

## PET Scan (Including NCDs 220.6-220.6.20)

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### IMPORTANT NOTE ABOUT THIS REIMBURSEMENT POLICY

This policy is applicable to UnitedHealthcare Medicare Advantage Plans offered by UnitedHealthcare and its affiliates.

You are responsible for submission of accurate claims. This reimbursement policy is intended to ensure that you are reimbursed based on the code or codes that correctly describe the health care services provided. UnitedHealthcare reimbursement policies use Current Procedural Terminology (CPT®\*), Centers for Medicare and Medicaid Services (CMS), or other coding guidelines. References to CPT or other sources are for definitional purposes only and do not imply any right to reimbursement.

This reimbursement policy applies to all health care services billed on CMS 1500 forms and, when specified, to those billed on UB04 forms (CMS 1450). Coding methodology, industry-standard reimbursement logic, regulatory requirements, benefits design and other factors are considered in developing reimbursement policy. This information is intended to serve only as a general resource regarding UnitedHealthcare’s reimbursement policy for the services described and is not intended to address every aspect of a reimbursement situation. Accordingly, UnitedHealthcare may use reasonable discretion in interpreting and applying this policy to health care services provided in a particular case. Further, the policy does not address all issues related to reimbursement for health care services provided to UnitedHealthcare enrollees. Other factors affecting reimbursement may supplement, modify or, in some cases, supersede this policy. These factors may include, but are not limited to: legislative mandates, the physician or other provider contracts, and/or the enrollee’s benefit coverage documents. Finally, this policy may not be implemented exactly the same way on the different electronic claims processing systems used by UnitedHealthcare due to programming or other constraints; however, UnitedHealthcare strives to minimize these variations.

UnitedHealthcare may modify this reimbursement policy at any time by publishing a new version of the policy on this Website. However, the information presented in this policy is accurate and current as of the date of publication.

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### Table of Contents

<b>Application</b> .....	<b>2</b>
<b>Summary</b> .....	<b>2</b>
Overview .....	2
Reimbursement Guidelines .....	2
<b>CPT/HCPCS Codes</b> .....	<b>3</b>
<b>CPT/HCPCS Codes – Non Covered</b> .....	<b>3</b>
<b>CPT/HCPCS Codes – Covered under Clinical Trial Only</b> .....	<b>4</b>
<b>Modifiers</b> .....	<b>4</b>
<b>References Included (but not limited to):</b> .....	<b>4</b>
CMS NCD(s) .....	4
CMS LCD(s) .....	4
CMS Article(s) .....	4
CMS Claims Processing Manual .....	4
CMS Transmittals .....	5
UnitedHealthcare Medicare Advantage Coverage Summaries .....	5
UnitedHealthcare Reimbursement Policies .....	5
MLN Matters .....	5
Others .....	5
<b>History</b> .....	<b>6</b>

## PET Scan (Including NCDs 220.6-220.6.20)

### Application

This reimbursement policy applies to services reported using the Health Insurance Claim Form CMS-1500 or its electronic equivalent or its successor form, and services reported using facility claim form CMS-1450 or its electronic equivalent or its successor form. This policy applies to all products, all network and non-network physicians, and other health care professionals.

The HCPCS/CPT code(s) may be subject to Correct Coding Initiative (CCI) edits. This policy does not take precedence over CCI edits. Please refer to the CCI for correct coding guidelines and specific applicable code combinations prior to billing UnitedHealthcare. It is not enough to link the procedure code to a correct, payable ICD-9-CM diagnosis code. The diagnosis must be present for the procedure to be paid. Compliance with the provisions in this policy is subject to monitoring by pre-payment review and/or post-payment data analysis and subsequent medical review. The effective date of changes/additions/deletions to this policy is the committee meeting date unless otherwise indicated. CPT codes and descriptions are copyright 2010 American Medical Association (or such other date of publication of CPT). All rights reserved. CPT is a registered trademark of the American Medical Association. Applicable FARS/DFARS restrictions apply to Government use. Fee schedules, relative value units, conversion factors, and/or related components are not assigned by the AMA, are not part of CPT, and the AMA is not recommending their use. The AMA does not directly or indirectly practice medicine or dispense medical services. The AMA assumes no liability for data contained or not contained herein. Current Dental Terminology (CDT), including procedure codes, nomenclature, descriptors, and other data contained therein, is copyright by the American Dental Association, 2002, 2004. All rights reserved. CDT is a registered trademark of the American Dental Association. Applicable FARS/DFARS apply.

### Summary

#### Overview

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 (Tomography) to measure the decay of the radiopharmaceutical. The rate of decay provides biochemical information on the metabolism of the tissue being studied.

The 2-[F18] fluoro-2-deoxy-D-glucose (FDG) is most often used as the radioisotope tracer in PET imaging procedures for cardiac (i.e., myocardial viability), neuropsychiatric and oncologic evaluations. In addition, myocardial perfusion imaging of the heart utilize N-13 and Rb-82 tracers. Therefore, designation of these different tracers will be identified within each of the four (4) separate sets of medical necessity criteria. Per Pub. 100-03, Chapter 1, Part 4, Section 220.6, numerous clinical indications have been approved for imaging via a National Coverage Determination (NCD). CMS revised NCD 220.6 effective October 30, 2009, for services performed on or after April 3, 2009 on patients with known or suspected cancer. The revised national coverage provides four categories of coverage for two categories of cancer management. The coverage categories are: covered (without exception), covered with exception, covered with evidence development and non-covered. The two categories of cancer management are: Initial Treatment Strategy and Subsequent Treatment Strategy. PET Scans performed for ICD-9-CM codes referenced as coverage with evidence development (CED) are paid by Medicare rather than the Medicare Advantage plan. This coverage provision has been in effect since April 1, 2009.

*NOTE: Manual section 220.6 lists all Medicare-covered uses of PET scans. Except as set forth below in cancer indications listed as "Coverage with Evidence Development," a particular use of PET scans is not covered unless this manual specifically provides that such use is covered. Although section 220.6 lists some non-covered uses of PET scans, it does not constitute an exhaustive list of all non-covered uses.*

#### Reimbursement Guidelines

The CPT/HCPCS codes included in this policy will be subjected to "procedure to diagnosis" editing. The lists include only those diagnoses for which the identified CPT/HCPCS procedures are covered. If a covered diagnosis is not on the claim, the edit will automatically deny the service as not medically necessary. PET imaging services with NaF-18, performed on or after February 26, 2010, on patients with known or suspected metastatic cancer to bone – Initial Treatment Strategy (PI) and for patients with known metastatic cancer to bone – Subsequent Treatment Strategy (PS). Modifier KX must be reported to indicate NaF-18 PET imaging

## PET Scan (Including NCDs 220.6-220.6.20)

services for metastatic bone cancer. For all diagnoses listed in the attachment, Providers must follow provisions of the policy and only report for payment appropriate tumors and cancers as specified (i.e., report for payment those tumors covered under CED when performed according to policy provisions and not reporting non-covered tumors). When reporting secondary tumors, follow the policy for coverage of PET imaging for primary tumor site when the origin is known.

The Centers for Medicare & Medicaid Services (CMS) is ending the requirement for coverage with evidence development (CED) under §1862(a)(1)(E) of the Social Security Act (the "Act") for 18F fluorodeoxyglucose positron emission tomography (FDG PET) for oncologic indications which are contained in section 220.6.17 of the Medicare National Coverage Determinations Manual. This removes the requirement for prospective data collection by the National Oncologic PET Registry (NOPR) for those cancers or cancer types that had been covered under CED.

CMS has determined that three FDG PET scans are covered under § 1862(a)(1)(A) when used to guide subsequent management of anti-tumor treatment strategy after completion of initial anticancer therapy. Coverage of any additional FDG PET scans (that is, beyond three) used to guide subsequent management of anti-tumor treatment strategy after completion of initial anti-tumor therapy will be determined by local Medicare Administrative Contractors.

### CPT/HCPCS Codes

Code	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
78814	Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; limited area (eg, 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
A9526	Nitrogen N-13 ammonia, diagnostic, per study dose, up to 40 millicuries
A9552	Fluorodeoxyglucose F-18 FDG, diagnostic, per study dose, up to 45 millicuries
A9555	Rubidium Rb-82, diagnostic, per study dose, up to 60 millicuries
A9580	Sodium fluoride F-18, diagnostic, per study dose, up to 30 millicuries
A9586	Florbetapir F18, diagnostic, per study dose, up to 10 millicuries (Effective 9/28/13)

### CPT/HCPCS Codes – Non Covered

Code	Description
78609	Brain imaging, Positron emission tomography (PET); perfusion evaluation
G0219	PET imaging whole body; melanoma for non-covered indications
G0235	PET imaging, any site, not otherwise specified
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)

## PET Scan (Including NCDs 220.6-220.6.20)

### CPT/HCPCS Codes – Covered under Clinical Trial Only

Code	Description
A9599	Radiopharmaceutical, diagnostic, for beta-amyloid positron emission tomography (PET) imaging, per study dose (Effective 01/01/2014)

### Modifiers

Code	Description
PI	Positron emission tomography (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	Positron emission tomography (PET) or PET/computed tomography (CT) to inform the subsequent treatment strategy of cancerous tumors when the beneficiary's treating physician determines that the PET study is needed to inform subsequent anti-tumor strategy
Q0	Investigational clinical service provided in a clinical research study that is in an approved clinical research study
Q1	Routine clinical service provided in a clinical research study that is in an approved clinical research study
KX	Requirements specified in the medical policy have been met

### References Included (but not limited to):

#### CMS NCD(s)

NCD 220.6 Positron Emission Tomography (PET) Scans  
 NCD 220.6.1 PET for Perfusion of the Heart  
 NCD 220.6.2 FDG PET for Lung Cancer  
 NCD 220.6.3 FDG PET for Esophageal Cancer  
 NCD 220.6.4 FDG PET for Colorectal Cancer  
 NCD 220.6.5 FDG PET for Lymphoma  
 NCD 220.6.6 FDG PET for Melanoma  
 NCD 220.6.7 FDG PET for Head and Neck Cancers  
 NCD 220.6.8 FDG PET for Myocardial Viability  
 NCD 220.6.9 FDG PET for Refractory Seizures  
 NCD 220.6.10 FDG PET for Breast Cancer  
 NCD 220.6.11 FDG PET for Thyroid Cancer  
 NCD 220.6.12 FDG PET for Soft Tissue Sarcoma  
 NCD 220.6.13 FDG PET for Dementia and Neurodegenerative Diseases  
 NCD 220.6.14 FDG PET for Brain, Cervical, Ovarian, Pancreatic, Small Cell Lung, and Testicular Cancers  
 NCD 220.6.15 FDG PET for All Other Cancer Indications Not Previously Specified  
 NCD 220.6.16 FDG PET for Infection and Inflammation  
 NCD 220.6.17 Positron Emission Tomography (FDG) for Oncologic Conditions  
 NCD 220.6.19 Positron Emission Tomography (NaF-18) to Identify Bone Metastasis of Cancer  
 NCD 220.6.20 Beta Amyloid Positron Tomography in Dementia and Neurodegenerative Disease  
**NOTE-The following NCDs have all been replaced with NCD 220.6.17: 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, and 220.6.14.**

#### CMS LCD(s)

Numerous LCDs

#### CMS Article(s)

Numerous Articles

#### CMS Claims Processing Manual

Chapter 13; § 60 Positron Emission Tomography (PET) Scans – General Information

## PET Scan (Including NCDs 220.6-220.6.20)

### CMS Transmittals

Transmittal 120, Change Request 6632, Dated 05/06/2010 (FDG PET for Solid Tumors and Myeloma)

Transmittal 124, Change Request 7148, Dated 09/24/2010 (Positron Emission Tomography (FDG PET) for Initial Treatment Strategy (PI) in Solid Tumors and Myeloma)

Transmittal 160, Change Request 8100, Dated 10/26/2012 (Effect of Beneficiary Agreements Not to Use Medicare Coverage and When Payment May be Made to a Beneficiary for Service of an Opt-Out Physician/Practitioner)

Transmittal 162, Change Request 8468, Date 02/16/2014 (Fluorodeoxyglucose (FDG) Positron Emission Tomography (PET) for Solid Tumors)-replaced by Transmittal 166

Transmittal 166, Change Request 8739, Dated 04/18/2014 (Fluorodeoxyglucose (FDG) Positron Emission Tomography (PET) for Solid Tumors (This CR rescinds and fully replaces CR8468/TR2873 dated February 6, 2014))

Transmittal 1239, Change Request 8158, Dated 05/21/2013 (New Healthcare Common Procedure Coding System (HCPCS) Codes for Customized Durable Medical Equipment)

Transmittal 1833, Change Request 6632, Dated 08/16/2009 (FDG PET for Solid Tumors and Myeloma)

Transmittal 2704, Change Request 8317, Dated 05/17/2013 (July 2013 Integrated Outpatient Code Editor (I/OE) Specifications Version 14.2)

Transmittal 2718, Change Request 8338, Dated 06/07, 2013 (July 2013 Update of the Hospital Outpatient Prospective Payment System (OPPS))

Transmittal 2724, Change Request 8317, Dated 06/12/2013 (July 2013 Integrated Outpatient Code Editor (I/OE) Specifications Version 14/2)

Transmittal 2932, Change Request 8739, Dated 04/18/2014 (Fluorodeoxyglucose (FDG) Positron Emission Tomography (PET) for Solid Tumors (This CR rescinds and fully replaces CR8468/TR2873 dated February 6, 2014))

### UnitedHealthcare Medicare Advantage Coverage Summaries

Positron Emission Tomography (PET)/Combined PET-CT (Computed Tomography)

Preventive Health Services and Procedures

Radiologic Diagnostic Procedures

### UnitedHealthcare Reimbursement Policies

Multiple Procedure Payment Reduction (MPPR) on Diagnostic Cardiovascular and Ophthalmology Procedures

### MLN Matters

Article MM5124, Payment for Positron Emission Tomography Scans in CMS-Approved Clinical Trials and Coverage with Evidence Development - Use of QR and QV Modifiers

Article MM5665, Revised Information on PET Scan Coding

Article MM7125, Billing Clarification for Positron Emission Tomography (NaF-18) PET for Identifying Bone Metastasis of Cancer in the Context of a Clinical Trial

Article MM8381, Positron Emission Tomography (PET)

Article MM8468, Fluorodeoxyglucose (FDG) Positron Emission Tomography (PET) for Solid Tumors

Article MM8526, Medicare National Coverage Determination (NCD) for Beta Amyloid Positron Emission Tomography (PET) in Dementia and Neurodegenerative Disease

Article MM8739, Fluorodeoxyglucose (FDG) Positron Emission Tomography (PET) for Solid Tumors (This Change Request (CR) rescinds and fully replaces MM 8468, dated February 6, 2014.)

Article MM8888, October Update to the CY 2014 Medicare Physician Fee Schedule Database (MPFSDB)

### Others

National Coverage Determination (NCD) for PET Scans (50-36), CMS Website

Decision Memo for Positron Emission Tomography (FDG) for Solid Tumors, CMS Website

CMS Decision Memo for Positron Emission Tomography (FDG) for Solid Tumors, CMS Website

CMS Decision Memo for Beta Amyloid Positron Emission Tomography in Dementia and Neurodegenerative Disease, CMS Website

## PET Scan (Including NCDs 220.6-220.6.20)

Title XVIII of the Social Security Act:

- §1861(s)(3)
- §1862 (a)(1)(A)
- §1862 (a)(1)(D) Investigational or Experimental
- §1862 (a)(7))
- §1833 (e)

### History

Date	Revisions
09/24/2014	Semi-annual review
05/28/2014	Semi-annual review
03/04/2014	Several new resources added
01/31/2014	Administrative updates
01/08/2014	Added HCPCS code A9599
11/20/2013	HCPCS code A9586 added
08/14/2013	Removed the following verbiage from the Reimbursement Guidelines section (effective 06/11/2013): "We recently learned that NOPR claims under CED trials should be billed to the Centers for Medicaid and Medicare Services (CMS) on a fee-for-service (FFS) basis for dates of service on or after April 3, 2009. Consistent with CMS' mandate, United HealthCare is no longer covering PET scans through NOPR CED trials effective April 1, 2011. Providers should bill their local carriers and intermediaries, who will make payments on behalf of Medicare Advantage organizations directly to providers of the PET scan, on a FFS basis"
07/11/2012	Administrative updates
06/20/2012	Administrative updates
11/09/2011	Administrative updates
11/01/2010	Policy developed and published
10/01/2009	Administrative updates