Contrast Agent Reimbursement Guide

FREE-STANDING CLINICS

BEGIN >

Table of contents

This reimbursement guide provides information about general coverage, coding, and payment for Bayer contrast agents and associated imaging procedures. Correct coding of all components of a service is necessary to obtain appropriate reimbursement.

All codes must be supported with adequate documentation in the medical record.

Please see Ambelvist® Important Safety Information on pages 12-13

Please see Full Prescribing Information for Ambelvist®

Insurance coverage overview

Introduction

Bayer HealthCare Inc. offers this reimbursement guide to provide information about general coverage, coding, and payment information for Bayer contrast agents and associated imaging procedures in the freestanding imaging center and physician office settings. The following sections include an overview of the major public and private insurers' general coverage and reimbursement policies for radiology services.

Coverage overview

Coverage refers to insurer provision of program benefits to patients for a specific product or medical service. Coverage policies, which vary by payer, typically specify whether a proposed course of treatment is medically necessary and, therefore, eligible for reimbursement under a patient's healthcare plan. Coverage policies are distinct from payment policies. While a product or service may be covered, if it is bundled or packaged, it is not paid for separately.

Medicare typically covers radiology imaging procedures and contrast agents when they are considered reasonable and necessary for the diagnosis or treatment of an illness or injury. Medicare often bases its coverage decisions on information submitted on claim forms, including diagnosis codes and procedure codes. In some cases, Medicare may also look at accompanying documentation that is submitted with a claim. In general, Medicare covers non-investigational uses of MRI that are reasonable and necessary.

Medicare's complete national coverage determinations for MRI procedures are available at: www.cms.hhs.gov/mcd/index_list.asp?list_type=ncd.

Like Medicare, most private insurers cover radiology imaging procedures, and contrast agents when determined to be medically necessary and appropriate; however, benefits vary from payer to payer and also depend on the specific contract terms that a provider negotiates with a given plan. As a condition of coverage, some managed care plans may also require that providers obtain prior authorization before providing medical imaging services.

Check your patient's policy or call the Reimbursement Helpline for help determining specific policy limits or requirements that might apply to Bayer products or related imaging procedures.

Because decisions regarding Medicaid benefits are generally left to the states, Medicaid coverage policies will be determined on a state-by-state basis. While some policies may mirror coverage guidelines for contrast agents and associated imaging procedures from Medicare, others may limit benefits and may additionally require prior authorization requirements for such services.

For more specific information, check your state's Medicaid coverage policies, or call the Reimbursement Helpline if you need help researching specific guidelines or restrictions.

Coding overview

Correct coding of all components of a service is necessary to obtain appropriate reimbursement.

Freestanding imaging centers and physician offices, along with other settings of care, bill for services and items using the Centers for Medicare & Medicaid Services (CMS)-1500 claim form. Although specific coding requirements vary by insurer, Medicare and many other payers require the following codes on claims for radiology services furnished in freestanding imaging centers:

- International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-PCS) diagnosis code(s) to describe the patient's condition
- Current Procedural Terminology (CPT®) code(s) to accurately identify the procedure(s) performed, including the imaging service
- Healthcare Common Procedure Coding System (HCPCS) code(s) for certain contrast agents and other drugs and supplies

We describe each type of code on the following pages.

All codes must be supported with adequate documentation in the medical record; such documentation may be requested in the event of an audit or a retrospective claims review.

ICD-10-CM codes

All claim forms must include at least one ICD-10-CM diagnosis code to describe the patient's condition. Because there are many possible circumstances that may require imaging services, such services can be billed with a variety of diagnosis codes. Some payers have coverage policies that list specific covered diagnosis codes for imaging procedures; these codes will vary from payer to payer.

Providers should consult a complete listing of current ICD-10-CM diagnosis codes to determine which code(s) best reflect the condition of the patient for whom a claim is submitted and has the highest level of specificity.

CPT codes

CMS-1500 claims for freestanding imaging centers and physician office services (as well as physicians' professional services in other settings of care) must include appropriate CPT codes to describe the services performed. Many CPT codes specify whether an imaging study is performed without contrast material, with contrast material, or without contrast material followed by contrast material.

CPT modifiers

In many instances, it may be appropriate to use modifiers in conjunction with CPT codes to provide additional detail or to indicate that a service has been altered in some way.

Under the Medicare physician fee schedule, many procedures, including imaging services, include professional and/or technical components. When reporting services on the CMS-1500 claim form, freestanding imaging centers, physicians, and physician offices sometimes use modifiers to indicate that a procedure involves only one of these components or to bill for only one of these components by attaching one of the following modifiers to the appropriate CPT code:

- 26 Professional component
- TC Technical component

If both the technical and professional components of an imaging procedure are performed, bill for the global service by reporting the applicable CPT code(s) without the 26 or the TC modifier.

Modifiers -26 and -TC are not appropriate for all CPT codes, as many services (especially non-diagnostic procedures) are not broken down into technical and professional components. Providers should determine whether the use of a modifier(s) is appropriate for a particular case and should select modifier(s) that—when reported in conjunction with the corresponding CPT code(s)—accurately describe the service(s) rendered to the patient.

Coding overview (cont'd)

HCPCS codes

Medicare, as well as many private payers and Medicaid plans, requires that freestanding imaging centers and physician offices report many drugs, supplies, and other items using alphanumeric HCPCS codes, which often are highly specific in nature.

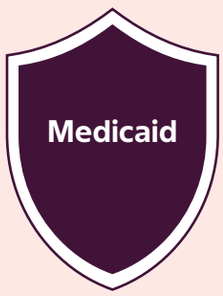
Please note that the availability of a HCPCS code for a particular product does not necessarily indicate that the product is separately reimbursable.

Depending on the insurer and the particular service and agent provided, reimbursement for contrast agent(s) may be included within the payment for the associated imaging procedure.

In situations that warrant the use of HCPCS codes, providers should consult a complete listing of current HCPCS codes and select the appropriate HCPCS code(s) with the highest level of specificity to describe the product(s) or service(s) furnished.

Freestanding imaging centers and physician offices may bill Medicare for reasonable and necessary uses of MRI contrast with HCPCS code A9579.

The Final Rule to the Medicare Physician Fee Schedule, published in December 2006, allows for the separate reimbursement of various contrast agent(s). Prior to January 1, 2007, Medicare paid separately for MRI contrast only in very limited circumstances. Additional information is provided in the Payment section of this reimbursement guide.



The coding requirements of non-Medicare payers likely will vary. Some insurers may not require providers to bill contrast agents with HCPCS codes for many contrast-enhanced radiology imaging procedures.

If you are unsure whether a particular payer accepts contrast agent HCPCS codes, we encourage you to contact the payer directly or call Bayer's Reimbursement Helpline at 1-800-423-7539.

Payment overview

Payment methodologies often vary depending on where a procedure is performed. This is especially true of the Medicare program. The following sections outline the payment systems that different payers use to reimburse services furnished in the **freestanding clinics** and **physician office settings**.

Medicare reimburses physicians' professional services provided in freestanding imaging centers and physician office services (and other settings of care) based on the resource-based relative value scale (RBRVS) physician fee schedule.

Payment levels under the Medicare Physician Fee Schedule (MPFS) are calculated separately for each covered CPT code. RBRVS payment calculations take into account the average time, effort, practice expense, and malpractice cost associated with a procedure, as well as geographic cost differences. For each separately payable procedure, Medicare pays 80% of the fee schedule amount, and the patient (or the patient's secondary insurer), the remaining 20% as co-insurance.

Radiology Imaging Procedures

Under the physician fee schedule, each medical imaging CPT code is assigned relative value units (RVUs), which are used to calculate a payment amount. In general, imaging studies whose CPT descriptors specify "with contrast" are assigned higher RVU values than those studies whose CPT descriptors specify only "without contrast," which results in higher payment rates for contrast-enhanced procedures. The RVUs for imaging CPT codes with descriptors that specify "without contrast followed by with contrast" reflect payment levels for two procedures: the first scan without contrast, and the second scan with contrast.

Bayer Contrast Agents

Medicare provides separate payment for certain contrast agents (as well as physician-administered drugs and biologicals) when furnished in freestanding imaging centers and physician offices. These agents are reimbursed outside of the physician fee schedule and are reported on physician CMS-1500 claim forms using HCPCS codes.

Like with most physician-administered drugs and biologicals under Medicare Part B, the current basis of Medicare payment for contrast agents is average sales price (ASP). CMS calculates an ASP-based payment amount for each HCPCS code based on sales data submitted by manufacturers, and ASP amounts are updated quarterly. Because the ASP-based payment rates for contrast agents are set at the HCPCS code level, these amounts apply to—and reflect the aggregate sales data of—all products that fall under each HCPCS code.

All reasonable and necessary uses of contrast agents are eligible for separate Medicare payment in the freestanding imaging center and physician office settings. For a current status on contractor notification, implementation instructions, or claims submissions, contact the **Reimbursement Helpline at 1-800-423-7539**.

Payment overview (cont'd)

For services provided in freestanding imaging centers and physician offices, some private insurers base reimbursement on RBRVS or other fee schedules while others may base reimbursement on discounted charges or capitated rates. Whether a freestanding imaging center receives separate reimbursement for contrast agent(s) will depend on the plan in question, the particular agent and imaging service furnished, and the contract that the facility has negotiated with the plan. Facing increasing pressures to control costs, many private insurers are adopting bundled payment arrangements for services like contrast-enhanced radiology imaging studies.

Although Medicaid payment methods for freestanding imaging centers and physician office services may vary by state, many state Medicaid programs reimburse these services based on fee schedules. While there is significant variation in Medicaid payment amounts among states, Medicaid programs typically pay less than other insurers. State-specific policies will determine whether contrast agents are paid separately in freestanding imaging centers.

Payment overview (cont'd)

Summary of Medicare Reimbursement for Free-Standing Clinics

Components of Reimbursement	MR procedure	MRI Contrast Agent
CPT Codes	**Specific codes for MR** • See codes listed inside this piece • Many codes specify without contrast or with contrast	Generally not used to report contrast use
HCPCS Codes	Generally not used to report imaging procedures in freestanding imaging centers	**MR contrast use should be reported with a HCPCS code** See the following pages for appropriate codes
Payment	**Based on physician fee schedule** • Each procedure assigned relative value units that are used to calculate payments • Procedures with contrast generally paid at higher rate than those without contrast • Payment generally limited to two procedures on same area of body • 50% discount applies to additional procedures within same imaging "family"	**Reasonable and necessary uses of MR contrast eligible for separate payment** • Payment based on ASP + 6% • ASP-based rates updated quarterly

Payment overview (cont'd)

For services provided in freestanding imaging centers and physician offices, some private insurers base reimbursement on RBRVS or other fee schedules while others may base reimbursement on discounted charges or capitated rates. Whether a freestanding imaging center receives separate reimbursement for contrast material will depend on the plan in question, the particular contrast agent used and imaging service furnished, and the contract that the facility has negotiated with the plan. Facing increasing pressures to control costs, many private insurers are adopting bundled payment arrangements for services such as contrast-enhanced radiology imaging studies.

Although Medicaid payment methods for freestanding imaging centers and physician office services may vary by state, many state Medicaid programs reimburse these services based on fee schedules. While there is significant variation in Medicaid payment amounts among states, Medicaid programs typically pay less than other insurers. State-specific policies will determine whether contrast agents are paid separately in freestanding imaging centers.

If you have a question about reimbursement, please contact the **Bayer Radiology Reimbursement Helpline** at **1-800-423-7539**.

Helpline hours are **Monday through Friday, 9:00 am to 5:00 pm, Eastern time.**

Billing for Ambelvist®

Procedures and contrast agents must be coded correctly in order to obtain appropriate reimbursement from both the Centers for Medicare & Medicaid Services (CMS) and all other third-party payers.

A distinct Healthcare Common Procedure Coding System (HCPCS) code for Ambelvist is not yet available for use. During this period, a not-otherwise-classified (NOC) HCPCS code would be required when submitting a claim for reimbursement, along with additional information including the National Drug Code (NDC) number, drug name, cost, and units. See chart below for suggested NOC coding to report Ambelvist.

Applicable HCPCS Codes for Ambelvist (gadoquatrane)[1]

CODE	CODE DESCRIPTION
J3490	(injection, unclassified drugs)
A9579	(injection, gadolinium based magnetic resonance contrast agent, not otherwise specified)

Please note that NOC drug codes always default to one unit whereas distinct HCPCS codes have units based on the dose administered, with each mL being one unit. Additional coding information required for reimbursement would include Current Procedural Terminology (CPT®) codes and International Classification of Diseases, Tenth Revision (ICD-10-CM) codes, among others potentially required by the payer.

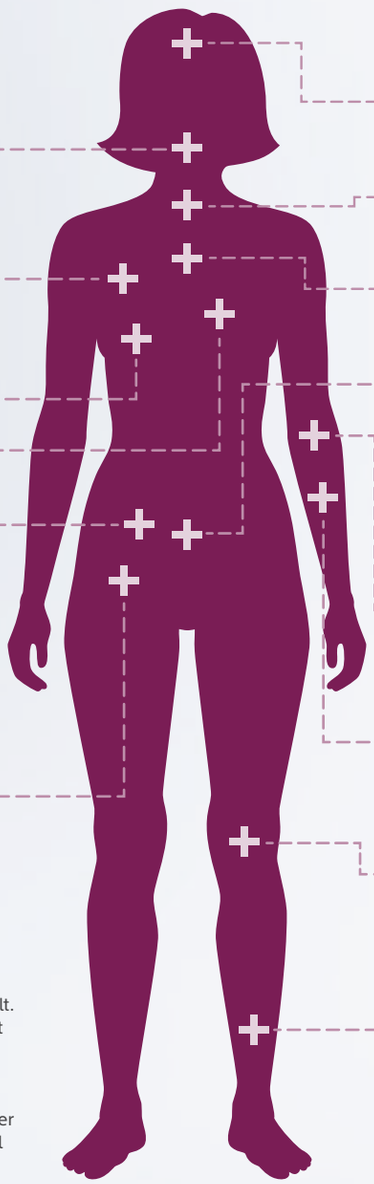
See Boxed Warning regarding Risk Associated with Intrathecal Injection and Nephrogenic Systemic Fibrosis, as well as additional Important Safety Information on pages 12 and 13.

INDICATIONS

Ambelvist® (gadoquatrane) is a gadolinium-based contrast agent indicated in adult and pediatric patients, including term neonates, for use with magnetic resonance imaging (MRI) to detect and visualize lesions with abnormal vascularity in:

- the central nervous system (brain, spine, and associated tissues)
- the body (head and neck, thorax, abdomen, pelvis, and musculoskeletal system)

MRI CPT Codes



HEAD & NECK

Orbit, Face & Neck

70542 With contrast
70543 With & without contrast

THORAX

Thorax

71551 With contrast
71552 With & without contrast

Breast

77048 With & without contrast; including CAD; unilateral
77049 With & without contrast; including CAD; bilateral

Cardiac

75561 With & without contrast

ABDOMEN

74182 With contrast
74183 With & without contrast

PELVIS

72196 With contrast
72197 With & without contrast

BRAIN, SPINE, & ASSOCIATED TISSUES

Brain

70552 With contrast
70553 With & without contrast

Cervical Spine

72142 With contrast
72156 With & without contrast

Thoracic Spine

72147 With contrast
72157 With & without contrast

Lumbar spine

72149 With contrast
72158 With & without contrast

MUSCULOSKELETAL SYSTEM

Shoulder, Elbow, Or Wrist
(Upper Extremity, Joint)

73222 With contrast
73223 With & without contrast

Humerus, Forearm, And/Or Hand
(Upper Extremity, Non-Joint)

73219 With contrast
73220 With & without contrast

Hip, Knee, And/Or Ankle
(Lower Extremity, Joint)

73722 With contrast
73723 With & without contrast

Thigh, Lower Leg, And/Or Foot
(Lower Extremity, Non-Joint)

73719 With contrast
73720 With & without contrast

Information provided in this resource is for informational purpose only and does not guarantee that codes will be appropriate or that coverage and reimbursement will result. Customers should consult with their payers for all relevant coverage, coding, and reimbursement requirements. It is the sole responsibility of the provider to select proper codes and ensure the accuracy of all claims used in seeking reimbursement. Neither this resource nor the Bayer HealthCare Reimbursement Helpline is intended as a legal advice or as a substitute for a provider's independent professional judgment.

See Boxed Warning regarding Risk Associated with Intrathecal Injection and Nephrogenic Systemic Fibrosis, as well as additional Important Safety Information on pages 12 and 13.

INDICATIONS and IMPORTANT SAFETY INFORMATION

INDICATIONS

Ambelvist® (gadoquatrane) is a gadolinium-based contrast agent indicated in adult and pediatric patients, including term neonates, for use with magnetic resonance imaging (MRI) to detect and visualize lesions with abnormal vascularity in:

- the central nervous system (brain, spine, and associated tissues)
- the body (head and neck, thorax, abdomen, pelvis, and musculoskeletal system)

IMPORTANT SAFETY INFORMATION

WARNING: RISK ASSOCIATED WITH INTRATHECAL USE and NEPHROGENIC SYSTEMIC FIBROSIS

Risk Associated with Intrathecal Use

Intrathecal administration of gadolinium-based contrast agents (GBCAs) can cause serious adverse reactions including death, coma, encephalopathy, and seizures. AMBELVIST is not approved for intrathecal use.

Nephrogenic Systemic Fibrosis

GBCAs increase the risk for nephrogenic systemic fibrosis (NSF) among patients with impaired elimination of the drugs. Avoid use of AMBELVIST in these patients unless the diagnostic information is essential and not available with non-contrasted MRI or other modalities. NSF may result in fatal or debilitating fibrosis affecting the skin, muscle, and internal organs.

The risk for NSF appears highest among patients with:

- Chronic, severe kidney disease (GFR < 30 mL/min/1.73 m2), or
- Acute kidney injury

Screen patients for acute kidney injury and other conditions that may reduce renal function. For patients at risk for chronically reduced renal function (for example, age > 60 years, hypertension, or diabetes), estimate the glomerular filtration rate (GFR) through laboratory testing.

For patients at highest risk for NSF, do not exceed the recommended AMBELVIST dose and allow a sufficient period of time for elimination of the drug from the body prior to any re-administration.

Contraindication and Important Information about Hypersensitivity Reactions: Ambelvist® is contraindicated in patients with a history of severe hypersensitivity reactions to Ambelvist®. Serious hypersensitivity reactions have occurred with GBCAs. Before Ambelvist® administration, assess all patients for any history of a reaction to contrast media, bronchial asthma, and/or allergic disorders. These patients may have an increased risk for a hypersensitivity reaction to Ambelvist®.

Gadolinium Retention: Gadolinium is retained for months or years in several organs. Linear GBCAs cause more retention than macrocyclic GBCAs. At equivalent doses, retention varies among the linear agents. Retention is lowest and similar among the macrocyclic GBCAs. Consequences of gadolinium retention in the brain have not been established, but they have been established in the skin and other organs in patients with impaired renal function. While clinical consequences of gadolinium retention have not been established in patients with normal renal function, certain patients might be at higher risk. These include patients requiring multiple lifetime doses, pregnant and pediatric patients, and patients with inflammatory conditions. Consider the retention characteristics of the agent and minimize repetitive GBCA studies, when possible.

Please see more Important Safety information for AMBELVIST on page 13.

IMPORTANT SAFETY INFORMATION (cont'd)

Acute kidney Injury: In patients with chronic renal impairment, acute kidney injury sometimes requiring dialysis has been observed with the use of some GBCAs. Do not exceed the recommended dose; the risk of acute kidney injury may increase with higher than recommended doses.

Interference with Lesion Visualization
As with other GBCAs, Ambelvist® may obscure certain lesions that are visible on non-contrast MRI. When available, non-contrast MRI images should be reviewed during the interpretation of Ambelvist® MRI scans.

Adverse Reactions: The most frequently observed adverse reactions (incidence ≥ 0.2%) were dizziness, headache, injection site reactions, nausea, vomiting, feeling hot, paresthesia, and pruritus.

Please see Full Prescribing Information for Ambelvist®

Available Presentations*

SINGLE-DOSE VIALS (RUBBER-STOPPERED)	VIAL SIZE (mL)	NDC CODE	QTY
	**2.0 mL**	50419-321-11	Cartons of 3 vials
	7.5 mL	50419-322-11	Cartons of 10 vials
	10 mL	50419-323-11	Cartons of 10 vials

*Additional presentations will be available upon market availability.

Please see Important Safety information for AMBELVIST on pages 12 and 13.

Sample health insurance claim form CMS-1500 for AMBELVIST Contrast-enhanced MRI

Freestanding imaging centers and physician offices, as well as other settings of care, bill for physicians' professional services and items using the CMS-1500 claim form. A sample CMS-1500 claim form for billing AMBELVIST is provided below:

Form Locator 24D (HCPCS/Raes/ HIPPS Code)

Enter CPT® or HCPCS Code for procedure and contrast agent

70552 Contrast enhanced MRI

A9579, Injection, gadolinium-based magnetic resonance contrast agent, not otherwise specified (nos), per mL

Form Locator 24G (Units of Service)

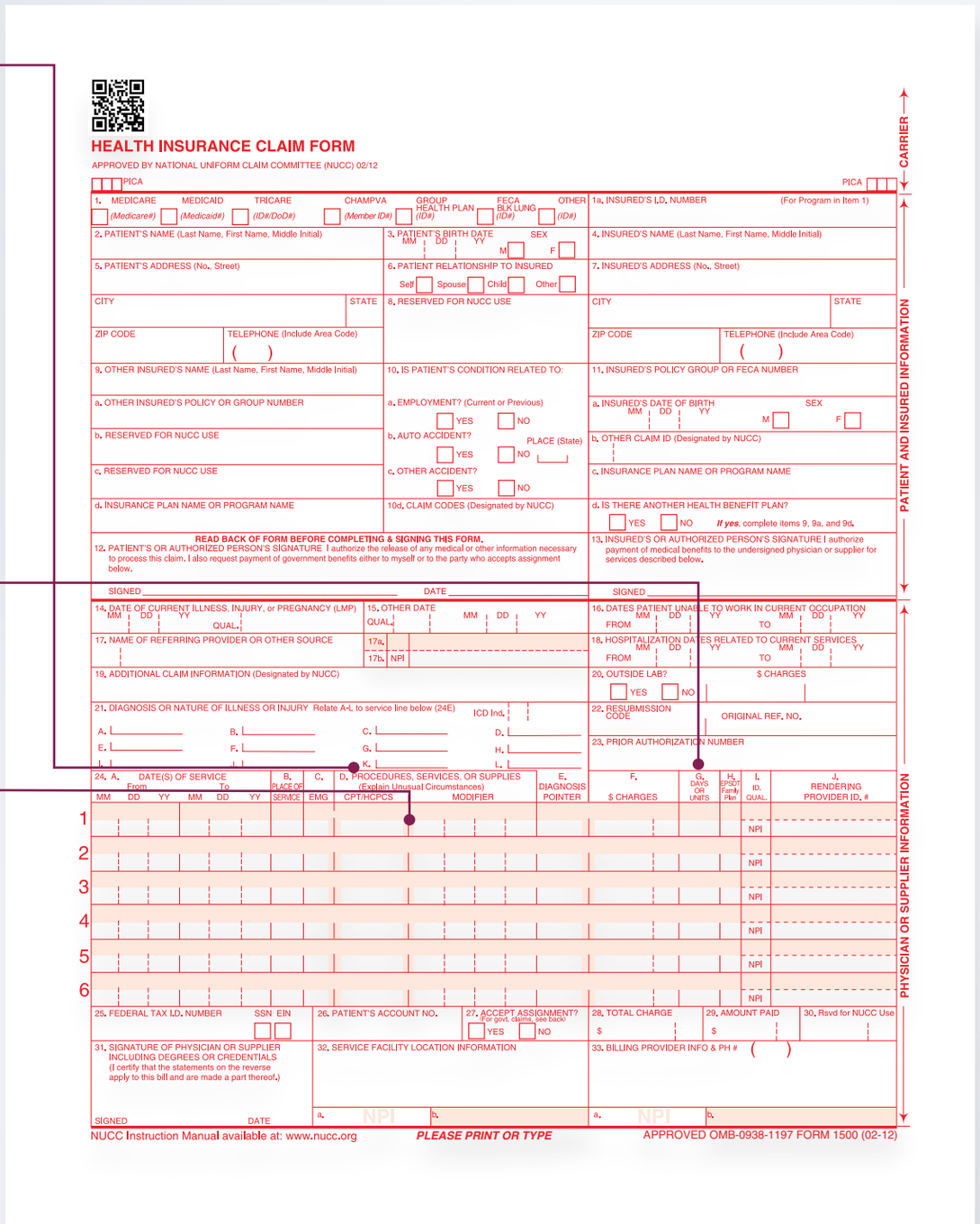
Enter number of units based on the HCPCS descriptor

JW Modifier:

Discarded drug not administered, wastage

JZ Modifier:

Zero drug wasted



HEALTH INSURANCE CLAIM FORM

APPROVED BY NATIONAL UNIFORM CLAIM COMMITTEE (NUCC) 02/12

PICA

1. MEDICARE (Medicare#) MEDICAID (Medicaid#) TRICARE (ID#/DoD#) CHAMPVA (Member ID#) GROUP HEALTH PLAN (ID#) FECA BLK LUNG (ID#) OTHER (ID#)

1a. INSURED'S I.D. NUMBER (For Program in Item 1)

2. PATIENT'S NAME (Last Name, First Name, Middle Initial)

3. PATIENT'S BIRTH DATE MM DD YY SEX M F

4. INSURED'S NAME (Last Name, First Name, Middle Initial)

5. PATIENT'S ADDRESS (No., Street)

6. PATIENT RELATIONSHIP TO INSURED Self Spouse Child Other

7. INSURED'S ADDRESS (No., Street)

CITY STATE

8. RESERVED FOR NUCC USE

CITY STATE

ZIP CODE TELEPHONE (Include Area Code) ( )

ZIP CODE TELEPHONE (Include Area Code) ( )

9. OTHER INSURED'S NAME (Last Name, First Name, Middle Initial)

10. IS PATIENT'S CONDITION RELATED TO:

11. INSURED'S POLICY GROUP OR FECA NUMBER

a. OTHER INSURED'S POLICY OR GROUP NUMBER

a. EMPLOYMENT? (Current or Previous) YES NO

a. INSURED'S DATE OF BIRTH MM DD YY SEX M F

b. RESERVED FOR NUCC USE

b. AUTO ACCIDENT? YES NO PLACE (State)

b. OTHER CLAIM ID (Designated by NUCC)

c. RESERVED FOR NUCC USE

c. OTHER ACCIDENT? YES NO

c. INSURANCE PLAN NAME OR PROGRAM NAME

d. INSURANCE PLAN NAME OR PROGRAM NAME

10d. CLAIM CODES (Designated by NUCC)

d. IS THERE ANOTHER HEALTH BENEFIT PLAN? YES NO *If yes*, complete items 9, 9a, and 9d.

READ BACK OF FORM BEFORE COMPLETING & SIGNING THIS FORM.

12. PATIENT'S OR AUTHORIZED PERSON'S SIGNATURE I authorize the release of any medical or other information necessary to process this claim. I also request payment of government benefits either to myself or to the party who accepts assignment below.

13. INSURED'S OR AUTHORIZED PERSON'S SIGNATURE I authorize payment of medical benefits to the undersigned physician or supplier for services described below.

SIGNED DATE SIGNED

14. DATE OF CURRENT ILLNESS, INJURY, or PREGNANCY (LMP) MM DD YY QUAL.

15. OTHER DATE QUAL. MM DD YY

16. DATES PATIENT UNABLE TO WORK IN CURRENT OCCUPATION MM DD YY FROM MM DD YY TO

17. NAME OF REFERRING PROVIDER OR OTHER SOURCE

17a.

17b. NPI

18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES MM DD YY FROM MM DD YY TO

19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC)

20. OUTSIDE LAB? YES NO $ CHARGES

21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY Relate A-L to service line below (24E) ICD Ind.

A. B. C. D. E. F. G. H. I. J. K. L.

22. RESUBMISSION CODE ORIGINAL REF. NO.

23. PRIOR AUTHORIZATION NUMBER

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. #
1										NPI	
2										NPI	
3										NPI	
4										NPI	
5										NPI	
6										NPI	

25. FEDERAL TAX I.D. NUMBER SSN EIN

26. PATIENT'S ACCOUNT NO.

27. ACCEPT ASSIGNMENT? (For govt. claims, see back) YES NO

28. TOTAL CHARGE $

29. AMOUNT PAID $

30. Rsvd for NUCC Use

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.)

SIGNED DATE

32. SERVICE FACILITY LOCATION INFORMATION

a. NPI b.

33. BILLING PROVIDER INFO & PH # ( )

a. NPI b.

CARRIER

PATIENT AND INSURED INFORMATION

PHYSICIAN OR SUPPLIER INFORMATION

NUCC Instruction Manual available at: www.nucc.org

PLEASE PRINT OR TYPE

APPROVED OMB-0938-1197 FORM 1500 (02-12)

Bayer cannot guarantee coverage or payment for products or procedures at any particular level

Please see Important Safety information for AMBELVIST on pages 12 and 13.

Purchasing resources

McKESSON

1-877-259-4624

Bayer in Radiology's collaboration with McKesson Specialty 3rd Party Logistics (3PL) (1-877-259-4624) combines Bayer's commitment to our customers with the drug distribution capabilities of McKesson. The benefits of purchasing through McKesson includes avoiding additional shipping charges and you may be eligible for a prompt pay discount of 2% when invoices are paid within 30 days.

Additional independent suppliers are listed below in alphabetical order.

BlueRidge X-ray Company, Inc.
Aden, NC 28704
828-681-9729 x139

Cardinal Health, Inc.
Dublin, OH 43017
866-551-0532

Cencora (fka AmerisourceBergen)
Valley Forge, PA 19087
610-727-7000

Cesar Castillo, LLC
Guaynabo, PR
787-999-1616

CMX Medical Imaging
Tukwila, WA 78188
425-656-1269

Concordance HealthCare Solutions
Tiffin, OH 44883
800-447-0225

Freedom Imaging
Anaheim, CA 82805
714-535-2520 x1

Henry Schein, Inc.
Melville, NY 11747
800-772-4346

Jefferson Medical & Imaging, Inc.
Oak Ridge, NJ 07438
973-697-5077

McKesson Medical Surgical
Richmond, VA 23228
800-866-9243

McKesson Pharma
San Francisco, CA 92123
800-811-9092

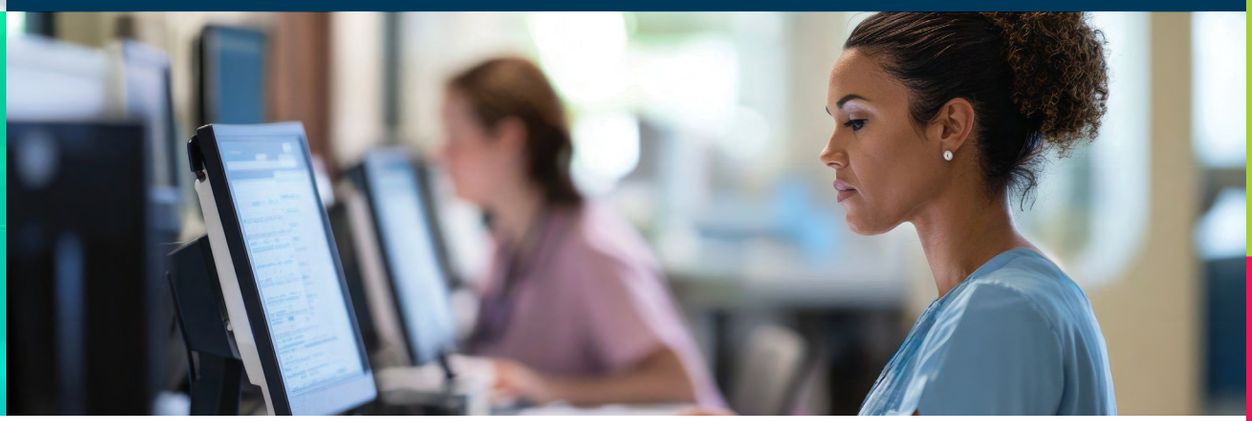
Medline Industries
Mundelein, IL 60060
847-949-5500

Merry X-ray/ Source One
San Diego, CA 92123
800-635-9729

Morris & Dickson Co., LLC
Shreveport, LA 71115
318-797-7900

Owens & Minor, Inc.
Mechanicsville, VA 23116
804-935-4180

For more information visit radiologysolutions.bayer.com



Reference:

1. Ambelvist [package insert]. Whippany, NJ: Bayer HealthCare Pharmaceuticals Inc.; Month 2026.

Bayer HealthCare LLC, 100 Bayer Boulevard, P.O. Box 915. Whippany, NJ 07981 U.S.A.
Phone: +1-412-767-2400, +1-800-633-7231 **Fax:** +1-412-767-4120

For more information visit radiologysolutions.bayer.com

MAC-AMB-US-0002-1 July 2026