



This worksheet is provided to assist your site of care in keeping track of your local payers' reimbursement/payment policies for Axumin® (fluciclovine F 18) injection. This is not a guide or instructions. The provider has the responsibility to ensure correct prior authorization, appeal, and denial policies are followed. Providers must ensure they accurately complete and submit necessary information to payers.

When performing pre-certifications or pre-determinations, you may fill out the template below as you determine the following:

- Is Axumin being reimbursed/paid as a valid, billable code?
- Is Axumin bundled into the procedure code with no separate payment?
- Is Axumin considered "Experimental/Investigational"?
- Do the patient benefits cover Axumin?

Below is an example of a worksheet with insurer and plan type filled out, for your guidance:

INSURER	INSURER TYPE	PLAN NAME	ICD-10 Code(s)	AXUMIN BILLABLE (HCPCS)	PET SCAN BILLABLE (CPT)
Anthem	Medicare Advantage	BCBS of AL		No	Yes (78815)
United	Commercial			Yes	Yes (78815 & 78812)
AARP	Supplemental			Yes	Yes (78815 & 78812)
Geisinger	Secondary	Geisinger Gold		No	No

This information is subject to change as insurers update policies, contracts are revised, etc.

INSURER	INSURER TYPE	PLAN NAME	ICD-10 Code(s)	AXUMIN BILLABLE (HCPCS)	PET SCAN BILLABLE (CPT)

