoimaging.com/us-en/products-and-solutions/contrast-enhanced-ultrasound/lumason/prescribing-information>

You are encouraged to report negative side effects of prescription drugs to the FDA.

Visit <https://www.fda.gov/Safety/MedWatch/default.htm> or call 1-800-FDA-1088.

LUMASON is manufactured for Bracco Diagnostics Inc., Monroe Township, NJ 08831 by Bracco Suisse S.A., Plan-les-Ouates Geneve, Switzerland (LUMASON lyophilized powder vial-25 mg lipid-type A/60.7 sulfur hexafluoride gas); Vetter Pharma-Fertigung GmbH & Co. KG, 88212 Ravensburg, Germany (Sodium Chloride 0.9% Injection, USP); B. Braun Melsungen AG, 34212 Melsungen, Germany (Mini-Spike).

LUMASON is a registered trademark of Bracco Diagnostics Inc.

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