**PET reimbursement guide**

**Oncology indications**

**Initial treatment strategy** (formerly diagnosis and initial staging)

Medicare covers, with certain limitations, (see table below) one FDG PET study, per patient per cancer type, for initial treatment strategy for beneficiaries who have solid tumors that are biopsy proven or strongly suspected based on other diagnostic testing when the beneficiary’s treating physician determines that the FDG PET study is needed to determine the location and/or extent of the tumor for the following therapeutic purposes:

- To determine whether or not the beneficiary is an appropriate candidate for an invasive diagnostic or therapeutic procedure
- To determine the optimal anatomic location for an invasive procedure
- To determine the anatomic extent of tumor when the recommended anti-tumor treatment reasonably depends on the extent of the tumor
- Local Medicare administrative contractors have discretion to cover (or not cover) within their jurisdictions any additional FDG PET scan for initial treatment strategy as described above.

**Subsequent treatment strategy** (formerly monitoring response to treatment and restaging)

Medicare covers FDG PET for the indications listed in the table below for subsequent treatment strategy. For all other cancers FDG PET for subsequent treatment strategy are only covered through the National Oncologic PET Registry (NOPR): http://www.cancerpetregistry.org.

Coverage for subsequent treatment strategy includes monitoring tumor response to treatment during a planned course of therapy when a change in treatment is being considered and restaging after the completion of treatment to detect residual disease, or to detect suspected recurrence or to assess the extent of a known recurrence.

<table>
<thead>
<tr>
<th>Cancer type</th>
<th>Initial treatment strategy</th>
<th>Subsequent treatment strategy</th>
</tr>
</thead>
<tbody>
<tr>
<td>Breast (female and male)</td>
<td>1</td>
<td>Covered</td>
</tr>
<tr>
<td>Cervix</td>
<td>2 or NOPR</td>
<td>Covered</td>
</tr>
<tr>
<td>Colorectal</td>
<td>Covered</td>
<td>Covered</td>
</tr>
<tr>
<td>Esophagus</td>
<td>Covered</td>
<td>Covered</td>
</tr>
<tr>
<td>Head and neck (not thyroid or CNS)</td>
<td>Covered</td>
<td>Covered</td>
</tr>
<tr>
<td>Lymphoma</td>
<td>Covered</td>
<td>Covered</td>
</tr>
<tr>
<td>Melanoma</td>
<td>3</td>
<td>Covered</td>
</tr>
<tr>
<td>Non-small cell lung</td>
<td>Covered</td>
<td>Covered</td>
</tr>
<tr>
<td>Ovary</td>
<td>Covered</td>
<td>Covered</td>
</tr>
<tr>
<td>Thyroid</td>
<td>Covered</td>
<td>4 or NOPR</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Cancer type</th>
<th>Initial treatment strategy</th>
<th>Subsequent treatment strategy</th>
</tr>
</thead>
<tbody>
<tr>
<td>Brain</td>
<td>Covered</td>
<td>NOPR</td>
</tr>
<tr>
<td>Pancreas</td>
<td>Covered</td>
<td>NOPR</td>
</tr>
<tr>
<td>Prostate</td>
<td>Not Covered</td>
<td>NOPR</td>
</tr>
<tr>
<td>Soft tissue sarcoma</td>
<td>Covered</td>
<td>NOPR</td>
</tr>
<tr>
<td>Small cell lung</td>
<td>Covered</td>
<td>NOPR</td>
</tr>
<tr>
<td>Testes</td>
<td>Covered</td>
<td>NOPR</td>
</tr>
<tr>
<td>All other solid tumors</td>
<td>Covered</td>
<td>NOPR</td>
</tr>
<tr>
<td>Myeloma</td>
<td>Covered</td>
<td>Covered</td>
</tr>
<tr>
<td>All other cancers not listed herein (i.e., leukemia)</td>
<td>NOPR</td>
<td>NOPR</td>
</tr>
</tbody>
</table>

**Applicable CPT® codes:**

- 78811 – PET imaging, limited area (i.e., chest, head/neck)
- 78812 – PET imaging; skull base to mid-thigh
- 78813 – PET imaging; whole body
- 78814 – PET with concurrently acquired CT for attenuation correction and anatomical localization imaging; limited area (i.e., chest, head/neck)
- 78815 – PET with concurrently acquired CT for attenuation correction and anatomical localization imaging; skull base to mid-thigh
- 78816 – PET with concurrently acquired CT for attenuation correction and anatomical localization imaging; whole body

(Not: Report 78811 – 78816 only once per imaging session. CT performed for other than attenuation correction and anatomical localization is reported using the appropriate site specific CT code with modifier 59)

78608 – Brain imaging, PET, metabolic evaluation (for brain tumor)

- The appropriate FDG PET oncology modifier must be appended to the applicable CPT code (beginning October 30, 2009):
  - PI – PET or PET/CT tumor initial treatment strategy or
  - PS – PET or PET/CT subsequent treatment strategy

(1) Breast: Not covered for diagnosis and/or initial staging of axillary lymph nodes. Covered for initial staging of metastatic disease.

(2) Cervix: Covered for the detection of pre-treatment metastases (i.e., staging) in newly diagnosed cervical cancer subsequent to conventional imaging that is negative for extrapelvic metastasis. All other uses for initial treatment strategy are only covered through the NOPR.

(3) Melanoma: Not covered for initial staging of regional lymph nodes. All other uses for initial treatment strategy are covered.

(4) Thyroid: Covered for subsequent treatment strategy of recurrent or residual thyroid cancer of follicular cell origin previously treated by thyroidectomy and radiodine ablation and have a serum thyroglobulin >10ng/ml and have a negative I-131 whole body scan. All other uses for subsequent treatment strategy are only covered through the NOPR.

**Note:** PET is not covered as a screening test (i.e. testing patients without specific signs and symptoms of disease) and is not covered for routine surveillance of patients treated for cancer in whom there is no clinical reason to suspect recurrent disease.

**NOPR cases:**

- All providers use the applicable CPT code with modifier PI or PS plus modifier Q0 (zero) to indicate a clinical research study. Hospital claims also include the ICD-9 diagnosis code, V70.7, as a secondary diagnosis and condition code 30 to denote a clinical trial.
Neurology indications

**Refractory seizures:** Pre-surgical evaluation for the purpose of localization of a focus of refractory seizure activity.

**Alzheimer's disease:** Differential diagnosis of fronto-temporal dementia (FTD) and Alzheimer's disease (AD) under specific requirements. Please refer to separate coverage criteria guide for AD.

**CPT® code:** 78608 – Brain imaging, PET, metabolic evaluation

Cardiology indications

**Myocardial viability:** Following an inconclusive SPECT or as a primary or initial diagnostic study prior to revascularization

**CPT® code:** 78459 – Myocardial imaging, PET, metabolic evaluation

**Myocardial perfusion:** In place of, but not in addition to SPECT or following an inconclusive SPECT

**CPT® codes:**
- 78491 – Myocardial imaging, PET, perfusion; single study at rest or stress
- 78492 – Myocardial imaging, PET, perfusion; multiple studies at rest and/or stress

### HCPCS codes used to report a non-covered PET service to Medicare:

- **G0235** – PET imaging, any site not otherwise specified (i.e., diagnosis/initial staging of prostate cancer; a second PET performed for initial treatment strategy evaluation for the same cancer; PET performed for routine surveillance of patients treated for cancer in whom there is no clinical reason to suspect recurrent disease; PET for infection/inflammation)
- **G0219** – PET imaging whole body; melanoma for non-covered indications (i.e., initial staging of regional lymph nodes)
- **G0252** – PET imaging, for initial diagnosis of breast cancer and/or surgical planning for breast cancer (i.e., initial staging of axillary lymph nodes)

### HCPCS codes for PET radiopharmaceuticals:

- **A9552** – FDG, per dose
- **A9555** – Rubidium Rb-82, per dose
- **A9526** – Ammonia N-13, per dose
- **A9580** – Sodium Fluoride F-18, per dose (not covered by Medicare)

### Private payers

- Private payer coverage for PET often reflects that of Medicare but may vary. Providers should obtain coverage and pre-authorization guidelines for PET from their private payers.
- For private payers, use the appropriate CPT® code to bill for PET scans.
- PET radiopharmaceuticals should be billed with the appropriate HCPCS “A” code as listed above.

Reimbursement information is provided by Cardinal Health as general coding and payment information. This information is not intended to replace or serve as substitute for your duty to verify that such information is proper for your particular circumstances. Any codes reported should accurately reflect the procedures performed and the patient’s conditions. You may want to consult with local payers to confirm compliance with local policies, or otherwise review and confirm reimbursement policies with your own legal or other professional advisors. Regulations may change from time to time. Cardinal Health has no obligation to inform the customer of any such changes.