The Society of Nuclear Medicine (SNM) coding and reimbursement workgroup is pleased to provide the following coding consensus: Frequently Asked Questions and SNM Comments/Guidelines for the National Oncologic PET Registry (NOPR)

Introduction
Prior to May 8, 2006, Medicare reimbursed for positron emission tomography (PET) scans only for several common cancers in accordance with its national coverage policy. On Monday May 8, 2006, this changed when the National Oncologic PET Registry (NOPR) began accepting patient entries. The opening of NOPR means that participating Medicare beneficiaries will now have PET scans covered for most types of cancers including, but not limited to, brain, cervical, small cell lung, pancreatic, testicular and ovarian cancers.

Since the Centers for Medicare and Medicaid Services (CMS) announced its intent to support a PET registry in January 2005, SNM, Academy of Molecular Imaging (AMI), American College of Radiology (ACR) and the American Society of Clinical Oncology ASCO representatives have assisted in developing NOPR, a national, Internet-based, audited data repository designed to gather PET data from beneficiaries and providers and to report on that data. More than 1000 PET facilities nationwide have already registered to take part in the NOPR and can now be reimbursed by CMS for patients meeting all the time and data elements of NOPR, see http://www.cancerPETregistry.org.

With so many changes, the SNM coding workgroup created this consensus FAQ & A. This is an evolving process. We encourage you to check back frequently. We will update our FAQ & Answers as new coding coverage and payment information becomes available.

2006 CPT® HCPCS & ICD-9-CM CODES for NOPR, JANUARY 1, 2006

<table>
<thead>
<tr>
<th>2006 code</th>
<th>Long Description</th>
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<tbody>
<tr>
<td>78608</td>
<td>Brain imaging, positron emission tomography (PET); metabolic evaluation</td>
</tr>
<tr>
<td>78811</td>
<td>Tumor imaging, positron emission tomography (PET); limited area (eg, chest, head/neck)</td>
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<tr>
<td>78812</td>
<td>Tumor imaging, positron emission tomography (PET); skull base to mid-thigh</td>
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<tr>
<td>78813</td>
<td>Tumor imaging, positron emission tomography (PET); whole body</td>
</tr>
<tr>
<td>78814</td>
<td>Tumor imaging, positron emission tomography (PET): with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization; limited area (eg, chest, head/neck)</td>
</tr>
<tr>
<td>78815</td>
<td>Tumor imaging, positron emission tomography (PET with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization); skull base to mid-thigh</td>
</tr>
<tr>
<td>78816</td>
<td>Tumor imaging, positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization; whole body</td>
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<tr>
<td>A9552</td>
<td>Fluorodeoxyglucose F-18 FDG, diagnostic, per study dose, up to 45 millicuries</td>
</tr>
<tr>
<td>QR</td>
<td>Item or service provided in a Medicare specified study</td>
</tr>
<tr>
<td>V70.7</td>
<td>Examination of participant in clinical trial</td>
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SNM NOPR Questions

**NOPR Question:** How do I submit a claim to Medicare for a National Oncologic PET Registry (NOPR) patient? Do I need to do anything different when submitting these claims?

**SNM comment:**

Yes. CMS has issued instructions for coding and billing of patients in the NOPR program, these links and more information are listed below to assist you. Additionally, and most important, the NOPR database will notify the PET facility when all case data have been entered. **After it receives this notification and not before**, the PET facility (and the interpreting physician, if technical and professional component billing are performed separately) can bill CMS for the study.

We caution PET facilities, especially those with automated billing systems, **to set up in advance**, internal mechanisms to **hold these claims until all of the required case data for the NOPR have been entered and this has been acknowledged by the NOPR database (e-mail)**. Each PET facility can check on the status of its patients at any time via the reporting tools available on the NOPR Web site. We also recommend you set up clear communication policies with any interpreting physician staff and their offices so they do not prematurely bill for the professional readings of these studies prior to the NOPR database notification that all case data have been entered. This will come in the form of an e-mail only to the PET facility performing the PET procedure. **Therefore, the PET facility must notify the reading physician (if not billing globally) when this e-mail is received so that the reading physician may submit his/her bill for the reading to Medicare.**

Billing should be submitted using the appropriate billing form and CPT code for (1) tumor PET imaging (78811, 78812, or 78813), (2) tumor PET/CT imaging (78814, 78815, or 78816), or (3) for brain imaging (78608) when a dedicated brain PET study was done for brain tumor evaluation. The QR modifier is appended to the CPT code and, for Fiscal Intermediaries (hospital billing), providers must also add the V70.7 diagnosis code in the second diagnosis position on the UB claim form. For specific details regarding how to bill studies performed as part of the NOPR registry, providers should refer to current official Medicare claims and coverage instructions:

**The Medicare Claims Processing Manual for PET Under the CMS-Approved National Coverage Determinations (Transmittal 956)**

**Medicare Learning Network (MLN Matters) MM5124**

**The Medicare Claims Processing Manual for PET (Transmittal 527):**

**The National Coverage Determinations Manual Transmittal 31:**

**Medicare Learning Network (MLN Matters) MM3741**
**NOPR Question:** The NOPR web site (Pre-PET Form) lists three-digit ICD 9 CM codes eligible for the program; are these the only diagnosis codes we can use for NOPR patients?

**SNM comment:**

NO. The list of ICD 9 CM codes in the NOPR tables (and on the Pre-PET Form) are for high-level guidance only. Providers should choose the appropriate complete ICD-9-CM code (or codes) carrying the digits out to the highest level of specificity based on the information available for the patient condition. If providers only list three digits on their claims they are likely to experience claims rejections.

Additionally, we advise you to get a copy of your payers local coverage policy for oncology PET procedures, including a list of your local already covered ICD 9 CM codes. This will help you understand what cancers your local Medicare contractor already considers covered; these should NOT be included in the NOPR if the PET study was performed for a covered indication (e.g., restaging of a cancer of the tongue, as opposed to treatment monitoring for the same cancer).

**NOPR Question:** Are there frequency limits for NOPR patients?

**SNM comment:**

Currently the answer is no for NOPR patients. We are aware of a few carriers who have placed frequency limits on some current nationally covered PET indications. Providers must abide by these limits and may not enter these patients into the NOPR program for payment. For these frequency-limited studies, providers would use the traditional ABN process. CMS on a national level has stayed silent regarding frequency limits; therefore, local carriers may implement frequency limits for both covered and NOPR indications. At present, we are not aware of any Local Coverage Policies with specified frequency limits for NOPR studies.

**NOPR Question:** Does the NOPR apply to hospitalized Medicare inpatients?

**SNM comment:**

Yes. Note that the technical charge for a PET study on a Medicare inpatient is not billed directly, but rather is considered to be covered by the Diagnostic Related Grouping (DRG) payment to the hospital for that inpatient. However, inclusion of the patient in the NOPR is necessary for professional component billing. For professional component reimbursement, the PET study is billed separately with both 26 and Qr modifiers (following CMS billing guidelines.) NOPR notifies the PET facility that all the case data have been entered and it is the PET facility responsibility to notify the reading facility.

**NOPR Question:** Can PET facilities require patients to sign an Advance Beneficiary Notice (ABN)?

**SNM comment:**

A PET facility can ask registry patients to sign an ABN. This decision is left to each PET facility. However, an ABN should not be necessary. If patient eligibility is carefully checked before the patient is entered into the registry and before the PET scan is performed and if the facility works closely with its referring physicians to ensure that the required paperwork is submitted in a timely fashion, there will be no need to obtain ABNs.
NOPR Question: Will a Medicare patient’s Medigap insurance cover the cost of the co-payment for a registry PET scan?

SNM comment:

Yes, Medigap insurance should cover the co-payment, as for any other Medicare covered service.

NOPR Question: Will managed Medicare plans such as Medicare Advantage reimburse for patients entered in the registry?

SNM comment:

Managed Medicare plans, such as Medicare Advantage, should pay any claims that would be covered by Medicare. If the managed Medicare plan does not have a NOPR-participating facility in its network, patients must be referred to a NOPR-participating facility without incurring an out-of-network co-payment. A Medicare Advantage plan may not “opt out” of NOPR. Medicare Advantage physicians and PET facilities must follow NOPR’s published operational procedures for obtaining PET scans. Pre-authorization/certification may be required by the Medicare Advantage plan depending upon the plan’s guidelines.

NOPR Question: Is pre-authorization still needed for patients in Managed Medicare plans

SNM comment:

Yes, providers will still need to follow HMO guidelines for pre-authorization.

NOPR Question: Will non-Medicare insurers reimburse for patients entered in the registry?

SNM comment:

No, there are no non-Medicare insurers who have elected to reimburse for patients entered in the registry. Patients with Medicaid and other types of insurance coverage other than Medicare are not eligible to participate in the NOPR. Medicare or a managed Medicare plan must be the primary insurance for coverage under NOPR.

NOPR Question: We have a PET/CT scanner and want to know if we can bill for both the CT and the NOPR PET scan when doing a study that fuses these two modalities?

SNM comment:

The answer is the same regardless if this is a NOPR or nationally covered PET study. Additional guidance can be located in the PET/CT FAQ and Ask SNM educational document. Therefore, the PET/CT and the diagnostic CT scans may be billed, if both scans are ordered, medically necessary, interpreted and reported separately. If the patient had a recent CT scan, it may be inappropriate to perform and charge for the additional CT scan unless there has been a change in patient status. The CT study is coded and charged for separately from the PET/CT fusion anatomic localization study only when a complete CT study is performed.
NOPR Question: How do I code PET/CT of the brain used for evaluating tumor response to therapy? Can I use the PET/CT code 78814?

SNM comment:

No. For PET brain imaging with a PET/CT or a PET scanner providers use CPT 78608 Brain imaging, positron emission tomography (PET); metabolic evaluation. Similar to other nuclear medicine codes, when there is a specific body area code you default to the body area, such as in this case of PET Brain imaging. At present there is no literature that we are aware of to support coding a PET/CT for brain imaging.

NOPR Question: What are the current payments for Medicare patients including the new “coverage with evidence development” (CED) for PET and PET/CT studies?

SNM comment:

The Society of Nuclear Medicine publishes the current Medicare National payments on its web site. CMS published this information at http://www.cms.hhs.gov or on your local carrier or fiscal intermediary web site. You can locate the SNM educational materials at http://www.snm.org, select practice management and go to either the hospital educational or physician office educational web pages for the pertinent national payment information.

At present, the technical and global components in the physician office and independent diagnostic testing facility setting for PET and PET/CT studies are established by the individual carriers. Many of the contractors have published PET and PET/CT rates on their web sites in a variety of locations, eg fee calculators, bulletins, coding guidelines. Contact your local carrier for your specific rates.

Regarding CED (formerly referred to as “PET Data Registry”) now known as the National Oncologic PET Registry (NOPR) for certain PET indications, and for those PET facilities participating in NOPR, payment is the same as for the covered PET indications and assigned based on the CPT code. Facilities that participate in NOPR pay a one time $50.00 facility fee and a per patient $50.00 fee to participate in the PET registry. Those interested in more information on NOPR should visit http://www.cancerPETregistry.org or see the SNM workgroup Q & A for more detailed billing information for NOPR patients.

NOPR Question: We are having a problem with referring physicians completing the Pre- and Post-PET forms for our NOPR patients. It was suggested that we offer to pay the referring physicians for this service, or that we complete the form for them. This does not sound right to me. Can the SNM provide guidance?

SNM comment:

You are correct in thinking that both of these options are inappropriate. The SNM does not advocate paying physicians for completing forms. Additionally while it would be appropriate for support staff to assist the referring physician in completing the Pre- and Post-PET forms, their participation is limited to relaying or confirming the information provided by the referring physician.

The SNM and others at NOPR are concerned that such arrangements could compromise the integrity of the NOPR and potentially run afoul of federal and state anti-kickback laws. Both SNM and NOPR
provided guidance to NOPR participants on July 13, 2006 in a web communication (see http://interactive.snm.org/index.cfm?PageID=5330&RPID=18).

**NOPR Question:** Can I code and bill for two oncology PET procedures on the same date of service (SDOS)?

**SNM comment:**

The answer is both no and yes. CPT guidance is clear in the CPT parenthetical following the PET tumor codes: "report 78811-78816 only once per imaging session". Therefore, providers may use one CPT code in the series 78811-78816 when billing PET tumor imaging.

"NO" : - As an example, it would not be appropriate to code and bill for both a limited bone scan (CPT 78300) and a whole body study (CPT 78306). The limited study is considered part of the whole body study. In general, when the AMA RUC (RUC stands for Relative Update Committee) values CPT codes, it does so on the basis of a typical study (including additional views). Providers should choose the appropriate code to reflect the body area imaged. Even if the brain is included in an extended "skull base to mid thigh" study, the code for brain imaging should not be used in addition to CPT 78812 or 78815.

"YES" - If a separate brain PET is indicated and requested in addition to a PET or PET/CT body study (CPT 78811-78816) then it may be appropriate to submit two CPT codes. An example would be a patient with breast cancer that is metastatic to the brain with a residual enhancing lesion on MRI after stereotactic radiosurgery, and a dedicated brain PET procedure is requested for evaluation of "viable tumor versus radiation necrosis", and a PET/CT of the skull base to mid thigh is requested for restaging to assess for evidence of progression at other sites. This would be coded as CPT 78608 with modifier-59 for the brain study and 78815 for the torso study. *(If this is a Medicare patient and the site participates in NOPR, then add the QR modifier to the brain study, because brain tumor studies are only covered nationally under NOPR. If this is a Medicare patient and your imaging facility does NOT participate in NOPR, use code G0235 (PET imaging, any site, not otherwise specified) for Medicare non-covered PET services. If this is a third party other than Medicare check with the payer, for the correct coding could be either CPT 78608-59 or the G0235 code.)*
**Question:** Our NOPR claims are being rejected by our payer, what should we do?

**SNM comment:**

Notify NOPR or SNM staff (dmerlino@snm.org). Please supply us with your facility name, state, the claim form you used (1450 or 1500), the rejection number and description, the date submitted and the date of the service. The SNM is working with a variety of Medicare Contractors to resolve claims rejection issues. If you wish to send us a copy of the EOB please be sure to black out the patient identifying information prior to faxing to 781-438-8070.

**Disclaimer**

The opinions referenced are those of the members of the SNM Coding and Reimbursement Working Group and their consultants based on their coding experience and they are provided without charge to the profession. They are based on the commonly used codes in Nuclear Medicine, which are not all inclusive. Always check with your local insurance carriers as policies vary by region. The final decision for the coding of a procedure must be made by the physician considering regulations of insurance carriers and any local, state or federal laws that apply to the physician’s practice. The SNM and its representatives disclaim any liability arising from the use of these opinions.