

**Positron Emission Tomography (PET) (FDG) (78608, 78811, 78812, 78813, 78814, 78815, 78816) 220.6.17**

<b>Indications:</b>		
<p>CMS covers <b>one initial</b> FDG PET study for beneficiaries who have cancers 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 related to the initial anti-tumor treatment strategy:</p> <ul style="list-style-type: none"> <li>• To determine whether or not the beneficiary is an appropriate candidate for an invasive diagnostic or therapeutic procedure; or</li> <li>• To determine the optimal anatomic location for an invasive procedure; or</li> <li>• To determine the anatomic extent of tumor when the recommended anti-tumor treatment reasonably depends on the extent of the tumor.</li> </ul>		
a. CMS continues to nationally cover FDG PET imaging for the initial anti-tumor treatment strategy for male and female breast cancer only when used in staging distant metastasis.		
b. CMS continues to nationally cover FDG PET to determine initial anti-tumor treatment strategy for melanoma other than for the evaluation of regional lymph nodes.		
c. CMS continues to nationally cover FDG PET imaging for the detection of pre-treatment metastasis (i.e., staging) in newly diagnosed cervical cancers following conventional imaging.		
<p><b>Subsequent</b> Anti-Tumor Treatment Strategy Nationally Covered Indications:</p> <p><b>Three</b> FDG PET scans are nationally covered when used to guide subsequent management of anti-tumor treatment strategy after completion of initial anti-cancer therapy. Coverage of more than three FDG PET scans to guide subsequent management of anti-tumor treatment strategy after completion of initial anti-cancer therapy shall be determined by the local Medicare Administrative Contractors.</p>		
The chart below summarizes national FDG PET coverage for oncologic conditions:		
<b>FDG PET for Cancers Tumor Type</b>	<b>Initial Treatment Strategy (formerly “diagnosis” &amp; “staging”</b>	<b>Subsequent Treatment Strategy (formerly “restaging” &amp; “monitoring response to treatment”</b>
Colorectal	Cover	Cover
Esophagus	Cover	Cover
Head and Neck (not thyroid, CNS)	Cover	Cover

Lymphoma	Cover	Cover
Non-small cell lung	Cover	Cover
Ovary	Cover	Cover
Brain	Cover	Cover
Cervix	Cover <b>with exceptions</b> *	Cover
Small cell lung	Cover	Cover
Soft tissue sarcoma	Cover	Cover
Pancreas	Cover	Cover
Testes	Cover	Cover
Prostate	<b>Non-cover</b>	Cover
Thyroid	Cover	Cover
Breast (male and female)	Cover <b>with exceptions</b> *	Cover
Melanoma	Cover <b>with exceptions</b> *	Cover
All other solid tumors	Cover	Cover
Myeloma	Cover	Cover
All other cancers not listed	Cover	Cover

\*Cervix: Nationally **non-covered for the initial diagnosis of cervical cancer** related to initial anti-tumor treatment strategy. All other indications for initial anti-tumor treatment strategy for cervical cancer are nationally covered.

\*Breast: Nationally **non-covered for initial diagnosis and/or staging of axillary lymph nodes**. Nationally covered for initial staging of metastatic disease. All other indications for initial anti-tumor treatment strategy for breast cancer are nationally covered.

\*Melanoma: Nationally **non-covered for initial staging of regional lymph nodes**. All other indications for initial anti-tumor treatment strategy for melanoma are nationally covered.

<b>Limitations:</b>
Initial Anti-Tumor Treatment Strategy Nationally <b>Non-Covered</b> Indications:
a. CMS continues to nationally <b>non-cover initial</b> anti-tumor treatment strategy in Medicare beneficiaries who have <b>adenocarcinoma of the prostate</b> .
b. CMS continues to nationally <b>non-cover</b> FDG PET imaging <b>for initial diagnosis of breast cancer and initial staging of axillary nodes</b> .
c. CMS continues to nationally <b>non-cover</b> FDG PET imaging for <b>initial</b> anti-tumor treatment strategy for the evaluation of <b>regional lymph nodes in melanoma</b> .
d. CMS continues to nationally <b>non-cover</b> FDG PET imaging for the diagnosis of <b>cervical cancer</b> related to <b>initial</b> anti-tumor treatment strategy.

<b>Most Common Diagnoses (which meet medical necessity) *</b>	
C01	Malignant neoplasm of base of tongue
C07	Malignant neoplasm of parotid gland
C09.9	Malignant neoplasm of tonsil
C15.5	Malignant neoplasm of lower third of esophagus
C18.7	Malignant neoplasm of sigmoid colon
C19	Malignant neoplasm of rectosigmoid junction
C20	Malignant neoplasm of rectum
C21.1	Malignant neoplasm of anal canal
C25.0	Malignant neoplasm of head of pancreas
C32.1	Malignant neoplasm of supraglottis
C34.11	Malignant neoplasm of upper lobe, right bronchus or lung
C34.12	Malignant neoplasm of upper lobe, left bronchus or lung
C34.2	Malignant neoplasm of middle lobe, bronchus or lung
C34.31	Malignant neoplasm of lower lobe, right bronchus or lung
C34.32	Malignant neoplasm of lower lobe, left bronchus or lung
C34.81	Malignant neoplasm of overlapping sites of right bronchus and lung
C34.82	Malignant neoplasm of overlapping sites of left bronchus and lung
C50.111	Malignant neoplasm of central portion of right female breast (see limitations)
C50.112	Malignant neoplasm of central portion of left female breast (see limitations)
C50.411	Malignant neoplasm of upper-outer quadrant of right female breast (see limitations)
C50.412	Malignant neoplasm of upper-outer quadrant of left female breast (see limitations)
C50.811	Malignant neoplasm of overlapping sites of right female breast (see limitations)
C50.812	Malignant neoplasm of overlapping sites of left female breast (see limitations)
C51.4	Malignant neoplasm of endometrium
C61	Malignant neoplasm of prostate (see limitations)
C64.1	Malignant neoplasm of right kidney, except renal pelvis
C64.2	Malignant neoplasm of left kidney, except renal pelvis
C73	Malignant neoplasm of thyroid gland
C76.0	Malignant neoplasm of head, face and neck

C77.0	Secondary malignant neoplasm of lymph nodes of head, face, and neck
C77.1	Secondary malignant neoplasm of lymph nodes of intrathoracic lymph nodes
C77.3	Secondary malignant neoplasm of lymph nodes of axilla and upper limb lymph nodes (see limitations)
C77.5	Secondary malignant neoplasm of intrapelvic lymph nodes
C78.01	Secondary malignant neoplasm of right lung
C78.02	Secondary malignant neoplasm of left lung
C78.6	Secondary malignant neoplasm of retroperitoneum and peritoneum
C78.7	Secondary malignant neoplasm of liver and intrahepatic bile duct
C79.31	Secondary malignant neoplasm of brain
C79.51	Secondary malignant neoplasm of bone
C81.98	Hodgkin Lymphoma, lymph nodes of multiple sites
C83.31	Diffuse large B-cell lymphoma, lymph nodes of head, face, and neck
C83.33	Diffuse large B-cell lymphoma, intra-abdominal lymph nodes
C83.38	Diffuse large B-cell lymphoma, lymph nodes of multiple sites
C85.98	Non-Hodgkin lymphoma, lymph nodes of multiple sites
C88.4	Extranodal marginal zone B-cell lymphoma of mucosa-associated lymphoid tissue [Malt-Lymphoma]
C90.00	Multiple myeloma not having achieved remission
C91.10	Chronic lymphocytic leukemia of B-cell type not having achieved remission
D48.19	Other specified neoplasm of uncertain behavior of connective and other soft tissue
R91.1	Solitary pulmonary nodule (with CT evidence of indeterminate or possibly malignant lesion, not exceeding 4 cm in diameter)
R91.8	Other nonspecific abnormal finding of lung field (covered in limited circumstances with documentation of suspected cancer)
R97.21	Rising PSA following treatment for malignant neoplasm of prostate
	<b>NOTE: Personal history of malignant neoplasm diagnosis codes (Z85.XXX) are not covered.</b>

\*Note: See the complete list of Medicare covered diagnoses and payment rules: (after clicking on link, download zip file):

<https://www.cms.gov/Medicare/Coverage/DeterminationProcess/downloads/CR13391.zip>

National Coverage Determination – Positron Emission Tomography (FDG) for Oncologic Conditions 220.6.17:

[Positron Emission Tomography \(FDG\) for Oncologic Conditions 220.6.17](#)

The above CMS and WPS-GHA guidelines are current as of: 4/01/2024.