



P R O V I D E R B U L L E T I N

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To: All Radiology Providers

Subject: Positron Emission Tomography (PET) Scan Coverage

Overview

The Indiana Health Coverage Programs (IHCP) approved the coverage of PET scans, effective January 1, 2000. This bulletin clarifies the coverage criteria and billing procedures for this service. The IHCP will use the same criteria and coding methodology as Medicare. All claims with dates of service after April 1, 2003, must be billed using the codes in Table 1. The technical component for these codes will reimburse \$829.09 and the professional component will reimburse from the resource-based relative value scale (RBRVS) fee schedule.

Table 1 – PET Scan Codes

Covered PET Scan Codes for IHCP	
FDG PET for Breast Cancer	G0253, G0254
PET for Perfusion of the Heart Using Rubidium 82 tracer and FDG PET for Myocardial/Viability	G0030, G0031, G0032, G0033, G0034, G0035, G0036, G0037, G0038, G0039, G0040, G0041, G0042, G0043, G0044, G0045, G0046, G0047, G0230, 78459
FDG PET for Lung Cancer	G0125, G0210, G0211, G0212, G0234
FDG PET for Esophageal Cancer	G0226, G0227, G0228
FDG PET for Colorectal Cancer	G0213, G0214, G0215, G0231
FDG PET for Lymphoma	G0220, G0221, G0222, G0232
FDG PET for Melanoma	G0216, G0217, G0218, G0233
FDG PET for Head and Neck Cancers, (not including thyroid and CNS cancers)	G0223, G0224, G0225
FDG PET for Refractory Seizures	G0229
Myocardial imaging, positron emission tomography (PET), metabolic evaluation	78459

Current Procedural Terminology (CPT) codes 78491, 78492, 78810, 78608, and 78609 will not be accepted for billing of claims with dates of service after April 1, 2003.

In an effort to offset any unnecessary rebilling or adjusting of claims, the Office of Medicaid Policy and Planning (OMPP) has agreed to an interim policy for claims billed on a UB-92 claim form with CPT 78810. The Claims Unit will send a letter to providers with claims before April 1, 2003, for CPT code 78810 to explain the mass adjustment process. The interim technical component rate of \$829.09 will be added to CPT 78810, effective for claims billed with dates of service on or before April 1, 2003. PET scan services billed on a UB-92 claim form, using CPT 78810, previously submitted and denied for no rate on file will be systematically reprocessed. Claims billed that may have been partially paid, will be systematically mass adjusted. This systematic reprocessing and mass adjusting for all UB-92 claims,

billed with CPT 78810, will occur during the week of June 16, 2003. Once The Claims Unit has systematically reprocessed and mass adjusted all affected claims, the CPT code 78810 will be changed to a non-covered status. As stated, the IHCP will issue a provider bulletin detailing all of the billing and coverage criteria for PET scans using the applicable G codes.

Note: Any provider having outstanding claims for the CPT codes being end-dated that were not previously billed and are past the one-year filing date, should send these claims to the Written Correspondence Unit, P.O. Box 7263, Indianapolis, IN 46207-7263, no later than August 29, 2003.

Table 2 shows the G codes that replace the CPT codes being end-dated for the IHCP, effective April 1, 2003.

Table 2 – Replacement Codes for CPT Code

CPT Code	Description	Replacement Code
78491	Myocardial imaging, positron emission tomography (PET), perfusion; single study at rest or stress	Refer to the Healthcare Common Procedure Coding System (HCPCS) manual for the most appropriate code. The IHCP covers codes in the range from G0030 to G0047 and G0230.
78492	Myocardial imaging, positron emission tomography (PET), perfusion; multiple studies at rest or stress	Refer to the HCPCS manual for the most appropriate code. The IHCP covers codes in the range from G0030 to G0047 and G0230.
78810	Tumor imaging, positron emission tomography (PET), metabolic evaluation	Refer to the HCPCS manual for the most appropriate code.
78608	Brain imaging, positron emission tomography (PET); metabolic evaluation	The IHCP covers G0229, PET imaging; metabolic brain imaging for pre-surgical evaluation of refractory seizures.
78609	Brain imaging, positron emission tomography (PET); perfusion evaluation	The IHCP covers G0229, PET imaging; metabolic brain imaging for pre-surgical evaluation of refractory seizures.

Billing for PET Scans

If the member is an inpatient, the PET scan will be covered in the diagnosis-related grouping (DRG) payment to the hospital.

The HCPCS codes for PET scans represent the global service. The provider performing just one component of the test should use modifier TC (technical component) or 26 (professional component), respectively and appropriately.

If the member is an outpatient and has services performed in the outpatient area of the hospital or a free-standing facility, the PET scan billing should be completed as follows:

- A radiologist should bill the appropriate G codes and the 26 (professional component) modifier on the Centers for Medicare and Medicaid Services (CMS)-1500 claim form (formerly the HCFA-1500).
- A facility should bill the appropriate G codes and the TC (technical component) modifier on the UB-92 claim form.

Additional Information

Direct questions about the information in this bulletin to the Customer Assistance Unit at (317) 655-3240 in the Indianapolis local area or 1-800-577-1278.

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