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# CMS Manual System

## Pub. 100-04 Medicare Claims Processing

Department of Health &  
Human Services (DHHS)  
Centers for Medicare &  
Medicaid Services (CMS)

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Transmittal 527

Date: APRIL 15, 2005

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CHANGE REQUEST 3741

**NOTE: Transmittal 518, Dated April 8, 2005, is being rescinded and replaced by Transmittal 527, Dated April 15, 2005.**

**SUBJECT: New Coding for FDG PET Scans and Billing Requirements for Specific Indications of Cervical Cancer**

**SUMMARY OF CHANGES:** This CR provides billing and claims processing information for cervical cancer indications not previously specified. There are also HCPCS/CPT changes for PET and PET/CT scans. Lastly, editorial changes within Publication 100-04, chapter 13, section 60, have been made to reflect coding changes and coverage policy changes within Publication 100-03, section 220.6.

**NEW/REVISED MATERIAL - EFFECTIVE DATE\*: January 28, 2005**  
**IMPLEMENTATION DATE\*: April 18, 2005**

**NOTE:** The effective date of January 28, 2005 for the PET changes supersedes the effective date of January 30, 2005 mentioned in CR 3726 (1st Update to the 2005 Medicare Physician Fee Schedule Database). Note the change in date.

*Disclaimer for manual changes only: The revision date and transmittal number apply to the red italicized material only. Any other material was previously published and remains unchanged. However, if this revision contains a table of contents, you will receive the new/revised information only, and not the entire table of contents.*

## II. CHANGES IN MANUAL INSTRUCTIONS: (R = REVISED, N = NEW, D = DELETED)

R/N/D	CHAPTER/SECTION/SUBSECTION/TITLE
R	13/Table of Contents
R	13/60/Positron Emission Tomography (PET) Scans - General Information
R	13/60.1/Billing Instructions
R	13/60.2/Use of Gamma Cameras and Full Ring and Partial Ring Pet Scanners for PET Scans
R	13/60.3/PET Scan Qualifying Conditions and HCPCS/CPT Code Chart
N	13/60.3.1/Appropriate CPT Codes Effective for PET Scan Services Performed on or After January 28, 2005
R	13/60.8/Expanded Coverage of PET Scans for Breast Cancer Effective for

	Services on or After October 1, 2002
<b>R</b>	13/60.10/Coverage of PET Scans for Thyroid Cancer
<b>R</b>	13/60.12/Coverage of PET Scans for Dementia and Neurodegenerative Diseases
<b>N</b>	13/60.13/Billing Requirements for PET Scans for Specific Indications of Cervical Cancer for Services performed on or After January 28, 2005
<b>N</b>	60.14/Billing Requirements for PET Scans for Non-Covered Conditions

**III. FUNDING: Medicare contractors shall implement these instructions within their current operating budgets.**

**IV. ATTACHMENTS:**

<b>X</b>	<b>Business Requirements</b>
<b>X</b>	<b>Manual Instruction</b>
	<b>Confidential Requirements</b>
	<b>One-Time Notification</b>
	<b>Recurring Update Notification</b>

**\*Unless otherwise specified, the effective date is the date of service.**

# Attachment - Business Requirements

Pub. 100-04	Transmittal: 527	Date: April 15, 2005	Change Request 3741
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**NOTE: Transmittal 518, Dated April 1, 2005, is being rescinded and replaced by Transmittal 527, Dated April 15, 2005.**

**SUBJECT: New Coding for FDG PET Scans and Billing Requirements for Specific Indications of Cervical Cancer**

## I. GENERAL INFORMATION

**Background:** This instruction expands coverage of FDG-PET to include certain indications of cervical cancer, replaces specific "G" codes with CPT codes, and activates CPT codes for PET/CT scans

This instruction also updates Pub 100-04, chapter 13, section 60, by providing general Medicare coverage and billing requirements for PET Scans for specific indications of cervical cancer. Refer to Pub 100-03, National Coverage Determinations (NCD) Manual sections 220.6 to 220.6.15, for complete revised coverage policy.

Upon reconsideration of existing non-coverage policy, CMS determines that the evidence is adequate to conclude that an FDG PET scan 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, is reasonable and necessary as an adjunct test.

Coverage is expanded to include FDG PET for certain indications of cervical cancer.

Effective for claims with dates of service on or after January 28, 2005, all HCPCS codes listed in Attachment B for PET scans will become not valid for Medicare and Current Procedural Terminology (CPT) codes listed in Attachment A will be used for all covered PET scan indications specified. Additionally, a new HCPCS code (G0235) has been added for non-coverage of PET scan indications not otherwise specified.

**NOTE:** While G0336 for Coverage of PET Scans for Dementia and Neurodegenerative Diseases will be replaced with a CPT code for services on or after January 28, 2005, all other limiting conditions and indications for coverage apply. Please refer to Pub. 100-03 NCD Manual, section 220.6.13, for complete coverage conditions.

**B. Policy:** The above covered cervical cancer indications are reasonable and necessary under 1862(a)(1)(A) of the Social Security Act.

All other previous positive NCDs will remain in effect. All other previous national non-coverage determinations based on evidence or lack of benefit will remain in effect.



Requirement Number	Requirements	Responsibility (place an "X" in the columns that apply)								
		FI	RHHI	Carrier	DMERC	Shared System Maintainers				Other
						FISS	MCS	VMS	CWF	
3741.5.1	FIs shall adjust claims rejected in 3741.5 to correct their payment after the installation of the July systems release.	X								
3741.6	Contractors shall recognize the new HCPCS G0235 for services performed on or after January 28, 2005, for claims for all PET indications for services not otherwise specified received on or after April 1, 2005.  G0235: PET imaging, any site not otherwise specified.  Short Descriptor: PET not otherwise specified  NOTE: This code is for a non-covered service.	X		X						
3741.6.1	Contractors and the Common Working File shall assign type of service 4 to the new non-covered code G0235.			X					X	
3741.7	Effective for services performed on or after January 28, 2005, Medicare contractor systems shall allow payment for the following new PET cancer indication as referenced in Pub. 100-03, Section 220.6.14, with the appropriate CPT code in Attachment A for the indication listed below :  Cervical Cancer (Staging for invasive cervical cancer as an adjunct to conventional imaging)					X	X	X		
3741.8	Medicare contractors shall instruct providers, via a Medlearn Matters article of the new billing and coding requirements for PET scans contained in this document and in Pub 100-04, section 13, chapter 60.	X		X						

Requirement Number	Requirements	Responsibility (place an "X" in the columns that apply)								
		FI	RHHI	Carrier	DMERC	Shared System Maintainers				Other
						FISS	MCS	VMS	CVF	
3741.9	Medicare contractors shall instruct providers via a Medlearn Matters article to issue an Advanced Beneficiary Notice to beneficiaries advising them of potential financial liability if all specified conditions for coverage of PET are not met.	X		X						

### III. PROVIDER EDUCATION

Requirement Number	Requirements	Responsibility (place an "X" in the columns that apply)								
		FI	RHHI	Carrier	DMERC	Shared System Maintainers				Other
						FISS	MCS	VMS	CVF	
3741.10	A provider education article related to this instruction will be available at <a href="http://www.cms.hhs.gov/medlearn/matters">www.cms.hhs.gov/medlearn/matters</a> shortly after the CR is released. You will receive notification of the article release via the established "Medlearn Matters" listserv. Contractors shall post this article, or a direct link to this article, on their Web site and include information about it in a listserv message within 1 week of the availability of the provider education article. In addition, the provider education article shall be included in your next regularly scheduled bulletin and incorporated into any educational events on this topic. Contractors are free to supplement Medlearn Matters articles with localized information that would benefit their provider community in billing and administering the Medicare program correctly.	X		X						

### IV. SUPPORTING INFORMATION AND POSSIBLE DESIGN CONSIDERATIONS

**A. Other Instructions: N/A**

<b>X-Ref Requirement #</b>	<b>Instructions</b>
3741	Pub. 100-03 NCD Manual, section 220.6, and Pub. 100-4 Medicare Claims Processing Manual, chapter 13, section 60.

**B. Design Considerations: N/A**

<b>X-Ref Requirement #</b>	<b>Recommendation for Medicare System Requirements</b>

**C. Interfaces: N/A**

**D. Contractor Financial Reporting /Workload Impact: N/A**

**E. Dependencies: N/A**

**F. Testing Considerations: N/A**

**V. SCHEDULE, CONTACTS, AND FUNDING**

<b>Effective Date: *January 28, 2005</b> <b>Implementation Date: April 18, 2005</b> <b>Pre-Implementation Contact(s):</b> Yvette Cousar (410) 786-2160 (carrier claims processing); Kelly Buchanan (410) 786-6132 (institutional claims processing); Stuart Caplan, RN/Patricia Brocato-Simons (410) 786-8564/0261 (coverage policy) <b>Post-Implementation Contact(s):</b> Appropriate regional office	<b>Medicare contractors shall implement these instructions within their current operating budgets.</b>
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**\*Unless otherwise specified, the effective date is the date of service.**

Attachments

## Attachment A

### CPT Codes for Covered PET Scan Indications Effective for dates of service on or after January 28, 2005

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



**Attachment B - HCPCS Codes Not Valid for Medicare for dates of service on or after January 28, 2005**

<b>HCPCS Code</b>
G0030
G0031
G0032
G0033
G0034
G0035
G0036
G0037
G0038
G0039
G0040
G0041
G0042
G0043
G0044
G0045
G0046
G0047
G0125
G0210
G0211
G0212
G0213
G0214
G0215
G0216
G0217
G0218
G0220
G0221
G0222
G0223
G0224
G0225
G0226
G0227
G0228
G0229
G0230
G0231

<b>HCPCS Code</b>
G0232
G0233
G0234
G0253
G0254
G0296
G0336



# Medicare Claims Processing Manual

## Chapter 13 - Radiology Services and Other Diagnostic Procedures

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### Table of Contents

*(Rev.527, 04-15-05)*

*60.3.1 - Appropriate CPT Codes Effective for PET Scans for Services Performed on or After January 28, 2005*

*60.13 - Billing Requirements for PET Scans for Specific Indications of Cervical Cancer for Services Performed on or After January 28, 2005*

*60.14 - Billing Requirements for PET Scans for Non-Covered Indications*

## 60 - Positron Emission Tomography (PET) Scans – General Information

*(Rev.527, Issued: 04-15-05, Effective: 01-28-05, Implementation: 04-18-05)*

Positron emission tomography (PET) is a noninvasive imaging procedure that assesses perfusion and the level of metabolic activity in various organ systems of the human body. A positron camera (tomograph) is used to produce cross-sectional tomographic images which are obtained by detecting radioactivity from a radioactive tracer substance (radiopharmaceutical) that emits a radioactive tracer substance (radiopharmaceutical FDG) such as 2-[F-18] fluoro-D-glucose FDG, that is administered intravenously to the patient.

The Medicare National Coverage Determinations (*NCD*) Manual, Chapter 1, §220.6, contains additional coverage instructions to indicate the conditions under which a PET scan is performed.

### A – Definitions

For all uses of PET, excluding Rubidium 82 for perfusion of the heart, myocardial viability and refractory seizures, the following definitions apply:

- **Diagnosis:** PET is covered only in clinical situations in which the PET results may assist in avoiding an invasive diagnostic procedure, or in which the PET results may assist in determining the optimal anatomical location to perform an invasive diagnostic 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 the purpose of staging, *rather than* diagnosis. Therefore, the use of PET in the diagnosis of lymphoma, esophageal and colorectal cancers, as well as in melanoma, should be rare. PET is not covered for other diagnostic uses, and is not covered for screening (testing of patients without specific signs and symptoms of disease).
- **Staging:** PET is covered in clinical situations in which (1) (a) the stage of the cancer remains in doubt after completion of a standard diagnostic workup, including conventional imaging (computed tomography, magnetic resonance imaging, or ultrasound) or, (b) the use of PET would also be considered reasonable and necessary 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 and, (2) clinical management of the patient would differ depending on the stage of the cancer identified.
- **Restaging:** PET will be covered for restaging: (1) after the 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 to determine the extent of a known*

*recurrence, or if 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:** Use of PET to monitor tumor response to treatment during the planned course of therapy (i.e., when *a* change in therapy is *anticipated*).

## **B - Limitations**

For staging and restaging: PET is covered in either/or both of the following circumstances:

- The stage of the cancer remains in doubt after completion of a standard diagnostic workup, including conventional imaging (computed tomography, magnetic resonance imaging, or ultrasound); and/or
- The clinical management of the patient would differ depending on the stage of the cancer identified. PET will be covered for restaging after the completion of treatment for the purpose of detecting residual disease, for detecting suspected recurrence, or to determine the extent of a known recurrence. Use of PET would also be considered reasonable and necessary 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.

The PET is not covered for other diagnostic uses, and is not covered for screening (testing of patients without specific symptoms). Use of PET to monitor tumor response during the planned course of therapy (i.e. when no change in therapy is being contemplated) is not covered.

## **60.1 - Billing Instructions**

*(Rev.527, Issued: 04-15-05, Effective: 01-28-05, Implementation: 04-18-05)*

### **A - Billing and Payment Instructions or Responsibilities for Carriers**

Claims for PET scan services must be billed on Form-CMS 1500 or the electronic equivalent with the appropriate HCPCS *or CPT code* and diagnosis codes to the local carrier. Effective for claims received on or after July 1, 2001, PET modifiers were discontinued and are no longer a claims processing requirement for PET scan claims. Therefore, July 1, 2001, and after the MSN messages regarding the use of PET modifiers can be discontinued. The type of service (TOS) for the new PET scan procedure codes is TOS 4, Diagnostic Radiology. Payment is based on the Medicare Physician Fee Schedule.

### **B - Billing and Payment Instructions or Responsibilities for FIs**

Claims for PET scan procedures must be billed to the FI on Form CMS-1450 (UB-92) or the electronic equivalent with the appropriate diagnosis and HCPCS “G” code *or CPT code* to indicate the conditions under which a PET scan was done. These codes represent the technical component costs associated with these procedures when furnished to hospital and SNF outpatients. They are paid as follows:

- under OPSS for hospitals subject to OPSS
- under current payment methodologies for hospitals not subject to OPSS
- on a reasonable cost basis for critical access hospitals.
- on a reasonable cost basis for skilled nursing facilities.

Institutional providers bill these codes under Revenue Code 0404 (PET Scan). Medicare contractors shall pay claims submitted for services provided by a critical access hospital (CAH) as follows: Method I technical services are paid at 101% of reasonable cost; Method II technical services are paid at 101% of reasonable cost, and professional services are paid at 115% of the Medicare Physician Fee Schedule Data Base.

### **C - Frequency**

In the absence of national frequency limitations, for all indications covered on and after July 1, 2001, contractors can, if necessary, develop frequency limitations on any or all covered PET scan services.

### **D - Post-Payment Review for PET Scans**

As with any claim, but particularly in view of the limitations on this coverage, Medicare may decide to conduct post-payment reviews to determine that the use of PET scans is consistent with coverage instructions. Pet scanning facilities must keep patient record information on file for each Medicare patient for whom a PET scan claim is made. These medical records can be used in any post-payment reviews and must include the information necessary to substantiate the need for the PET scan. These records must include standard information (e.g., age, sex, and height) along with sufficient patient histories to allow determination that the steps required in the coverage instructions were followed. Such information must include, but is not limited to, the date, place and results of previous diagnostic tests (e.g., cytopathology and surgical pathology reports, CT), as well as the results and reports of the PET scan(s) performed at the center. If available, such records should include the prognosis derived from the PET scan, together with information regarding the physician or institution to which the patient proceeded following the scan for treatment or evaluation. The ordering physician is responsible for forwarding appropriate clinical data to the PET scan facility.

Effective for claims received on or after July 1, 2001, CMS no longer requires paper documentation to be submitted up front with PET scan claims. Contractors shall be aware and advise providers of the specific documentation requirements for PET scans for dementia and neurodegenerative diseases. This information is outlined in section 60.12.

Documentation requirements such as physician referral and medical necessity determination are to be maintained by the provider as part of the beneficiary's medical record. This information must be made available to the carrier or FI upon request of additional documentation to determine appropriate payment of an individual claim.

**60.2 - Use of Gamma Cameras and Full Ring and Partial Ring PET Scanners for PET Scans**

*(Rev.527, Issued: 04-15-05, Effective: 01-28-05, Implementation: 04-18-05)*

See the Medicare *NCD* Manual, Section 220.6, concerning 2-[F-18] Fluoro-D-Glucose (FDG) PET scanners and details about coverage.

On July 1, 2001, HCPCS codes G0210 - G0230 were added to allow billing for all currently covered indications for FDG PET. Although the codes do not indicate the type of PET scanner, these codes were used until January 1, 2002, by providers to bill for services in a manner consistent with the coverage policy.

Effective January 1, 2002, HCPCS codes G0210 – G0230 were updated with new descriptors to properly reflect the type of PET scanner used. In addition, four new HCPCS codes became effective for dates of service on and after January 1, 2002, (G0231, G0232, G0233, G0234) for covered conditions that may be billed if a gamma camera is used for the PET scan. *For services performed from January 1, 2002, through January 27, 2005, providers should bill using the revised HCPCS codes G0210 - G0234. Beginning January 28, 2005 providers should bill using the appropriate CPT code.*

**60.3 - PET Scan Qualifying Conditions and HCPCS Code Chart**

*(Rev.527, Issued: 04-15-05, Effective: 01-28-05, Implementation: 04-18-05)*

Below is a summary of all covered PET scan conditions, with effective dates.

*NOTE: The G codes below except those a # can be used to bill for PET Scan services through January 27, 2005. Effective for dates of service on or after January 28, 2005, providers must bill for PET Scan services using the appropriate CPT codes. See section 60.3.1. The G codes with a # can continue to be used for billing after January 28, 2005 and these remain non-covered by Medicare. (NOTE: PET Scanners must be FDA-approved.)*

<b>Conditions</b>	<b>Coverage Effective Date</b>	<b>****HCPCS/CPT</b>
*Myocardial perfusion imaging (following previous PET G0030-G0047) single study, rest or stress	3/14/95	G0030

(exercise and/or pharmacologic)		
*Myocardial perfusion imaging (following previous PET G0030-G0047) multiple studies, rest or stress (exercise and/or pharmacologic)	3/14/95	G0031
*Myocardial perfusion imaging (following rest SPECT, 78464); single study, rest or stress (exercise and/or pharmacologic)	3/14/95	G0032
*Myocardial perfusion imaging (following rest SPECT 78464); multiple studies, rest or stress (exercise and/or pharmacologic)	3/14/95	G0033
*Myocardial perfusion (following stress SPECT 78465); single study, rest or stress (exercise and/or pharmacologic)	3/14/95	G0034
*Myocardial Perfusion Imaging (following stress SPECT 78465); multiple studies, rest or stress (exercise and/or pharmacologic)	3/14/95	G0035
*Myocardial Perfusion Imaging (following coronary angiography 93510-93529); single study, rest or stress (exercise and/or pharmacologic)	3/14/95	G0036
*Myocardial Perfusion Imaging, (following coronary angiography), 93510-93529); multiple studies, rest or stress (exercise and/or pharmacologic)	3/14/95	G0037
*Myocardial Perfusion Imaging (following stress planar myocardial perfusion, 78460); single study, rest or stress (exercise and/or pharmacologic)	3/14/95	G0038

<b>Conditions</b>	<b>Coverage Effective Date</b>	<b>****HCPCS/CPT</b>
*Myocardial Perfusion Imaging (following stress planar myocardial perfusion, 78460); multiple studies, rest or stress (exercise and/or pharmacologic)	3/14/95	G0039
*Myocardial Perfusion Imaging (following stress echocardiogram 93350); single study, rest or stress	3/14/95	G0040



(exercise and/or pharmacologic)		
*Myocardial Perfusion Imaging (following stress echocardiogram, 93350); multiple studies, rest or stress (exercise and/or pharmacologic)	3/14/95	G0041
*Myocardial Perfusion Imaging (following stress nuclear ventriculogram 78481 or 78483); single study, rest or stress (exercise and/or pharmacologic)	3/14/95	G0042
*Myocardial Perfusion Imaging (following stress nuclear ventriculogram 78481 or 78483); multiple studies, rest or stress (exercise and/or pharmacologic)	3/14/95	G0043
*Myocardial Perfusion Imaging (following stress ECG, 93000); single study, rest or stress (exercise and/or pharmacologic)	3/14/95	G0044
*Myocardial perfusion (following stress ECG, 93000), multiple studies; rest or stress (exercise and/or pharmacologic)	3/14/95	G0045
*Myocardial perfusion (following stress ECG, 93015), single study; rest or stress (exercise and/or pharmacologic)	3/14/95	G0046
*Myocardial perfusion (following stress ECG, 93015); multiple studies, rest or stress (exercise and/or pharmacologic)	3/14/95	G0047

<b>Conditions</b>	<b>Coverage Effective Date</b>	<b>****HCPCS/CPT</b>
PET imaging regional or whole body; single pulmonary nodule	1/1/98	G0125
Lung cancer, non-small cell (PET imaging whole body) Diagnosis, Initial Staging, Restaging	7/1/01	G0210 G0211 G0212

Colorectal cancer (PET imaging whole body) Diagnosis, Initial Staging, Restaging	7/1/01	G0213 G0214 G0215
Melanoma (PET imaging whole body) Diagnosis, Initial Staging, Restaging	7/1/01	G0216 G0217 G0218
Melanoma for non-covered indications	7/1/01	#G0219
Lymphoma (PET imaging whole body) Diagnosis, Initial Staging, Restaging	7/1/01	G0220 G0221 G0222
Head and neck cancer; excluding thyroid and CNS cancers (PET imaging whole body or regional) Diagnosis, Initial Staging, Restaging	7/1/01	G0223 G0224 G0225

<b>Conditions</b>	<b>Coverage Effective Date</b>	<b>****HCPCS/CPT</b>
Esophageal cancer (PET imaging whole body) Diagnosis, Initial Staging, Restaging	7/1/01	G0226 G0227 G0228
Metabolic brain imaging for pre-surgical evaluation of refractory seizures	7/1/01	G0229
Metabolic assessment for myocardial viability following inconclusive SPECT study	7/1/01	G0230
Recurrence of colorectal or colorectal metastatic cancer (PET whole body, gamma cameras only)	1/1/02	G0231
Staging and characterization of lymphoma (PET whole body, gamma cameras only)	1/1/02	G0232

Recurrence of melanoma or melanoma metastatic cancer (PET whole body, gamma cameras only)	1/1/02	G0233
Regional or whole body, for solitary pulmonary nodule following CT, or for initial staging of non-small cell lung cancer (gamma cameras only)	1/1/02	G0234
<i>Non-Covered Service</i> <i>PET imaging, any site not otherwise specified</i>	<i>1/28/05</i>	<i>#G0235</i>
Non-Covered Service Initial diagnosis of breast cancer and/or surgical planning for breast cancer (e.g., initial staging of axillary lymph nodes), not covered (full- and partial-ring PET scanners only)	10/1/02	#G0252
Breast cancer, staging/restaging of local regional recurrence or distant metastases, i.e., staging/restaging after or prior to course of treatment (full- and partial-ring PET scanners only)	10/1/02	G0253

<b>Conditions</b>	<b>Coverage Effective Date</b>	<b>****HCPCS/CPT</b>
Breast cancer, evaluation of responses to treatment, performed during course of treatment (full- and partial-ring PET scanners only)	10/1/02	G0254
Myocardial imaging, positron emission tomography (PET), metabolic evaluation)	10/1/02	78459
Restaging or previously treated thyroid cancer of follicular cell origin following negative I-131 whole body scan (full- and partial-ring PET scanner only)	10/1/03	G0296
Tracer Rubidium**82 (Supply of Radiopharmaceutical Diagnostic Imaging Agent) (This is only billed through Outpatient Perspective Payment System, OPFS.) (Carriers must use HCPCS Code A4641).	10/1/03	Q3000

***Supply of Radiopharmaceutical Diagnostic Imaging Agent, Ammonia N-13***	01/1/04	A9526
PET imaging, brain imaging for the differential diagnosis of Alzheimer's disease with aberrant features vs. fronto-temporal dementia	09/15/04	<i>Appropriate CPT Code from section 60.3.1</i>
<i>PET Cervical Cancer Staging as adjunct to conventional imaging, other staging, diagnosis, restaging, monitoring</i>	<i>1/28/05</i>	<i>Appropriate CPT Code from section 60.3.1</i>

**\*NOTE:** Carriers must report A4641 for the tracer Rubidium 82 when used with PET scan codes G0030 through G0047 for services performed on or before January 27, 2005

**\*\*NOTE:** Not FDG PET

**\*\*\*NOTE:** For dates of service October 1, 2003, through December 31, 2003, use temporary code Q4078 for billing this radiopharmaceutical.

***60.3.1 Appropriate CPT Codes Effective for PET Scans for Services Performed on or After January 28, 2005***

***(Rev.527, Issued: 04-15-05, Effective: 01-28-05, Implementation: 04-18-05)***

<b><i>CPT Code</i></b>	<b><i>Description</i></b>
<i>78459</i>	<i>Myocardial imaging, positron emission tomography (PET), metabolic evaluation</i>
<i>78491</i>	<i>Myocardial imaging, positron emission tomography (PET), perfusion, single study at rest or stress</i>
<i>78492</i>	<i>Myocardial imaging, positron emission tomography (PET), perfusion, multiple studies at rest and/or stress</i>

<b><i>CPT Code</i></b>	<b><i>Description</i></b>
<i>78608</i>	<i>Brain imaging, positron emission tomography (PET); metabolic evaluation</i>
<i>78609</i>	<i>Brain imaging, positron emission tomography (PET); perfusion evaluation</i>

78811	<i>Tumor imaging, positron emission tomography (PET); limited area (eg, chest, head/neck)</i>
78812	<i>Tumor imaging, positron emission tomography (PET); skull base to mid thigh</i>
78813	<i>Tumor imaging, positron emission tomography (PET); whole body</i>
78814	<i>Tumor imaging, positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization; limited area (e.g., chest, head/neck)</i>
78815	<i>Tumor imaging, positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization; skull base to mid thigh</i>
78816	<i>Tumor imaging, positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization; whole body</i>

## **60.8 - Expanded Coverage of PET Scans for Breast Cancer Effective for Dates of Service on or After October 1, 2002**

*(Rev.527, Issued: 04-15-05, Effective: 01-28-05, Implementation: 04-18-05)*

Effective for dates of service on or after October 1, 2002, Medicare will cover FDG PET as an adjunct to other imaging modalities for staging and restaging for locoregional, recurrence or metastasis of breast cancer. Monitoring treatment of a locally advanced breast cancer tumor and metastatic breast cancer when a change in therapy is contemplated is also covered as an adjunct to other imaging modalities. The baseline PET study for monitoring should be done under the code for staging or restaging.

Medicare continues to have a national non-coverage determination for initial diagnosis of breast cancer and initial staging of axillary lymph nodes. Medicare coverage now includes PET as an adjunct to standard imaging modalities for staging patients with distant metastasis or restaging patients with locoregional recurrence or metastasis of breast cancer; as an adjunct to standard imaging modalities for monitoring for women with locally advanced and metastatic breast cancer when a change in therapy is contemplated.

### ***CPT Codes for PET Scans Performed on or After October 1, 2002 for Breast Cancer***

*Contractors shall advise providers to use the appropriate CPT code from section 60.3.1 for covered breast cancer indications for services performed on or after January 28, 2005.*

**NOTE:** The *NCD* Manual contains a description of coverage. FDG Positron Emission Tomography is a minimally invasive diagnostic procedure using positron camera [tomograph] to measure the decay of radioisotopes such as FDG. The CMS determined that the benefit category for the requested indications fell under §1861(s)(3) of the Act diagnostic service.).

## **60.10 - Coverage of PET Scans for PET Scans for Thyroid Cancer**

*(Rev.527, Issued: 04-15-05, Effective: 01-28-05, Implementation: 04-18-05)*

For services furnished on or after October 1, 2003, Medicare covers the use of FDG PET for thyroid cancer only for restaging of recurrent or residual thyroid cancers of follicular cell origin that have previously been treated by thyroidectomy and radioiodine ablation and have a serum thyroglobulin > 10ng/ml and negative I-131 whole body scan.

*Contractors shall advise providers to use the appropriate CPT code from section 60.3.1 for thyroid cancer for services performed on or after January 28, 2005.*

## **60.12 Coverage for PET Scans for Dementia and Neurodegenerative Diseases**

*(Rev.527, Issued: 04-15-05, Effective: 01-28-05, Implementation: 04-18-05)*

Effective for dates of service on or after September 15, 2004, Medicare will cover FDG PET scans for a differential diagnosis of fronto-temporal dementia (FTD) and Alzheimer's disease OR; its use in a CMS-approved practical clinical trial focused on the utility of FDG-PET in the diagnosis or treatment of dementing neurodegenerative diseases. Refer to Pub. 100-03, NCD Manual, section [220.6.13](#), for complete coverage conditions and clinical trial requirements.

### **A. Carrier and FI Billing Requirements for PET Scan Claims for FDG-PET for the Differential Diagnosis of Fronto-temporal Dementia and Alzheimer's Disease:**

#### **- *CPT* Code for PET Scans for Dementia and Neurodegenerative Diseases**

*Contractors shall advise providers to use the appropriate CPT code from section 60.3.1 for dementia and neurodegenerative diseases for services performed on or after January 28, 2005.*

#### **- Diagnosis Codes for PET Scans for Dementia and Neurodegenerative Diseases**

The contractor shall ensure one of the following appropriate diagnosis codes is present on claims for PET Scans for AD:

-- 290.0, 290.10 - 290.13, 290.20 - 290, 21, 290.3, 331.0, 331.11, 331.19, 331.2, 331.9, 780.93

Medicare contractors shall use an appropriate Medicare Summary Notice (MSN) message such as 16.48, "Medicare does not pay for this item or service for this condition" to deny claims when submitted with *an appropriate CPT code from section 60.3.1 and* with a diagnosis code other than the range of codes listed above. Also, contractors shall use an appropriate Remittance Advice (RA) such as 11, "The diagnosis is inconsistent with the procedure."

Medicare contractors shall instruct providers to issue an Advanced Beneficiary Notice to beneficiaries advising them of potential financial liability *prior to delivering the service* if one of the appropriate diagnosis codes will not be present on the claim.

#### **- Provider Documentation Required with the PET Scan Claim**

Medicare contractors shall inform providers to ensure the conditions mentioned in the NCD Manual, section [220.6.13](#), have been met. The information must also be maintained in the beneficiary's medical record:



- Date of onset of symptoms;
- Diagnosis of clinical syndrome (normal aging, mild cognitive impairment or MCI: mild, moderate, or severe dementia);
- Mini mental status exam (MMSE) or similar test score;
- Presumptive cause (possible, probably, uncertain AD);
- Any neuropsychological testing performed;
- Results of any structural imaging (MRI, CT) performed;
- Relevant laboratory tests (B12, thyroid hormone); and,
- Number and name of prescribed medications.

B. Carrier and FI Billing Requirements for FDG-PET Scans Claims for CMS-approved Neurodegenerative Disease Practical Clinical Trials

**- Carriers and FIs**

Contractors should not receive claims for this service until the clinical trial centers have been identified. Once these centers are identified, CMS will list the centers on the CMS Web site.

**- Carriers Only**

Carriers shall pay claims for PET scans for beneficiaries participating in a CMS-approved clinical trial submitted with the **QV** modifier. Refer to Pub. 100-03, NCD Manual, section [220.6.13](#), for complete policy and clinical trial requirements.

**- FIs Only**

In order to pay claims for PET scans on behalf of beneficiaries participating in a CMS-approved clinical trial, FIs require providers to submit claims with ICD-9 code V70.7 in the second diagnosis position on the Form CMS-1450 (UB-92), or the electronic equivalent, with the appropriate principal diagnosis code *and an appropriate CPT code from section 60.3.1*. Refer to Publication 100-03, NCD Manual, section [220.6.13](#).

***60.13 - Billing Requirements for PET Scans for Specific Indications of Cervical Cancer for Services Performed on or After January 28, 2005 (Rev.527, Issued: 04-15-05, Effective: 01-28-05, Implementation: 04-18-05)***

*Contractors shall accept claims for these services with the appropriate CPT code listed in section 60.3.1. Refer to Pub. 100-03, Section [220.6.14](#) for complete coverage guidelines for this new PET oncology indications. Implementation date for these CPT codes will be April 18, 2005.*

***60.14 - Billing Requirements for PET Scans for Non-Covered Indications  
(Rev.527, Issued: 04-15-05, Effective: 01-28-05, Implementation: 04-18-05)***

*For services performed on or after January 28, 2005, contractors shall accept claims with the following HCPCS code for non-covered PET indications:*

- G0235: PET imaging, any site not otherwise specified*

*Short Descriptor: PET not otherwise specified*

*Type of Service: 4*

***NOTE:*** *This code is for a non-covered service.*