

<b>NCD:</b>	220.6.17		
<b>NCD Title:</b>	Positron Emission Tomography (FDG) for Oncologic Conditions		
<b>IOM:</b>	<a href="https://www.cms.gov/medicare-coverage-database/details/ncd-details.aspx?NCDId=331&amp;ncdver=4&amp;bc=AgAAQAAAAAAAAA%3d%3d&amp;">https://www.cms.gov/medicare-coverage-database/details/ncd-details.aspx?NCDId=331&amp;ncdver=4&amp;bc=AgAAQAAAAAAAAA%3d%3d&amp;</a>		
<b>MCD:</b>	<a href="https://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/Downloads/R3162CP.pdf">https://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/Downloads/R3162CP.pdf</a>		
		<b>ICD-10 CM</b>	<b>ICD-10 DX Description</b>
			<b>NOTE: Refer to the following link for a list of appropriate diagnosis codes:</b>
			<a href="http://www.cms.gov/Medicare/Coverage/DeterminationProcess/Downloads/PETforSolidTumorsOncologicDxCodesAttachment_NCD220_6_17.pdf">http://www.cms.gov/Medicare/Coverage/DeterminationProcess/Downloads/PETforSolidTumorsOncologicDxCodesAttachment_NCD220_6_17.pdf</a>
			<b>CMS reserves the right to add or remove codes associated with its NCDs in order to implement those NCDs in the most efficient manner within the confines of the policy.</b>

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		<b>ICD-10 PCS</b>	<b>ICD-10 PCS Description</b>
		N/A	

<b>NCD:</b>	220.6.17										
<b>NCD Title:</b>	Positron Emission Tomography (FDG) for Oncologic Conditions	(CR6632, CR7125, CR7148, CR8381, CR8468, CR8739, CR9751, CR9861, CR10086, CR10184, CR10318, CR10473, CR10622)									
<b>IOM:</b>	<a href="https://www.cms.gov/medicare-coverage-database/details/ncd-details.aspx?NCDId=331&amp;ncdver=4&amp;bc=AqAAQAAAAAAAAA%3d%3d&amp;">https://www.cms.gov/medicare-coverage-database/details/ncd-details.aspx?NCDId=331&amp;ncdver=4&amp;bc=AqAAQAAAAAAAAA%3d%3d&amp;</a>										
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<b>Part A</b>	<b>Rule Description Part A</b>	<b>Proposed HCPCS/CPT Part A</b>	<b>Frequency Limitations</b>	<b>TOB (Part A)</b>	<b>Revenue Code Part A</b>	<b>Modifier Part A</b>	<b>Provider Specialty</b>	<b>Proposed MSN Message Part A</b>	<b>Proposed CARC Message Part A</b>	<b>Proposed RARC Message Part A</b>	
<b>Part A</b>	<b>A/MACs:</b> Effective for claims with DOS on or after 4/3/09, shall accept FDG PET claims billed to inform initial tx strategy with one of the following PET CPT codes AND modifier –PI: 78608, 78811, 78812, 78813, 78814, 78815, 78816 and FDG PET HCPCS radiopharmaceutical A9552.	<b>SCAN</b> 78608=PET brain <b>OR</b> 78811=PET head/neck chest <b>OR</b> 78812=PET skull base to mid-thigh <b>OR</b> 78813=PET whole body <b>OR</b> 78814=PET/CT head/neck chest <b>OR</b> 78815=PET/CT skull base to mid-thigh <b>OR</b> 78816=PET/CT whole body <b>AND</b> <b>RADIO</b> A9552	Once per initial tx -PI	N/A	N/A	PI	N/A	23.17	50	M64	
<b>Part A</b>	<b>A/MACs:</b> Effective for claims with DOS on or after 4/3/09, shall accept FDG PET claims with modifier –PS for the subsequent treatment strategy for solid tumors using one of the CPT codes AND a cancer diagnosis code AND FDG PET HCPCS radiopharmaceutical A9552. (See DX Tab/link)	78608 78811 78812 78813 78814 78815 <b>OR</b> 78816 <b>AND</b> A9552	3 per -PS	N/A	N/A	PS	N/A	23.17	50	M64	

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<b>MCD:</b> <a href="https://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/Downloads/R3162CP.pdf">https://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/Downloads/R3162CP.pdf</a>											
<b>Part A</b>	<p><b>A/MACs:</b> Effective for claims with DOS on or after 6/11/13, shall pay oncologic FDG PET claims for subsequent management, identified by one of the CPT codes 78608, 78811, 78812, 78813, 78814, 78815, or 78816, modifier -PS, FDG PET radio A9552, and the same cancer dx code (see attachment A on ICD Dx Tab), which exceed 3 FDG PET scans when the -KX modifier is included on the claim line. (The use of the -KX modifier attests that: 1) the requirements specified in the MACs' medical policy have been met, and, 2) the claim is for &gt;3 FDG oncologic PET scans.)</p>	78608 78811 78812 78813 78814 78815 <b>OR</b> 78816 <b>AND</b> A9552	Over 3 during PS without KX	N/A	N/A	PS KX	N/A	23.17	50	M64	
<b>Part A</b>	<p><b>CWF</b> shall create two edits for oncologic FDG PET claims to reject to contractors when a beneficiary has reached 4 or greater FDG PET scans for subsequent tx strategy (-PS) for the same cancer dx and the -KX modifier is not included on the claim line.</p> <p>-Edit 1 will set when an incoming FDG PET scan claim contains a unit field with more than 3, or the incoming claim FDG PET scan claim contains more than 3 FDG PET scans detail lines with the same dx.</p> <p>-Edit 2 will set when the FDG PET scans (-PS) on the incoming claim added to the FDG Pet scan services posted to the auxiliary file equal to more than 3 services for the same dx.</p>	78608 78811 78812 78813 78814 78815 <b>OR</b> 78816 <b>AND</b> A9552	4 per -PS Tx	N/A	N/A	PS KX	N/A	23.17	50	M64	
<b>Part A</b>	<p><b>CWF</b> shall allow oncologic FDG PET scan claims to begin a new count with each subsequent tx strategy (-PS) and a different/new cancer dx than what is present in history for that beneficiary.</p> <p><b>NOTE:</b> The presence or absence of an initial tx strategy (-PI) oncologic FDG PET claim in a beneficiary's record does not alter the count of the subsequent tx strategy (-PS) claims.</p> <p>When applying frequency limitations to each oncologic FDG PET claim for subsequent tx strategy (-PS), CWF shall allow both a claim for the professional service and a claim for a facility fee. CWF shall also count 1 PROF, 1 TECH for each global claim received.</p>	78608 78811 78812 78813 78814 78815 <b>OR</b> 78816 <b>AND</b> A9552	3 per -PS	N/A	N/A	PS	N/A	23.17	50	M64	
<b>Part A</b>	<p><b>CWF</b> shall identify the following institutional claims as facility fee claims for oncologic FDG PET services:</p> <ul style="list-style-type: none"> <li>•TOB 13X</li> <li>•TOB 85X when the revenue code is not 096X, 097X or 098X</li> </ul>	78608 78811 78812 78813 78814 78815 <b>OR</b> 78816 <b>AND</b> A9552	N/A	13X 85X	096X 097X 098X	N/A	N/A	N/A	N/A	N/A	

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<b>IOM:</b>	<a href="https://www.cms.gov/medicare-coverage-database/details/ncd-details.aspx?NCDId=331&amp;ncdver=4&amp;bc=AqAAQAAAAAAAAA%3d%3d&amp;">https://www.cms.gov/medicare-coverage-database/details/ncd-details.aspx?NCDId=331&amp;ncdver=4&amp;bc=AqAAQAAAAAAAAA%3d%3d&amp;</a>											
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<b>Part A</b>	<p><b>A/MACs</b> shall deny subsequent tx strategy (-PS) claims for oncologic FDG PET scans which exceed 3 when a -KX modifier is not included on the claim line using the following:</p> <p>-Edit 1 -will set when an incoming FDG PET scan claim (PS) contains a unit field with more than three (3), or the incoming claim FDG PET scan claim (PS) contains more than three (3) FDG PET scans (PS) detail lines with the same dx.</p> <p>-Edit 2 – will set when the FDG PET scans (PS) on the incoming claim added to the FDG Pet scan (PS) services posted to the auxiliary file equal more than three (PS) services for the same dx.</p>	<p><b>SCAN</b></p> <p>78608 78811 78812 78813 78814 78815</p> <p><b>OR</b> 78816</p> <p><b>AND</b></p> <p><b>RADIO</b></p> <p>A9552</p>	<p>Over 3 during PS without -</p> <p>KX</p>	N/A	N/A	KX	N/A	23.17	96	N386		

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<b>IOM:</b> <a href="https://www.cms.gov/medicare-coverage-database/details/ncd-details.aspx?NCDId=331&amp;ncdver=4&amp;bc=AqAAQAAAAAAAAA%3d%3d&amp;">https://www.cms.gov/medicare-coverage-database/details/ncd-details.aspx?NCDId=331&amp;ncdver=4&amp;bc=AqAAQAAAAAAAAA%3d%3d&amp;</a>										
<b>MCD:</b> <a href="https://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/Downloads/R3162CP.pdf">https://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/Downloads/R3162CP.pdf</a>										
Part B	Rule Description Part B	Proposed HCPCS/CPT Part B	Frequency Limitations	POS (Part B)	n/a	Modifier Part B	Provider Specialty	Proposed MSN Message Part B	Proposed CARC Message Part B	Proposed RARC Message Part B
Part B	<b>B/MACs:</b> Effective for claims with DOS on or after 4/3/09, shall accept FDG PET claims billed to inform initial tx strategy with one of the following PET CPT codes AND modifier –PI: 78608, 78811, 78812, 78813, 78814, 78815, 78816 and FDG PET HCPCS radiopharmaceutical A9552.	<b>SCAN</b> 78608 78811 78812 78813 78814 78815 <b>OR</b> 78816 <b>AND</b> <b>RADIO</b> A9552	N/A	N/A	N/A	PI	N/A	23.17	96	N56 or N386
Part B	<b>B/MACs:</b> Effective for claims with DOS on or after 4/3/09, shall accept FDG PET claims with modifier –PS for subsequent tx strategy for solid tumors using one of the CPT codes, FDG PET radio A9552, AND a cancer dx code.	78608 78811 78812 78813 78814 78815 <b>OR</b> 78816 <b>AND</b> A9552	3 per -PS	N/A	N/A	PS	N/A	23.17	96	N386
Part B	<b>B/MACs</b> Effective for claims with DOS on or after 6/11/13, shall pay oncologic FDG PET claims for subsequent management identified by one of the following CPT codes 78608, 78811, 78812, 78813, 78814, 78815, or 78816, modifier –PS, FDG PET radio A9552, and the same cancer dx code ( See Attachment A on ICD Dx Tab), which exceed 3 FDG PET scans when the -KX modifier is included on the claim line. (The use of the -KX modifier attests that: 1) the requirements specified in the MACs' medical policy have been met, and, 2) the claim is for >3 FDG oncologic PET scans.).	78608 78811 78812 78813 78814 78815 <b>OR</b> 78816 <b>AND</b> A9552	3 per -PS	N/A	N/A	PS KX	N/A	23.17	273	N386 or N435
Part B	<b>CWF</b> shall create two edits for oncologic FDG PET claims to reject to contractors when a beneficiary has reached 4 or greater FDG PET scans for subsequent tx strategy (-PS) for the same cancer dx and the -KX modifier is not included on the claim line. -Edit 1 will set when an incoming FDG PET scan claim (-PS) contains a unit field with more than 3, or the incoming claim FDG PET scan claim contains more than 3 FDG PET scan detail lines with the same dx. -Edit 2 will set when the FDG PET scans (-PS) on the incoming claim added to the FDG Pet scan services posted to the auxiliary file equal more than 3 -PS services for the same dx.	78608 78811 78812 78813 78814 78815 <b>OR</b> 78816 <b>AND</b> A9552	3 per -PS	N/A	N/A	PS KX	N/A	23.17	273	N386 N435

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<b>MCD:</b>	<a href="https://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/Downloads/R3162CP.pdf">https://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/Downloads/R3162CP.pdf</a>											
<b>Part B</b>	<p><b>CWF</b> shall allow oncologic FDG PET scan claims to begin a new count with each subsequent tx strategy (-PS) and a different/new cancer dx than what is present in history for that beneficiary.</p> <p><b>NOTE:</b> The presence or absence of an initial tx strategy (-PI) oncologic FDG PET claim in a beneficiary's record does not alter the count of the subsequent tx strategy (-PS) claims.</p> <p>When applying frequency limitations to each oncologic FDG PET claim for subsequent tx strategy (-PS), <b>CWF</b> shall allow both a claim for the professional service and a claim for a facility fee. <b>CWF</b> shall also count 1 PROF, 1 TECH for each global claim received.</p>	78608 78811 78812 78813 78814 78815 <b>OR</b> 78816 <b>AND</b> A9552	N/A	N/A	N/A	PS	N/A	23.17	273	N386 N435		
<b>Part B</b>	<p><b>CWF</b> shall identify all other oncologic FDG PET scan claims as professional service claims for screening services (professional claims and institutional claims with TOB 85X when the revenue code is 096X, 097X, or 098X).</p>	78608 78811 78812 78813 78814 78815 <b>OR</b> 78816 <b>AND</b> A9552	N/A	85X	096X 097X 098X	N/A	N/A	N/A	N/A	N/A		
<b>Part B</b>	<p><b>CWF</b> shall identify the TECH (-TC) and PROF (-26) modifiers on claims for oncologic FDG PET services for physician claims. The absence of both the modifiers (TC and 26) qualifies the claim as global for physicians. <b>HUBC</b> claims received without both the -TC and -26 modifier will alert <b>CWF</b> that both components of the service have been received.</p>	78608 78811 78812 78813 78814 78815 <b>OR</b> 78816 <b>AND</b> A9552	N/A	N/A	N/A	TC 26	N/A	23.17	4	N386		
<b>Part B</b>	<p><b>B/MACs</b> shall deny subsequent tx strategy (-PS) claims for oncologic FDG PET scans which exceed 3 when a -KX modifier is not included on the claim line using the following:</p> <p>-Edit 1 -will set when an incoming FDG PET scan claim (PS) contains a unit field with more than three (3), or the incoming claim FDG PET scan claim (PS) contains more than three (3) FDG PET scans (PS) detail lines with the same dx.</p> <p>-Edit 2 – will set when the FDG PET scans (PS) on the incoming claim added to the FDG Pet scan (PS) services posted to the auxiliary file equal more than three (PS) services for the same dx.</p>	78608 78811 78812 78813 78814 78815 <b>OR</b> 78816 <b>AND</b> A9552	Over 3 during PS without KX	N/A	N/A	KX	N/A	23.17	273	N386 or N435		
<b>Revision</b>	<b>CR9751:</b> Add additional radiopharmaceutical C9461 Choline C-11 to policy effective 4/1/16.											
	<b>CR9861:</b> Add ICD-10 dx for neoplasms of uncertain behavior effective 10/1/16: D37.1, D37.2, D37.3, D37.4, D37.5, D37.6, D37.8, D37.01, D37.02, D37.04, D37.05, D37.09, D37.030, D37.031, D37.032, D38.0, D38.1, D38.2, D38.3, D38.4, D38.5, D39.0, D39.2, D39.8, D39.11, D39.12, D40.0, D40.8, D40.11, D40.12, D41.01, D41.02, D41.11, D41.12, D41.21, D41.22, D41.3, D41.4, D41.8, D42.0, D42.1, D43.0, D43.1, D43.3, D43.4, D43.8, D44.0, D44.2, D44.3, D44.4, D44.5, D44.6, D44.7, D44.11, D44.12, D48.0, D48.1, D48.2, D48.3, D48.4, D48.5, D48.61, D48.62, D48.7.											

