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:

- 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 USAGE
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

CONTRAINDICATIONS
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 INFORMATION
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)].


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.
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)
Coded used to report the service or procedure performed.

HCPCS (Healthcare Common Procedure Coding System)
Coded 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)
Coded 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/MerbPartBDrugAvgSalesPrice/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.

INDICATIONS AND USAGE
LUMASON is an ultrasound contrast agent indicated for use:
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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)]. 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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CPT® & HCPCS codes

The following chart displays codes for procedures using LUMASON.

<table>
<thead>
<tr>
<th>CPT®/HCPCS codes</th>
<th>Description</th>
</tr>
</thead>
</table>
| 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

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](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](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 reflux 3

<table>
<thead>
<tr>
<th>CPT® codes</th>
<th>Description</th>
</tr>
</thead>
</table>
| 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)

INDICATIONS AND USAGE 1

LUMASON is an ultrasound contrast agent indicated for use:

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• in ultrasonography of the liver for characterization of focal liver lesions in adult and pediatric patients

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CONTRAINDICATIONS 1

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IMPORTANT SAFETY INFORMATION 1

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You are encouraged to report negative side effects of prescription drugs to the FDA. Visit [https://www.fda.gov/Safety/MedWatch/default.htm](https://www.fda.gov/Safety/MedWatch/default.htm) or call 1-800-FDA-1088.
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, 2020.

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.

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 transmitted R4123CF, 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. 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-FAs.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.

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

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>5571</td>
<td>Level 1 Imaging with Contrast</td>
<td>$201.74</td>
<td>$21.25/ml or $106.25 a vial</td>
<td>n/a</td>
</tr>
<tr>
<td>5572</td>
<td>Level 2 Imaging with Contrast</td>
<td>$365.87</td>
<td>$21.25/ml or $106.25 a vial</td>
<td>$46.72</td>
</tr>
<tr>
<td>5573</td>
<td>Level 3 Imaging with Contrast</td>
<td>$691.75</td>
<td>$21.25/ml or $106.25 a vial</td>
<td>$96.01</td>
</tr>
</tbody>
</table>

* 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](https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/HospitalOutpatientPPS/Addendum-A-and-Addendum-B-Updates.html)

2. APC offset file 2018: [https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/HospitalOutpatientPPS/Downloads/JW-Modifier-FAs.pdf](https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/HospitalOutpatientPPS/Downloads/JW-Modifier-FAs.pdf)

### INDICATIONS AND USAGE

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### CONTRAINDICATIONS

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### IMPORTANT SAFETY INFORMATION

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Echocardiography: C-codes

<table>
<thead>
<tr>
<th>HCPCS code</th>
<th>Long-description HCPCS</th>
<th>2019 HOPPS National Payment Rate - HCPCS</th>
</tr>
</thead>
<tbody>
<tr>
<td>C8921</td>
<td>Transthoracic echocardiography with contrast, or without contrast followed by with contrast, for congenital cardiac anomalies; complete</td>
<td>$691.75</td>
</tr>
<tr>
<td>C8922</td>
<td>Transthoracic echocardiography with contrast, or without contrast followed by with contrast, for congenital cardiac anomalies; follow-up or limited study</td>
<td>$691.75</td>
</tr>
<tr>
<td>C8923</td>
<td>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</td>
<td>$691.75</td>
</tr>
<tr>
<td>C8924</td>
<td>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</td>
<td>$385.88</td>
</tr>
<tr>
<td>C8925</td>
<td>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</td>
<td>$691.75</td>
</tr>
<tr>
<td>C8926</td>
<td>Transesophageal echocardiography (TEE) with contrast, or without contrast followed by with contrast, for congenital cardiac anomalies; including probe placement, image acquisition, interpretation and report</td>
<td>$691.75</td>
</tr>
<tr>
<td>C8927</td>
<td>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</td>
<td>$691.75</td>
</tr>
<tr>
<td>C8928</td>
<td>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</td>
<td>$691.75</td>
</tr>
<tr>
<td>C8929</td>
<td>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</td>
<td>$691.75</td>
</tr>
<tr>
<td>C8930</td>
<td>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</td>
<td>$691.75</td>
</tr>
</tbody>
</table>

Echocardiography: Cross Walk Codes Without and With Contrast

<table>
<thead>
<tr>
<th>CPT</th>
<th>without contrast</th>
<th>with contrast</th>
<th>C-code</th>
</tr>
</thead>
<tbody>
<tr>
<td>93303</td>
<td></td>
<td></td>
<td>C8921</td>
</tr>
<tr>
<td>93304</td>
<td></td>
<td></td>
<td>C8922</td>
</tr>
<tr>
<td>93306</td>
<td></td>
<td></td>
<td>C8923</td>
</tr>
<tr>
<td>93307</td>
<td></td>
<td></td>
<td>C8924</td>
</tr>
<tr>
<td>93308</td>
<td></td>
<td></td>
<td>C8928</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>CPT</th>
<th>without contrast</th>
<th>with contrast</th>
<th>C-code</th>
</tr>
</thead>
<tbody>
<tr>
<td>93312</td>
<td></td>
<td></td>
<td>C8925</td>
</tr>
<tr>
<td>93315</td>
<td></td>
<td></td>
<td>C8926</td>
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<td>93318</td>
<td></td>
<td></td>
<td>C8927</td>
</tr>
<tr>
<td>93350</td>
<td></td>
<td></td>
<td>C8928</td>
</tr>
<tr>
<td>93351</td>
<td></td>
<td></td>
<td>C8930</td>
</tr>
</tbody>
</table>

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Echocardiography CPT® codes

<table>
<thead>
<tr>
<th>CPT® code</th>
<th>Long-description CPT®</th>
<th>2019 HOPPS National Payment Rate - CPT®</th>
</tr>
</thead>
<tbody>
<tr>
<td>93303</td>
<td>Transthoracic echocardiography for congenital cardiac anomalies; complete</td>
<td>$497.49</td>
</tr>
<tr>
<td>93304</td>
<td>Transthoracic echocardiography for congenital cardiac anomalies; follow-up or limited study</td>
<td>$497.49</td>
</tr>
<tr>
<td>93306</td>
<td>Echocardiography, transesophageal, real-time with image documentation (2d), includes m-mode recording, when performed, complete, with spectral doppler echocardiography, and with color flow doppler echocardiography</td>
<td>$497.49</td>
</tr>
<tr>
<td>93307</td>
<td>Echocardiography, transesophageal, real-time with image documentation (2d), includes m-mode recording, when performed, complete, without spectral or color doppler echocardiography</td>
<td>$230.56</td>
</tr>
<tr>
<td>93308</td>
<td>Echocardiography, transesophageal, real-time with image documentation (2d), includes m-mode recording, when performed, follow-up or limited study</td>
<td>$230.56</td>
</tr>
<tr>
<td>93312</td>
<td>Echocardiography, transesophageal, real-time with image documentation (2d) (with or without m-mode recording); including probe placement, image acquisition, interpretation and report</td>
<td>$497.49</td>
</tr>
<tr>
<td>93313</td>
<td>Placement of transesophageal probe only</td>
<td>$497.49</td>
</tr>
<tr>
<td>93314</td>
<td>Echocardiography, transesophageal, real-time with image documentation (2d) (with or without m-mode recording); image acquisition, interpretation and report only</td>
<td>packaged</td>
</tr>
<tr>
<td>93315</td>
<td>Transesophageal echocardiography for congenital cardiac anomalies; including probe placement, image acquisition, interpretation and report</td>
<td>$497.49</td>
</tr>
<tr>
<td>93316</td>
<td>Transesophageal echocardiography for congenital cardiac anomalies; placement of transesophageal probe only</td>
<td>packaged</td>
</tr>
<tr>
<td>93317</td>
<td>Transesophageal echocardiography for congenital cardiac anomalies; image acquisition, interpretation and report only</td>
<td>$497.49</td>
</tr>
<tr>
<td>93318</td>
<td>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</td>
<td>$497.49</td>
</tr>
<tr>
<td>93350</td>
<td>Echocardiography, transesophageal, 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</td>
<td>$497.49</td>
</tr>
<tr>
<td>93351</td>
<td>Echocardiography, transesophageal, 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 electrophysiologic monitoring, with supervision by a physician or other qualified health care professional</td>
<td>$497.49</td>
</tr>
<tr>
<td>93352</td>
<td>Use of echocardiographic contrast agent during stress echocardiography (list separately in addition to code for primary procedure)</td>
<td>not paid under OPPS</td>
</tr>
<tr>
<td>93355</td>
<td>Echocardiography, transesophageal (TEE) for guidance of a transcatheter intracardiac or great vessel(s) structural intervention(s) (eg, biv. transcatheter pulmonary valve replacement, mitral valve repair, paravalvular regurgitation repair, left atrial appendage occlusion/closure, ventricular septal defect closure) (per-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</td>
<td>packaged</td>
</tr>
<tr>
<td>93320</td>
<td>Doppler echocardiography, pulsed wave and/or continuous wave with spectral display (list separately in addition to codes for echocardiographic imaging); complete</td>
<td>packaged</td>
</tr>
<tr>
<td>93321</td>
<td>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)</td>
<td>packaged</td>
</tr>
<tr>
<td>93322</td>
<td>Doppler echocardiography, color flow velocity mapping (list separately in addition to codes for echocardiography)</td>
<td>packaged</td>
</tr>
<tr>
<td>93325</td>
<td>Doppler echocardiography color flow velocity mapping (list separately in addition to codes for echocardiography)</td>
<td>packaged</td>
</tr>
</tbody>
</table>

INDICATIONS AND USAGE
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 urinary tract for the evaluation of suspected or known vesicoureteral reflux in pediatric patients
• in ultrasonography of the liver for characterization of focal liver lesions in adult and pediatric patients
• in echocardiography of the urinary tract for the evaluation of suspected or known vesicoureteral reflux in pediatric patients

CONTRAINDICATIONS
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

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)].

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.
New January 1 2019!

### Ultrasonography of the liver and urinary tract for vesicoureteral reflux

<table>
<thead>
<tr>
<th>CPT® code</th>
<th>Description</th>
<th>2019 HOPPS National Payment Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>76978</td>
<td>Ultrasound, targeted dynamic microbubble sonographic contrast characterization (non-cardiac); initial lesion</td>
<td>$201.74</td>
</tr>
<tr>
<td>+76979</td>
<td>Ultrasound, targeted dynamic microbubble sonographic contrast characterization (non-cardiac); each additional lesion with separate injection (List separately in addition to code for primary procedure)</td>
<td>Packaged</td>
</tr>
</tbody>
</table>

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

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### LUMASON ultrasound contrast agent

<table>
<thead>
<tr>
<th>HCPCS code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Q9950</td>
<td>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</td>
</tr>
</tbody>
</table>

---

### INDICATIONS AND USAGE

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

### CONTRAINDICATIONS

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 INFORMATION

**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)].


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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 in 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.

INDICATIONS AND USAGE

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

CONTRAINDICATIONS

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

IMPORTANT SAFETY INFORMATION

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### Ultrasoundography of the Liver and Urinary Tract for Vesicoureteral Reflux

<table>
<thead>
<tr>
<th>CPT® code</th>
<th>Description</th>
<th>2019 MPFS National Payment Rate</th>
</tr>
</thead>
</table>
| 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 |

### New January 1 2019!

**Echocardiography**

<table>
<thead>
<tr>
<th>CPT®</th>
<th>Short descriptor</th>
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<tr>
<td>93303</td>
<td>TC</td>
<td>TTE limited congenital</td>
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<td></td>
<td>26</td>
<td>TTE limited congenital</td>
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<tr>
<td></td>
<td>G</td>
<td>TTE limited congenital</td>
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<tr>
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<td></td>
<td>26</td>
<td>TTE limited</td>
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<tr>
<td></td>
<td>G</td>
<td>TTE limited</td>
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<tr>
<td>93303</td>
<td>TC</td>
<td>TTE limited congenital</td>
</tr>
<tr>
<td></td>
<td>26</td>
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<td></td>
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<td></td>
<td>G</td>
<td>TTE limited</td>
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<tr>
<td>93304</td>
<td>TC</td>
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<td></td>
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<td></td>
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<td></td>
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<td>TTE limited</td>
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<tr>
<td></td>
<td>G</td>
<td>TTE limited</td>
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<table>
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<th>Short descriptor</th>
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<td>TTE comp, Dop, CF</td>
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<td>G</td>
<td>TTE comp, Dop, CF</td>
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</table>

**INDICATIONS AND USAGE**

**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 ultrasound of the liver for characterization of focal liver lesions in adult and pediatric patients
- in ultrasound of the urinary tract for the evaluation of suspected or known vesicoureteral reflux in pediatric patients

**CONTRAINDICATIONS**

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 INFORMATION**

**WARNING: SERIOUS CARDIOPULMONARY REACTIONS**

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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)]. 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.
Sample physician billing global non-hospital outpatient setting CMS-1500

Echocardiography with LUMASON

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

Form Locator 30H

%W Modifier
Applied to the amount of contrast drug that is discarded

Bracon 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.

INDICATIONS AND USAGE
LUMASON is an ultrasound contrast agent indicated for use:
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Hospital in-patient billing: Medicare Severity Adjusted Diagnosis Related Groups (MS-DRG)

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

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LUMASON is an ultrasound contrast agent indicated for use:

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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:

1-800-349-1388

Askbracco@reimbursement.bracco.com

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References:
1. LUMASON (sulfur hexafluoride lipid-type A microspheres) for injectable suspension, for intravenous use or intravascular use full Prescribing Information. Monroe Twp, NJ: Bracco Diagnostics Inc., December 2016.

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INDICATIONS AND USAGE
LUMASON is an ultrasound contrast agent indicated for use:
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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.