
Program Memorandum Intermediaries/Carriers

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

Transmittal AB-03-092

Date: JUNE 20, 2003

CHANGE REQUEST 2687

SUBJECT: Expanded Coverage of Positron Emission Tomography (PET) Scans and Related Claims Processing Requirements—for Thyroid Cancer and Perfusion of the Heart Using Ammonia N-13

I. GENERAL INFORMATION

A. Background:

This Program Memorandum (PM) advises you of expanded coverage for PET Scans for Fluoro-D-Glucose (FDG) PET for Thyroid Cancer and Perfusion of the Heart Using Ammonia N-13. Expanded coverage is effective for claims with dates of service on or after October 1, 2003.

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.

B. Policy:

Expanded coverage for PET Scans for FDG PET for Thyroid Cancer and Perfusion of the Heart Using Ammonia N-13 are summarized in the revisions to §50-36 of the Coverage Issues Manual (CIM).

Thyroid Cancer: For services furnished on or after October 1, 2003, Medicare covers the use of FDG PET for Thyroid Cancer only for restaging of recurrent or residual thyroid cancers of follicular cell origin that have been previously treated by thyroidectomy and radioiodine ablation and have a serum thyroglobulin >10ng/ml and negative I-131 whole body scan.

Limitations: All other uses of FDG PET in the diagnosis and treatment of thyroid cancer remain noncovered.

Perfusion of the Heart Using Ammonia N-13: Effective for service performed on or after October 1, 2003, PET scans performed at rest or with pharmacological stress used for noninvasive imaging of the perfusion of the heart for the diagnosis and management of patients with known or suspected coronary artery disease using the FDA-approved radiopharmaceutical ammonia N-13 are covered, provided the following requirements are met.

Limitations: The PET scan, whether at rest alone, or rest with stress, is performed in place of, but not in addition to, a single photon emission computed tomography (SPECT); or

The PET scan, whether at rest alone or rest with stress, is used following a SPECT that was found to be inconclusive. In these cases, the PET scan must have been considered necessary in order to determine what medical or surgical intervention is required to treat the patient. (For the purposes of this requirement, an inconclusive test is a test(s), whose results are equivocal, technically uninterpretable, or discordant with a patient's other clinical data and must be documented in the beneficiary's file.)

CMS-Pub. 60AB

II. BUSINESS REQUIREMENTS

Requirement #	Requirements	Responsibility
2687.1	Medicare contractors shall publish this information in their next regularly scheduled bulletins, <i>immediately</i> post on their Web sites, and use existing listservs to educate providers/subscribers about expanded PET Scan coverage.	Medicare Contractors
2687.2	In the absence of national frequency limitations, contractors should, if necessary, develop reasonable frequency limitations for Thyroid Cancer and Perfusion of the Heart Using Ammonia N-13.	Medicare Contractors
2687.3	While no specific requirement to conduct set reviews is in place, coverage conditions must be able to be verified upon review.	Medicare Contractors
2687.4	For Perfusion of the Heart Using Ammonia N-13, the current HCPCS code series G0030-G0047 shall apply. The new temporary HCPCS code of Q4078 shall be assigned to identify the Ammonia N-13 tracer, effective for dates of service on or after 10/1/03.	Medicare Contractors
2687.4.1	Effective 10/1/03, only two tracers shall be covered for PET scans for the Perfusion of the Heart, HCPCS code series G0030-G0047: Code Q3000, which identifies the tracer Rubidium 82; and new code Q4078, which identifies the tracer Ammonia N-13.	Medicare Contractors
2687.5	A new HCPCS code, Q4078, shall be assigned to the Ammonia N-13 tracer. <u>Long description:</u> Supply of radiopharmaceutical diagnostic imaging agent, Ammonia N-13, per dose. <u>Short description:</u> Ammonia N-13, per dose.	Medicare Contractors
2687.5.1	The type of service (TOS) for Q4078 is 4.	Carriers and CWF
2687.6	A new HCPCS code, G0296, shall be assigned to Thyroid Cancer Management. <u>Long description:</u> PET imaging, full and partial ring PET scanner only, for restaging of previously treated thyroid cancer of follicular cell origin following negative I-131 whole body scan. <u>Short description:</u> PET imge Restag Thyroid cancer	Medicare Contractors
2687.6.1	The type of service (TOS) for G0296 is 4.	Carriers and CWF

2687.7	The standard systems shall pay covered PET scan services billed on Form CMS-1450, or its electronic equivalent for the following bill types: <ul style="list-style-type: none"> • 12x • 13x • 14x • 22x • 23x • 85x 	Intermediaries
2687.8	The standard system shall pay covered PET scan services billed under revenue code 404 in FL 42.	Shared Systems Maintainers
2687.9	These HCPCS codes represent the technical component costs associated with these identified PET procedures when furnished to hospital outpatients and are payable under the Outpatient Prospective Payment System (OPPS). All claims submitted for services provided by Critical Access Hospitals are paid on a reasonable cost basis.	Intermediaries
2687.10	Claims for PET scan services shall be billed on Form CMS-1500, or the electronic equivalent with the appropriate HCPCS and diagnosis codes.	Carriers

III. SUPPORTING INFORMATION AND POSSIBLE DESIGN CONSIDERATIONS

A. Other Instructions:

X-Ref Requirement #	Instructions
2687.5 2687.6	The new HCPCS codes shall be added in the October 2003 quarterly update of the outpatient code editor (OCE).
2687.5 2687.6	Payment pricing information for the new HCPCS codes shall be listed in the October 2003 release of the Medicare Physician Fee Schedule Database.
2687.1 2687.2 2687.3	Refer to CIM 50-36.
2687.7	The electronic equivalent formats other than the HIPAA format are effective through October 16, 2003. After October 16, 2003 the X12N 837 version 4010A1 is the only acceptable format. The X12N 837 version 4010 (HIPAA) to UB-92 version 6.0 mapping is at http://cms.hhs.gov/providers/edi/hipaadoc.asp . The 837 versions 4010 and 4010A1 can be downloaded at www.wpc-edi.com .

B. Design Considerations:

X-Ref Requirement #	Recommendation for Medicare System Requirements Implementation
	N/A

C. Interfaces:

X-Ref Requirement #	Recommendation for Medicare System Requirements
	N/A

D. Contractor Financial Reporting /Workload Impact: N/A**E. Dependencies:** N/A**F. Testing Considerations:** N/A**IV. ATTACHMENT(S):** None.

Implementation Date: October 1, 2003	Effective Date: October 1, 2003
Discard Date: October 1, 2004	Funding: These instructions should be
Post-Implementation Contact: CMS Regional Office.	implemented within your current operating budget.