

Medicare Reimbursements PET Imaging Procedures (as of 10/01/2002)

G0125	Lung image (PET)
G0210	Dx lung ca
G0211	Initial lung
G0212	Restaging lung
G0213	Dx colorectal
G0214	Initial colorectal
G0215	Restaging colorectal
G0216	Dx melanoma
G0217	Initial melanoma
G0218	Restaging melanoma
G0220	Dx lymphoma
G0221	Initial lymphoma
G0222	Restaging lymphoma
G0223	Regional dx head
G0224	Regional initial head
G0225	Restaging head neck only
G0226	Dx esophageal
G0227	Initial esophageal
G0228	Restaging esophageal
G0229	Metabolic brain presurgical*
G0230	Myocardial viability post SPECT* *regional procedure
78459	Metabolic heart presurgical
G0253	Staging / Restaging breast
G0254	Evaluate treatment response for breast

Medicare Frequency Limitations:

Lung SPN's:	90 days after negative PET
Esophageal:	no frequency limitations noted
Colorectal:	every 12 months, more frequently with proper documentation (rising CEA)
Lymphoma:	every 50 days
Melanoma:	every 12 months
Head & Neck:	no frequency limitations noted

Private Insurance Coverage:

There is no "standard" coverage by private insurance carriers, and many have expanded coverage beyond CMS indications. Private insurance coverage is on an case-by-case basis, with almost all indications covered, with the exception of "screening" PET scans.



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ICD-9 Codes That Support Medical Necessity for Medicare (as of 10/01/2002)

G0125, G0210, G0211, G0212: Lung Cancer

Malignant neoplasm of
162.2-162.9 Trachea, bronchus, and lung
793.1 Nonspecific abnormal findings on Radiologic and other examination of lung field

G0213, G0214, G0215: Colorectal Cancer

Malignant neoplasm of
153.0-153.9 Colon
154.0-154.1 Rectosigmoid junction & rectum

G0216, G0217, G0218: Melanoma

172.0-172.9 Malignant melanoma of skin

G0220, G0221, G0222: Lymphoma

200.00-200.08 Reticulosarcoma
200.10-200.18 Lymphosarcoma
200.20-200.28 Burkitt's tumor or lymphoma
201.00-201.98 Hodgkin's disease
202.00-202.98 Other malignant neoplasms of lymphoid & histiocytic tissue

G0223, G0224, G0225: Head & Neck Cancer

Malignant neoplasm of
140.0-140.9 Lip
141.0-141.9 Tongue
142.0-142.9 Major salivary glands
143.0-143.9 Gum
144.0-144.9 Floor of mouth
145.0-145.9 Other & unspecified parts of mouth
146.0-146.9 Oropharynx
147.0-147.9 Nasopharynx
148.0-148.9 Hypopharynx
149.0-149.9 Other and ill-defined sites within the lip, oral cavity, and pharynx
195.0 Head, face, and neck

G0226, G0227, G0228: Esophageal Cancer

Malignant neoplasm of
150.0-150.9 Esophagus

G0229: Brain Presurgical

345.01 Generalized nonconvulsive epilepsy w/o mention of intractable epilepsy
345.11 Generalized convulsive epilepsy w/o mention of intractable epilepsy

G0253, G0254: Breast Cancer

174.0-174.9 Malignant neoplasm of female breast
175.0-175.9 Malignant neoplasm of male breast

Definition of Terms

- ★ "Diagnosis" scans are done *prior* to tissue confirmation of malignancy.
- ★ "Initial Staging" is defined as PET scans that are done after a tissue diagnosis of malignancy and before initial treatment.
- ★ "Restaging" is defined as a PET scan after the completion of treatment for the purpose of detecting residual disease, for detecting suspected recurrence, or to determine the extent of a known recurrence. Restaging occurs only after a treatment course is finished.
- ★ PET is NOT covered for "monitoring tumor response defined as a PET scan during the course of therapy."
- ★ PET is not covered for screening (testing of patients without specific symptoms).

General Information

PET scans performed on patients who have recently undergone chemotherapy and/or radiation therapy is not recommended. However, special consideration will be given to therapy patients on a case-by-case basis.

PET scans are not available on an emergency basis, and a twenty-four (24) hour notice is necessary for delivery of isotopes.

Special considerations for diabetic patients:

- ✱ Fasting blood sugar less than 200
- ✱ First patient scheduled in the morning
- ✱ Cardiac scans cannot be performed on diabetic patients

Frequency limitations will be set by local carriers in the absence of national guidelines.

Medicare Coverage Criteria After 10/01/2002

Characterization of Solitary Pulmonary Nodules (SPN):

- ★ SPNs must be no greater than 4cm in diameter
- ★ Radiologic reports must show as indeterminate or possibly malignant
- ★ Tissue Sampling Procedure not routinely covered with negative PET scans for SPN
- ★ Has not had a PET scan within 90 days

Diagnosis, staging and restaging of lung cancer:

- ★ Must maintain evidence of primary tumor
- ★ Concurrent CT scan reports
- ★ Diagnosis scans (before tissue confirmation) only covered when PET may help avoid another procedure or determine optimal location for biopsy
- ★ Staging/restaging scans are covered only when:
 - ✱ Stage in doubt after standard work-up or if PET replaces test in standard work-up; and
 - ✱ Clinical management of the patient would differ depending on stage by PET
- ★ Restaging scans will be covered for detecting residual disease, suspected recurrence or determine extent of a known recurrence.

Diagnosis, staging and restaging of esophageal cancer and colorectal cancer, lymphoma, melanoma, and head/neck cancers:

- ★ Diagnosis scans (before tissue confirmation) only covered when PET may avoid another procedure or optimal localization a biopsy
- ★ Staging/restaging scans are covered only when:
 - ✱ Stage in doubt after standard work-up or if it replaces test in standard work-up; or
 - ✱ Clinical management of the patient would differ depending on stage by PET
- ★ Restaging scans will be covered for detecting residual disease, suspected recurrence or determine extend of a known recurrence

FDG PET on patient with lymphoma:

- ★ Policy appears as if the PET will be allowed every 50 days

FDG PET on patients with melanoma:

- ★ PET scans will not be covered for the evaluation of regional nodes

FDG PET on patients with head and neck cancer:

- ★ Excludes patients with thyroid cancer and Central Nervous System (CNS) cancers

FDG limited coverage in refractory seizures:

- ★ Pre-surgical evaluation to localize a focus of a seizure activity

FDG coverage for myocardial viability

- ★ Following an inconclusive SPECT scan (G0230)
- ★ For determination of myocardial viability as a primary or initial diagnostic study prior to revascularization.