



PET Order & Reimbursement Guide

Patient Name _____ DOB: _____ AM
 Ordering Physician _____ Appt. Date: _____ Time: _____ PM
 Physician's Signature _____ Diagnosis _____

Allergic to iodine? YES NO Prior Exams done? YES NO Where? _____
 Diabetic? YES NO If Yes, need BUN/Creatinine results faxed over with orders _____

***If your patient has had surgery on the area being scanned or a history of cancer, please notify us _____ Okay to access power port.**

NOTE: PATIENTS' PREVIOUS TEST FILMS ARE NECESSARY FOR COMPARISON TO GET THE MOST ACCURATE RESULTS.

Comments _____

PET / CT

- Whole Body Scan (Skull Base to Thigh) Whole Body Melanoma Scan (skull vertex to toes) for known or suspected lower ext tumors Limited Body (Chest etc.) Brain only (Alzheimers, Brain tumors) F18 Bone Scan

Medicare Coverage for PET and PET/CT

Oncology indications

Initial treatment strategy (formerly diagnosis and initial staging)

Medicare covers, with certain limitations, (see table below) only one FDG PET study, per patient per cancer type, for initial treatment strategy for beneficiaries who have solid tumors that are biopsy proven or strongly suspected based on other diagnostic testing when the beneficiary's treating physician determines that the FDG PET study is needed to determine the location and/or extent of the tumor for the following therapeutic purposes:

- To determine whether or not the beneficiary is an appropriate candidate for an invasive diagnostic or therapeutic procedure
- To determine the optimal anatomic location for an invasive procedure
- To determine the anatomic extent of tumor when the recommended anti-tumor treatment reasonably depends on the extent of the tumor

Subsequent treatment strategy (formerly monitoring response to treatment and restaging)

Medicare covers FDG PET for the indications listed in the table below for subsequent treatment strategy. For all other cancers FDG PET for subsequent treatment strategy are only covered through the National Oncologic PET Registry (NOPR): <http://www.cancerpetregistry.org>. Coverage for subsequent treatment strategy includes monitoring tumor response to treatment during a planned course of therapy when a change in treatment is being considered and restaging after the completion of treatment to detect residual disease, or to detect suspected recurrence or to assess the extent of a known recurrence.

Medicare covered oncology indications

Cancer Type	Initial Treatment Strategy* (formerly diagnosis and initial staging)	Subsequent Treatment Strategy** (includes treatment monitoring, restaging and detection of suspected recurrence)
Breast (female & male)	<input type="checkbox"/> limitations apply (1)	<input type="checkbox"/>
Cervix	<input type="checkbox"/> (2) or <input type="checkbox"/> NOPR	<input type="checkbox"/>
Colorectal	<input type="checkbox"/>	<input type="checkbox"/>
Esophagus	<input type="checkbox"/>	<input type="checkbox"/>
Head & Neck (excludes CNS & thyroid);	<input type="checkbox"/>	<input type="checkbox"/>
Lymphoma	<input type="checkbox"/>	<input type="checkbox"/>
Melanoma	<input type="checkbox"/> limitations apply (3)	<input type="checkbox"/>
Non-small cell lung	<input type="checkbox"/>	<input type="checkbox"/>
Ovary	<input type="checkbox"/>	<input type="checkbox"/>
Thyroid	<input type="checkbox"/>	<input type="checkbox"/> (4) or <input type="checkbox"/> NOPR
Myeloma	<input type="checkbox"/>	<input type="checkbox"/>
Prostate	Not covered	<input type="checkbox"/> NOPR only (5)
Leukemia	<input type="checkbox"/> NOPR only (5)	<input type="checkbox"/> NOPR only (5)
All other solid tumors (please specify):	<input type="checkbox"/>	<input type="checkbox"/> NOPR only (5)
Patients with private insurance please specify cancer type:	<input type="checkbox"/> Diagnosis <input type="checkbox"/> Initial staging	<input type="checkbox"/> Treatment monitoring <input type="checkbox"/> Restaging <input type="checkbox"/> Suspected recurrence

Cancer type	Initial treatment strategy	Subsequent treatment strategy
Breast (female and male)	1	Covered
Cervix	2	Covered
Colorectal	Covered	Covered
Esophagus	Covered	Covered
Head and neck (not thyroid or CNS)	Covered	Covered
Lymphoma	Covered	Covered
Melanoma	3	Covered
Non-small cell lung	Covered	Covered
Ovary	Covered	Covered
Thyroid	Covered	4 or NOPR

Cancer type	Initial treatment strategy	Subsequent treatment strategy
Brain	Covered	NOPR
Pancreas	Covered	NOPR
Prostate	Not Covered	NOPR
Soft tissue sarcoma	Covered	NOPR
Small cell lung	Covered	NOPR
Testes	Covered	NOPR
All other solid tumors	Covered	NOPR
Myeloma	Covered	Covered
All other cancers not listed herein (i.e., leukemia)	NOPR	NOPR

- (1) Breast: Not covered for diagnosis and/or initial staging of axillary lymph nodes. Covered for initial staging of metastatic disease.
 - (2) Cervix: Not covered for diagnosis. Covered for initial staging of biopsy proven cervical cancer.
 - (3) Melanoma: Not covered for initial staging of regional lymph nodes. All other uses for initial treatment strategy are covered.
 - (4) Thyroid: Covered for subsequent treatment strategy of recurrent or residual thyroid cancer of follicular cell origin previously treated by thyroidectomy and radioiodine ablation and have a serum thyroglobulin >10ng/ml and have a negative I-131 whole body scan. All other uses for subsequent treatment strategy are only covered through the NOPR.
- Note:** PET is not covered as a screening test (i.e.; testing patients without specific signs and symptoms of disease) and is not covered for routine surveillance of patients treated for cancer in whom there is no clinical reason to suspect recurrent disease.

Applicable CPT® codes:

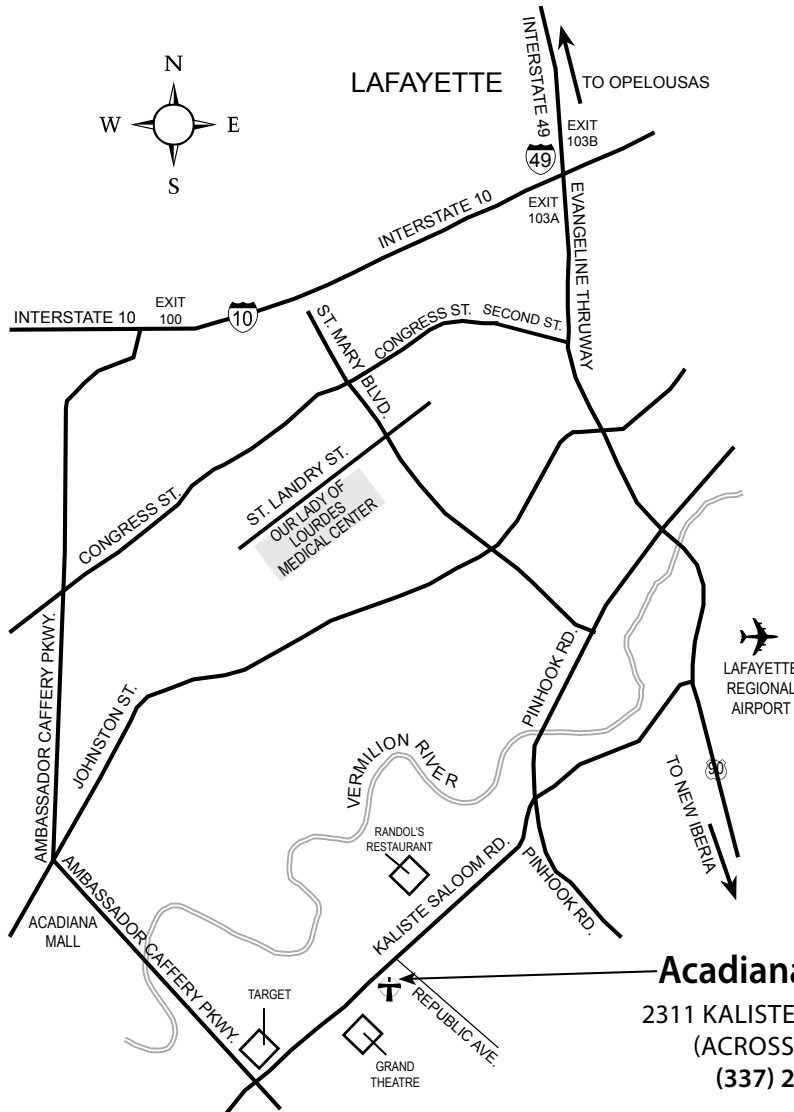
- 78811 – PET imaging; limited area (i.e., chest, head/neck)
- 78812 – PET imaging; skull base to mid-thigh
- 78813 – PET imaging; whole body
- 78814 – PET with concurrently acquired CT for attenuation correction and anatomical localization imaging; limited area (i.e., chest, head/neck)
- 78815 – PET 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

(Note: 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)

- 78608 – Brain imaging, PET, metabolic evaluation (for brain tumor)
- The appropriate FDG PET oncology modifier must be appended to the applicable CPT code (beginning October 30, 2009):
 - PI – PET or PET/CT tumor initial treatment strategy or
 - PS – PET or PET/CT subsequent treatment strategy

NOPR cases:

- All providers use the applicable CPT code with modifier PI or PS plus modifier Q0 (zero) to indicate a clinical research study. Hospital claims also include the ICD.9 diagnosis code, V70.7, as a secondary



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