## CPT Billing Codes for Medicare Approved Indications – PET in Oncology

### PET and PET•CT Imaging

<table>
<thead>
<tr>
<th>PET</th>
<th>PET•CT</th>
</tr>
</thead>
<tbody>
<tr>
<td>78811 (limited area)</td>
<td>78814 (limited area)</td>
</tr>
<tr>
<td>78812 (skull base to mid-thigh)</td>
<td>78815 (skull base to mid-thigh)</td>
</tr>
<tr>
<td>78813 (whole body)</td>
<td>78816 (whole body)</td>
</tr>
</tbody>
</table>

### Brain Tumor:
- PET or PET•CT imaging; initial treatment strategy*; brain cancer

### Breast Cancer:
- PET or PET•CT imaging; initial treatment strategy1; breast cancer
- PET or PET•CT imaging; subsequent treatment strategy**; breast cancer

### Cervical Cancer:
- PET or PET•CT imaging; initial treatment strategy2; cervical cancer
- PET or PET•CT imaging; subsequent treatment strategy**; cervical cancer

### Colorectal Cancer:
- PET or PET•CT imaging; initial treatment strategy*; colorectal cancer
- PET or PET•CT imaging; subsequent treatment strategy**; colorectal cancer

### Esophageal Cancer:
- PET or PET•CT imaging; initial treatment strategy*; esophageal cancer
- PET or PET•CT imaging; subsequent treatment strategy**; esophageal cancer

### Head & Neck Cancer:
- PET or PET•CT imaging; initial treatment strategy*; head & neck cancer
- PET or PET•CT imaging; subsequent treatment strategy**; head & neck cancer

### NSC Lung Cancer:
- PET or PET•CT imaging; initial treatment strategy*; lung cancer; non-small cell
- PET or PET•CT imaging; subsequent treatment strategy**; lung cancer; non-small cell

### Small Cell Lung Cancer:
- PET or PET•CT imaging; initial treatment strategy*; lung cancer; small cell

### Lymphoma:
- PET or PET•CT imaging; initial treatment strategy*; lymphoma
- PET or PET•CT imaging; subsequent treatment strategy**; lymphoma

### Melanoma:
- PET or PET•CT imaging; initial treatment strategy3; melanoma
- PET or PET•CT imaging; subsequent treatment strategy**; melanoma

### Myeloma:
- PET or PET•CT imaging; initial treatment strategy*; myeloma
- PET or PET•CT imaging; subsequent treatment strategy**; myeloma

### Ovarian Cancer:
- PET or PET•CT imaging; initial treatment strategy*; ovarian cancer
- PET or PET•CT imaging; subsequent treatment strategy**; ovarian cancer

### Pancreatic Cancer:
- PET or PET•CT imaging; initial treatment strategy*; pancreatic cancer

### Soft Tissue Sarcoma:
- PET or PET•CT imaging; initial treatment strategy*; soft tissue sarcoma

### Testicular Cancer:
- PET or PET•CT imaging; initial treatment strategy*; testicular cancer

### Thyroid Cancer:
- PET or PET•CT imaging; initial treatment strategy*; thyroid cancer
- PET or PET•CT imaging; subsequent treatment strategy**; thyroid cancer

### All Other Solid Tumors:
- PET or PET•CT imaging; initial treatment strategy*

### Notes:
1. Breast: Noncovered 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 CED.
3. Melanoma: Noncovered for initial staging of regional lymph nodes. All other uses for initial staging 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 CED.

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CPT Billing Codes for Medicare Approved Indications – Neurology & Cardiology

78608 Seizure Disorders
FDG PET imaging; metabolic brain imaging for pre-surgical evaluation of refractory seizures

78608 Alzheimer's Disease
FDG PET imaging; brain imaging for the differential diagnosis of Alzheimer's disease with atypical features vs. fronto-temporal dementia

78459 Cardiac Viability
FDG PET imaging; metabolic assessment for myocardial viability following inconclusive SPECT study
Heart muscle imaging determination of myocardial viability as primary or initial diagnosis prior to revascularization

78491 Myocardial Imaging
PET imaging; myocardial imaging; perfusion; single study at rest or stress with N-13 Ammonia or Rubidium 82

78492 Myocardial Imaging
PET imaging; myocardial imaging; perfusion; multiple studies at rest or stress with N-13 Ammonia or Rubidium 82

Other Codes Not Covered by Medicare

Radiopharmaceuticals Covered by Medicare

G0235 Non-covered PET – Not otherwise specified
G0219 Non-covered melanoma
G0252 Non-covered breast cancer
A9552 \(^{18}\)F FDG, diagnostic, per dose, up to 45 millicuries
A9555 Rubidium Rb-82, diagnostic, per dose, up to 60 millicuries
A9526 N-13 Ammonia, diagnostic, per dose, up to 40 millicuries
A9580 Sodium Fluoride F-18, per dose, up to 30 millicuries (not covered by CMS)

Note: Payments for radiopharmaceuticals are bundled with the PET scan payment, but each radiopharmaceutical must be billed separately using one of the above codes.

* Initial Treatment Strategy (includes diagnosis and staging):
Diagnosis: PET is covered only in clinical situations in which:
(1) the PET results may assist in avoiding an invasive diagnostic procedure, or in which
(2) 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 staging rather than diagnosis.

PET is not covered as a screening test (i.e. testing patients without specific signs and symptoms of disease)

Staging: PET is covered for staging 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 (CT, MRI, or ultrasound), or
(1)(b) 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.

** Subsequent Treatment Strategy (includes restaging and monitoring treatment response):
Restaging: 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 Treatment Response: PET is covered for monitoring tumor response to treatment:
(1) when a change in therapy is contemplated

Above information obtained from Decision Memo for Positron Emission Tomography (FDG) for Solid Tumors (CAG-0181R)