

## CMS Coverage of PET: Final Decision

On Friday, April 3, the Centers for Medicare & Medicaid Services (CMS) released their final PET coverage decision, which finalized the 2 main components of the proposed decision. First, CMS expanded coverage for the use of PET for the initial treatment strategy (formerly diagnosis and initial staging) evaluation of patients with cancer to nearly all cancer types and also for subsequent treatment strategy (formerly restaging, detection of suspected recurrence, and treatment monitoring) evaluations for an additional number of cancers. Second, CMS affirmed its restriction of the use of PET for subsequent treatment strategy evaluation for most cancers and finalized its proposed new framework of initial treatment and subsequent treatment.

As proposed in January, CMS finalized and will cover 1  $^{18}\text{F}$ -FDG PET study for patients who have solid tumors that are biopsy proven or strongly suspected based on diagnostic testing when the patient's physician deems PET essential for determining the location and/or extent of the tumor. This is an expansion of coverage for  $^{18}\text{F}$ -FDG PET scans to all cancer types, with a few exceptions, beyond those currently covered (breast, cervix, colorectal, esophageal, head and neck, and non-small cell lung cancers and lymphoma and melanoma). The final policy also covers subsequent treatment strategy, in addition to initial diagnosis, for all 9 currently covered cancers, as well as ovarian cancer and myeloma. For all other cancers, PET coverage for subsequent treatment strategy evaluation requires participation in an approved Coverage with Evidence Development program, such as the National Oncologic PET Registry.

CMS also mentioned in the final policy that there will be 2 new modifiers accompanying the revised coverage parameters. Although information has not yet been published, SNM will have additional details on these modifiers well before the

July 2009 implementation date. SNM will also clarify new billing instructions for those cancers that are specifically not covered for the initial treatment strategy evaluation. Specific codes are available for some cancer types/indications. Code G0219 (PET imaging whole body; melanoma for noncovered indications) should be used for assessing regional lymph nodes in melanoma. Submit G0235 (PET imaging, any site, not otherwise specified) for diagnosis of prostate cancer and initial staging of newly diagnosed prostate cancer. Code G0252 (PET imaging, full & partial-ring PET scanner only for initial diagnosis of breast cancer and/or surgical planning for breast cancer) (e.g., initial staging of axillary lymph nodes) should be used for diagnosis and axillary nodal staging of breast cancer.



Hugh Cannon

### Capitol Hill Day

On April 20, members of the SNM Board of Directors, together with additional SNM members, met with members of Congress to discuss issues pertinent to nuclear medicine. Participants asked that Congress increase funding for nuclear medicine medical application research at the Department of Energy; support the provisions in the Consistency, Accuracy, Responsibility and Excellence in Medical Imaging and Radiation Therapy legislation; ensure patient access to important medical imaging; and ensure Americans' access to vital medical radionuclides.

*Hugh Cannon*

*SNM Director, Health Policy and Regulatory Affairs*