

PET reimbursement guide

Medicare Coverage for PET and PET/CT

Oncology indications

Initial treatment strategy (formerly diagnosis and initial staging)

Medicare covers, with certain limitations, (see table below) only 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

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.

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

Cancer type	Initial treatment strategy	Subsequent treatment strategy
Brain	Covered	NOPR
Pancreas	Covered	NOPR
Prostate	Not Covered	NOPR
Soft tissue sarcoma	Covered	NOPR
Small cell lung	Covered	NOPR
Testes	Covered	NOPR
All other solid tumors	Covered	NOPR
Myeloma	Covered	Covered
All other cancers not listed here (i.e., leukemia)	NOPR	NOPR

- (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 extra-pelvic 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 radioiodine 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.

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

(Note: 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

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.

© 2009 Cardinal Health, Inc. or one of its subsidiaries.
All rights reserved.
Lit. No. 7PET0255-01 (9/09)



Cardinal Health
7000 Cardinal Place
Dublin, Ohio 43017

cardinalhealth.com