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# Program Memorandum Intermediaries/Carriers

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Department of Health &  
Human Services (DHHS)  
Centers for Medicare &  
Medicaid Services (CMS)

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CHANGE REQUEST 2138

**SUBJECT: Coverage and Related Claims Processing Requirements for Positron Emission Tomography (PET) Scans – for Breast Cancer and Revised Coverage Conditions for Myocardial Viability**

## Introduction

This Program Memorandum (PM) summarizes the revisions to §50-36 of the Coverage Issues Manual (CIM) for PET Scan services performed on or after **October 1, 2002**, for Breast Cancer and Myocardial Viability. Refer to §50-36 of the CIM for details of coverage. New and revised HCPCS codes are provided for proper claims submission.

## General Description

Positron Emission Tomography (PET) is a noninvasive diagnostic imaging procedure that assesses the level of metabolic activity and perfusion in various organ systems of the [human] body. A positron camera (tomograph) is used to produce cross-sectional tomographic images, which are obtained from positron emitting radioactive tracer substances (radiopharmaceuticals) such as 2-[F-18] Fluoro-D-Glucose (FDG), that are administered intravenously to the patient.

## Coverage of FDG PET for Breast Cancer

Effective for dates of service on or after October 1, 2002, Medicare will cover FDG PET as an adjunct to other imaging modalities for staging and restaging for locoregional, recurrence or metastasis. Monitoring treatment of a locally advanced breast cancer tumor and metastatic breast cancer when a change in therapy is contemplated is also covered as an adjunct to other imaging modalities. The baseline PET study for monitoring should be done under the code for staging or restaging.

**Limitations:** Effective for dates of service on or after October 1, 2002, Medicare continues to have a national non-coverage determination for initial diagnosis of breast cancer and initial staging of axillary lymph nodes. Medicare coverage now includes PET as an adjunct to standard imaging modalities for staging patients with distant metastasis or restaging patients with locoregional recurrence or metastasis; as an adjunct to standard imaging modalities for monitoring for women with locally advanced and metastatic breast cancer when a change in therapy is contemplated.

**Frequency:** In the absence of national frequency limitations, contractors can, if necessary, develop reasonable frequency limitations for breast cancer.

## Coverage for Myocardial Viability

FDG PET is covered for the determination of myocardial viability following an inconclusive single photon computed tomography test (SPECT) from July 1, 2001, through September 30, 2002. Only full ring scanners are covered as the scanning medium for this service from July 1, 2001 through December 31, 2001. However, as of January 1, 2002, full and partial ring scanners are covered for myocardial viability following an inconclusive SPECT.

Beginning October 1, 2002, Medicare will cover FDG PET for the determination of myocardial viability as a primary or initial diagnostic study prior to revascularization, and will continue to cover FDG PET when used as a follow-up to an inconclusive SPECT. However, if a patient received a FDG PET study with inconclusive results, a follow-up SPECT is not covered. FDA full and partial ring PET scanners are covered.

**Limitations:** In the event that a patient receives a SPECT with inconclusive results, a PET scan may be performed and covered by Medicare. However, a SPECT is not covered following a FDG PET with inconclusive results. Refer to CIM §50-58 for specific frequency limitations for Myocardial Viability following an inconclusive SPECT.

**Frequency:** In the absence of national frequency limitations, contractors can, if necessary develop reasonable frequency limitations for myocardial viability.

Documentation that these conditions are met should be maintained by the referring physician as part of the beneficiary's medical record.

Conditions and coverage guidelines for both conditions are summarized in the table below.

Clinical Condition	Effective Date	Coverage
*Breast Cancer	October 1, 2002	As an adjunct to standard imaging modalities, staging distant metastasis or restaging patients with locoregional recurrence or metastasis; and as an adjunct to standard imaging modalities for monitoring response to treatment for locally advanced and metastatic disease to determine if therapy should be changed.
Myocardial Viability	July 1, 2001 to September 30, 2002	Covered only following inconclusive SPECT
Myocardial Viability	October 1, 2002	Primary or initial diagnosis prior to revascularization, or following an inconclusive SPECT.

\* **NOTE:** For Breast Cancer monitoring is allowed when a change in treatment is contemplated.

### General Conditions of Coverage by Allowable Type of FDG PET Scanner

Covered Clinical Condition	Allowable Type of FDG PET System		
	Prior to July 1, 2001	July 1, 2001 through December 31, 2001	On or after January 1, 2002
Breast Cancer	Not covered	Not covered	Effective October 1, 2002, Full and partial ring
<b>Myocardial Viability Primary or initial diagnosis prior to revascularization (Continued coverage following an inconclusive SPECT is also allowed)</b>	Not covered	Not covered	Effective October 1, 2002, Full and partial ring

#### HCPCS Codes for Breast Cancer PET Scans Performed on or after October 1, 2002

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), not covered by Medicare

Short Description: PET Imaging Initial dx

G0253: PET imaging for Breast cancer, *full and partial-ring PET scanners only*, staging/restaging of local regional recurrence or distant metastases, i.e., Staging/restaging after or prior to course of treatment

Short Description: PET Image Brst Dection Recur

G0254: PET imaging for Breast cancer, *full and partial-ring PET scanners only*, evaluation of response to treatment, performed during course of treatment

Short Description: PET Image Brst Eval to Tx

#### HCPCS Codes for Myocardial Viability PET Scans performed on or after October 1, 2002

G0230: (PET imaging; Metabolic assessment for myocardial viability following inconclusive SPECT study; *full- and partial-ring PET scanners only*) should continue to be billed following an inconclusive SPECT.

Short Description: PET myocard viability ring

78459: (Myocardial imaging, positron emission tomography (PET), metabolic evaluation) should be used for determination of myocardial viability as a primary or initial diagnostic study prior to revascularization.

Short Description: Heart muscle imaging (PET)

**NOTE:** [CIM reference §50-36 and §50-56 detail coverage indications. FDG Positron Emission Tomography is a minimally invasive diagnostic procedure using positron camera (tomograph) to

measure the decay of radioisotopes such as FDG. The CMS determined that the benefit category for the requested indications fell under §1861(s)(3) of the Social Security Act diagnostic service.]

### **Carrier and Fiscal Intermediary Claims Processing Requirements**

Contractors will need to remove edits for limiting PET for myocardial viability only following an inconclusive SPECT for dates of service after October 1, 2002. The changes made by the PM will be made via the annual Medicare Physician Fee Schedule Database (MPFSDB) and the quarterly Outpatient Code Editor (OCE) update process.

### **Fiscal Intermediary Billing Requirements**

Claims for PET scan procedures must be billed on Form CMS-1450 (UB-92) or the electronic equivalent with the appropriate diagnosis HCPCS "G" codes to indicate the conditions under which a PET scan was done. These codes represent the technical component costs associated with these procedures when furnished to hospital outpatients, and are paid under the Outpatient Prospective Payment System. Bill these codes under Revenue Code 404 (PET scan). Applicable bill types include: 12x, 13x, 21x, 22x, 23x and 85x.

### **For Carriers Only**

Payment pricing information for HCPCS codes will be listed in the October 2002 release of the Medicare Fee Schedule Database.

### **Provider Bulletin**

Information about the policy and the changes in coding should be included in your next regularly scheduled provider bulletin. Also, post this information on your website immediately.

**The effective date for this PM is October 1, 2002.**

**The implementation date for the new HCPCS codes described in this PM is October 1, 2002.**

**These instructions should be implemented within your current operating budget.**

**This PM may be discarded after October 1, 2003.**

**If you have any questions, contact your local CMS regional office.**