



National Provider Identifier (NPI) News – During this testing and implementation phase for the NPI, providers should pay close attention to information from health plans and clearinghouses to understand how claims are being processed and what providers should be doing to assure no disruption in payment. Providers should also ensure that the information they are submitting on a claim is what is being transmitted to each health plan by the billing vendors or clearinghouses who may be submitting the claims on their behalf. Additional information can be found at <http://www.cms.hhs.gov/NationalProvdentStand/> on the CMS website.

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Related Change Request (CR) #: 5665

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Effective Date: January 28, 2005 and January 1, 2008 (per article)

Related CR Transmittal #: R1301CP

Implementation Date: January 7, 2008

Revised Information on PET Scan Coding

Note: This article was revised on August 23, 2007, to add links to related Change Requests (CR) 3741 and CR5124 in the Additional Information section. This article was previously revised on August 1, 2007, to correctly list HCPCS code A4641, instead of A4691, in two places within the article and to correct one code shown in Table 2 related to physicians/practitioners billing for CPT 78491 and 78492. All other information remains the same.

Provider Types Affected

Physicians and providers who bill Medicare contractors (carriers, fiscal intermediaries (FI), and Medicare Administrative Contractors (A/B MAC)) for Positron Emission Tomography (PET) Scan services for Medicare beneficiaries.

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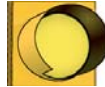
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Provider Action Needed



STOP – Impact to You

Effective for services on and after January 28, 2005, your carrier, FI, or A/B MAC will deny claims for PET scan services that contain CPT code 78609 and they will deny claims for PET scan services on or after January 1, 2008 that contain HCPCS code A4641.



CAUTION – What You Need to Know

CR 5665, from which this article is taken, corrects erroneous information that was originally issued in CR 3741, transmittal 527 (New Coding for FDG PET Scans and Billing Requirements for Specific Indications of Cervical Cancer), dated April 15, 2005. CR5665 updates *Medicare Claims Processing Manual*, Chapter 13, Sections 60.3.1 and 60.3.2 by removing HCPCS code 78609 from the list of covered codes and HCPCS code A4641 from the list of applicable tracer codes for PET scans.



GO – What You Need to Do

Make sure that your billing staffs are aware of these code changes and submit only covered codes in your claims for PET scan services.

Background

The Centers for Medicare & Medicaid Services (CMS) recently learned that the *Medicare Claims Processing Manual*, Chapter 13 (Radiology Services), Sections 60.3.1 (Appropriate CPT Codes Effective for PET Scans for Services Performed on or After January 28, 2005) and 60.3.2 (Tracer Codes Required for PET Scans), and CR 3741 (transmittal 527, dated April 15, 2005), contain incorrect information regarding CPT code 78609 (PET for brain perfusion imaging) and HCPCS code A4641.

- In Section 60.3.1, CPT code 78609 is incorrectly listed as a covered service by Medicare, and in Section 60.3.2 is incorrectly included in terms of the applicability of certain tracer codes. Similarly, Section 60.3.2 incorrectly lists HCPCS code A4641 as an applicable tracer for PET Scans.

CR 5665, from which this article is taken, corrects these errors. It updates the manual by removing HCPCS code 78609 from the list of covered codes and HCPCS code A4641 from the list of applicable tracer codes for PET scans. In so

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doing, it also corrects correct the erroneous information that was originally issued in CR 3741.

Notes: 1) All Positron Emission Tomography (PET) Scans services (codes 78459, 78491, 78492, 78608, and 78811-78816) require the use of a radiopharmaceutical diagnostic imaging agent (tracer). Therefore, the applicable tracer code should always be used when billing for a PET scan service.

2) The correct PET Scan CPT codes and tracer HCPCS codes are listed in Tables 1 and 2, below.

Key points in CR 5665

- Effective January 28, 2005, CPT 78609 became a non-covered service for Medicare;
- Carriers, FIs, and A/B MACS will deny claims submitted with CPT code 78609 (effective January 28, 2005);
- When denying these claims, they will use:
 - Medicare Summary Notice (MSN) 16.10 "Medicare does not pay for this item or service."
 - Claim Adjustment Reason Code 96: "Non-covered charge."
 - Remittance Advice Remark Codes N386: —"This decision was based on a National Coverage Determination (NCD). An NCD provides a coverage determination as to whether a particular item or service is covered. A copy of this policy is available at <http://www.cms.hhs.gov/mcd/search.asp> on the CMS website. If you do not have web access, you may contact the contractor to request a copy of the NCD."
- Effective January 1, 2008, HCPCS code A4641 is not an applicable tracer for PET Scans;
- You should not report HCPCS code A4641 when submitting claims for PET Scans for services on or after January 1, 2008. Instead, as of that time, when submitting claims for PET Scans containing CPT code 78491 or 78492 you should use only tracer code A9555 or A9526; and, when submitting claims for PET Scans containing CPT code 78459, 78608, or 78811-78816, you should use only tracer code A9552 (see table 2, below).
- Carriers, FIs, and A/B MACs will not search for, and adjust, claims that have been paid prior to the implementation date, but they will adjust claims brought to their attention.

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The following tables list the currently covered PET Scan CPT codes (on or after January 28, 2005) and tracer HCPCS codes, as of January 1, 2008).

Table 1
Appropriate CPT Codes Effective for PET Scans for Services Performed on or After January 28, 2005

CPT Code	Description
78459	Myocardial imaging, positron emission tomography (PET), metabolic evaluation
78491	Myocardial imaging, positron emission tomography (PET), perfusion, single study at rest or stress
78492	Myocardial imaging, positron emission tomography (PET), perfusion, multiple studies at rest and/or stress
78608	Brain imaging, positron emission tomography (PET); metabolic evaluation
78811	Tumor imaging, positron emission tomography (PET); limited area (e.g., chest, head/neck)
78812	Tumor imaging, positron emission tomography (PET); skull base to mid thigh
78813	Tumor imaging, positron emission tomography (PET); whole body
78814	Tumor imaging, positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization; limited area (e.g., chest, head/neck)
78815	Tumor imaging, positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization; skull base to mid thigh
78816	Tumor imaging, positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization; whole body
<p>NOTE: All PET scan services require the use of a radiopharmaceutical diagnostic imaging agent (tracer). The applicable tracer code should be billed when billing for a PET scan service. See Table 2, below, for applicable tracer codes.</p>	

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Table 2
Tracer Codes Required for PET Scans on or after January 1, 2008 (A4641 is allowed for services on or before December 31, 2007)

<i>The following tracer codes are applicable only to CPT 78491 and 78492. They cannot be reported with any other code.</i>	
Institutional providers billing fiscal intermediaries or A/B MACs	
HCPCS Code	Description
*A9555	Supply of Radiopharmaceutical Diagnostic Imaging Agent, Rubidium Rb-82, Diagnostic, Per study dose, Up To 60 Millicuries
* Q3000 (Deleted effective 12/31/05)	Supply of Radiopharmaceutical Diagnostic Imaging Agent, Rubidium Rb-82
A9526	Supply of Radiopharmaceutical Diagnostic Imaging Agent, Ammonia N-13
NOTE: For claims with dates of service prior to 1/01/06, providers report Q3000 for supply of radiopharmaceutical diagnostic imaging agent, Rubidium Rb-82. For claims with dates of service 1/01/06 and later, providers report A9555 for radiopharmaceutical diagnostic imaging agent, Rubidium Rb-82 in place of Q3000.	
Physicians/practitioners billing carriers or A/B MACs	
*A4641	Supply of Radiopharmaceutical Diagnostic Imaging Agent, <i>Not Otherwise Classified</i>
A9526	Supply of Radiopharmaceutical Diagnostic Imaging Agent, Ammonia N-13
A9555	Supply of Radiopharmaceutical Diagnostic Imaging Agent, Rubidium Rb-82, Diagnostic, Per study dose, Up To 60 Millicuries
*NOTE: Effective January 1, 2008, tracer code A4641 is not applicable for PET Scans.	
<i>The following tracer codes are applicable only to CPT 78459, 78608, 78811-78816. They cannot be reported with any other code.</i>	
Institutional providers billing fiscal intermediaries or A/B MACs	
* A9552	Supply of Radiopharmaceutical Diagnostic Imaging Agent, Fluorodeoxyglucose F18, FDG, Diagnostic, Per study dose, Up to 45 Millicuries
* C1775 (Deleted effective 12/31/05)	Supply of Radiopharmaceutical Diagnostic Imaging Agent, Fluorodeoxyglucose F18
**A4641	<i>Supply of Radiopharmaceutical Diagnostic Imaging Agent, Not Otherwise Classified</i>
NOTE: For claims with dates of service prior to 1/01/06, OPSS <i>hospitals</i> report C1775 for supply of radiopharmaceutical diagnostic imaging agent, Fluorodeoxyglucose <i>F18</i> . For claims with dates of service 1/01/06 and later, providers report A9552 for radiopharmaceutical diagnostic imaging agent, Fluorodeoxyglucose F18 in place of C1775.	

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**NOTE: Effective January 1, 2008, tracer code A4641 is not applicable for PET Scans.	
Physicians/practitioners billing carriers or A/B MACs	
A9552	Supply of Radiopharmaceutical Diagnostic Imaging Agent, Fluorodeoxyglucose F18, FDG, Diagnostic, Per study dose, Up to 45 Millicuries
*A4641	Supply of Radiopharmaceutical Diagnostic Imaging Agent, Not Otherwise Classified
*NOTE: Effective January 1, 2008, tracer code A4641 is not applicable for PET Scans.	

Additional Information

You can find more information about PET scan codes by going to CR 5665, located at <http://www.cms.hhs.gov/Transmittals/downloads/R1301CP.pdf> on the CMS website. You will find the updated *Medicare Claims Processing Manual*, Chapter 13 (Radiology Services), Sections 60.3.1 ([Appropriate CPT Codes Effective for PET Scans for Services Performed on or After January 28, 2005](#)) and 60.3.2 ([Tracer Codes Required for PET Scans](#)) as an attachment to that CR.

The instructions for CR3741 may be found at <http://www.cms.hhs.gov/Transmittals/downloads/R527CP.pdf> on the CMS website. The related article (MM3741) may be found at <http://www.cms.hhs.gov/MLNMattersArticles/downloads/mm3741.pdf> on the CMS website.

You may also want to review CR5124 and related MM5124 (Payment for Positron Emission Tomography Scans in CMS-Approved Clinical Trials and Coverage with Evidence Development - Use of QR and QV Modifier) located at <http://www.cms.hhs.gov/Transmittals/downloads/R956CP.pdf> and <http://www.cms.hhs.gov/MLNMattersArticles/downloads/mm5124.pdf> on the CMS website.

If you have any questions, please contact your carrier, FI, or A/B MAC at their toll-free number, which may be found at <http://www.cms.hhs.gov/MLNProducts/downloads/CallCenterTollNumDirectory.zip> on the CMS website.

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