

Cancers and Indications Eligible for Medicare and the National Oncologic PET Registry (NOPR)

PET scans for cancers and indications that are not reimbursable by Medicare are eligible for entry in the NOPR, except cancers and indications that are nationally not covered and therefore specifically excluded for any Medicare reimbursement.

C = Covered by Medicare - Not eligible for entry in the NOPR
 NC = Not covered nationally - Not eligible for entry in the NOPR
 NOPR = Covered only with entry in the NOPR

*Initial Treatment Strategy was formerly diagnosis and initial staging

**Subsequent Treatment Strategy includes treatment monitoring, restaging and detection of suspected recurrence

Indications (ICD-9 Codes)	Initial Treatment Strategy *	Subsequent Treatment Strategy **
Lip, Oral Cavity, and Pharynx (140-149)	C	C
Esophagus (150)	C	C
Stomach (151)	C	NOPR
Small Intestine (152) (For carcinoid, see Neuroendocrine tumor below)	C	NOPR
Colon (153) and Rectum (154) (See below for anus)	C	C
Anus (154) (Considered distinct from rectum; see footnote 1)	C	NOPR ¹
Liver and intrahepatic bile ducts (155)	C	NOPR
Gallbladder & extrahepatic bile ducts (156)	C	NOPR
Pancreas (157)	C	NOPR
Retroperitoneum and peritoneum (158)	C	NOPR
Nasal cavity, ear, and sinuses (160)	C	C
Larynx (161)	C	C
Lung, non-small cell (162)	C	C
Lung, small cell (162)	C	NOPR
Pleura (163)	C	NOPR
Thymus, heart, mediastinum (164)	C	NOPR
Bone/cartilage (170)	C	NOPR
Connective/other soft tissue (171)	C	NOPR
Melanoma of skin (172)	C / NC ²	C
Non-melanoma of skin (173)	C	NOPR
Breast, female and male (174-175)	C / NC ^{2,3}	C
Kaposi's sarcoma (176)	C	NOPR
Uterus, unspecified (179)	C	NOPR
Cervix (180)	C / NC ⁴	C
Placenta (181)	C	NOPR
Uterus, body (182)	C	NOPR
Ovary (183)	C	C
Uterine adnexa (183.2-183.9)	C	NOPR
Other and unspecified female genitalia (184)	C	NOPR
Prostate (185)	NC	NOPR
Testis (186)	C	NOPR

Cancers Eligible for Medicare and NOPR (continued)

Indications	Initial Treatment Strategy	Subsequent Treatment Strategy
Penis and other male genitalia (187)	C	NOPR
Bladder (188)	C	NOPR
Kidney and other urinary tract (189)	C	NOPR
Eye (190)	C	NOPR
Brain, primary (191)	C	NOPR
Other and unspecified nervous system (192)	C	NOPR
Thyroid (193)	C	C / NOPR ⁵
Other endocrine glands and related structures(194)	C	NOPR
Metastatic cancer / unknown primary origin (196-199)	C	NOPR
Lymphoma (200-202)	C	C
Myeloma (203)	C	C
Leukemia (204-208)	NOPR	NOPR
Neuroendocrine tumor (209)	C	NOPR
All other solid tumors	C	NOPR
All other cancers not listed herein	NOPR	NOPR

NOTES:

1. Some Medicare contractors include anal cancer in their local coverage of "colorectal cancer"; for PET facilities served by those carriers, PET for subsequent treatment evaluation of anal cancer would be a covered indication.
2. PET is not covered nationally for initial staging for axillary lymph nodes in patients with breast cancer and of regional lymph nodes in patients with melanoma, but is covered for detection of distant metastatic disease in high-risk patients with breast cancer or melanoma.
3. PET is not covered nationally for diagnosis of breast cancer to evaluate a suspicious breast mass. However, PET is covered for initial treatment strategy evaluation of a patient with axillary nodal metastasis of unknown primary origin or in a patient with a paraneoplastic syndrome potentially caused by an occult breast cancer.
4. PET is not covered nationally for diagnosis of cervical cancer. However, PET is covered for initial staging of biopsy proven cervical cancer.
5. To qualify as a covered indication for subsequent treatment strategy evaluation, thyroid cancer must be of follicular cell origin and been previously treated by thyroidectomy and radioiodine ablation and the patient must have a serum thyroglobulin > 10ng/ml and negative whole-body I-131 scan. Patients who do not qualify for this covered indication (e.g., because tumor is of other than follicular cell origin, the thyroglobulin is not elevated, or I-131 whole-body imaging was not performed or is positive) can be entered in NOPR.

Billing Medicare and NOPR for PET Studies:

Modifiers are to be used for CPT codes 78811-78816 to define whether the scan is being performed for Initial Treatment Strategy or Subsequent Treatment Strategy. The Q0 modifier is added for NOPR studies.

PI: PET or PET/CT to inform the initial treatment strategy of tumors that are biopsy proven or strongly suspected of being cancerous based on other diagnostic testing, one per cancer diagnosis.

PS: PET or PET/CT to inform the subsequent treatment strategy of cancerous tumors when the beneficiaries treating physician determines that the PET study is needed to inform subsequent antitumor strategy.

Example: Billing Medicare and NOPR for PET Studies

	Medicare Initial Treatment Strategy	Medicare Subsequent Treatment Strategy	NOPR Initial Treatment Strategy	NOPR Subsequent Treatment Strategy
Technical Component	78815-TC- PI	78815-TC-PS	78815-TC- PI-Q0	78815-TC-PS-Q0
Physician Read	78815-26- PI	78815-26- PS	78815-26- PI-Q0	78815-26- PS-Q0
Global Billing	78815- PI	78815- PS	78815- PI-Q0	78815- PS-Q0