

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

### FDG PET Coverage for Solid Tumors and Myeloma

<b>Tumor Type</b> (ICD-10-CM Code)	<b>Initial Treatment Strategy</b> ( <i>"Diagnosis/Staging" PI Modifier</i> )	<b>Subsequent Treatment Strategy</b> ( <i>"Restaging/Response" PS Modifier</i> )
Brain (C71.x)	<b>Cover</b>	<b>Cover</b>
Breast (female & male) (C50.x)	<b>1</b>	<b>Cover</b>
Cervix (C53.x)	<b>2</b>	<b>Cover</b>
Colorectal (C16.x - C21.x, C23.x, C26.x)	<b>Cover</b>	<b>Cover</b>
Esophagus (C15.x)	<b>Cover</b>	<b>Cover</b>
Head/Neck (C00.x - C14.x, C30.x - C33.x, others as specified)	<b>Cover</b>	<b>Cover</b>
Lymphoma (C81.x - C88.x)	<b>Cover</b>	<b>Cover</b>
Melanoma (C43.x)	<b>3</b>	<b>Cover</b>
Myeloma (C90.x)	<b>Cover</b>	<b>Cover</b>
NSCLC (C34.x)	<b>Cover</b>	<b>Cover</b>
Ovary (C56.x)	<b>Cover</b>	<b>Cover</b>
Pancreas (C25.x)	<b>Cover</b>	<b>Cover</b>
Prostate (C61)	<b>N/C</b>	<b>Cover</b>
Small Cell Lung Cancer (C34.x)	<b>Cover</b>	<b>Cover</b>
Soft Tissue Sarcoma (location dependent)	<b>Cover</b>	<b>Cover</b>
Testes (C62.x)	<b>Cover</b>	<b>Cover</b>
Thyroid (C73.x)	<b>Cover</b>	<b>Cover</b>
All other Solid Tumors	<b>Cover</b>	<b>Cover</b>
Cancers Not Listed	<b>Cover</b>	<b>Cover</b>

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**NOTE:** CED (Coverage with Evidence Development) under NOPR is no longer applicable for FDG PET.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 Codes for PET Procedures

### CPT/APC Description

<b>78608/5594</b>	PET Imaging - Brain Imaging, metabolic evaluation for brain tumor
<b>78811/5594</b>	PET Imaging - Limited Area
<b>78812/5594</b>	PET Imaging - Skull to Thigh
<b>78813/5594</b>	PET Imaging - Full Body (Head to Feet)
<b>78814/5594</b>	PET Imaging with CT* - Limited Area
<b>78815/5594</b>	PET Imaging with CT* - Skull Base to Thigh
<b>78816/5594</b>	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;**

[http://www.cms.hhs.gov/manuals/downloads/ncd103c1\\_Part4.pdf](http://www.cms.hhs.gov/manuals/downloads/ncd103c1_Part4.pdf)

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

<http://www.cms.gov/medicare-coverage-database/details/ncadecision-memo.aspx?NCAId=263>