

Positron Emission Tomography Scans Coverage – March 1, 2010 Update

The Positron Emission Tomography Scans article has been updated to incorporate additional ICD-9-CM codes effective March 1, 2010. Note that these diagnoses are not an expansion of national coverage but rather provide additional diagnoses that provide greater specificity. This article replaces all previous articles regarding coverage and coding of positron emission tomography (PET) scans. The article also describes all indications for PET scanning, including the most recent National Coverage Determination (NCD) coverage expansion of the oncology indications and code updates. CMS replaced the **oncology** sections 220.6.2, 220.6.3, 220.6.4, 220.6.5, 220.6.6, 220.6.7, 220.6.10, 220.6.11, 220.6.12, 220.6.14 and 220.6.15 of the NCD Manual with section 220.6.17.

This article describes the least restrictive coverage. Providers must read the entire NCD and related Manual sections (see citations at end of article) in order to correctly understand and apply the following coding guidance. *In some cases*, depending on the clinical scenario, the same diagnosis code describes a condition that may be covered, covered with evidence development only, both, or non-covered. In these *situations*, the code will appear as covered, the least restrictive coverage possible under any circumstances.

Summary of the NCD Revision

The oncologic uses of PET scans are redefined. The original four-part diagnosis, staging, restaging and monitoring framework has been replaced with a two-part framework, differentiating use of PET scans in the development of the *initial* and *subsequent* treatment strategies. Use of PET scans in the initial and subsequent treatment strategies for all cancers is either covered or coverable under CMS “Coverage with Evidence Development (CED) paradigm”.

PET Scan Procedure

The section below is quoted from the Internet Only Manual (IOM) *Medicare National Coverage Determinations (NCD) Manual*, Publication 100-03, Chapter 1, Section 220.6:

“Positron Emission Tomography (PET) is a minimally invasive diagnostic imaging procedure used to evaluate metabolism in normal tissue as well as in diseased tissues in conditions such as cancer, ischemic heart disease, and some neurologic disorders. A radiopharmaceutical is injected into the patient that gives off sub-atomic particles, known as positrons, as it decays. PET uses a positron camera (tomograph) to measure the decay of the radiopharmaceutical. The rate of decay provides biochemical information on the metabolism of the tissue being studied.”

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Indications and Limitations of Coverage

1. The following sections cover the codes used to describe PET scans and the diagnoses that may justify use of the scan if all other Medicare requirements for coverage are met. Details of Medicare coverage requirements are NOT quoted in this article. Providers should familiarize themselves with the NCD (IOM, Publication 100-03, Chapter 1, Section 220.6) on PET Scans, which is the source of all information in this article.

Unless otherwise indicated, the clinical conditions below are covered when PET utilizes FDG as a tracer.

2. *Any use and all uses of PET scans that are not specifically listed in the NCD are **non-covered**.* Providers are encouraged to review the entire CMS NCD for PET Scans at: http://www.cms.hhs.gov/manuals/downloads/ncd103c1_Part4.pdf on the CMS Web site for further details and clarification of coverage
3. For dates of service prior to January 1, 2008: When PET Scans are performed in conjunction with a CMS-approved clinical trial or for an indication reimbursed under “Coverage with Evidence Development” (CED), providers must append the QR modifier to the appropriate CPT code.

For dates of services on or after January 1, 2008: **Modifier Q0 (Q zero) replaces the deleted modifier QR.**

Q0 (Q zero)-Investigational clinical trial service provided in a clinical research study that is in an approved clinical research study.

4. For dates of service on or after April 3, 2009, received after October 30, 2009: Claims for FDG PET imaging for oncologic indications for *initial* treatment strategy must include the “**PI**” modifier. Claims for FDG PET imaging for oncologic indications for *subsequent* strategy must include the “**PS**” modifier.

PI - PET or PET/Computed Tomography (CT) to inform the initial treatment strategy of tumors that are biopsy proven or strongly suspected of being cancerous based on other diagnostic testing.

PS - PET or PET/CT to inform the subsequent treatment strategy of cancerous tumors when the beneficiary’s treatment physician determines that the PET study is needed to inform subsequent anti-tumor strategy.

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CPT/HCPCS (Providers are expected to select the procedure code appropriate to the diagnosis of the clinical condition documented in the patient records.)

Codes effective for dates of service July 7, 2001 and after:

| HCPC | DESCRIPTION |
|-------|--|
| G0219 | PET IMAGING WHOLE BODY; MELANOMA FOR NON-COVERED INDICATIONS |

Effective for dates of service January 28, 2005 and after:

| HCPC | DESCRIPTION |
|-------|--|
| G0235 | PET IMAGING, ANY SITE NOT OTHERWISE SPECIFIED (code for a non-covered service) |

| CPT | 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 |
| 78811 | TUMOR IMAGING, POSITRON EMISSION TOMOGRAPHY (PET); LIMITED AREA (E.G., 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; |

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|-------|---|
| | LIMITED AREA (E.G., 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 |

Note: CPT code 78609 is a non-covered service, effective January 28, 2005.

NAS has determined that the following ICD-9-CM codes support medical necessity for PET scan coverage if all other requirements of coverage are met.

For CPT Codes 78459, 78491 or 78492:

| ICD-9-CM CODES | DESCRIPTION |
|----------------|---|
| 410.00 -414.9 | ACUTE MYOCARDIAL INFARCTION, OTHER ACUTE AND SUBACUTE FORMS OF ISCHEMIC HEART DISEASE, OLD MYOCARDIAL INFARCTION, ANGINA PECTORIS AND OTHER FORMS OF CHRONIC ISCHEMIC HEART DISEASE |
| 428.0 | CONGESTIVE HEART FAILURE, UNSPECIFIED |
| 428.1 | LEFT HEART FAILURE |
| 428.20-428.23 | SYSTOLIC HEART FAILURE |
| 428.30-428.33 | DIASTOLIC HEART FAILURE |
| 428.40-428.43 | COMBINED SYSTOLIC AND DIASTOLIC HEART FAILURE |
| 428.9 | HEART FAILURE, UNSPECIFIED |

The additional codes for the heart PET scan are effective on or after November 1, 2009.

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For CPT Code 78608 (Non-oncologic indications):

| ICD-9-CM CODES | DESCRIPTION |
|-----------------------|--|
| 290.0 | SENILE DEMENTIA, UNCOMPLICATED |
| 290.10-290.13 | PRESENILE DEMENTIA |
| 290.20-290.21 | SENILE DEMENTIA WITH DELUSIONAL OR DEPRESSIVE FEATURES |
| 290.3 | SENILE DEMENTIA WITH DELIRIUM |
| 331.0 | ALZHEIMER'S DISEASE |
| 331.11 | PICK'S DISEASE |
| 331.19 | OTHER FRONTOTEMPORAL DEMENTIA |
| 331.2 | SENILE DEGENERATION OF THE BRAIN |
| 331.9 | CEREBRAL DEGENERATION, UNSPECIFIED |
| 345.01 | GENERALIZED NONCONVULSIVE EPILEPSY WITH INTRACTABLE EPILEPSY |
| 345.11 | GENERALIZED CONVULSIVE EPILEPSY WITH INTRACTABLE EPILEPSY |
| 345.2 | EPILEPSY AND RECURRENT SEIZURES, PETIT MAL STATUS |
| 345.3 | EPILEPSY AND RECURRENT SEIZURES, GRAND MAL STATUS |
| 345.41 | LOCALIZATION-RELATED (FOCAL) (PARTIAL) EPILEPSY AND EPILEPTIC SYNDROMES WITH COMPLEX PARTIAL SEIZURES, WITH INTRACTABLE EPILEPSY |
| 345.51 | LOCALIZATION-RELATED (FOCAL) (PARTIAL) EPILEPSY AND EPILEPTIC SYNDROMES WITH SIMPLE PARTIAL SEIZURES, WITH INTRACTABLE EPILEPSY |

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| 345.61 | INFANTILE SPASMS, WITH INTRACTABLE EPILEPSY |
| 345.71 | EPILEPSIA PARTIALIS CONTINUA, WITH INTRACTABLE EPILEPSY |
| 345.81 | OTHER FORMS OF EPILEPSY AND RECURRENT SEIZURES, WITH INTRACTABLE EPILEPSY |
| 345.91 | EPILEPSY, UNSPECIFIED, WITH INTRACTABLE EPILEPSY |
| 780.93 | MEMORY LOSS |

In addition to the above noted indications for PET scans of the brain and heart, the following five diagnosis lists apply to coverage of PET scanning for oncological purposes. The summary chart below describes the least restrictive *potential* coverage for the diagnoses in the respective lists, I through VI. *NB: Providers must understand the NCD requirements in order to apply this coding guidance correctly.*

For CPT codes 78608, 78811, 78812, 78813, 78814, 78815, or 78816
Six lists: (Prostate CA, ICD-9 185, is its own list, PS+Q0 [Q zero])

| DIAGNOSIS LIST | INITIAL | SUBSEQUENT |
|---------------------------------------|----------------|------------------|
| I | + ¹ | + |
| II | + | CED ² |
| III | CED | CED |
| IV | + | -- ³ |
| V | CED | -- |
| VI: Prostate CA (ICD-9-CM 185) | -- | CED |

¹Covered

²Coverage with Evidence Development

³No coverage

List I (For CPT codes 78811, 78812, 78813, 78814, 78815, or 78816)

The following diagnoses may be covered for initial and subsequent treatment strategies when all other Medicare requirements are met. The modifiers "PI" or "PS" must appear on the claim.

| ICD-9-CM CODES | DESCRIPTION |
|----------------|-------------|
|----------------|-------------|

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| 140.0-140.9 | MALIGNANT NEOPLASM OF LIP |
| 141.0-141.9 | MALIGNANT NEOPLASM OF TONGUE |
| 142.0-142.9 | MALIGNANT NEOPLASM OF MAJOR SALIVARY GLANDS |
| 143.0-143.9 | MALIGNANT NEOPLASM OF GUM |
| 144.0-144.9 | MALIGNANT NEOPLASM OF FLOOR OF MOUTH |
| 145.0-145.9 | MALIGNANT NEOPLASM OF OTHER AND UNSPECIFIED PARTS OF MOUTH |
| 146.0-146.9 | MALIGNANT NEOPLASM OF OROPHARYNX |
| 147.0-147.9 | MALIGNANT NEOPLASM OF NASOPHARYNX |
| 148.0-148.9 | MALIGNANT NEOPLASM OF HYPOPHARYNX |
| 149.0-149.9 | MALIGNANT NEOPLASM OF OTHER ILL-DEFINED SITES WITHIN THE LIP, ORAL CAVITY, AND PHARYNX |
| 150.0-150.9 | MALIGNANT NEOPLASM OF ESOPHAGUS |
| 153.0-153.9 | MALIGNANT NEOPLASM OF COLON |
| 154.0-154.1 | MALIGNANT NEOPLASM OF RECTOSIGMOID JUNCTION |
| 154.8* | MALIGNANT NEOPLASM OF RECTUM, RECTOSIGMOID JUNCTION, AND ANUS; OTHER |
| 160.0-160.9 | MALIGNANT NEOPLASM OF NASAL CAVITIES, MIDDLE EAR, AND ACCESSORY SINUSES |
| 161.0-161.9 | MALIGNANT NEOPLASM OF LARYNX |
| 162.0-162.9** | MALIGNANT NEOPLASM OF TRACHEA, BRONCHUS, AND LUNG |
| 170.0-170.1 | MALIGNANT NEOPLASM OF BONES OF SKULL AND FACE EXCEPT MANDIBLE-MALIGNANT NEOPLASM OF |

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| | MANDIBLE |
| 171.0 | MALIGNANT NEOPLASM OF CONNECTIVE AND OTHER SOFT TISSUE, HEAD FACE AND NECK |
| 172.0-172.9 | MALIGNANT MELANOMA OF SKIN |
| 173.0 | OTHER MALIGNANT NEOPLASM OF SKIN OF LIP |
| 173.1 | OTHER MALIGNANT NEOPLASM OF SKIN, EYELID, INCLUDING CANTHUS |
| 173.2 | OTHER MALIGNANT NEOPLASM OF SKIN OF EAR AND EXTERNAL AUDITORY CANAL |
| 173.3 | OTHER MALIGNANT NEOPLASM OF SKIN OF OTHER AND UNSPECIFIED PARTS OF THE FACE |
| 173.4 | OTHER MALIGNANT NEOPLASM OF SKIN ; SCALP AND SKIN OF NECK |
| 174.0-174.9 | MALIGNANT NEOPLASM OF FEMALE BREAST |
| 175.0-175.9 | MALIGNANT NEOPLASM OF MALE BREAST |
| 183.0 | MALIGNANT NEOPLASM OF OVARY |
| 193*** | MALIGNANT NEOPLASM OF THYROID |
| 194.5 | MALIGNANT NEOPLASM OF CAROTID BODY |
| 195.0 | MALIGNANT NEOPLASM OF OTHER AND ILL-DEFINED SITES, HEAD FACE AND NECK |
| 200.00-200.08 | RETICULOSARCOMA |
| 200.10-200.18 | LYMPHOSARCOMA |
| 200.20-200.28 | BURKITT'S TUMOR OR LYMPHOMA |
| 200.30-200.38 | MARGINAL ZONE LYMPHOMA |

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| 200.40-200.48 | MANTLE CELL LYMPHOMA |
| 200.50-200.58 | PRIMARY CENTRAL NERVOUS SYSTEM LYMPHOMA |
| 200.60-200.68 | ANAPLASTIC LARGE CELL LYMPHOMA |
| 200.70-200.78 | LARGE CELL LYMPHOMA |
| 200.80-200.88 | LYMPHOSARCOMA AND RETICULOSARCOMA AND OTHER SPECIFIED MALIGNANT TUMORS OF LYMPHATIC SYSTEM, OTHER NAMED VARIANTS |
| 201.00-201.08 | HODGKIN'S PARAGRANULOMA |
| 201.10-201.18 | HODGKIN'S GRANULOMA |
| 201.20-201.28 | HODGKIN'S SARCOMA |
| 201.40-201.48 | LYMPHOCYTIC-HISTIOCYTIC PREDOMINANCE |
| 201.50-201.58 | NODULAR SCLEROSIS |
| 201.60-201.68 | MIXED CELLULARITY |
| 201.70-201.78 | LYMPHOCYTIC DEPLETION |
| 201.90-201.98 | HODGKIN'S DISEASE, UNSPECIFIED |
| 202.00-202.08 | NODULAR LYMPHOMA |
| 202.10-202.18 | MYCOSIS FUNGOIDES |
| 202.20-202.28 | SEZARY'S DISEASE |
| 202.30-202.38 | MALIGNANT HISTIOCYTOSIS |

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|---------------|---|
| 202.40-202.48 | LEUKEMIC RETICULOENDOTHELIOSIS |
| 202.50-202.58 | LETTERER-SIWE DISEASE |
| 202.60-202.68 | MALIGNANT MAST CELL TUMORS |
| 202.70-202.78 | PERIPHERAL T-CELL LYMPHOMA |
| 202.80-202.88 | OTHER LYMPHOMAS |
| 202.90-202.98 | OTHER AND UNSPECIFIED MALIGNANT NEOPLASMS OF LYMPHOID AND HISTIOCYTIC TISSUE |
| 203.00-203.02 | MULTIPLE MYELOMA |
| 518.89 | OTHER DISEASES OF LUNG, NOT ELSEWHERE CLASSIFIED |
| 793.0 | NONSPECIFIC (ABNORMAL) FINDINGS ON RADIOLOGICAL AND OTHER EXAMINATIONS OF SKULL AND HEAD |
| 793.1 | NONSPECIFIC (ABNORMAL) FINDINGS ON RADIOLOGICAL AND OTHER EXAMINATIONS OF LUNG FIELD |
| 793.4 | NONSPECIFIC (ABNORMAL) FINDINGS ON RADIOLOGICAL AND OTHER EXAMINATIONS OF GASTROINTESTINAL TRACT |
| 793.7 | NONSPECIFIC (ABNORMAL) FINDINGS ON RADIOLOGICAL AND OTHER EXAMINATIONS OF MUSCULOSKELETAL SYSTEM |
| 793.80 | NONSPECIFIC (ABNORMAL) FINDINGS ON RADIOLOGICAL AND OTHER EXAMINATIONS OF BREAST; ABNORMAL MAMMOGRAM, UNSPECIFIED |
| 793.81 | NONSPECIFIC (ABNORMAL) FINDINGS ON RADIOLOGICAL AND OTHER EXAMINATIONS OF BREAST; MAMMOGRAPHIC MICROCALCIFICATION |
| 793.89 | OTHER (ABNORMAL) FINDINGS ON RADIOLOGICAL EXAMINATIONS OF BREAST |
| V10.01 | PERSONAL HISTORY OF MALIGNANT NEOPLASM OF THE TONGUE |

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| V10.02 | PERSONAL HISTORY OF MALIGNANT NEOPLASM OF OTHER AND UNSPECIFIED ORAL CAVITY AND PHARYNX |
| V10.03 | PERSONAL HISTORY OF MALIGNANT NEOPLASM, ESOPHAGUS |
| V10.05 | PERSONAL HISTORY OF MALIGNANT NEOPLASM, LARGE INTESTINE |
| V10.06 | PERSONAL HISTORY OF MALIGNANT NEOPLASM, RECTUM, RECTOSIGMOID JUNCTION AND ANUS |
| V10.11 | PERSONAL HISTORY OF MALIGNANT NEOPLASM, BRONCHUS AND LUNG |
| V10.12 | PERSONAL HISTORY OF MALIGNANT NEOPLASM OF TRACHEA |
| V10.20 | PERSONAL HISTORY OF MALIGNANT NEOPLASM OF RESPIRATORY ORGAN, UNSPECIFIED |
| V10.21-V10.22 | PERSONAL HISTORY OF MALIGNANT NEOPLASM, LARYNX, NASAL CAVITIES, MIDDLE EAR AND ACCESSORY SINUSES |
| V10.3 | PERSONAL HISTORY OF MALIGNANT NEOPLASM, BREAST |
| V10.43 | PERSONAL HISTORY OF MALIGNANT NEOPLASM, OVARY |
| V10.71 | PERSONAL HISTORY OF OTHER LYMPHATIC AND HEMATOPOIETIC NEOPLASMS, LYMPHOSARCOMA AND RETICULOSARCOMA |
| V10.72 | PERSONAL HISTORY OTHER LYMPHATIC AND HEMATOPOIETIC NEOPLASMS, HODGKIN'S DISEASE |
| V10.79 | PERSONAL HISTORY OF OTHER LYMPHATIC AND HEMATOPOIETIC NEOPLASMS |
| V10.81 | PERSONAL HISTORY OF MALIGNANT NEOPLASM OF BONE |
| V10.82 | PERSONAL HISTORY OF MALIGNANT MELANOMA OF SKIN |
| V10.83 | PERSONAL HISTORY OF OTHER MALIGNANT NEOPLASM OF SKIN |
| V10.87 | PERSONAL HISTORY OF MALIGNANT NEOPLASM OF THYROID |

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*Code may not be used for anal cancer which is covered subsequently only with evidence development.

***Non*-small cell neoplasm of the lung may be covered under initial treatment strategy and subsequent treatment strategy. Small cell lung neoplasm is “covered” for the initial but CED for subsequent.

***This is an example of a code that may be covered or covered only with evidence development.

LIST II (For CPT codes 78608, 78811, 78812, 78813, 78814, 78815, or 78816)

The following diagnoses may be covered for initial treatment strategy but only may be coverable for subsequent treatment strategy under CED. When billing PET scans used for initial strategy, use “PI” modifier; if subsequent strategy with these diagnoses use the modifiers “PS” and “Q0” (Q zero) on the claim.

| ICD-9 CM CODES | DESCRIPTION |
|----------------|--|
| 151.0-151.9 | MALIGNANT NEOPLASM OF STOMACH |
| 152.0-152.9 | MALIGNANT NEOPLASM OF SMALL INTESTINE, INCLUDING DUEODENUM |
| 154.2 | MALIGNANT NEOPLASM OF ANAL CANAL |
| 154.3 | MALIGNANT NEOPLASM OF ANUS, UNSPECIFIED |
| 155.0-155.2 | MALIGNANT NEOPLASM OF LIVER AND INTRAHEPATIC BILE DUCTS |
| 156.0-156.9 | MALIGNANT NEOPLASM OF GALLBLADDER AND EXTRAHEPATIC BILE DUCTS |
| 157.0-157.9 | MALIGNANT NEOPLASM OF PANCREAS |
| 158.0-158.9 | MALIGNANT NEOPLASM OF RETROPERITONEUM AND PERITONEUM |
| 159.0-159.9 | MALIGNANT NEOPLASM OF OTHER AND ILL-DEFINED SITES WITHIN THE DIGESTIVE ORGANS AND PERITONEUM |
| 163.0-163.9 | MALIGNANT NEOPLASM OF PLEURA |

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| 164.0-164.9 | MALIGNANT NEOPLASM OF THYMUS, HEART, AND MEDIASTINUM |
| 165.0-165.9 | MALIGNANT NEOPLASM OF OTHER AND ILL-DEFINED SITES WITHIN THE RESPIRATORY SYSTEM AND INTRATHORACIC ORGANS |
| 170.2-170.9 | MALIGNANT NEOPLASM OF VERTEBRAL COLUMN, EXCLUDING SACRUM AND COCCYX, RIBS, STERNUM, AND CLAVICLE, SCAPULA AND LONG BONES OF UPPER LIMB, SHORT BONES OF UPPER LIMB, PELVIC BONES, SCAPULUM AND COCCYX, LONG BONES OF LOWER LIMB, SHORT BONES OF LOWER LIMB AND MALIGNANT NEOPLASM OF BONE AND ARTICULAR CARTILAGE, SITE UNSPECIFIED |
| 171.2-171.9 | MALIGNANT NEOPLASM OF CONNECTIVE AND OTHER SOFT TISSUE; UPPER LIMB, INCLUDING SHOULDER, LOWER LIMB, INCLUDING HIP, THORAX, ABDOMEN, PELVIS, TRUNK, UNSPECIFIED, OTHER SPECIFIED SITES OF CONNECTIVE AND OTHER SOFT TISSUE AND OTHER CONNECTIVE AND OTHER SOFT TISSUE, SITE UNSPECIFIED |
| 173.5 | OTHER MALIGNANT NEOPLASM OF SKIN OF TRUNK, EXCEPT SCROTUM |
| 173.6 | OTHER MALIGNANT NEOPLASM OF SKIN OF UPPER LIMB, INCLUDING SHOULDER |
| 173.7 | OTHER MALIGNANT NEOPLASM OF SKIN OF LOWER LIMB, INCLUDING HIP |
| 173.8 | OTHER MALIGNANT NEOPLASM OF OTHER SPECIFIED SITES OF SKIN |
| 173.9 | OTHER MALIGNANT NEOPLASM OF SKIN, SITE UNSPECIFIED |
| 176.0-176.9 | KAPOSI'S SARCOMA |
| 179 | MALIGNANT NEOPLASM OF UTERUS, PART UNSPECIFIED |
| 181 | MALIGNANT NEOPLASM OF PLACENTA |
| 182.0-182.8 | MALIGNANT NEOPLASM OF BODY OF UTERUS |

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| 183.2-183.9 | MALIGNANT NEOPLASM OF OVARY AND OTHER UTERINE ADNEXA; FALLOPIAN TUBE, BROAD LIGAMENT, PARAMETRIUM, ROUND LIGAMENT, AND OTHER SPECIFIED SITES OF UTERINE ADNEXA |
| 184.0-184.9 | MALIGNANT NEOPLASM OF OTHER AND UNSPECIFIED FEMALE GENITAL ORGANS |
| 186.0-186.9 | MALIGNANT NEOPLASM OF TESTIS |
| 187.1-187.9 | MALIGNANT NEOPLASM OF PENIS AND OTHER MALE GENITAL ORGANS |
| 188.0-188.9 | MALIGNANT NEOPLASM OF BLADDER |
| 189.0-189.9 | MALIGNANT NEOPLASM OF KIDNEY AND OTHER UNSPECIFIED URINARY ORGANS |
| 190.0-190.9 | MALIGNANT NEOPLASM EYE |
| 191.0-191.9 | MALIGNANT NEOPLASM OF BRAIN |
| 192.0-192.9 | MALIGNANT NEOPLASM OF OTHER AND UNSPECIFIED PARTS OF NERVOUS SYSTEM |
| 194.0 | MALIGNANT NEOPLASM OF ADRENAL GLAND |
| 194.1 | MALIGNANT NEOPLASM OF PARATHYROID GLAND |
| 194.3 | MALIGNANT NEOPLASM OF PITUITARY GLAND AND CRANIOPHARYNGEAL DUCT |
| 194.4 | MALIGNANT NEOPLASM OF PINEAL GLAND |
| 194.6 | MALIGNANT NEOPLASM OF AORTIC BODY AND OTHER PARAGANGLIA |
| 194.8 | MALIGNANT NEOPLASM OF OTHER ENDOCRINE GLANDS AND RELATED STRUCTURES, OTHER |
| 194.9 | MALIGNANT NEOPLASM OF ENDOCRINE GLAND, SITE UNSPECIFIED |
| 195.1 | MALIGNANT NEOPLASM OF OTHER AND ILL-DEFINED SITES; THORAX |

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| 195.2 | MALIGNANT NEOPLASM OF OTHER AND ILL-DEFINED SITES; ABDOMEN |
| 195.3 | MALIGNANT NEOPLASM OF OTHER AND ILL-DEFINED SITES; PELVIS |
| 195.4 | MALIGNANT NEOPLASM OF OTHER AND ILL-DEFINED SITES; UPPER LIMB |
| 195.5 | MALIGNANT NEOPLASM OF OTHER AND ILL-DEFINED SITES; LOWER LIMB |
| 196.0-196.9 | SECONDARY AND UNSPECIFIED MALIGNANT NEOPLASM OF LYMPH NODES |
| 197.0-197.8 | SECONDARY MALIGNANT NEOPLASM OF RESPIRATORY AND DIGESTIVE SYSTEMS |
| 198.0-198.89 | SECONDARY MALIGNANT NEOPLASM OF OTHER SPECIFIED SITES |
| 199.0-199.2 | MALIGNANT NEOPLASM ASSOCIATED WITH TRANSPLANTED ORGAN |
| 209.00-209.03 | MALIGNANT CARCINOID TUMORS OF THE SMALL INTESTINE |
| 209.10-209.17 | MALIGNANT CARCINOID TUMORS OF THE APPENDIX, LARGE INTESTINE, AND RECTUM |
| 209.20-209.29 | MALIGNANT CARCINOID TUMORS OF OTHER AND UNSPECIFIED SITES |
| 209.30-209.36 | MALIGNANT POORLY DIFFERENTIATED NEUROENDOCRINE TUMORS |
| 209.40-209.43 | BENIGN CARCINOID TUMORS OF THE SMALL INTESTINE |
| 209.50-209.57 | BENIGN CARCINOID TUMORS OF THE APPENDIX, LARGE INTESTINE, AND RECTUM |
| 793.2 | NONSPECIFIC (ABNORMAL) FINDINGS ON RADIOLOGICAL AND OTHER EXAMINATION OF OTHER INTRATHORACIC ORGAN |
| 793.3 | NONSPECIFIC (ABNORMAL) FINDINGS ON RADIOLOGICAL AND OTHER EXAMINATIONS OF BILIARY TRACT |
| 793.5 | NONSPECIFIC (ABNORMAL) FINDINGS ON RADIOLOGICAL AND OTHER EXAMINATION OF GENITOURINARY ORGANS |

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| 793.6 | NONSPECIFIC (ABNORMAL) FINDINGS ON RADIOLOGICAL AND OTHER EXAMINATION OF ABDOMINAL AREA, INCLUDING RETROPERITONEUM |
| V10.00 | PERSONAL HISTORY OF MALIGNANT NEOPLASM OF THE GASTROINTESTINAL TRACT, UNSPECIFIED |
| V10.02 | PERSONAL HISTORY OF MALIGNANT NEOPLASM OF OTHER AND UNSPECIFIED ORAL CAVITY AND PHARYNX |
| V10.04 | PERSONAL HISTORY OF MALIGNANT NEOPLASM OF STOMACH |
| V10.07 | PERSONAL HISTORY OF MALIGNANT NEOPLASM OF LIVER |
| V10.09 | PERSONAL HISTORY OF MALIGNANT NEOPLASM OF GASTROINTESTINAL TRACT, OTHER |
| V10.29 | PERSONAL HISTORY OF MALIGNANT NEOPLASM OTHER RESPIRATORY AND INTRATHORACIC ORGANS, OTHER |
| V10.40 | PERSONAL HISTORY OF MALIGNANT NEOPLASM OF THE FEMALE GENITAL ORGAN, UNSPECIFIED |
| V10.42 | PERSONAL HISTORY OF MALIGNANT NEOPLASM OF OTHER PARTS OF UTERUS |
| V10.44 | PERSONAL HISTORY OF MALIGNANT NEOPLASM OF OTHER FEMALE GENITAL ORGANS |
| V10.45 | PERSONAL HISTORY OF MALIGNANT NEOPLASM OF MALE GENITAL ORGANS, UNSPECIFIED |
| V10.47 | PERSONAL HISTORY OF MALIGNANT NEOPLASM OF TESTIS |
| V10.48 | PERSONAL HISTORY OF MALIGNANT NEOPLASM OF EPIDIDYMIS |
| V10.49 | PERSONAL HISTORY OF MALIGNANT NEOPLASM OF OTHER MALE GENITAL ORGANS |
| V10.50-V10.59 | PERSONAL HISTORY OF MALIGNANT NEOPLASM OF URINARY ORGANS |
| V10.84 | PERSONAL HISTORY OF MALIGNANT NEOPLASM OF EYE |
| V10.85 | PERSONAL HISTORY OF MALIGNANT NEOPLASM OF BRAIN |

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| V10.86 | PERSONAL HISTORY OF MALIGNANT NEOPLASM OF OTHER PARTS OF NERVOUS SYSTEM |
| V10.87 | PERSONAL HISTORY OF MALIGNANT NEOPLASM OF THYROID |
| V10.88 | PERSONAL HISTORY OF MALIGNANT NEOPLASM OF OTHER ENDOCRINE GLANDS AND RELATED STRUCTURES |
| V10.89 | PERSONAL HISTORY OF MALIGNANT NEOPLASM OF OTHER SITES, OTHER |

List III (For CPT codes 78811, 78812, 78813, 78814, 78815, or 78816)

The following diagnoses may be coverable for initial or subsequent treatment strategies ONLY under CED. When PET scan is used for initial or subsequent strategies with these diagnoses, the modifiers "PI" or "PS" and "Q0" (Q zero) must appear on the claims.

| ICD-9 CM CODES | DESCRIPTION |
|----------------|-------------------------------------|
| 203.10-203.12 | PLASMA CELL LEUKEMIA |
| 203.80-203.82 | OTHER IMMUNOPROLIFERATIVE NEOPLASMS |
| 204.00-204.02 | ACUTE LYMPHOID LEUKEMIA |
| 204.10-204.12 | CHRONIC LYMPHOID LEUKEMIA |
| 204.20-204.22 | SUBACUTE LYMPHOID LEUKEMIA |
| 204.80-204.82 | OTHER LYMPHOID LEUKEMIA |
| 204.90-204.92 | UNSPECIFIED LYMPHOID LEUKEMIA |
| 205.00-205.02 | ACUTE MYELOID LEUKEMIA |
| 205.10-205.12 | CHRONIC MYELOID LEUKEMIA |
| 205.20-205.22 | SUBACUTE MYELOID LEUKEMIA |

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| 205.30-205.32 | MYELOID SARCOMA |
| 205.80-205.82 | OTHER MYELOID LEUKEMIA |
| 205.90-205.92 | UNSPECIFIED MYELOID LEUKEMIA |
| 206.00-206.02 | ACUTE MONOCYTTIC LEUKEMIA |
| 206.10-206.12 | CHRONIC MONOCYTTIC LEUKEMIA |
| 206.20-206.22 | SUBACUTE MONOCYTTIC LEUKEMIA |
| 206.80-206.82 | OTHER MONOCYTTIC LEUKEMIA |
| 206.90-206.92 | UNSPECIFIED MONOCYTTIC LEUKEMIA |
| 207.00-207.02 | ACUTE ERYTHREMIA AND ERYTHROLEUKEMIA |
| 207.10-207.12 | CHRONIC ERYTHREMIA |
| 207.20-207.22 | MEGAKARYOCYTTIC LEUKEMIA |
| 207.80-207.82 | OTHER SPECIFIED LEUKEMIA |
| 208.00-208.02 | ACUTE LEUKEMIA OF UNSPECIFIED CELL TYPE |
| 208.10-208.12 | CHRONIC LEUKEMIA OF UNSPECIFIED CELL TYPE |
| 208.20-208.22 | SUBACUTE LEUKEMIA OF UNSPECIFIED CELL TYPE |
| 208.80-208.82 | OTHER LEUKEMIA OF UNSPECIFIED CELL TYPE |
| 208.90-208.92 | UNSPECIFIED LEUKEMIA |
| 209.60-209.69 | BENIGN CARCINOID TUMORS OF OTHER AND UNSPECIFIED SITES |

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| 238.9 | NEOPLASM OF UNCERTAIN BEHAVIOR OF OTHER AND UNSPECIFIED SITE AND TISSUE; SITE UNSPECIFIED |
| V10.60-V10.69 | PERSONAL HISTORY OF LEUKEMIA |

List IV (For CPT codes 78608, 78811, 78812, 78813, 78814, 78815, or 78816)

The following diagnoses may be coverable for initial treatment strategy only. (When final diagnosis is benign, documentation must support original concern for possible malignancy.) When PET scan is used for initial strategy, use the “PI” modifier

| ICD-9 CM CODES | DESCRIPTION |
|----------------|---|
| 180.0-180.9* | MALIGNANT NEOPLASM OF CERVIX UTERI |
| 210.0-210.9 | BENIGN NEOPLASM OF LIP, ORAL CAVITY, AND PHARYNX |
| 211.0-211.9 | BENIGN NEOPLASM OF OTHER PARTS OF THE DIGESTIVE SYSTEM |
| 212.0-212.9 | BENIGN NEOPLASM OF RESPIRATORY AND INTRATHORACIC ORGANS |
| 213.0-213.9 | BENIGN NEOPLASM OF BONE AND ARTICULAR CARTILAGE |
| 215.0-215.9 | OTHER BENIGN NEOPLASM OF CONNECTIVE AND OTHER SOFT TISSUE |
| 216.0-216.9 | BENIGN NEOPLASM OF SKIN |
| 217 | BENIGN NEOPLASM OF BREAST |
| 218.0-218.9 | UTERINE LEIOMYOMA |
| 219.0-219.9 | OTHER BENIGN NEOPLASM OF UTERUS |
| 220 | BENIGN NEOPLASM OF OVARY |
| 221.0-221.9 | BENIGN NEOPLASM OF OTHER FEMALE GENITAL ORGANS |

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|---------------|---|
| 222.0-222.9 | BENIGN NEOPLASM OF MALE GENITAL ORGANS |
| 223.0-223.9 | BENIGN NEOPLASM OF KIDNEY AND OTHER URINARY ORGANS |
| 224.0-224.9 | BENIGN NEOPLASM OF EYE |
| 225.0-225.9 | BENIGN NEOPLASM OF BRAIN AND OTHER PARTS OF NERVOUS SYSTEM |
| 226 | BENIGN NEOPLASM OF THYROID GLANDS |
| 227.0-227.9 | BENIGN NEOPLASM OF OTHER ENDOCRINE GLANDS AND RELATED STRUCTURES |
| 228.00-228.09 | HEMANGIOMA, ANY SITE |
| 228.1 | LYMPHANGIOMA, ANY SITE |
| 229.0-229.9 | BENIGN NEOPLASM OF OTHER AND UNSPECIFIED SITES |
| 235.0-235.9 | NEOPLASM OF UNCERTAIN BEHAVIOR OF DIGESTIVE AND RESPIRATORY SYSTEMS |
| 236.0-236.7 | NEOPLASM OF UNCERTAIN BEHAVIOR OF GENITOURINARY ORGANS |
| 236.90-236.99 | NEOPLASM OF UNCERTAIN BEHAVIOR OF OTHER AND UNSPECIFIED URINARY ORGANS |
| 237.0-237.6 | NEOPLASM OF UNCERTAIN BEHAVIOR OF ENDOCRINE GLANDS AND NERVOUS SYSTEM |
| 237.70-237.72 | NEUROFIBROMATOSIS |
| 237.9 | NEOPLASM OF UNCERTAIN BEHAVIOR OF OTHER AND UNSPECIFIED PARTS OF THE NERVOUS SYSTEM |
| 238.0 | NEOPLASM OF UNCERTAIN BEHAVIOR OF BONE AND ARTICULAR CARTILAGE |
| 238.1 | NEOPLASM OF UNCERTAIN BEHAVIOR OF CONNECTIVE TISSUE AND OTHER SOFT TISSUE |
| 238.2 | NEOPLASM OF UNCERTAIN BEHAVIOR OF SKIN |

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| 238.3 | NEOPLASM OF UNCERTAIN BEHAVIOR OF BREAST |
| 238.8 | NEOPLASM OF UNCERTAIN BEHAVIOR OF OTHER SPECIFIED PARTS |
| 239.0-239.9 | NEOPLASMS OF UNSPECIFIED NATURE |

* PET is not covered for the initial diagnosis of cervical cancer; only staging.

Note: These codes may only be used when, at the time of billing, documentation supports concern for possible malignancy and the final interpretation of the PET indicates benign tumor.

List V (For CPT codes 78811, 78812, 78813, 78814, 78815, or 78816)

The following diagnoses may be coverable for initial treatment strategy only AND only under coverage with evidence development (CED). When PET scan is used for initial strategy, use the “PI” and Q0 (Q zero) modifiers.

| ICD-9 CM CODES | DESCRIPTION |
|----------------|--|
| 238.4 | NEOPLASM OF UNCERTAIN BEHAVIOR POLYCYTHEMIA VERA |
| 238.5 | NEOPLASM OF UNCERTAIN BEHAVIOR HISTIOCYTIC AND MAST CELLS |
| 238.6 | NEOPLASM OF UNCERTAIN BEHAVIOR PLASMA CELLS |
| 238.71-238.79 | NEOPLASM OF UNCERTAIN BEHAVIOR OF OTHER LYMPHATIC AND HEMTOPOIETIC TISSUES |

Tracer Codes Required for PET Scans (Packaged reimbursement):

The following tracer codes are applicable only to CPT 78491 and 78492. They cannot be reported with any other code.

For claims with dates of service prior to January 1, 2006, providers report Q3000 for supply of radiopharmaceutical diagnostic imaging agent, Rubidium Rb-82. For claims with dates of service January 1, 2006 and later, providers report A9555 for radiopharmaceutical diagnostic imaging agent, Rubidium Rb-82 in place of Q3000.

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| HCPC | DESCRIPTION |
|--------|--|
| A4641* | SUPPLY OF RADIOPHARMACEUTICAL DIAGNOSTIC IMAGING AGENT, NOT OTHERWISE CLASSIFIED (NOC) |
| A9526 | NITROGEN N-13 AMMONIA, DIAGNOSTIC, PER STUDY DOSE, UP TO 40 MILLICURIES |
| A9555 | RUBIDIUM RB-82, DIAGNOSTIC, PER STUDY DOSE, UP TO 60 MILLICURIES |

*Effective January 1, 2008, tracer code A4641 is not applicable for PET Scans.

The following tracer codes are applicable only to CPT 78459, 78608, 78811-78816. They cannot be reported with any other code:

| HCPC | DESCRIPTION |
|--------|--|
| A9552 | FLUORODEOXYGLUCOSE F18, FDG, DIAGNOSTIC, PER STUDY DOSE, UP TO 45 MILLICURIES |
| A4641* | SUPPLY OF RADIOPHARMACEUTICAL DIAGNOSTIC IMAGING AGENT, NOT OTHERWISE CLASSIFIED |

*Effective January 1, 2008, tracer code A4641 is not applicable for PET Scans.

Coding Revision History:

| Effective Date | Changes Implemented |
|----------------|--|
| 03/01/2010 | <p>ICD-9-CM codes 202.50-202.58, V10.01, V10.02, V10.12, V10.20, V10.71, V10.72, V10.79, V10.81, V10.83, V10.87 were added to List I CPT codes</p> <p>ICD-9-CM codes 196.0-196.9 were added to List II CPT codes and V10.01, V10.12, V10.20, V10.71, V10.72, V10.79, V10.81, V10.83 were deleted.</p> <p>ICD-9-CM code V10.79 was deleted from List III.</p> |

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| 11/10/2009 | ICD-9-CM codes 180.0-180.9 and V10.41 were deleted from List I CPT codes and ICD-9-CM codes 180.0-180.9 were added to List IV CPT codes. |
| 11/01/2009 | ICD-9-CM codes 428.20-428.23, 428.30-428.33, 428.40-428.43 were added as payable to CPT codes 78459, 78491, 78492 |
| 04/03/2009 | Medicare coverage expanded and Lists I-V were created for oncology indications which also require PI, PS and/or Q0 modifiers. |

Sources: Internet Only Manual (IOM) Medicare National Coverage Determinations (NCD) Manual, Publication 100-03, Chapter 1, Section 220.6; IOM Medicare Claims Processing Manual, Publication 100-04, Chapter 13, Section 60.3; Transmittal 956, CR5124 dated May 19, 2006; Transmittal 1301, CR5665 dated July 20, 2007; Transmittal 1418, CR5805 dated January 18, 2008; Transmittal 108, CR6632 dated October 16, 2009; Transmittal 1833, CR6632 dated October 16, 2009; Transmittal 1866, CR6753 dated December 4, 2009; Transmittal 109, CR6753 dated December 4, 2009

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