Covered and Non-Covered FDG PET or PET/CT Oncologic Indications

<table>
<thead>
<tr>
<th>Tumor Type</th>
<th>Initial Treatment Strategy (*&quot;Diagnosis/Staging&quot; PI Modifier)</th>
<th>Subsequent Treatment Strategy (*&quot;Restaging/Response&quot; PS Modifier)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Brain (C71.x)</td>
<td>Cover</td>
<td>Cover</td>
</tr>
<tr>
<td>Breast (female &amp; male) (C50.x)</td>
<td>1</td>
<td>Cover</td>
</tr>
<tr>
<td>Cervix (C53.x)</td>
<td>2</td>
<td>Cover</td>
</tr>
<tr>
<td>Colorectal (C16.x - C21.x, C23.x, C26.x)</td>
<td>Cover</td>
<td>Cover</td>
</tr>
<tr>
<td>Esophagus (C15.x)</td>
<td>Cover</td>
<td>Cover</td>
</tr>
<tr>
<td>Head/Neck (C00.x - C14.x, C30.x - C33.x, others as specified)</td>
<td>Cover</td>
<td>Cover</td>
</tr>
<tr>
<td>Lymphoma (C81.x - C86.x)</td>
<td>Cover</td>
<td>Cover</td>
</tr>
<tr>
<td>Melanoma (C43.x)</td>
<td>3</td>
<td>Cover</td>
</tr>
<tr>
<td>Myeloma (C90.x)</td>
<td>Cover</td>
<td>Cover</td>
</tr>
<tr>
<td>NSCLC (C34.x)</td>
<td>Cover</td>
<td>Cover</td>
</tr>
<tr>
<td>Ovary (C56.x)</td>
<td>Cover</td>
<td>Cover</td>
</tr>
<tr>
<td>Pancreas (C25.x)</td>
<td>Cover</td>
<td>Cover</td>
</tr>
<tr>
<td>Prostate (C61)</td>
<td>N/C</td>
<td>Cover</td>
</tr>
<tr>
<td>Small Cell Lung Cancer (C34.x)</td>
<td>Cover</td>
<td>Cover</td>
</tr>
<tr>
<td>Soft Tissue Sarcoma (location dependent)</td>
<td>Cover</td>
<td>Cover</td>
</tr>
<tr>
<td>Testes (C62.x)</td>
<td>Cover</td>
<td>Cover</td>
</tr>
<tr>
<td>Thyroid (C73.x)</td>
<td>Cover</td>
<td>Cover</td>
</tr>
<tr>
<td>All other Solid Tumors</td>
<td>Cover</td>
<td>Cover</td>
</tr>
<tr>
<td>Cancers Not Listed</td>
<td>Cover</td>
<td>Cover</td>
</tr>
</tbody>
</table>

Table is current as of January 2016

NOTE: ICD-10 Codes listed under Tumor Type ending in "x" (e.g. C13.x) indicate multiple payable diagnosis codes. Please refer to Medicare NCD manual (referenced below) for details.

Cover = Nationally covered.
N/C = Nationally non-covered.

NOTE: CED (Coverage with Evidence Development) under NOPR is no longer applicable for FDG PET.
NOPR for FDG PET is closed; NOPR is still active for NaF PET (see 18-F NaF PET Reimbursement card)

FOOTNOTES:
1. Breast: Nationally non-covered for initial diagnosis and/or staging of axillary lymph nodes. Nationally covered for initial staging of metastatic disease. All other indications for initial anti-tumor treatment strategy for breast cancer are nationally covered.
2. Cervix: Nationally non-covered for initial diagnosis of cervical cancer related to initial anti-tumor treatment strategy. All other indications for initial anti–tumor treatment strategy for cervical cancer are nationally covered.
3. Melanoma: Nationally non-covered for initial staging of regional lymph nodes. All other indications for initial anti-tumor treatment strategy for melanoma are nationally covered.
**CPT/APC Description**

78608/5594  
PET Imaging - Brain Imaging, metabolic evaluation for brain tumor

78811/5594  
PET Imaging - Limited Area

78812/5594  
PET Imaging - Skull to Thigh

78813/5594  
PET Imaging - Full Body (Head to Feet)

78814/5594  
PET Imaging with CT* - Limited Area

78815/5594  
PET Imaging with CT* - Skull Base to Thigh

78816/5594  
PET Imaging with CT* - Full Body (Head to Feet)

*CT for Attenuation Correction

- The appropriate FDG PET oncology modifier must be appended to the applicable CPT code:
  - PI – PET or PET/CT tumor initial treatment strategy or
  - PS – PET or PET/CT subsequent treatment strategy

**NOTE:** CMS (Medicare) will cover 1 PET scan under “PI” for a cancer diagnosis and 3 PET scans under “PS.” Coverage for additional PET scans under “PS” beyond these limits will be determined by the local MAC. When submitting for additional scans the provider must append the modifier “KX” to one of the PET CPT codes listed above to indicate that coverage criteria (medical necessity) have been met. A different cancer diagnosis (whether “PI” or “PS”) will begin the scan count again.

---

**HCPCS Codes for PET Radiopharmaceuticals**

A9552  
FDG, per study dose

A9580  
NaF, diagnostic per study dose, up to 40 millicuries  
(Please see 18-NaF Reimbursement Card.)

---

**CPT Codes for PET Procedures NOT covered by Medicare:**

G0235  
PET imaging, any site not otherwise specified  
(i.e., Initial Treatment Strategy for prostate cancer, PET for infection or inflammation)

G0219  
PET whole body for non-covered melanoma indications

G0252  
PET imaging for initial diagnosis of breast cancer and/or staging of the axillary nodes

---

**For additional information, please reference the CMS Manuals:**

Pub 100-03 Medicare National Coverage Determinations Manual Internet Only Manual (IOM) Chapter 1, Part 4, Section 220.6 PET Scans;

(CAG-00181R4) Decision Memo for Positron Emmission Tomography for Solid Tumors;