

# BILLING AND CODING RESOURCE

Updated January 2026



## INDICATION

Amyvid is a radioactive diagnostic drug indicated for positron emission tomography (PET) of the brain to estimate amyloid beta neuritic plaque density in adults with cognitive impairment for:

- Evaluation of Alzheimer's disease (AD) and other causes of cognitive decline
- Selection of patients who are indicated for amyloid beta-directed therapy as described in the prescribing information of the therapeutic products

## How Supplied

Amyvid (florbetapir F 18 injection) for intravenous use is available in 50 mL and 100 mL multidose vials containing a clear, colorless solution at a strength of 500-1900 MBq/mL (13.5-51 mCi/mL) florbetapir F 18 at EOS. Each vial contains multiple doses and is enclosed in a shielded container to minimize external radiation exposure.<sup>1</sup> Imaging centers receive Amyvid in the form of a patient-ready dose. In billing HCPCS Level II terms, this is often referred to as a PSD.

## SELECT IMPORTANT SAFETY INFORMATION

### Risk for Image Misinterpretation and Other Errors

- Errors may occur in the estimation of brain amyloid beta neuritic plaque density during Amyvid image interpretation.
- The use of clinical information in the interpretation of Amyvid images has not been evaluated and may lead to an inaccurate assessment. Extensive brain atrophy as well as motion artifacts that distort the image may limit the ability to distinguish gray and white matter on an Amyvid scan.

Perform image interpretation independently of the patient's clinical information. For cases where there is uncertainty as to the location of cortical signal, use co-registered anatomical imaging to improve localization of signal.

The following information is presented for informational purposes only and is not intended to provide reimbursement or legal advice. Laws, regulations, and policies concerning reimbursement are complex and are updated frequently. Individual coding decisions should be based upon diagnosis and treatment of individual patients. Eli Lilly and Company does not guarantee success in obtaining insurance payments. While we have made an effort to be current as of the issue date of this document, the information may not be as current or comprehensive when you view it. Providers are encouraged to contact third-party payers for specific information on their coverage, coding, and payment policies. Please consult with your legal counsel or reimbursement specialist for any reimbursement or billing questions. For more information about Amyvid, please call Lilly Support Services™ at 1-800-LillyRx (1-800-545-5979).

EOS=end of synthesis; HCPCS=Healthcare Common Procedure Coding System; PSD=per-study dose.

Please see [Important Safety Information](#) on last page and click for [full Prescribing Information](#) for Amyvid.



# COVERAGE AND CODING

## MEDICARE COVERAGE

In 2023, the Centers for Medicare & Medicaid Services (CMS) removed the national coverage determination (NCD) for beta amyloid PET (§220.6.20). This ends the requirement of coverage with evidence development (CED) for beta amyloid PET imaging. Removal of the NCD from §220.6.20 permits Medicare coverage determinations to be made by Medicare Administrative Contractors (MACs).<sup>2</sup> For Medicare Fee-for-Service, refer to the MAC for the location of service. For Medicare Advantage, refer to the plan provider for policy questions.

## COMMERCIAL AND MEDICAID COVERAGE

Insurance coverage may vary by plan. Please consult with the health plan for any reimbursement or billing questions.

## CODING

The following codes may be used for patients insured by Medicare or third-party payers. Both the HCPCS A-code specific to Amyvid (A9586) and the appropriate CPT codes must be entered.<sup>3</sup>

Please note use of the following codes does not guarantee reimbursement.



In some cases, a health plan may deny coverage.

If your PA is denied, download a copy of our appeals guide by clicking the link below or contact your Lilly Field Reimbursement Manager for more information.

[Click here for Appeals Guide](#)

## REMEMBER TO:

- Review the reasons for denials to understand the plan’s specific concerns
- Follow the plan’s instructions to file an appeal
- Check your original PA submission to discover clerical errors that may have triggered the denial
- Submit a well-organized appeal with supporting information
- Follow up regularly with the health plan: Check with the health plan to make sure the appeal is approved in a timely manner

## SELECT IMPORTANT SAFETY INFORMATION

### Radiation Risk

- Amyvid contributes to a patient’s overall long-term cumulative radiation exposure. Long-term cumulative radiation exposure is associated with an increased risk of cancer. Ensure safe handling to protect patients and health care workers from unintentional radiation exposure. Advise patients to hydrate before and after administration and to void frequently after administration.

The most common adverse reactions reported in clinical trials were headache (1.8%), musculoskeletal pain (0.7%), blood pressure increased (0.7%), nausea (0.7%), fatigue (0.5%), injection site reaction (0.5%), anxiety (0.4%), back pain (0.4%), claustrophobia (0.4%), dizziness (0.4%), feeling cold (0.4%), insomnia (0.4%) and neck pain (0.4%).

Please see [Important Safety Information](#) on last page and click for [full Prescribing Information](#) for Amyvid.

Hospital Outpatient and Independent Diagnostic Testing Facility Codes		
CODES <sup>4</sup>		
HCPCS: A9586	AND	CPT®: 78814 OR CPT®: 78811
DESCRIPTION <sup>3</sup>		
Florbetapir F 18, Diagnostic, Per Study Dose, Up to 10 mCi	PET Imaging With Concurrently Acquired CT for Attenuation Correction and Anatomical Localization Imaging; Limited Area (eg, Chest, Head/Neck)	PET Imaging; Limited Area (eg, Chest, Head/Neck)
NDC Code*	0002-1200-01	
NDC Units	Units 1 “EACH”†	
ICD-10-CM Diagnosis Codes <sup>5‡</sup>	Code	Description
	G30.0-G30.9	Alzheimer’s disease
	G31.84	MCI of uncertain or unknown etiology <sup>§</sup>

\*The NDCs listed in the Amyvid Prescribing Information are not commercially available and should not be used for billing and coding.

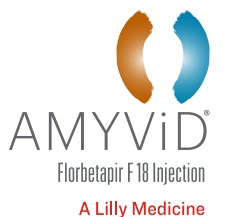
†Represents 10mCi dose.

‡The codes provided are not exhaustive and additional codes may apply. Listed codes may require a higher level of specificity when reporting for individual patients. Refer to specific payer or plan policies for additional information.

§There are no specific codes currently available for a diagnosis of MCI due to Alzheimer’s disease. G31.84 should be used in addition to a G30-code to indicate a diagnosis of AD with MCI.

CPT=Current Procedural Terminology; CT=computed tomography; ICD=International Classification of Diseases; LCD=local coverage determination; PET=positron emission tomography.

Please see [Important Safety Information](#) on last page and click for [full Prescribing Information](#) for Amyvid.



# SAMPLE CLAIM FORM CMS-1450 (UB-04)\*

All coding and documentation requirements for drugs should be confirmed with each payer.

### FL 42 AND 43: REVENUE CODES AND DESCRIPTION

Enter the revenue codes that correspond to HCPCS or CPT codes outlined in FL 44. Payers may vary on revenue code requirements for each procedure/service performed.

### FL 44: PRODUCT AND PROCEDURE CODING

Enter the HCPCS and CPT code for the administration of Amyvid and the PET scan.

#### HCPCS:

**A9586:** Florbetapir F 18, diagnostic, per dose, up to 10 mCi

#### CPT:

**78814:** PET imaging with concurrently acquired CT for attenuation correction and anatomical localization imaging; limited area (eg, chest, head/neck)

**78811:** PET imaging; limited area (eg, chest, head/neck)

### FL 46: SERVICE UNITS

One (1) billable unit equals 1 per dose, 10 mCi or less.

### FL 67: DIAGNOSIS CODES

Enter the appropriate ICD diagnosis code(s) that correspond(s) to the type and location of the disease with which the patient has been diagnosed.

### FL 80: REMARKS

To support the review and payment of the claim, include additional information as required by respective payers. This may include NDC, total dosage, and date Amyvid was administered.

The image shows a sample CMS-1450 (UB-04) claim form. Several fields are highlighted with orange boxes and lines connecting them to the explanatory text on the left:

- 42 REV. CD.:** Revenue code field.
- 43 DESCRIPTION:** Description of the procedure/service.
- 44 HCPCS / RATE / HIPPS CODE:** HCPCS or CPT code field.
- 45 SERV. UNITS:** Service units field.
- 46 SERV. UNITS:** Another service units field.
- 67 A:** ICD diagnosis code field.
- 80 REMARKS:** Remarks field.

\*For more information, please visit [www.cms.gov](http://www.cms.gov).

# SAMPLE CLAIM FORM CMS-1500\*

### BOX 19: ADDITIONAL CLAIM INFORMATION

To support the review and payment of the claim, include additional information as required by respective payers. This may include NDC, total dosage, and date Amyvid was administered.

### BOX 21: DIAGNOSIS OR NATURE OF ILLNESS OR INJURY

Enter the appropriate diagnosis code in lines A-L to identify the patient's diagnosis/condition and the applicable ICD indicator to identify which ICD code version is being reported. Use the highest level of specificity.

### BOX 24D: PROCEDURES, SERVICES, OR SUPPLIES

Enter the HCPCS and CPT code for the administration of Amyvid and the PET scan.

#### HCPCS:

**A9586:** Florbetapir F 18, diagnostic, per dose, up to 10 mCi

#### CPT:

**78814:** PET imaging with concurrently acquired CT for attenuation correction and anatomical localization imaging; limited area (eg, chest, head/neck)

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### BOX 24E: DIAGNOSIS POINTER

Enter the diagnosis code reference letter, as shown in Box 21, to relate the date of service and the procedures performed to the primary diagnosis.

### BOX 24G: DAYS OR UNITS

One (1) billable unit equals 1 per dose, up to 10 mCi or less.

**HEALTH INSURANCE CLAIM FORM**  
APPROVED BY NATIONAL UNIFORM CLAIM COMMITTEE (NUCC) 02/12

1. PATIENT'S NAME (Last Name, First Name, Middle Initial)  
2. PATIENT'S ADDRESS (No., Street)  
3. PATIENT'S BIRTH DATE (MM DD YY) SEX (M/F)  
4. INSURED'S NAME (Last Name, First Name, Middle Initial)  
5. PATIENT RELATIONSHIP TO INSURED (Self/Spouse/Child/Other)  
6. INSURED'S ADDRESS (No., Street)  
7. RESERVED FOR NUCC USE  
8. RESERVED FOR NUCC USE  
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  
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.  
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. NAME, 17b. NPI)  
18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES (FROM MM DD YY TO MM DD YY)  
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) (A-L, ICD Ind., ICD Ver.)  
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 (EMG, CPT/HCPCS) C. D. PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances) E. DIAGNOSIS POINTER F. \$ CHARGES G. DAYS OR UNITS H. EPSON Family Plan I. ID. QUAL. J. RENDERING PROVIDER ID. #  
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.)  
32. SERVICE FACILITY LOCATION INFORMATION  
33. BILLING PROVIDER INFO & PH # ( )  
SIGNED DATE a. NPI b. NPI

\*For more information, please visit [www.nucc.org](http://www.nucc.org) and [www.cms.gov](http://www.cms.gov).

# Important Safety Information for Amyvid (florbetapir F 18 injection)



## Risk for Image Misinterpretation and Other Errors

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Please see accompanying [full Prescribing Information](#) for Amyvid.

**References:** **1.** Amyvid (florbetapir F 18 injection). Prescribing Information. Lilly USA, LLC. **2.** Beta amyloid positron emission tomography in dementia and neurodegenerative disease (CAG-00431R). CMS.gov. Accessed August 28, 2024. <https://www.cms.gov/medicare-coverage-database/view/ncacal-decision-memo.aspx?proposed=N&ncaid=308> **3.** CMS.gov. HCPCS Quarterly Update. July 2023. Updated July 11, 2023. Accessed August 17, 2023. <https://www.cms.gov/Medicare/Coding/HCPCSReleaseCodeSets/HCPCS-Quarterly-Update> **4.** Centers for Medicare & Medicaid Services. Billing and coding: independent diagnostic testing facility (IDTF) (A57807). Accessed August 3, 2023. <https://www.cms.gov/medicare-coverage-database/view/article.aspx?articleid=57807> **5.** Centers for Disease Control and Prevention. ICD-10-CM tabular list of diseases and injuries. Accessed July 31, 2023. [https://ftp.cdc.gov/pub/health\\_statistics/nchs/publications/ICD10CM/2022/icd10cm-tabular-2022-April-1.pdf](https://ftp.cdc.gov/pub/health_statistics/nchs/publications/ICD10CM/2022/icd10cm-tabular-2022-April-1.pdf)

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