

CPT Billing Codes for Medicare Approved Indications – PET in Oncology

PET	78811 (limited area) 78812 (skull base to mid-thigh) 78813 (whole body) 78608 (brain)	PET•CT 78814 (limited area) 78815 (skull base to mid-thigh) 78816 (whole body)
Brain Tumor:	PET or PET•CT imaging; initial treatment strategy*; brain cancer	
Breast Cancer:	PET or PET•CT imaging; initial treatment strategy ¹ ; breast cancer PET or PET•CT imaging; subsequent treatment strategy**; breast cancer	
Cervical Cancer:	PET or PET•CT imaging; initial treatment strategy ² ; 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: (excluding thyroid and CNS cancers)	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 strategy ³ ; 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 ⁴ ; 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.
2. Cervix: Not covered for diagnosis of cervical cancer. Covered for initial staging of biopsy-proven cervical cancer.
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.

Disclaimer: This information provided by PETNET Solutions is based on published guidelines and on our experience, and is provided for general information only, as a service and at no charge to our customers. It is based on information found in published CMS National Coverage documents, but is not all-inclusive. We believe that the information set forth herein is generally accurate; however, we cannot provide assurance that it is complete, accurate or current. Always check with your local insurance carriers, as coverage may vary by region. The referring physician is responsible for pre-authorization and providing proof of medical necessity for any PET scan. PETNET Solutions and its representatives hereby expressly disclaim any and all liability for claims, including bodily injury or death, arising from any reliance on the information set forth herein.

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

G0235 Non-covered PET – Not otherwise specified

G0219 Non-covered melanoma

G0252 Non-covered breast cancer

78609 Brain Imaging - PET imaging; brain imaging;
perfusion evaluation, usually with O-15 water

Radiopharmaceuticals

A9552 F-18 FDG, diagnostic, per dose, up to 45 millicuries

A9526 N-13 Ammonia, diagnostic, per dose, up to 40 millicuries

A9555 Rb-82 Rubidium, diagnostic, per dose, up to 60 millicuries

A9580 F-18 Sodium Fluoride, per dose, up to 30 millicuries
(A9580 is 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 (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).