



PET Reimbursement Guide

Medicare Coverage for PET (Full/Partial Ring Systems)

Oncology Indications	CPT® Codes	
Diagnosis, Staging, Restaging		
Colorectal cancer	78811-78816	<p>Diagnosis:</p> <ul style="list-style-type: none"> PET results may assist in avoiding an invasive diagnostic procedure <i>or</i> PET results may assist in determining the optimal anatomical location to perform an invasive diagnostic procedure <p>Staging:</p> <ul style="list-style-type: none"> The stage of the cancer is in doubt after the completion of a standard diagnostic workup including conventional imaging <i>or</i> PET 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 <i>and</i> The clinical management of the patient will differ depending on the stage of the cancer identified <p>Restaging:</p> <ul style="list-style-type: none"> After completion of treatment for the purpose of detecting residual disease <i>or</i> For detecting suspected recurrence or metastasis <i>or</i> To determine the extent of known recurrence <i>or</i> PET 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 Restaging applies to testing after a course of treatment is completed
Esophageal cancer		
Head and Neck cancer (Excludes CNS and thyroid cancers)		
Lymphoma		
Melanoma (Not covered for the evaluation of regional nodes)		
Non small cell lung cancer		
Staging, Restaging, Monitoring		
Breast cancer	78811-78816	<ul style="list-style-type: none"> Staging patients with distant metastasis or restaging patients with loco-regional recurrence or metastasis as an adjunct to other imaging modalities Monitoring tumor response to treatment for locally advanced and metastatic breast cancer when a change in therapy is anticipated as an adjunct to other imaging modalities Limitation: Diagnosis of breast cancer and initial staging of axillary lymph nodes not covered by Medicare
Restaging		
Thyroid cancer	78811-78816	<ul style="list-style-type: none"> Restaging of recurrent or residual thyroid cancers of follicular cell origin that have been previously treated by thyroidectomy and radioiodine ablation and have a serum thyroglobulin >10ng/ml and a negative I-131 whole body scan
Staging		
Cervical cancer	78811-78816	<ul style="list-style-type: none"> The detection of metastasis during the pre-treatment management phase (i.e. staging) in patients with newly diagnosed and locally advanced cervical cancer with no extra-pelvic metastasis on conventional imaging (CT, MRI)
Characterization		
Single pulmonary nodules (SPNs)	78811-78816	<ul style="list-style-type: none"> Evidence of the initial detection of a primary lung tumor by CT CT results indicate an indeterminate or possibly malignant lesion not exceeding 4 cm in diameter Frequency limitation: Serial evaluation of SPN's with PET not covered if repeated within 90 days following a negative PET scan

78811 – PET imaging; limited area (e.g. chest, head/neck)

78812 – PET imaging; skull base to mid-thigh

78813 – PET imaging; whole body

78814 – PET with concurrently acquired CT for attenuation correction and anatomical localization imaging; limited area (e.g. chest, head/neck)

78815 – PET with concurrently acquired CT for attenuation correction and anatomical localization imaging; skull base to mid-thigh

78816 – PET with concurrently acquired CT for attenuation correction and anatomical localization imaging; whole body

- Report 78811-78816 only once per imaging session

- CT performed for other than attenuation correction and anatomical localization is reported using the appropriate site specific CT code with modifier 59



PET Reimbursement Guide

Neurology Indications

	CPT® Codes	
Refractory seizures	78608	<ul style="list-style-type: none"> Pre-surgical evaluation for the purpose of localization of a focus of refractory seizure activity
Alzheimer's disease	78608	<ul style="list-style-type: none"> Differential diagnosis of fronto-temporal dementia (FTD) and Alzheimer's disease (AD) under specific requirements (please refer to separate coverage criteria guide for AD)

78608 - Brain imaging, PET, metabolic evaluation

Cardiology Indications

Myocardial viability	78459	<ul style="list-style-type: none"> Following an inconclusive SPECT As a primary or initial diagnostic study prior to revascularization
Myocardial perfusion	78491-78492	<ul style="list-style-type: none"> In place of, but not in addition to SPECT Following an inconclusive SPECT

78459 - Myocardial imaging, PET, metabolic evaluation

78491 - Myocardial imaging, PET, perfusion; single study at rest or stress

78492 - Myocardial imaging, PET, perfusion; multiple studies at rest and/or stress

HCPCS codes used to report a non-covered PET service to Medicare:

G0235 - PET imaging, any site not otherwise specified

G0219 - PET imaging whole body; melanoma for non-covered indications

G0252 - PET imaging, full and partial-ring PET scanners only, for initial diagnosis of breast cancer and/or surgical planning for breast cancer (e.g. initial staging of axillary lymph nodes)

HCPCS codes used to bill Medicare for PET radiopharmaceuticals:

A9552 - FDG, per dose

A9555 - Rubidium Rb-82, per dose

A9526 - Ammonia N-13, per dose

Private Payers

- Private payer coverage for PET often reflects that of Medicare but may vary. Providers should obtain coverage and pre-authorization guidelines for PET from their private payers.
- For private payers use the appropriate CPT® code to bill for PET scans.
- PET radiopharmaceuticals should be billed with the appropriate HCPCS "A" code as listed above.

Reimbursement information is provided by Cardinal Health as general coding and payment information. This information is not intended to replace or serve as substitute for your duty to verify that such information is proper for your particular circumstances. Any codes reported should accurately reflect the procedures performed and the patient's conditions. You may want to consult with local payers to confirm compliance with local policies, or otherwise review and confirm reimbursement policies with your own legal or other professional advisors. Regulations may change from time to time. Cardinal Health has no obligation to inform the customer of any such changes.

© Copyright 2008 Cardinal Health, Inc. or one of its subsidiaries.
All rights reserved.
Lit. No. 7PET0128 (7K) 12/07

Cardinal Health
Nuclear Pharmacy Services
7000 Cardinal Place
Dublin, Ohio 43017

www.cardinalhealth.com/nps
www.petfoundations.com

