



Positron Emission Tomography Scans Coverage – October 2010 Update

This article from “*Medicare A News*,” Issue 2085 dated June 23, 2010 and “*Medicare B News*” Issue 262, dated June 2, 2010 is being revised and reprinted due to 2010-2011 ICD-9 CM coding updates. We want to ensure that the NAS provider and supplier community has access to publications that contain the most current, accurate, and effective information available.

This article describes the least restrictive coverage. Providers must read the entire NCD and related Internet Only Manual (IOM) 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 IOM *Medicare National Coverage Determinations (NCD) Manual*, Publication 100-03, Chapter 1, Part 4, 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.”



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, Part 4, 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.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	POSITRON EMISSION TOMOGRAPHY (PET); IMAGING; LIMITED AREA (EG, CHEST, HEAD/NECK)
78812	POSITRON EMISSION TOMOGRAPHY (PET); IMAGING; SKULL BASE TO MID-THIGH
78813	POSITRON EMISSION TOMOGRAPHY (PET); IMAGING; WHOLE BODY

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78814	POSITRON EMISSION TOMOGRAPHY (PET) WITH CONCURRENTLY ACQUIRED COMPUTED TOMOGRAPHY (CT) FOR ATTENUATION CORRECTION AND ANATOMICAL LOCALIZATION IMAGING; LIMITED AREA (E.G., CHEST, HEAD/NECK)
78815	POSITRON EMISSION TOMOGRAPHY (PET) WITH CONCURRENTLY ACQUIRED COMPUTED TOMOGRAPHY (CT) FOR ATTENUATION CORRECTION AND ANATOMICAL LOCALIZATION IMAGING; SKULL BASE TO MID-THIGH
78816	POSITRON EMISSION TOMOGRAPHY (PET) WITH CONCURRENTLY ACQUIRED COMPUTED TOMOGRAPHY (CT) FOR ATTENUATION CORRECTION AND ANATOMICAL LOCALIZATION IMAGING; 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
402.01	MALIGNANT HYPERTENSIVE HEART DISEASE WITH HEART FAILURE
402.11	BENIGN HYPERTENSIVE HEART DISEASE WITH HEART FAILURE
402.91	UNSPECIFIED HYPERTENSION HEART DISEASE WITH HEART FAILURE
404.01	MALIGNANT HYPERTENSIVE HEART AND CHRONIC KIDNEY DISEASE, WITH HEART FAILURE AND WITH CHRONIC KIDNEY DISEASE STAGE I THROUGH STAGE IV, OR UNSPECIFIED
404.03	MALIGNANT HYPERTENSIVE HEART AND CHRONIC KIDNEY DISEASE, WITH HEART FAILURE AND CHRONIC KIDNEY DISEASE STAGE V OR END STAGE RENAL DISEASE

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404.11	BENIGN HYPERTENSIVE HEART AND CHRONIC KIDNEY DISEASE, WITH HEART FAILURE AND WITH CHRONIC KIDNEY DISEASE STAGE I THROUGH STAGE IV, OR UNSPECIFIED
404.13	BENIGN HYPERTENSIVE HEART AND CHRONIC KIDNEY DISEASE, WITH HEART FAILURE AND WITH CHRONIC KIDNEY DISEASE STAGE V OR END STAGE RENAL DISEASE
404.91	UNSPECIFIED HYPERTENSIVE HEART AND CHRONIC KIDNEY DISEASE, WITH HEART FAILURE AND WITH CHRONIC KIDNEY DISEASE STAGE I THROUGH STAGE IV, OR UNSPECIFIED
404.93	UNSPECIFIED HYPERTENSIVE HEART AND CHRONIC KIDNEY DISEASE, WITH HEART FAILURE AND CHRONIC KIDNEY DISEASE STAGE IV OR END STAGE RENAL DISEASE
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
426.3	OTHER LEFT BUNDLE BRANCH BLOCK
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
793.2*	NONSPECIFIC (ABNORMAL) FINDINGS ON RADIOLOGICAL AND OTHER EXAMINATION OF BODY STRUCTURE; OTHER INTRATHORACIC ORGAN

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793.91*	IMAGE TEST INCONCLUSIVE DUE TO EXCESS BODY FAT
794.30*	CARDIOVASCULAR ABNORMAL FUNCTION STUDY, UNSPECIFIED

*** Use only for equivocal SPECT scan.**

Note: The asterisks associated with the codes and the subnote on “equivocal SPECT” are intended to convey the restriction of PET following SPECT to those instances of equivocal SPECT findings; not to restrict the diagnoses codes to the diagnostic conundrum.

The additional codes for the heart PET scan are effective on or after June 15, 2010.

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

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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
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 six 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 VII. *NB: This instruction may not be used apart from the NCD which provides additional and more in-depth details for the reporting of each diagnosis.*



**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 (185)	--	CED

Symbols represent most extensive possible coverage that may apply to any diagnosis in the list and are defined as follows:

¹Coverage

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/or 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
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

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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	MALIGNANT NEOPLASM OF RECTOSIGMOID JUNCTION
154.1	MALIGNANT NEOPLASM OF RECTUM
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 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

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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
180.0-180.9***	MALIGNANT NEOPLASM OF CERVIX UTERI
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
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

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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	HODGKIN'S DISEASE; LYMPHOCYTIC-HISTIOCYTIC PREDOMINANCE
201.50-201.58	HODGKIN'S DISEASE; NODULAR SCLEROSIS
201.60-201.68	HODGKIN'S DISEASE; MIXED CELLULARITY
201.70-201.78	HODGKIN'S DISEASE; 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
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

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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
793.2	NONSPECIFIC (ABNORMAL) FINDINGS ON RADIOLOGICAL AND OTHER EXAMINATION OF BODY STRUCTURE; OTHER INTRATHORACIC ORGAN
793.3	NONSPECIFIC (ABNORMAL) FINDINGS ON RADIOLOGICAL AND OTHER EXAMINATION OF BODY STRUCTURE; BILIARY TRACT
793.4	NONSPECIFIC (ABNORMAL) FINDINGS ON RADIOLOGICAL AND OTHER EXAMINATIONS OF GASTROINTESTINAL TRACT
793.5	NONSPECIFIC (ABNORMAL) FINDINGS ON RADIOLOGICAL AND OTHER EXAMINATION OF BODY STRUCTURE: GENITOURINARY ORGANS
793.6	NONSPECIFIC (ABNORMAL) FINDINGS ON RADIOLOGICAL AND OTHER EXAMINATION OF BODY STRUCTURE; ABDOMINAL AREA; INCLUDING RETROPERITONEUM
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

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793.81	NONSPECIFIC (ABNORMAL) FINDINGS ON RADIOLOGICAL AND OTHER EXAMINATIONS OF BREAST; MAMMOGRAPHIC MICROCALCIFICATION
793.82	INCONCLUSIVE MAMMOGRAM
793.89	OTHER (ABNORMAL) FINDINGS ON RADIOLOGICAL EXAMINATIONS OF BREAST
793.91	IMAGE TEST INCONCLUSIVE DUE TO EXCESS BODY FAT
793.99	OTHER NONSPECIFIC (ABNORMAL) FINDINGS ON RADIOLOGICAL AND OTHER EXAMINATIONS OF BODY STRUCTURE
794.00	ABNORMAL FUNCTION STUDY OF BRAIN AND CENTRAL NERVOUS SYSTEM, UNSPECIFIED
794.01	ABNORMAL ECHOENCEPHALOGRAM
794.02	ABNORMAL ELECTROENCEPHALOGRAM
794.09	OTHER NONSPECIFIC ABNORMAL RESULTS OF BRAIN AND CENTRAL NERVOUS SYSTEM FUNCTION STUDIES
794.2	NONSPECIFIC ABNORMAL RESULTS OF PULMONARY FUNCTION STUDIES
794.4	NONSPECIFIC ABNORMAL RESULTS OF KIDNEY FUNCTION STUDIES
794.5	NONSPECIFIC ABNORMAL RESULTS OF THYROID FUNCTION STUDIES
794.6	NONSPECIFIC ABNORMAL RESULTS OF OTHER ENDOCRINE FUNCTION STUDY
794.8	NONSPECIFIC ABNORMAL RESULTS OF LIVER FUNCTION STUDIES
794.9	NONSPECIFIC ABNORMAL RESULTS OF OTHER FUNCTION STUDIES

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V10.01	PERSONAL HISTORY OF MALIGNANT NEOPLASM OF THE TONGUE
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

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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

*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.*

*** ***There is no payment for the initial diagnosis of the cervical cancer with PET. These codes should not be billed for such utilization of PET.***

****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

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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
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, SACRUM 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 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

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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
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

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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
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	MALIGNANT NEOPLASM WITHOUT SPECIFICATION OF SITE; DISSEMINATED

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199.1	MALIGNANT NEOPLASM WITHOUT SPECIFICATION OF SITE; OTHER
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
V10.00	PERSONAL HISTORY OF MALIGNANT NEOPLASM; THE GASTROINTESTINAL TRACT, UNSPECIFIED
V10.02	PERSONAL HISTORY OF MALIGNANT NEOPLASM; OTHER AND UNSPECIFIED ORAL CAVITY AND PHARYNX
V10.04	PERSONAL HISTORY OF MALIGNANT NEOPLASM; STOMACH
V10.07	PERSONAL HISTORY OF MALIGNANT NEOPLASM; LIVER
V10.09	PERSONAL HISTORY OF MALIGNANT NEOPLASM; GASTROINTESTINAL TRACT, OTHER
V10.29	PERSONAL HISTORY OF MALIGNANT NEOPLASM OTHER RESPIRATORY AND INTRATHORACIC ORGANS; OTHER
V10.40	PERSONAL HISTORY OF MALIGNANT NEOPLASM; FEMALE GENITAL ORGAN, UNSPECIFIED

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V10.42	PERSONAL HISTORY OF MALIGNANT NEOPLASM; OTHER PARTS OF UTERUS
V10.44	PERSONAL HISTORY OF MALIGNANT NEOPLASM; OTHER FEMALE GENITAL ORGANS
V10.45	PERSONAL HISTORY OF MALIGNANT NEOPLASM; MALE GENITAL ORGANS, UNSPECIFIED
V10.47	PERSONAL HISTORY OF MALIGNANT NEOPLASM; TESTIS
V10.48	PERSONAL HISTORY OF MALIGNANT NEOPLASM; EPIDIDYMISS
V10.49	PERSONAL HISTORY OF MALIGNANT NEOPLASM; OTHER MALE GENITAL ORGANS
V10.50-V10.59	PERSONAL HISTORY OF MALIGNANT NEOPLASM; URINARY ORGANS
V10.84	PERSONAL HISTORY OF MALIGNANT NEOPLASM; EYE
V10.85	PERSONAL HISTORY OF MALIGNANT NEOPLASM; BRAIN
V10.86	PERSONAL HISTORY OF MALIGNANT NEOPLASM; OTHER PARTS OF NERVOUS SYSTEM
V10.87	PERSONAL HISTORY OF MALIGNANT NEOPLASM; THYROID
V10.88	PERSONAL HISTORY OF MALIGNANT NEOPLASM; OTHER ENDOCRINE GLANDS AND RELATED STRUCTURES
V10.89	PERSONAL HISTORY OF MALIGNANT NEOPLASM; 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.

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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
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 MONOCYTIC LEUKEMIA
206.10-206.12	CHRONIC MONOCYTIC LEUKEMIA
206.20-206.22	SUBACUTE MONOCYTIC LEUKEMIA

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206.80-206.82	OTHER MONOCYTIC LEUKEMIA
206.90-206.92	UNSPECIFIED MONOCYTIC LEUKEMIA
207.00-207.02	ACUTE ERYTHREMIA AND ERYTHROLEUKEMIA
207.10-207.12	CHRONIC ERYTHREMIA
207.20-207.22	MEGAKARYOCYTIC 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
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.

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ICD-9 CM CODES	DESCRIPTION
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
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

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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
237.73	SCHWANNOMATOSIS
237.79	OTHER 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
238.3	NEOPLASM OF UNCERTAIN BEHAVIOR OF BREAST

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238.8	NEOPLASM OF UNCERTAIN BEHAVIOR OF OTHER SPECIFIED SITES
239.0-239.9	NEOPLASMS OF UNSPECIFIED NATURE

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

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

Prostate CA, ICD-9 185, is its own list, PS+Q0 [Q zero]

ICD-9-CM CODES	DESCRIPTION
185	MALIGNANT NEOPLASM OF PROSTATE

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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.

HCPC	DESCRIPTION
A4641*	RADIOPHARMACEUTICAL, DIAGNOSTIC, NOT OTHERWISE CLASSIFIED
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*	RADIOPHARMACEUTICAL, DIAGNOSTIC, NOT OTHERWISE CLASSIFIED

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

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Coding Revision History:

Effective Date:	Changes Implemented:
10/01/2010	<ol style="list-style-type: none"> 1. Corrected typographical error for ICD-9-CM 726.3. The description for this code was the description for 426.3. The intent of the article was to add 426.3 and 726.3 was deleted. 2. ICD-9-CM descriptors in List I were revised for codes 201.40 – 201.48, 201.50 – 201.58, 201.60 – 201.68 and 201.70 – 201.78. 3. ICD-9-CM codes 199.0 – 199.2 were changed from a group listing to being individually listed and descriptions for codes V10.00 – V10.89 were revised. 4. ICD-9-CM codes 237.73 and 237.79 were added to List IV and description for 238.8 was revised. 5. The descriptor for HCPCS code A4641 was revised.
06/15/2010	<p>For these CPT codes 78459, 78491 or 78492, the following ICD-9-CM codes are added: 402.01, 402.11, 402.91, 404.01, 404.03, 404.11, 404.13, 404.91, 404.93, 426.3, 793.2*, 793.91* & 794.30* (* Use only for equivocal SPECT scan.)</p> <p>For these CPT codes 78811, 78812, 78813, 78814, 78815, or 78816, the following ICD-9-CM codes: 793.2-793.3, 793.5-793.6, 793.82, 793.91-794.9 are added to List I. ICD-9-CM codes 793.2, 793.3, 793.5 and 793.6 were removed from List II.</p>
11/10/2009	<p>To clarify PET scan coverage for cervical cancer the ICD-9-CM codes 180-180.9*** were removed from List IV and moved to List I. Please note the information for the ***. This clarification represents no change in coverage.</p>
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, Part 4, 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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