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

<table>
<thead>
<tr>
<th>PET</th>
<th>PET+CT</th>
<th>PET</th>
<th>PET+CT</th>
</tr>
</thead>
<tbody>
<tr>
<td>78811 (limited area)</td>
<td>78814 (limited area)</td>
<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>
<td>78608 (brain)</td>
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</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 strategy⁴; thyroid cancer

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

**Notes:**
1. *Breast: Not covered for diagnosis and/or initial staging of axillary lymph nodes. Covered for initial staging of metastatic disease.
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

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
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<tbody>
<tr>
<td>G0235</td>
<td>Non-covered PET – Not otherwise specified</td>
</tr>
<tr>
<td>G0219</td>
<td>Non-covered melanoma</td>
</tr>
<tr>
<td>G0252</td>
<td>Non-covered breast cancer</td>
</tr>
<tr>
<td>78609</td>
<td>Brain Imaging - PET imaging; brain imaging; perfusion evaluation, usually with O-15 water</td>
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Radiopharmaceuticals

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
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<tbody>
<tr>
<td>A9552</td>
<td>F-18 FDG, diagnostic, per dose, up to 45 millicuries</td>
</tr>
<tr>
<td>A9526</td>
<td>N-13 Ammonia, diagnostic, per dose, up to 40 millicuries</td>
</tr>
<tr>
<td>A9555</td>
<td>Rb-82 Rubidium, diagnostic, per dose, up to 60 millicuries</td>
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<tr>
<td>A9580</td>
<td>F-18 Sodium Fluoride, per dose, up to 30 millicuries (A9580 is not covered by CMS)</td>
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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 (formerly diagnosis and staging)
CMS will cover only one FDG PET study for beneficiaries who have solid tumors that are biopsy proven or strongly suspected based on other diagnostic testing when the beneficiary's treating physician determines that the FDG PET study is needed to determine the location and/or extent of the tumor for the following therapeutic purposes related to the initial treatment strategy:

1. to determine whether or not the beneficiary is an appropriate candidate for an invasive diagnostic or therapeutic procedure; or
2. to determine the optimal anatomic location for an invasive procedure; or
3. to determine the anatomic extent of tumor when the recommended anti-tumor treatment reasonably depends on the extent of the tumor.

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

** Subsequent Treatment Strategy - Restaging:
Restaging applies to testing after a course of treatment is completed, and PET is covered subject to the conditions below:

1. after completion of treatment for the purpose of detecting residual disease, or
2. for detecting suspected recurrence or metastasis, or
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

** Subsequent Treatment Strategy - Monitoring response to therapy:
Monitoring response to therapy refers to the use of PET:

1. to monitor tumor response to treatment during the planned course of therapy (i.e., when a change in therapy is anticipated).

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