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Medicare Coverage criteria for PET indications

Reference: Pub. 100-04 Transmittal: 527 Date: April 5, 2005 Change Request 3741

### AMA CPT Codes Imaging

- 78459** Myocardial imaging, PET, metabolic evaluation  
**78491** Myocardial imaging, PET, perfusion, single study at rest or stress and/or stress  
**78492** Myocardial imaging, PET, perfusion, multiple study at rest or stress and/or stress  
**78608** Brain imaging, PET, metabolic evaluation  
**78609** Brain imaging, PET, perfusion evaluation  
**78811** Tumor imaging, PET; limited area (eg, chest, head/neck)  
**78812** Tumor imaging, PET; skull base to mid-thigh  
**78813** Tumor imaging, PET; whole body  
**78814** Tumor imaging, PET: with concurrently acquired CT for attenuation correction and anatomical localization; limited area (eg, chest, head/neck)  
**78815** Tumor imaging, PET with concurrently acquired CT for attenuation correction and anatomical localization); skull base to mid-thigh  
**78816** Tumor imaging, PET with concurrently acquired CT for attenuation correction and anatomical localization; whole body

The services listed do not include the radiopharmaceutical or drug. Diagnostic and therapeutic radiopharmaceuticals and drugs supplied by the physician should be reported separately using the appropriate supply code(s), in addition to the procedure code.

### Coincidence Imaging use AMA CPT® 78811-78813 for the following CMS FDG PET oncology coverage indications

- PET, whole body, for recurrence of colorectal or colorectal metastases cancer; gamma cameras only
- PET, whole body, for recurrence of lymphoma; gamma cameras only
- PET, whole body, for recurrence of melanoma; gamma cameras only
- PET, regional or whole body, for solitary pulmonary nodule following CT or for initial staging of pathologically diagnosed non-small cell lung cancer; gamma cameras only

### HCPCS Level II Codes for Non-Covered PET Indications

- G0219** PET imaging whole body; melanoma for non-covered indications  
**G0235** PET imaging, any site, not otherwise specified.  
**G0252** PET imaging for initial diagnosis of breast cancer and/or surgical planning for breast cancer (e.g. initial staging of axillary lymph nodes)

HCPCS Code	APC Code	REV Code	SI	Product	Radiopharmaceutical Description
A9552	1651	0343	H	[ <sup>18</sup> F]FDG	Fluorodeoxyglucose F-18 FDG, diagnostic, per study dose, up to 45 millicuries

### General Information

- The provider of the PET scan should maintain the file of the doctor's referral and documentation.
- The ordering physician is responsible for documenting the medical necessity of the study.
- The beneficiary's medical record should contain documentation to support the PET referral.
- Policies vary by company; coverage may be more or less restrictive than CMS. Facility should get pre-authorization on all PET studies for patients insured by private payers.
- It is possible to appeal to Medical Director private insurer for additional indications when PET is not routinely covered.

Sources: [www.cms.hhs.gov/coverage/](http://www.cms.hhs.gov/coverage/) & [www.ama-assn.org](http://www.ama-assn.org)  
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# Medicare Coverage for PET

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## Diagnosis: (Suspect disease/documented in chart)

PET results avoid an invasive diagnostic procedure.

PET assists in determining the optimal anatomical location to perform an invasive procedure.

In general, for most solid tumors, a tissue diagnosis is made prior to the performance of PET scanning. PET scans following a tissue diagnosis are generally performed for staging *rather than* diagnosis.

## Staging: (Chart contains path report and conventional imaging (CI) report i.e. CT, MRI, US)

Stage of cancer remains uncertain after completion of standard diagnostic workup including CI.

PET could potentially replace one or more imaging techniques. Clinical management of patient would differ depending on stage of cancer identified.

## Restaging: (Chart contains documentation of treatment)

PET is covered for restaging: (1) after completion of treatment for the purpose of detecting residual disease, (2) for detecting suspected recurrence or metastasis, (3) to determine the extent of a known recurrence, or (4) if it could potentially replace one or more conventional imaging studies when it is expected that conventional study information is insufficient for the clinical management of the patient. *Restaging applies to testing after a course of treatment is completed, and is covered subject to the conditions above.*

## Monitoring:

Monitoring response to treatment when a change in therapy is anticipated.

*CMS adopted AMA CPT® codes 78811-78816 implemented 4-18-05 and retroactive to 1-28-05.*

*The following table summarizes the CMS FDG PET oncology coverage indications and their status as nationally covered.*

<p><b>Breast Cancer</b></p> <ul style="list-style-type: none"> <li>• Staging/restaging of local regional recurrence or distant metastases</li> <li>• Restaging after or prior to course of treatment</li> <li>• Monitoring therapy when a change in treatment is contemplated</li> </ul>	<p><b>Lymphoma</b></p> <ul style="list-style-type: none"> <li>• Diagnosis; lymphoma</li> <li>• Initial staging; lymphoma</li> <li>• Restaging; lymphoma</li> <li>• Monitoring therapy when a change in treatment is contemplated</li> </ul>
<p><b>Cervical Cancer</b></p> <ul style="list-style-type: none"> <li>• A pathologic diagnosis of cervical cancer</li> <li>• The results of other imaging procedures used must be reported</li> <li>• The available conventional imaging tests are negative for extra-pelvic metastasis</li> </ul>	<p><b>Lung Cancer</b></p> <ul style="list-style-type: none"> <li>• Diagnosis; lung cancer, non-small-cell</li> <li>• Initial staging; lung cancer, non-small-cell</li> <li>• Restaging; lung cancer, non-small-cell</li> <li>• Monitoring therapy when a change in treatment is contemplated</li> </ul>
<p><b>Colorectal Cancer</b></p> <ul style="list-style-type: none"> <li>• Diagnosis; colorectal cancer</li> <li>• Initial staging; colorectal cancer</li> <li>• Restaging; colorectal cancer</li> <li>• Monitoring therapy when a change in treatment is contemplated</li> </ul>	<p><b>Melanoma</b></p> <ul style="list-style-type: none"> <li>• Diagnosis; melanoma</li> <li>• Initial staging; melanoma</li> <li>• Restaging; melanoma</li> <li>• Monitoring therapy when a change in treatment is contemplated</li> </ul>
<p><b>Esophageal Cancer</b></p> <ul style="list-style-type: none"> <li>• Diagnosis; esophageal cancer</li> <li>• Initial staging; esophageal cancer</li> <li>• Restaging; esophageal cancer</li> <li>• Monitoring therapy when a change in treatment is contemplated</li> </ul>	<p><b>SPN (Single Pulmonary Nodule&lt;4cm diameter)</b></p> <ul style="list-style-type: none"> <li>• Single pulmonary nodule, characterization of inconclusive nodule</li> </ul>
<p><b>Head and Neck Cancer</b></p> <ul style="list-style-type: none"> <li>• Diagnosis; excluding thyroid and CNS cancers</li> <li>• Initial staging; excluding thyroid and CNS cancers</li> <li>• Restaging; excluding thyroid and CNS cancers</li> <li>• Monitoring therapy when a change in treatment is contemplated</li> </ul>	<p><b>Thyroid Cancer</b></p> <ul style="list-style-type: none"> <li>• PET imaging, full &amp; partial-ring PET scanner only, for restaging of previously treated thyroid cancer of follicular cell origin following negative I-131 whole body scan.</li> </ul>

## NOPR Update

The National Oncologic PET Registry (NOPR) was developed in response to the Centers for Medicare and Medicaid Services (CMS) proposal to expand coverage for FDG-PET to include cancers and indications not presently eligible for Medicare reimbursements.

Visit the NOPR web site at [www.cancerpetregistry.org](http://www.cancerpetregistry.org)

Sources: [www.cms.hhs.gov/coverage/](http://www.cms.hhs.gov/coverage/) & [www.ama-assn.org](http://www.ama-assn.org)

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