Eovist® (gadoxetate disodium) Injection Coding Tip Sheet

Freestanding Outpatient Facilities

Billing for Eovist

Eovist has been assigned a unique Healthcare Common Procedure Coding System (HCPCS) code. A9581 should be used for all claims.[1]

HCPCS Code for Use with Eovist

HCPCS code	Code description
A9581	Injection, gadoxetate disodium, 1 mL

- When billing for Eovist for services:
  - Enter the A9581 code in Field 24D on the Centers for Medicare and Medicaid Services (CMS) 1500 Form
  - If appropriate, bill for a quantity of 10 units in Field 24G to reflect the total mL dosage
- To avoid billing confusion, the use of Eovist should be noted on the patient's report dictated by the radiologist

Indication and Usage

Eovist® (gadoxetate disodium) injection is indicated for intravenous use in magnetic resonance imaging (MRI) of the liver to detect and characterize lesions in patients with known or suspected focal liver disease.

Important Safety Information

WARNING: NEPHROGENIC SYSTEM FIBROSIS (NSF)

Gadolinium-based contrast agents (GBCAs) increase the risk for NSF among patients with impaired elimination of the drugs. Avoid use of GBCAs 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/1.73m^2), 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 Eovist® dose and allow a sufficient period of time for eliminating of the drug from the body prior to any re-administration.

Please see additional Important Safety Information throughout this piece.

Please click here to see the Eovist® Full Prescribing Information.

Learn more about Eovist at eovist.com

Eovist®
(gadoxetate disodium) injection
0.25 mmol/mL

Reimbursement for Contrast by Payer

Medicare: Local Medicare contractors reimburse separately for non-oral contrast material when it is used with a procedure. The basis for payment by Medicare in the freestanding setting is the Average Sales Price (ASP), calculated and published by CMS quarterly. This may not be the same ASP reported by Bayer because CMS takes the weighted average of each package size and calculates an average ASP based on volume and price.

Private Commercial: Some managed care organizations reimburse separately for contrast when billed with a procedure. Please consult the Reimbursement Helpline for guidance.

The Bayer Imaging Reimbursement Helpline is available to all institutions to provide further information on Eovist coverage reimbursement.

The Helpline can be reached at 800-423-7539 or via email at imaging@prgweb.com.

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 Medical Care Reimbursement Helpline is intended as a legal advice or as a substitute for a provider's independent professional judgment.

Important Safety Information (continued)

Contraindication and Important Information about Hypersensitivity Reactions: Eovist® is contraindicated in patients with history of severe hypersensitivity reactions to Eovist®. Anaphylactic and other hypersensitivity reactions with cardiovascular, respiratory and cutaneous manifestations, ranging from mild to severe, including shock have uncommonly occurred following Eovist® administration. Before Eovist® administration, assess all patients for any history of a reaction to contrast media, bronchial asthma and allergic disorders. These patients may have an increased risk for a hypersensitivity reaction to Eovist®.

Acute Kidney Injury: In patients with chronic renal impairment, acute kidney injury sometimes requiring dialysis has been observed with the use of some GBCAs. The risk of acute kidney injury might be lower with Eovist® due to its dual excretory pathways. Do not exceed the recommended dose; the risk of acute kidney injury may increase with higher than recommended doses.

Extravasation and Injection Site Reactions: Ensure catheter and venous patency before the injection of Eovist®. Extravasation into tissues during Eovist® administration may result in local tissue reactions. Strictly avoid intramuscular administration of Eovist® because it may cause myocyte necrosis and inflammation.

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(gadoxetate disodium) injection
0.25 mmol/mL

Claim Form Guidance

To help demonstrate billing of Eovist® (gadoxetate disodium) injection, the sample claim below is provided:

1500

HEALTH INSURANCE CLAIM FORM

APPROVED BY NATIONAL UNIFORM CLAIM COMMITTEE 08/05

PICA

1. MEDICARE (Medicare #) | MEDICAID (Medicaid #) | TRICARE CHAMPUS (Sponsor's SSN) | CHAMPVA (Member ID#) | GROUP HEALTH PLAN (SSN or ID) | FECA BLK LUNG (SSN) | OTHER (ID)

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

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. PATIENT STATUS Single | Married | Other; Employed | Full-Time Student | Part-Time Student

CITY

ZIP CODE | TELEPHONE (Include Area Code) ( )

ZIP CODE | TELEPHONE (Include Area C ( )

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

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

b. AUTO ACCIDENT? YES NO PLACE (State)

b. EMPLOYER'S NAME OR SCHOOL NAME

c. EMPLOYER'S NAME OR SCHOOL NAME

c. OTHER ACCIDENT? YES NO

c. INSURANCE PLAN NAME OR PROGRAM NAME

d. INSURANCE PLAN NAME OR PROGRAM NAME

10d. RESERVED FOR LOCAL USE

d. IS THERE ANOTHER HEALTH BENEFIT PLAN? YES NO *If yes*, return to and complete it

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.

SIGNED _____ DATE _____

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

SIGNED _____

14. DATE OF CURRENT: MM DD YY ILLNESS (First symptom) OR INJURY (Accident) OR PREGNANCY(LMP)

15. IF PATIENT HAS HAD SAME OR SIMILAR ILLNESS. GIVE FIRST DATE MM DD YY

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

17. NAME OF REFE

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

19. RESERVED FO

20. OUTSIDE LAB? YES NO $ CHARGES

21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY (Relate Items 1, 2, 3 or 4 to Item 24E by Line)

1. 3.

2. 4.

22. MEDICAID RESUBMISSION CODE ORIGINAL REF. NO.

HCPCS code for product—Eovist A9581

Dollar amount billed for Eovist

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. REND PROVI
1	01 01 10	01 01 10			A9581		XX	XX 10		NPI	
2	01 01 10	01 01 10			74183*		XX	XX 1		NPI	
3										NPI	
4										NPI	
5										NPI	
6										NPI	

Enter quantity of Eovist used per mLs to represent the total dosage. If full vial is not used you may bill for wastage. Please consult the Reimbursement Helpline for guidance.

25. FEDERAL

29. AMOUNT PAID $ 30. BAL $

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.

NUCC Instruction Manual available at: www.nucc.org

APPROVED OMB-0938-0999 FORM CMS-

Important Safety Information (continued)

Interference with Laboratory Tests: Serum iron determination using complexometric methods (for example, ferrocene complexation method) may result in falsely high or low values for up to 24 hours after the examination with Eovist® because of the caloxetate trisodium excipients.

Interference with Visualization of Liver Lesions: Severe renal or hepatic failure may impair Eovist® imaging performance. In patients with end-stage renal failure, hepatic contrast was markedly reduced and was attributed to elevated serum ferritin levels. In patients with abnormally high (>3 mg/dL) serum bilirubin, reduced hepatic contrast was observed. If Eovist® is used in these patients, complete MRI no later than 60 minutes after Eovist® administration and use a paired non-contrast and contrast MRI set for diagnosis.

Adverse Reactions: The most frequent (≥0.5%) adverse reactions associated with Eovist® are nausea (1.1%), headache (1.1%), feeling hot (0.8%), dizziness (0.6%), and back pain (0.6%).

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Reference: 1. http://www.cms.hhs.gov/hcpcsreleasecodesets/anhcpcs/List.asp. Accessed 5/01/2015.

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