



QUADRAMET®

Samarium Sm 153 Lexidronam Injection

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2011 Medicare Reimbursement Coding

888-900-2674

(Jan to Dec 2011 Physician Office/IDTF Procedure Allowables)

(Jan to Mar 2011 Hospital Outpatient Procedure and Radiopharmaceutical Rates)

MEDICARE HOSPITAL OUTPATIENT		*MEDICARE PHYSICIAN OFFICE & INDEPENDENT DIAGNOSTIC TESTING FACILITIES (IDTF)		
APC	PAYMENT RATE Jan to Mar 2011	TC Jan to Dec 2011	PC Jan to Dec 2011	GLOBAL Jan to Dec 2011

Radiopharmaceutical

A9604*	Samarium Sm 153 lexidronam, therapeutic, per treatment dose, up to 150 millicuries	1295	\$ 7,484.58	% of AWP or Invoice Cost Check with MAC [†]	
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* New code/units for CY2010 replacing A9605.

† = Medicare Administrative Contractor

Radiopharmaceutical Therapy

79101	Radiopharmaceutical therapy, by intravenous administration	0407	\$ 224.12	\$ 59.46	\$ 101.93	\$ 161.39
77750	Infusion or instillation of radioelement solution (includes 3-month follow-up care) <i>References CPT Assistant Sep 2005:1; CPT Changes: An Insider's View 2005</i> <i>(For non-antibody radiopharmaceutical therapy by intravenous administration only, not including 3-month follow-up care, use 79101)</i>	0301	\$ 160.54	\$ 101.59	\$ 251.09	\$ 352.68

Notes: [**CMS 2011 HOPPS Final Addenda, effective January 1, 2011 \(Downloads Section\)](#)

[***PFS Relative Value File, RVU11AR, effective January 1 through December 31, 2011](#)

Choose CPT codes for procedures separately ordered, medically necessary and performed following AMA and Specialty Society coding guidelines.

Above rates are national and are not wage adjusted.

Be aware of Correct Coding Initiative quarterly updates Title XVIII of the Social Security Act, section 1862 (a) (1) (A). This section allows coverage and payment for only those services that are considered to be medically reasonable and necessary.

Procedure coding is a listing of descriptive terms and identifying codes for reporting medical services and procedures performed by physicians. Coding should be based upon procedures and supplies provided to the patient which accurately describe the medical, surgical, and diagnostic services provided. Coding and reimbursement information is provided to you for educational purposes only and does not assure coverage in a specific case or setting. Neither EUSA Pharma (USA), Inc. nor Reimbursement Revenue Solutions make any guarantee of coverage or reimbursement of fees. Contact your commercial plan representative, local Medicare Administrative Contractor or CMS for specific information as payment rates listed are National and subject to change. To the extent that you submit cost information to Medicare, Medicaid or any other reimbursement program to support claims for services or items, you are obligated to accurately report the actual price paid for such items, including any subsequent adjustments. Current Procedural Terminology numeric codes, descriptions, and modifiers are trademarks and copyrights of the AMA.

See Quadramet package insert for full prescribing information