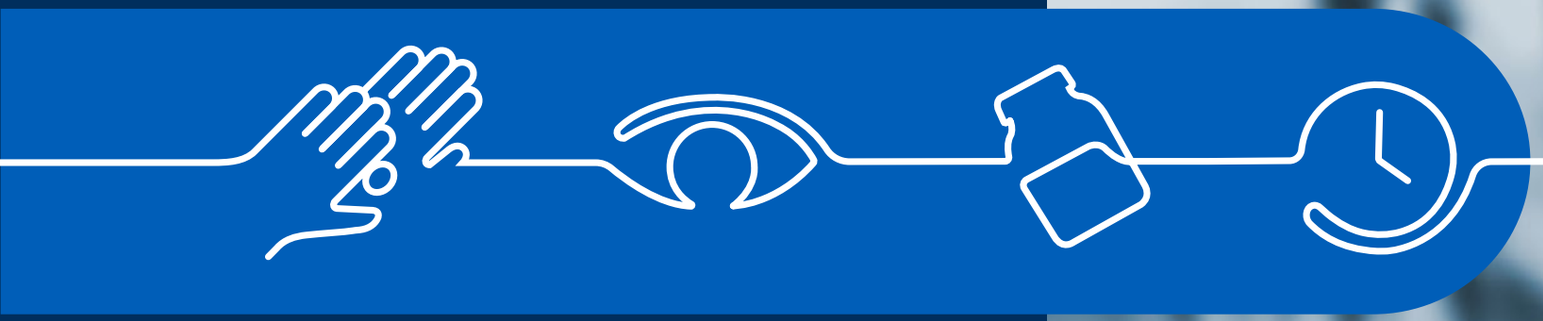
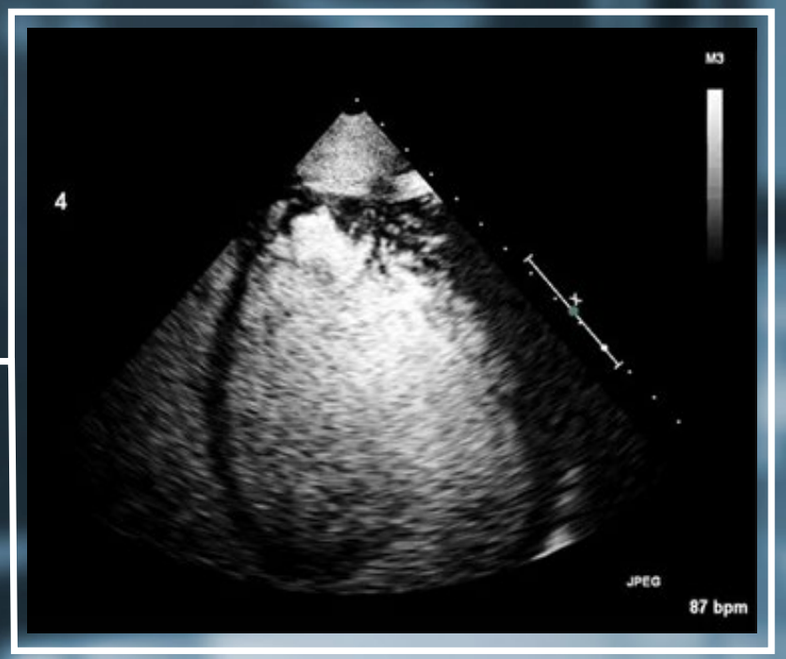
GE Healthcare

2022 Coding and Reimbursement Guide





IMPORTANT SAFETY INFORMATION ABOUT OPTISON

WARNING: SERIOUS CARDIOPULMONARY REACTIONS

Serious cardiopulmonary reactions, including fatalities, have occurred uncommonly during or following perflutren-containing microsphere administration. Most serious reactions occur within 30 minutes of administration

- **Assess all patients for the presence of any condition that precludes Optison administration**
- **Always have resuscitation equipment and trained personnel readily available**

- **CONTRAINDICATION:** Do not administer Optison to patients with known or suspected hypersensitivity to perflutren or albumin.

Please see additional Important Safety Information About Optison on the following page, and full Prescribing Information, here.

OPTISON™

(Perflutren Protein-Type A Microspheres Injectable Suspension, USP)

Not for Discussion by the Sales Force—Direct Questions to Market Access.

PRODUCT INDICATION: Optison™ (Perflutren Protein-Type A Microspheres Injectable Suspension, USP) is indicated for use in patients with suboptimal echocardiograms to opacify the left ventricle and to improve the delineation of the left ventricular endocardial borders.

IMPORTANT SAFETY INFORMATION ABOUT OPTISON

WARNING: SERIOUS CARDIOPULMONARY REACTIONS

Serious cardiopulmonary reactions, including fatalities, have occurred uncommonly during or following perflutren-containing microsphere administration. Most serious reactions occur within 30 minutes of administration

- **Assess all patients for the presence of any condition that precludes Optison administration**
- **Always have resuscitation equipment and trained personnel readily available**

- **CONTRAINDICATION:** Do not administer Optison to patients with known or suspected hypersensitivity to perflutren or albumin.
- **WARNINGS AND PRECAUTIONS:** Serious cardiopulmonary reactions, including fatalities, have occurred uncommonly during or shortly following administration. The risk for these 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).
- Serious anaphylactic reactions have been observed during or shortly following perflutren-containing microsphere administration, including shock, hypersensitivity, bronchospasm, throat tightness, angioedema, edema (pharyngeal,palatal, mouth, peripheral, localized), swelling (face, eye, lip, tongue, upper airway), facial hypoesthesia, rash, urticaria, pruritus, flushing, and erythema have occurred in patients with no prior exposure to perflutren-containing microsphere products.
- When administering Optison to patients with a cardiac shunt, microspheres can bypass filtering of the lungs and enter the arterial circulation. Assess patients with shunts for embolic phenomena following Optison administration.
- High ultrasound mechanical index values may cause microsphere rupture and lead to ventricular arrhythmias. Additionally, end-systolic triggering with high mechanical indices has been reported to cause ventricular arrhythmias. Optison is not recommended for use at mechanical indices greater than 0.8.
- This product contains albumin, a derivative of human blood. Based on effective donor screening and product manufacturing processes, it carries an extremely remote risk for transmission of viral disease.
- **ADVERSE EVENTS:** The most frequently reported adverse reactions in clinical trials were headache, nausea and/or vomiting, warm sensation or flushing and dizziness. Cardiac arrests and other serious but nonfatal adverse reactions were uncommonly reported in post-approval use. Reports also identified neurologic reactions (loss of consciousness or convulsions) as well as anaphylactoid reactions.

To report SUSPECTED ADVERSE REACTIONS, contact GE Healthcare at 800 654 0118 (option 2, then option 1), or the FDA at 800 FDA 1088 or www.fda.gov/medwatch.

Prior to Optison administration, please read the full Prescribing Information here, for additional important safety information.

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CPT is a registered trademark of the American Medical Association.

Introduction

Description and Indications

Optison is a sterile nonpyrogenic suspension of microspheres of human serum albumin with perflutren for contrast enhancement during the indicated imaging procedures.

Optison is indicated for use in patients with suboptimal echocardiograms to opacify the left ventricle and to improve the delineation of the left ventricular endocardial border.

Please refer to the Important Safety Information, here. Before administration of Optison, read the full Prescribing Information, including Boxed Warning, for additional important safety information.

2022 Coding and Reimbursement Guide

The 2022 Coding and Reimbursement Guide for Optison is intended to provide available current reimbursement information. In this document, coverage, coding, and payment for Optison are reviewed. In addition, the reimbursement services are described.

DISCLAIMER: All information included in this guide is for informational purposes only. It is intended to assist in the coding and reimbursement process. It represents no statement of guarantee by GE Healthcare. The final decision for coding of any procedure must be made by the provider of care after considering the medical necessity of the services and supplies provided as well as considering any regulations and local, state, or federal laws that may apply. All coding and reimbursement information is subject to change without notice, and specific payers may have their own coding and reimbursement requirements and policies. Please contact your local payer for interpretation of the appropriate codes to use for specific procedures.

Basics of Coding

Healthcare providers and hospitals identify diseases, procedures, drugs, devices, and other healthcare-related items provided to patients through various coding systems. Payers use the same coding systems to develop coverage policies and calculate payment for healthcare services.

Current Procedural Terminology (CPT) Codes

CPT codes describe the service and/or procedure being performed, not the outcomes achieved. Comparable procedures using different technologies are normally billed under the same CPT codes, unless there is a major distinction in the procedural technique associated with the products. The physician component of a CPT code is universal for all payers.

Healthcare Common Procedure Coding System (HCPCS)

The HCPCS is a standardized coding system used primarily to identify products, supplies, and services, such as ambulance services and durable medical equipment, prosthetics, orthotics, and supplies not included in the CPT codes.

- **C-codes** are created by Medicare and used only for hospital outpatients
- **Q-codes** are created by Medicare to identify items not assigned a CPT code. Many drugs, supplies, and biologicals are assigned Q-codes (eg, Optison)

National Drug Codes (NDCs)

NDCs are unique 10-digit numeric codes, composed of three segments, used to identify drugs. The first segment identifies the labeler (manufacturer), the second segment identifies the product, and the third identifies the packaging. Some payers require 11-digit codes, which require a leading zero in the labeler code section of the NDC.

	10-Digit NDCs	11-Digit NDCs
5-vial pack	0407-2707-03	00407-2707-03
18-vial pack	0407-2707-18	00407-2707-18

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Basics of Coverage

The existence of CPT and HCPCS codes does not guarantee coverage. All payers have their own unique policies and guidelines. The policy may even differ within one payer (eg, BlueCross BlueShield [BCBS] has multiple plans; each plan may have a different policy or guideline). It is important that you review and adhere to each relevant payer policy.

Medicare

For procedures and products covered under Medicare Part B, coverage decisions are typically made through local coverage determinations (LCDs). These LCDs are specific to the jurisdiction of a Medicare Administrative Contractor (MAC), meaning that the coverage policy or guideline would only apply to that MAC's jurisdiction. Therefore, coverage policies may vary by MAC.

Medicare may also create National Coverage Determinations (NCDs) to which all MACs must adhere.

Commercial/Private Payers

Each private payer determines its own coverage policies. Private payers may implement restrictions and/or specific criteria. Coverage may also vary based on the patient's benefits or on the negotiated contract between the providers and the payer. Some payers have formal, published policies, but the lack of a published policy does not indicate noncoverage.

Medicaid

Each Medicaid program is administered by its particular state. That state determines its own specific coverage policies or guidelines. Some state Medicaid programs follow CMS policies, while others create their own. Some programs may implement restrictions and/or specific criteria. Medicaid coverage may also vary by provider type, setting of care, and the type of Medicaid plan the patient has (eg, fee-for-service, managed Medicaid).

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Basics of Payment

Payment is the amount that a payer renders to a healthcare entity for covered therapies and services. The payment methodology and amount vary based on where the care is provided.

The Centers for Medicare & Medicaid Services (CMS) sets a reimbursement amount for procedures, drugs, and/or supplies to allow for a uniform method of payment. The rates are set nationally, but adjustments are made to reflect the geographic differences in costs.

Physician Offices and Independent Diagnostic Testing Facilities (IDTFs)

Reimbursement for physician offices and IDTFs is based on the CPT code(s) used to report the service(s) provided. Medicare assigns Relative Value Units (RVUs) to each CPT code. These take into account the physician's work, practice (overhead) expenses, and malpractice expenses associated with a procedure. The RVUs are then converted to a standard payment rate per procedure and are adjusted geographically.

Contrast agents *are reimbursed in addition to* the echocardiography procedure in this setting of care.

Hospital Outpatient Setting

In the hospital outpatient setting, the CPT codes are grouped into clinically homogeneous Ambulatory Payment Classifications (APCs) (Medicare only). Under APCs, hospitals are paid per encounter, and reimbursement is determined by the services and procedures provided as reported by CPT code.

Contrast agents *are not reimbursed in addition to* the echocardiography procedure in this setting of care.

Note: Private payers may or may not recognize Q-codes. Private payer reimbursement structure differs from payer to payer.

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Physician Offices and IDTFs

Medicare Reimbursement

In the physician office/IDTF setting, both the product and the echocardiogram enhanced by Optison may be reimbursed by Medicare.

Reimbursement for Optison is based on Medicare's Average Sales Price (ASP) plus 6%. **Note: The ASP rates change on a quarterly basis.**

Medicare 2022 – Coding and Reimbursement for Optison

Code	Code Description	Payment
Q9956	Injection, octafluoropropane microspheres, per mL	ASP + 6%

To report the echocardiography performed, use the appropriate CPT code.

Transthoracic Echocardiography* Coding Crosswalk

Physicians Office/Independent Diagnostic Testing Facility		Hospital Outpatient Setting (Medicare)	
Code	**Code Description**	**Code**	**Code Description**
93303	Transthoracic echocardiography (TTE) for congenital cardiac anomalies; complete	**C8921**	TTE with contrast, or without contrast followed by with contrast, for congenital cardiac anomalies; complete
93304	TTE for congenital cardiac anomalies; follow-up or limited study	**C8922**	TTE with contrast, or without contrast followed by with contrast, for congenital cardiac anomalies; follow up or limited study

*Optison is not FDA-approved for stress echocardiography or transesophageal echocardiography (TEE).

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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	**C8929**	TTE, 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
93307	Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	**C8923**	TTE, 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
93308	Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, follow-up or limited study	**C8924**	TTE, 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

Transesophageal Echocardiography* Coding Crosswalk			
Physicians Office/Independent Diagnostic Testing Facility		**Hospital Outpatient Setting (Medicare)**	
93312	Echocardiography, transesophageal, real-time with image documentation (2D) (with or without M-mode recording); including probe placement, image acquisition, interpretation and report	**C8925**	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
93315	Transesophageal echocardiography (TEE) for congenital cardiac anomalies; including probe placement image acquisition, interpretation and report	**C8926**	TEE with contrast, or without contrast followed by with contrast, for congenital cardiac anomalies; including probe placement, image acquisition, interpretation and report
93318	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	**C8927**	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

*Optison is not FDA-approved for stress echocardiography or transesophageal echocardiography (TEE).

Commercial/Private Payer Reimbursement

Payment for Optison may be based on a percentage markup of the ASP, similar to Medicare, or a percentage markup or markdown of the average wholesale price (AWP), or the wholesale acquisition cost (WAC). Echocardiogram payment varies from payer to payer. Please refer to specific payer policies or contact payer for appropriate codes and payments for specific procedures.

Echocardiography Enhanced by Optison — Hospital Outpatient Setting

Medicare Reimbursement

Optison is not eligible for separate payment under the Medicare Hospital Outpatient Prospective Payment System (OPPS). Rather, payment for Optison is packaged with the payment for the echocardiogram; there is no additional payment for the contrast agent. Hospitals should still bill for Q9956. This allows the CMS to obtain cost and charge data in order to set future payments.

When billing for echocardiographic procedures, hospitals must report either the appropriate C-code for an echocardiogram with contrast or the appropriate CPT code for an echocardiogram without contrast. Do not report both. C-codes are for Medicare hospital outpatient services only.

To report the type of echocardiographic procedure performed, use the appropriate CPT code. The codes listed below are *samples* of the available codes. Please see pages 8-9 for a full list of available echocardiography codes.

Medicare 2022 Hospital Outpatient – Echocardiogram* Coding and Reimbursement (samples)	
Code	**Code Description**
Q9956	Injection, octafluoropropane microspheres, per mL
93303	Transthoracic echocardiography for congenital cardiac anomalies; complete
C8921	Transthoracic echocardiography with contrast, or without contrast followed by with contrast, for congenital cardiac anomalies; complete

*Optison is not FDA-approved for stress echocardiography or transesophageal echocardiography (TEE).

Commercial/Private Payer Reimbursement

Private payers may or may not recognize C-codes. Please reference specific payer policies or contact payer for appropriate codes and payments for specific procedures.

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Resources

1. 2022 Physician Fee Schedule
https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/PhysicianFeeSched
Accessed May 27, 2022.

2. Addendum B – January 2022 Final OPPS
https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/HospitalOutpatientPPS
Accessed May 27, 2022.

Support for Optison

Customer Service
To place an order, call 800 292 8514.

Medical Affairs
For technical or product-related questions and/or to reach a Clinical Applications Specialist, call 800 654 0118 (option 2, then option 3) or email medical.affairs@ge.com

Reimbursement Hotline
For reimbursement-related questions (eg, appropriate coding), call our hotline at 800 767 6664

www.gehealthcare.com/products/contrast-media/optison
For more information about Optison and other GE Healthcare products

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