

2025 Flyrcado™ (flurpiridaz F 18) injection reimbursement guide

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Disclaimers

2025 coding and reimbursement guide

This 2025 coding guide for Flyrcado™ is intended to provide available current reimbursement information, but it is not an all-inclusive resource. Actual reimbursement will vary for each provider and institution based on geographic differences in labor and non-labor costs, hospital teaching status, proportion of low-income patients, coverage, and/or payment rules. Healthcare providers and hospitals identify diseases, procedures, drugs, devices, and other healthcare-related items provided to patients through various coding systems. The existence of CPT® and HCPCS codes does not guarantee coverage. This document is not an official coding resource and should never have any influence on clinical decisions. All payers have their own unique medical policies and guidelines. It is important that you review and adhere to each relevant payer policy.

CPT® disclaimer

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* The information provided in this communication is not a guarantee of coverage and patient OOP costs may vary. Actual coverage and reimbursement decisions are made by individual payers following the receipt of claims and will vary.

† This website provides general information and is not intended to provide reimbursement or legal advice. Furthermore, it is not intended to increase or maximize payment by any payer. Because laws, regulations, and coverage policies are complex and updated frequently, you should check with your local Medicare carrier and payers often or go to www.cms.gov.

Nothing in the information provided shall be construed as a guarantee of GE HealthCare regarding levels of reimbursement, payment, or charge that reimbursement will be received. The ultimate responsibility for obtaining reimbursement lies with the physician, provider, or patient. Please consult with your counsel or reimbursement specialist for any practice-specific reimbursement or billing questions.

GE HealthCare disclaimer

Third party reimbursement amounts and coverage policies for specific procedures will vary by payer, time period, locality, and type of provider entity. **This document is not intended to interfere with the healthcare professionals independent clinical decision making. Other important considerations should be taken into account when making decisions, including clinical value.** The healthcare provider has the responsibility to submit claims or invoices for payment only for procedures which are appropriate and medically necessary. You should consult with your reimbursement manager or healthcare consultant or experienced legal counsel.



Reimbursement terminology

Current Procedural Terminology

CPT® coding system,¹ developed by the American Medical Association, describes the healthcare provider's service and/or procedure being performed.

Healthcare Common Procedure Coding System

The HCPCS is a standardized coding system³ used primarily to report products, supplies, injections and services, prosthetics, orthotics, i.e., radiopharmaceuticals are identified by HCPCS. Flyrcado does not yet have an assigned HCPCS, so A9598 is the "not otherwise classified" code to use.

ICD-10 CM

These codes for diagnosis are used by all providers in every healthcare setting. It is developed and maintained by the Centers for Disease Control & Prevention, National Center for Health Statistics.⁸ Assign the relevant ICD-10-CM code to indicate the medical necessity or reason for the stress test. The diagnosis code should support the medical necessity of the MPI PET. It is the responsibility of the provider to code to the highest level specified in the ICD-10-CM. The correct use of an ICD-10-CM code does not assure coverage of a service. The service must be reasonable and necessary in the specific case and must meet the criteria specified in this determination.

Modifiers

A code that indicates a healthcare procedure was modified without changing the definition of the CPT code set. Consult the Medicare Claims Processing Manual online² for proper application. Here are common modifiers related to the radiologic procedures.

26 – Professional component: The amount listed in physician fee schedule to be paid for the radiologist's interpretation and report.

TC – Technical component: The amount listed in NPFS to be paid for performing the service (includes staffing and equipment costs). Used mainly by IDTFs.

Payment

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.

Ambulatory Payment Classifications (APCs) (Medicare only)

In the hospital outpatient setting, the CPT codes are grouped into an APC when procedures are deemed clinically homogeneous. Under APCs, hospitals are paid per encounter, and reimbursement rate is published in the fee schedule.^{5,6}

Hospital Outpatient Prospective Payment System (HOPPS)

CMS administers the program which sets payment rates for designated hospital outpatient services. CMS issues quarterly updates on APC assignment and reimbursement rates. This information is available on the CMS website.^{5,6}

Prior to performing any new procedure, Medicare should be notified through the appropriate process based on the setting type/location. If your facility is enrolled with Medicare Part B as an IDTF, Medicare Administrative Contractors (MACs) may require the HCPCS code for Flyrcado (A9611) be added to your enrollment when completing Medicare's PECOS or paper 855-B enrollment application before claims can be considered for processing.⁷



Reimbursement terminology *(continued)*

Medicare coverage determinations

Medicare coverage is limited to services that are “reasonable and necessary” for the diagnosis or treatment of an illness. National Coverage Determinations (NCDs) are created through an evidence-based process with opportunities for public input. Medicare has an NCD for positron emission tomography perfusion of the heart. In the absence of NCD, the service may be covered at the discretion of the Medicare Administrative Contractor (MAC) based on a local coverage determination.

Relative Value Unit (RVU)

A measure of relative resources required to provide a service, including physician effort and practice expense. Medicare converts the RVU to a standard payment rate per procedure and adjusts it geographically.

National Physician Fee Schedule (NPFS)

A list of fees used by Medicare to pay doctors providers/ suppliers. The NPFS is updated annually and contains the Relative Value Units (RVUs) and payment amounts for each CPT.

Place of Service (POS) codes

POS codes are used to indicate the setting in which a service was provided. CMS maintains a database of POS codes commonly used in the healthcare industry. Below are POS codes you may use. Review the full listing of the POS codes on the CMS website and consult your payer’s guidance to determine the correct code for your institution.

Physician Office – 11 – Location, other than a hospital, skilled nursing facility (SNF), military treatment facility, community health center, state or local public health clinic, or intermediate care facility (ICF), where the HCP provides health examinations, diagnosis, and treatment on an ambulatory basis.

On Campus-Outpatient Hospital – 22 – A portion of a hospital’s main campus that provides diagnostic, therapeutic (both surgical and nonsurgical), and rehabilitation services to sick or injured persons who do not require hospitalization or institutionalization.

Independent Clinic* – 49 – Location, not part of a hospital or covered, and not described by any other POS code, that is organized and operated to provide preventive, diagnostic, therapeutic, rehabilitative, or palliative services to outpatients only.

* IDTF only – Please check with your Medicare Administrative Contractor if -11 or -49 is your appropriate POS designation.



Payment considerations

The existence of CPT® and HCPCS codes does not guarantee coverage. All payers have their own unique policies and guidelines, and they may outsource to radiology benefit managers to maintain the policies. It is also important to review your payer contracts to include your relevant procedure codes and adhere to each payer policy.

Commercial/private payers

Each commercial payer determines its own coverage policies. Commercial 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 and others use Radiology Benefit Managers to write the policies and decide appropriate use.

Medicare

For procedures and products covered under Medicare Part B, Medicare also has the option to create National Coverage Determinations (NCDs). All MACs must adhere to NCDs. Local Coverage Determinations (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.

Medicaid

Each Medicaid program is administered by its particular state. That state determines its own specific coverage policies or guidelines. Medicaid coverage may also vary by provider type, setting of care, and the type of Medicaid plan the patient has, i.e., fee-for-service, managed Medicaid.

Physician offices, free-standing, and Independent Diagnostic Testing Facilities (IDTFs)

Reimbursement for physician offices and IDTFs is based on the CPT to report the service provided. Radiopharmaceutical agents are billed separately from the imaging procedure in the free-standing facility for both Medicare and commercial payers. In the office setting, a physician who owns the radiology equipment and performs the service may report the global code without a 26 modifier.

Hospital outpatient setting

When an imaging service is performed in the hospital outpatient setting, physicians may not submit a global charge to Medicare, because the global charge includes both the professional (26) and technical component (TC) of the service. If the procedure is performed in the hospital outpatient setting, the hospital may bill for TC of the imaging as an outpatient service.

Transitional Pass-Through payment (TPT)

CMS established this program to provide additional payment for new technologies in HOPPS. It is intended to provide a temporary payment mechanism for the use of new technologies in addition to the procedural payment amount. Hospitals will be eligible to receive TPT payments beginning April 1, 2025. Until then, the miscellaneous code will be packaged under an APC.

Hospital inpatient setting

Inpatient scans would be considered part of the payment made under the Medicare MS-DRG payment system. However, the physician may still submit a bill for his/her professional services.



Flyrcado PET MPI program implementation checklist

Engaging payors and addressing processes and coding can help your patients successfully obtain coverage for Flyrcado. This checklist outlines suggested steps to help facilitate coverage and reimbursement. Please review individual health plan requirements, as the specific criteria may vary based on the patient's insurer.

- Confirm that A9611, flurpiridaz 1 mCi (effective 4/1/2025) and the PET MPI procedure codes (based on your facility's instrumentation) have been added to EMR and the chargemaster.
- Notify your managed care team to review commercial payer contracts and submit contract addendum to add separate reimbursement for HCPCS A9611. Confirm that the new code sets for PET MPI are also included. Please note: contract addenda may take up to 60 days to process.
- Consider the following to establish charges:
 - Discuss the professional and technical work with your chargemaster team.
 - Reference other established services that may have similar costs.
 - Consider the cost of upgraded equipment or additional software.
 - Include the acquisition cost of drugs/pharmaceuticals and devices used in the procedure.
 - Check Medicare Fee Schedules, verifying that all aspects of the encounter are accounted for to establish appropriate payment rates in the future.
- Hospitals only – Confirm both current APC and revenue codes for PET MPI are set up in EMR and chargemaster. Verify the applicable revenue codes with finance department.
- IDTF only – Update form 855B Attachment 2(B) to add A9611. If your facility is enrolled with Medicare Part B as an IDTF, your local Medicare contractor may require the HCPCS code for Flyrcado (A9611) be added to your enrollment contract via Medicare's PECOS or CMS-855 form before claims can be considered for processing.
<https://www.cms.gov/medicare/cms-forms/cms-forms/downloads/cms855b.pdf>
- Research and save the Cardiac PET medical policies and coding instructions related to your facility's:
 - Local Medicare Administrative Contractor
 - Top commercial health insurance plans
 - Medicare Advantage
 - Radiology benefit managers
- Credentialing – you may need to update your office/practice profile with your payers. Refer to ACR or IAC.
- Notify your referring providers of expanded imaging menu. Educate them on proper documentation and supporting the medical necessity for all codes billed (including add-on codes).

Coding – Myocardial perfusion PET imaging

Myocardial perfusion studies may be performed at rest and/or during stress. When performed during exercise and/or pharmacologic stress, the appropriate stress testing code from may be reported. Providers should choose the code that accurately describes the procedure performed and is supported by documentation in the medical record. Imaging can be performed on either a dedicated PET machine or PET/CT.

HCPCS	Description
A9611 <i>Effective 4/1/2025</i>	Flurpiridaz F 18, diagnostic, 1 millicurie For claims prior to 4/1/2025, A9598: Positron emission tomography radiopharmaceutical, diagnostic, for non-tumor identification, not otherwise classified. <i>In the absence of a Flyrcado-specific HCPCS, a not otherwise classified (NOC) HCPCS is required. Payers may also require the NDC (see below).</i>
National Drug Code	Description
00407-8787-01	Injection: 190 MBq/mL to 2,050 MBq/mL (5 mCi/mL to 55 mCi/mL) of flurpiridaz F 18 at end of synthesis in a shielded multiple-dose vial with up to 30 mL fill volume.
CPT® Code	Description
Positron emission tomography perfusion of the heart	
78459	Myocardial imaging, positron emission tomography (PET), metabolic evaluation study (including ventricular wall motion(s) and/or ejection fraction(s), when performed); single study. Excludes perfusion study.
78429	Myocardial imaging, positron emission tomography (PET), metabolic evaluation study (including ventricular wall motion(s) and/or ejection fraction(s), when performed); single study with concurrently acquired computed tomography transmission scan.
78491	Myocardial imaging, positron emission tomography (PET), perfusion study (including ventricular wall motion(s) and/or ejection fraction(s), when performed); single study at rest or stress (exercise or pharmacologic).
78430	Myocardial imaging, positron emission tomography (PET), perfusion study (including ventricular wall motion(s) and/or ejection fraction(s), when performed); single study at rest or stress (exercise or pharmacologic), with concurrently acquired computed tomography transmission scan.
78492	Myocardial imaging, positron emission tomography (PET), perfusion study (including ventricular wall motion(s) and/or ejection fraction(s), when performed); multiple studies at rest and stress (exercise or pharmacologic).
78431	Myocardial imaging, positron emission tomography (PET), perfusion study (including ventricular wall motion(s) and/or ejection fraction(s), when performed); multiple studies at rest and stress (exercise or pharmacologic), with concurrently acquired computed tomography transmission scan.
78432	Myocardial imaging, positron emission tomography (PET) combined perfusion study with metabolic evaluation study (including ventricular wall motion(s) and/or ejection fraction(s), when performed); dual radiotracer (e.g. myocardial viability).
78433	Myocardial imaging, positron emission tomography (PET) combined perfusion study with metabolic evaluation study (including ventricular wall motion(s) and/or ejection fraction(s), when performed); dual radiotracer (e.g. myocardial viability); with concurrently acquired computed tomography transmission scan.
+78434	Absolute quantitation of myocardial blood flow (AQMBF), positron emission tomography (PET), rest and pharmacologic stress. (List separately in addition to code for primary procedure 78431 or 78492).

Code A9611 (flurpiridaz, diagnostic, per millicurie) is reported per millicurie rather than per study dose. For 3.4 mCi, you should round up to report 4 units.



Coding – Myocardial perfusion PET imaging *(continued)*

CPT® Code	Description
Stress testing	
93015	Cardiovascular stress test using maximal or submaximal treadmill or bicycle exercise, continuous electrocardiographic monitoring, and/or pharmacological stress; with supervision, interpretation and report.
93016	Cardiovascular stress test using maximal or submaximal treadmill or bicycle exercise, continuous electrocardiographic monitoring, and/or pharmacological stress; supervision only, without interpretation and report.
93017	Cardiovascular stress test using maximal or submaximal treadmill or bicycle exercise, continuous electrocardiographic monitoring, and/or pharmacological stress; tracing only, without interpretation and report.
93018	Cardiovascular stress test using maximal or submaximal treadmill or bicycle exercise, continuous electrocardiographic monitoring, and/or pharmacological stress; interpretation and report only.

Choose the appropriate HCPCS code for the pharmacological stress agent used to perform the study. Agents with the status indicator = N means that CMS bundles these costs into the procedure payment rate for HOPPS.⁹ Facilities are encouraged to code and bill separately for these agents because these charges help determine future hospital reimbursement.

Pharmacological Stress Agents	
J0153	Adenosine, diagnostic, injection, per 1 mg
J1245	Dipyridamole, injection, per 10 mg
J1250	Dobutamine hydrochloride, injection, per 250 mg
J2785	Regadenoson, injection, per 0.1 mg

NOTE: Hospitals must report all appropriate HCPCS codes and charges for separately payable drugs, in addition to reporting the applicable drug administration codes. Hospitals should also report the HCPCS codes and charges for drugs that are packaged into payments for the corresponding drug administration or other separately payable services. Historical hospital cost data may assist with future payment packaging decisions for such drugs. Drugs are billed in multiples of the dosage specified in the HCPCS code long descriptor. If the drug dose used in the care of a patient is not a multiple of the HCPCS code dosage descriptor, the provider rounds to the next highest unit defined in the HCPCS long descriptor for the code to report the dose provided.


Figure 1. Example UB-04 (CMS-1450) claim form, hospital setting

1 Your Hospital Your Address		2		3a PAT. CONT.		4 TYPE OF BILL	
8 PATIENT NAME a Patient's Name				9 PATIENT ADDRESS a Street Ad			
b				b City			
10 BIRTHDATE		11 SEX		12 DATE		ADMISSION 13 HR 14 TYPE 15 SRC 16 DHR 17 STAT 18 19 20 21 22 23 24 25 26 27 28 29 ACDT STATE 30	
31 OCCURRENCE CODE		32 OCCURRENCE DATE		33 OCCURRENCE CODE		34 OCCURRENCE DATE	
35 OCCURRENCE SPAN FROM		36 OCCURRENCE SPAN THROUGH		37			
38				39 CODE VALUE CODES AMOUNT		40 CODE VALUE CODES AMOUNT	
				41 CODE VALUE CODES AMOUNT			
42 REV. CD.		43 DESCRIPTION		44 HCPCS / RATE / HIPPS CODE		45 SERV. DATE	
46 SERV. UNITS		47 TOTAL CHARGES		48 NON-COVERED CHARGES		49	
0404	Myocrd img pet rst&strs ct	78431	4/2/2025	1	XXXXX		
0404	Aqmbf pet rest & rx stress	+78434	4/2/2025	1	XXXXX		
0343	Flurpiridaz f 18 per 1mCi	A9611	4/2/2025	9	XXXXX		
0482	Cardiovascular stress test	93017	4/2/2025	1	XXXXX		
0636	Pharmacologic stress agent	JXXXX	4/2/2025	1	XXXXX		
<p>• Enter Revenue Code (verify with hospital finance department)</p> <p>• Enter CPT/HCPCS and descriptor for procedure, pharmacological stress drug and radiopharmaceutical</p> <p>• Enter the number of units based on the code descriptor</p>							
<p>If exercise stress is performed instead</p>							
0404	Myocrd img pet rst&strs ct	78431	4/2/2025	1	XXXXX		
0343	Flurpiridaz f 18 per 1mCi	A9611	4/2/2025	12	XXXXX		
0482	Cardiovascular stress test	93017	4/2/2025	1	XXXXX		
0001 PAGE 1 OF 1		CREATION DATE		TOTALS			
50 PAYER NAME		51 HEALTH PLAN ID		52 REL INFO		53 ACDT 54 PRIOR PAYMENTS	
XXXXXX		XXXXXX				55 EST. AMOUNT DUE	
56 INSURED'S NAME		59 P. REL		60 INSURED'S UNIQUE ID		61 GROUP NAME	
				XXXXXXXXXX		62 INSURANCE GROUP NO.	
63 TREATMENT AUTHORIZATION CODES				64 DOCUMENT CONTROL NUMBER		65 EMPLOYER NAME	
66 DX		67 A B C D E F G H		68			
69 ADMIT DX		70 PATIENT REASON DX		71 PPS CODE		72 EQ	
74 PRINCIPAL PROCEDURE CODE		a. OTHER PROCEDURE CODE		b. OTHER PROCEDURE CODE		75	
c. OTHER PROCEDURE CODE		d. OTHER PROCEDURE CODE		e. OTHER PROCEDURE CODE		76 ATTENDING NP1	
						QUAL	
						LAST	
						FIRST	
						77 OPERATING NP1	
						QUAL	
						LAST	
						FIRST	
						78 OTHER NP1	
						QUAL	
						LAST	
						FIRST	
						79 OTHER NP1	
						QUAL	
						LAST	
						FIRST	



GE HealthCare cannot guarantee coverage or payment for products or procedures at any particular level. Please contact your Payors for all relevant coverage, coding, and reimbursement requirements.

Figure 2. Example physician billing (CMS-1500) MPI rest and exercise stress



GE HealthCare cannot guarantee coverage or payment for products or procedures at any particular level. Please contact your Payors for all relevant coverage, coding, and reimbursement requirements.

CARRIER

HEALTH INSURANCE CLAIM FORM

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

<input type="checkbox"/> PICA <input type="checkbox"/> PICA										
1. MEDICARE <input type="checkbox"/> (Medicare#) MEDICAID <input type="checkbox"/> (Medicaid#) TRICARE <input type="checkbox"/> (ID#/DoD#) CHAMPVA <input type="checkbox"/> (Member ID#) GROUP HEALTH PLAN <input type="checkbox"/> (ID#) FECA BDK LUNG <input type="checkbox"/> (ID#) OTHER <input type="checkbox"/> (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 <input type="checkbox"/> F <input type="checkbox"/>)		4. INSURED'S NAME (Last Name, First Name, Middle Initial)			
5. PATIENT'S ADDRESS (No., Street)					6. PATIENT RELATIONSHIP TO INSURED (Self <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Other <input type="checkbox"/>)					
CITY			STATE		8. RESERVED FOR NUCC USE			7. INSURED'S ADDRESS (No., Street)		
ZIP CODE		TELEPHONE (Include Area Code) () ()			CITY		STATE			
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 <input type="checkbox"/> NO <input type="checkbox"/>)		a. INSURED'S DATE OF BIRTH (MM DD YY) SEX (M <input type="checkbox"/> F <input type="checkbox"/>)			
b. RES					/ NUCC)					
c. RES					PROGRAM NAME					
d. INS					BENEFIT PLAN?					
12. PA					PERSON'S SIGNATURE I authorize the undersigned physician or supplier for					
14. DA					WORK IN CURRENT OCCUPATION					
17. NAME OF REFERRING PROVIDER OR OTHER SOURCE					18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES					
19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC)					20. OUTSIDE LAB? (YES <input type="checkbox"/> NO <input type="checkbox"/>) \$ CHARGES					
Flurpiridaz f 18 [as required by MAC, i.e., invoice]					22. RESUBMISSION CODE ORIGINAL REF. NO.					
21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY (Relate A-L to service line below (24E))					23. PRIOR AUTHORIZATION NUMBER					
A. ICD-10 here B. C. D. E. F. G. H. I. J. K. L.					F. \$ CHARGES G. DAYS OR UNITS H. EPSDT Family Plan I. ID. QUAL J. RENDERING PROVIDER ID. #					
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										
1 04 01 25 04 01 25 78431 A 1 NPI										
2 04 01 25 04 01 25 A9611 A 12 NPI										
3 04 01 25 04 01 25 93017 A 1 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 <input type="checkbox"/> NO <input type="checkbox"/>)		28. TOTAL CHARGE \$ 0.00		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.)					32. SERVICE FACILITY LOCATION INFORMATION			33. BILLING PROVIDER INFO & PH# ()		
SIGNED DATE					a. NPI b. NPI		a. NPI b. NPI			

NUCC Instruction Manual available at: www.nucc.org PLEASE PRINT OR TYPE APPROVED OMB-0938-1197 FORM 1500 (02-12)

PATIENT AND INSURED INFORMATION

PHYSICIAN OR SUPPLIER INFORMATION

Figure 3. Example physician billing form (CMS-1500) MPI rest and pharmacologic stress (quantitation add-on code optional)

GE HealthCare cannot guarantee coverage or payment for products or procedures at any particular level. Please contact your Payors for all relevant coverage, coding, and reimbursement requirements.

CARRIER

HEALTH INSURANCE CLAIM FORM

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


<input type="checkbox"/> PICA PICA <input type="checkbox"/>														
1. MEDICARE <input type="checkbox"/> (Medicare#) MEDICAID <input type="checkbox"/> (Medicaid#) TRICARE <input type="checkbox"/> (ID#/DoD#) CHAMPVA <input type="checkbox"/> (Member ID#) GROUP HEALTH PLAN <input type="checkbox"/> (ID#) FECA BDK LUNG <input type="checkbox"/> (ID#) OTHER <input type="checkbox"/> (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 <input type="checkbox"/> F <input type="checkbox"/>					4. INSURED'S NAME (Last Name, First Name, Middle Initial)				
5. PATIENT'S ADDRESS (No., Street)					6. PATIENT RELATIONSHIP TO INSURED Self <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Other <input type="checkbox"/>					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) <input type="checkbox"/> YES <input type="checkbox"/> NO					a. INSURED'S DATE OF BIRTH MM DD YY SEX M <input type="checkbox"/> F <input type="checkbox"/>				
b. RESERVED FOR NUCC USE					b. AUTO ACCIDENT? <input type="checkbox"/> YES <input type="checkbox"/> NO PLACE (State) _____					b. OTHER CLAIM ID (Designated by NUCC)				
c. RESERVED FOR NUCC USE					c. OTHER ACCIDENT? <input type="checkbox"/> YES <input type="checkbox"/> 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? <input type="checkbox"/> YES <input type="checkbox"/> NO <i>#yes, complete items 9, 9a, and 9d.</i>				
READ BACK OF FORM BEFORE COMPLETING & SIGNING THIS FORM.										13. INSURED'S OR AUTHORIZED PERSON'S SIGNATURE I authorize payment of medical benefits to the undersigned physician or supplier for services described below.				
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 MM DD YY QUAL _____					16. DATES PATIENT UNABLE TO WORK IN CURRENT OCCUPATION FROM MM DD YY TO MM DD YY				
17. NAME OF REFERRING PROVIDER OR OTHER SOURCE					17a. _____					18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES FROM MM DD YY TO MM DD YY				
17b. NPI _____										20. OUTSIDE LAB? <input type="checkbox"/> YES <input type="checkbox"/> NO \$ CHARGES _____				
19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC)										22. RESUBMISSION CODE _____ ORIGINAL REF. NO. _____				
Flurpiridaz f 18 [as required by MAC, i.e., invoice]										23. PRIOR AUTHORIZATION NUMBER _____				
21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY Relate A-L to service line below (24E) ICD Ind. _____														
A. ICD-10 here B. _____ C. _____ D. _____ E. _____ F. _____ G. _____ H. _____ I. _____ J. _____ K. _____ L. _____														
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 04 01 25 04 01 25				78431				A	1		NPI			
2 04 01 25 04 01 25				+78434				A	1		NPI			
3 04 01 25 04 01 25				A9611				A	9		NPI			
4 04 01 25 04 01 25				93017				A	1		NPI			
5 04 01 25 04 01 25				Jxxxx				A	1		NPI			
6											NPI			
25. FEDERAL TAX I.D. NUMBER SSN EIN <input type="checkbox"/>					26. PATIENT'S ACCOUNT NO.					27. ACCEPT ASSIGNMENT? (For govt. claims, see back) <input type="checkbox"/> YES <input type="checkbox"/> NO				
										28. TOTAL CHARGE \$ 0.00				
										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.)					32. SERVICE FACILITY LOCATION INFORMATION					33. BILLING PROVIDER INFO & PH# ()				
SIGNED _____					DATE _____					a. NPI b. _____				

NUCC Instruction Manual available at: www.nucc.org
 PLEASE PRINT OR TYPE
 APPROVED OMB-0938-1197 FORM 1500 (02-12)

PATIENT AND INSURED INFORMATION

PHYSICIAN OR SUPPLIER INFORMATION

Figure 4. Flyrcado patient referral form



Patient Referral Form

Live Support *Mon-Fri, 8 am to 6 pm ET*
 Phone (800) 729-0701
 Fax (800) 255-6675

Patient Information (required)

Patient Name:	DOB:	Sex: <input type="checkbox"/> M <input type="checkbox"/> F	
Address:	City:	State:	ZIP:
Phone:	Email:		

Patient Insurance Information (required)

INCLUDE COPY OF FRONT AND BACK OF PATIENT'S INSURANCE CARD(S)

Primary Insurance:	Group #:	Policy/MBI #:	
Primary's Phone #:	Subscriber's Name <i>(if not self)</i> :		
Subscriber's Employer:	Subscriber's Relationship to Patient <i>(if not self)</i> :		
Secondary Insurance:	Group #:	Policy/MBI #:	
Secondary's Phone #:	Secondary's Type:		

Prescriber's Information (required)

Prescriber's Name:	SLN #:	NPI #:	
Practice Name:	Tax ID #:	PTAN/OSCAR#:	
Address:	City:	State:	ZIP:
Phone #:	FAX:	Email:	
Office Contact Name:	Preferred Method of Contact: <input type="checkbox"/> Phone <input type="checkbox"/> Email <input type="checkbox"/> FAX		

Medical Information (required)


Flyrcado NDC: 0407-8787-01

<p>ICD-10 Diagnosis Code</p> <table style="width: 100%; font-size: x-small;"> <tr> <td><input type="checkbox"/> I20.81 Angina Pectoris w/MVD</td> <td><input type="checkbox"/> I25.89 Chronic Ischemic - Other</td> </tr> <tr> <td><input type="checkbox"/> I20.89 Angina Pectoris - Other</td> <td><input type="checkbox"/> I25.9 Chronic Ischemic - Unspecified</td> </tr> <tr> <td><input type="checkbox"/> I24.81 Microvascular Dysfunction</td> <td><input type="checkbox"/> I44.7 Left BB Block - Unspecified</td> </tr> <tr> <td><input type="checkbox"/> I24.89 Acute Ischemic - Other</td> <td><input type="checkbox"/> I48.11 Persistent A-Fib</td> </tr> <tr> <td><input type="checkbox"/> I25.10 Atherosclerotic HD wo/AP</td> <td><input type="checkbox"/> I48.19 Persistent A-Fib - Other</td> </tr> <tr> <td><input type="checkbox"/> I25.118 Atherosclerotic HD w/AP</td> <td><input type="checkbox"/> I48.20 Chronic A-Fib - Unspecified</td> </tr> <tr> <td><input type="checkbox"/> I25.6 Silent Myocardial Ischemia</td> <td><input type="checkbox"/> R93.1 Diag Imaging Abn findings</td> </tr> <tr> <td><input type="checkbox"/> OTHER:</td> <td><input type="checkbox"/> R94.31 Abn electrocardiogram ECG/EKG</td> </tr> </table> <p>HCPCS: A9611 Flurpiridaz F-18, diagnostic, 1 millicurie</p> <p>CPT® Code <i>(Check Code for Positron Emission Tomography (PET):</i></p> <table style="width: 100%; font-size: x-small;"> <tr> <td><input type="checkbox"/> 78430 Single Study w/ CT</td> <td><input type="checkbox"/> 78431 Rest & Stress w/ CT</td> <td><input type="checkbox"/> 78459 Single Study + FDG</td> <td><input type="checkbox"/> 78432 Rest & Stress + FDG</td> </tr> <tr> <td><input type="checkbox"/> 78491 Single Study</td> <td><input type="checkbox"/> 78492 Rest & Stress</td> <td><input type="checkbox"/> 78429 Single Study w/ CT + FDG</td> <td><input type="checkbox"/> 78433 Rest & Stress w/CT + FDG</td> </tr> </table> <p><i>Add on Code</i> <input type="checkbox"/> 78434 Absolute quant of myocardial blood flow</p>	<input type="checkbox"/> I20.81 Angina Pectoris w/MVD	<input type="checkbox"/> I25.89 Chronic Ischemic - Other	<input type="checkbox"/> I20.89 Angina Pectoris - Other	<input type="checkbox"/> I25.9 Chronic Ischemic - Unspecified	<input type="checkbox"/> I24.81 Microvascular Dysfunction	<input type="checkbox"/> I44.7 Left BB Block - Unspecified	<input type="checkbox"/> I24.89 Acute Ischemic - Other	<input type="checkbox"/> I48.11 Persistent A-Fib	<input type="checkbox"/> I25.10 Atherosclerotic HD wo/AP	<input type="checkbox"/> I48.19 Persistent A-Fib - Other	<input type="checkbox"/> I25.118 Atherosclerotic HD w/AP	<input type="checkbox"/> I48.20 Chronic A-Fib - Unspecified	<input type="checkbox"/> I25.6 Silent Myocardial Ischemia	<input type="checkbox"/> R93.1 Diag Imaging Abn findings	<input type="checkbox"/> OTHER:	<input type="checkbox"/> R94.31 Abn electrocardiogram ECG/EKG	<input type="checkbox"/> 78430 Single Study w/ CT	<input type="checkbox"/> 78431 Rest & Stress w/ CT	<input type="checkbox"/> 78459 Single Study + FDG	<input type="checkbox"/> 78432 Rest & Stress + FDG	<input type="checkbox"/> 78491 Single Study	<input type="checkbox"/> 78492 Rest & Stress	<input type="checkbox"/> 78429 Single Study w/ CT + FDG	<input type="checkbox"/> 78433 Rest & Stress w/CT + FDG	<p>Imaging Location <i>(Check or write):</i></p> <table style="width: 100%; font-size: x-small;"> <tr><td><input type="checkbox"/></td></tr> <tr><td><input type="checkbox"/></td></tr> <tr><td><input type="checkbox"/></td></tr> <tr><td><input type="checkbox"/></td></tr> <tr><td><input type="checkbox"/></td></tr> <tr><td><input type="checkbox"/></td></tr> <tr><td><input type="checkbox"/></td></tr> <tr><td><input type="checkbox"/></td></tr> </table>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Prescriber's Signature (required)

By signing below, I certify that (a) the above-prescribed diagnostic procedure is medically necessary and, (b) I have received from the patient identified above, or his/her personal representative, the necessary authorization to release, in accordance with applicable federal and state privacy laws and regulations, referenced medical and/or other patient information relating to the need for the above-prescribed diagnostic procedure, to the Flyrcado Support Program ("Program") through GE HealthCare's authorized Program service provider, its employees, affiliates and their representatives, its business partners, agents, and contractors for the purpose of seeking information related to coverage for the agent and/or related procedure.

Prescriber's Signature:	Date:
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 March 2025 JB10981US



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Support services

Flyrcado Support Center

GE HealthCare is pleased to offer toll-free customer support for benefits investigation, coding and reimbursement questions related to Flyrcado. Please contact us at 800 729 0701.

Benefit investigations

- Verify a patient's in-network health insurance coverage, including coverage criteria from the health plan and the radiology benefit manager.

Prior authorizations support and status monitoring

- Help with initiating and monitoring prior authorization requests from insurance companies.

Peer-to-peer preparation

- Explain the medical necessity requirements for the Payor.

Billing and coding assistance

Claims assistance

Pre-service and post-service appeals

- Assistance with expediting these appeals.

GE HealthCare Customer Service

Please contact 800 292 8514

Monday to Friday, 8 am – 6:30 pm ET

custsvsnuclear@gehealthcare.com

Medical Affairs

For peer-to-peer scientific exchange related to our products, please contact our Medical Affairs team 800 654 0118 (option 2, option 3).

Monday to Friday, 8 am – 5 pm ET

medical.affairs@gehealthcare.com

[Submit a medical information question](#)

[Learn more about our Medical Affairs team](#)

Pharmacovigilance

To report patient adverse events, side effects, reactions, or any unwanted medical occurrence, please contact our Pharmacovigilance team 800 654 0118 (option 2, option 1).

Monday to Friday, 8 am – 5 pm ET

gpv.drugsafety@gehealthcare.com



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April 2025 JB11550US

