

## Medical Policy



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### Title: Positron Emission Tomography (PET)

#### Professional

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#### Institutional

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#### DESCRIPTION

Position emission tomography (PET), also known as positron emission transverse tomography (PETT), or positron emission coincident imaging (PECI), is a non-invasive imaging procedure that assesses perfusion and the level of metabolic activity in various organ systems of the human body. A positron camera (tomograph) is used to produce cross-sectional tomographic images by detecting radioactivity from a radioactive tracer substance (radiopharmaceutical) that is injected into the patient.

#### POLICY

##### A. Oncology

Positron Emission Tomography (PET) should be considered medically necessary if it is related to the specific malignancies listed below and the following conditions apply:

1. Diagnosis: In general, for most solid tumors, a tissue diagnosis is made prior to the performance of PET scanning. PET results may assist in determining the optimal anatomical location to perform an invasive surgical diagnostic procedure. PET scans following a tissue diagnosis are performed for the purpose of staging, not diagnosis.
2. Staging and or Restaging: PET is covered in clinical situations in which 1) (a) the stage of cancer remains in doubt after completion of a standard diagnostic workup, including conventional imaging (computed tomography, magnetic resonance imaging, or ultrasound) or (b) the use of PET would also be considered reasonable and necessary if it could potentially replace one or more conventional imaging studies when it is expected that conventional

study information is insufficient for the clinical management of the patient and 2) clinical management of the patient would differ depending on the stage of the cancer identified. PET will be covered for restaging after the completion of treatment for the purpose of detecting residual disease, for detecting suspected recurrence or to determine the extent of a known recurrence.

3. **Monitoring:** Use of PET to monitor tumor response during the planned course of therapy (i.e. when no change in therapy is being contemplated) is not covered except for breast cancer. Restaging only occurs after a course of treatment is completed, and this is covered, subject to the conditions above.

	Clinical Conditions	Allowed Coverage	Codes
a.	Brain Neoplasm – Gliomas grade II and above (evaluation for differentiation of recurrent of residual disease versus radiation necrosis)	Staging and restaging 191.1 – 191.9 198.3 237.5 239.6	78608 78609 78811 78813 78814 78816 S8085
b.	Colorectal Cancer	Staging and restaging 153.0 – 154.1 154.8 197.5 211.3 211.4 230.3 235.2 V10.05 V10.06	78812 78813 78815 78816 G0235 S8085
c.	Esophageal Cancer	Staging and restaging 150.0 – 150.9 211.0 235.5 239.0 V10.01 - V10.03	78811 78813 78814 78816 G0235 S8085
d.	Head and Neck Cancers (excluding CNS and thyroid – see Thyroid cancer)	Staging and restaging 140.0-140.9 141.0-141.9 142.0-142.9 143.0-143.9 144.0-144.9 145.0-145.9 146.0-146.9 147.0-147.9	78811 78813 78814 78816 G0235 S8085

	Clinical Conditions	Allowed Coverage	Codes
		148.0-148.9 149.0-149.9 160.0-160.9 161.0-161.9 195.0 784.2	
e.	Hodgkin's and Non-Hodgkin's lymphoma	Staging and restaging 200.00-200.08 200.10-200.18 200.20-200.28 200.80-200.88 201.00-201.08 201.10-201.18 201.20-201.28 201.40-201.48 201.50-201.58 201.60-201.68 201.70-201.78 201.90-201.98 202.00-202.08 202.10-202.18 202.20-202.28 202.30-202.38 202.40-202.48 202.50-202.58 202.60-202.68 202.80-202.88 202.90-202.98 785.6 V10.72 - V10.79	78812 78813 78815 78816 G0235 S8085
f.	Melanoma	Staging, and restaging; non-covered for evaluating regional nodes 172.0-172.9 V10.82	78813 78816 G0235 S8085
g.	Solitary Pulmonary Nodules (SPNs)	Characterization 518.89	78812 78813 78815 78816 G0235 S8085
h.	Lung Cancer (Non Small Cell)	Staging and restaging 162.0 162.2	78812 78813 78815

	Clinical Conditions	Allowed Coverage	Codes
		162.3 162.4 162.5 162.8 162.9 197.0 212.3 231.2 235.7 239.1 793.1 V10.11 V10.12 V10.20 - V10.29	78816 G0235 S8085
i.	Breast Cancer	T-0: Denied as not medically necessary (in situ, Stage 0, DCIS/TIS) T-1: will be reviewed by an oncology consultant T-2: As an adjunct to standard imaging modalities, staging distant metastasis or restaging patients with locoregional recurrence or metastasis; and as an adjunct to standard imaging modalities for monitoring response to treatment for locally advanced and metastatic disease to determine if therapy should be changed 174.0-174.9 175.0-175.9	78812 78813 78815 78816 G0235 S8085
j.	Thyroid Cancer	Staging and restaging (Covered for restaging patients with an elevated thyroglobulin level and a negative I-131 whole body scan. Patient must have a negative I-131 scan to qualify for PET. 193	78811 78813 78814 78816 G0235 S8085

	Clinical Conditions	Allowed Coverage	Codes
		V10.87	
k.	Cervical Cancer	Staging and restaging 180.0 180.1 180.8 180.9	78812 78813 78815 78816 G0235 S8085
l.	Paraganglioma and other Neuroendocrine tumors	194.0 194.5 194.6 227.0 237.3	78813 78816 G0235

B. Cardiology

1. Positron Emission Tomography (PET) should be considered medically necessary if it is related to the specific conditions listed below and the following conditions apply:

	Clinical Conditions	Allowed Coverage	Codes
a.	Coronary revascularization – if candidate for coronary revascularization procedure – CABG	Covered only following inconclusive SPECT 410.10-410.12 410.20-410.22 410.30-410.32 410.40-410.42 410.50-410.52 410.60-410.62 410.70-410.72 410.80-410.82 410.90-410.92 411.0 411.1 411.81 411.89 412 413.0 413.1 413.9 414.00-414.07 414.10-414.19 414.8 414.9 425.0-425.9 427.0	78459 78491 78492 78811 78814 G0235 A9526

	Clinical Conditions	Allowed Coverage	Codes
		427.1 428.0 428.1 429.1 429.3 429.82	
b.	Myocardial Viability	Primary or initial diagnosis prior to revascularization, or following an inconclusive SPECT. 410.10-410.12 410.20-410.22 410.30-410.32 410.40-410.42 410.50-410.52 410.60-410.62 410.70-410.72 410.80-410.82 410.90-410.92 411.0 411.1 411.81 411.89 412 413.0 413.1 413.9 414.00-414.07 414.10-414.19 414.8 414.9 425.0-425.9 427.0 427.1 428.0 428.1 429.1 429.3 429.82	78459 78491 78492 78811 78814 G0235 S8085
c.	Perfusion of the heart	Covered for noninvasive imaging of the perfusion of the heart 410.10 - 410.12	78811 78814 G0235 A9526

	Clinical Conditions	Allowed Coverage	Codes
		410.20 - 410.22 410.30 - 410.32 410.40 - 410.42 410.50 - 410.52 410.60 - 410.62 410.70 - 410.72 410.80 - 410.82 410.90 - 410.92 411.0 411.1 411.81 411.89 412 413.0 - 413.9 414.00 - 414.07 414.10 - 414.19 414.8 414.9 425.0-425.9 427.0 427.1 428.0 428.1 429.1 429.3 429.82	

C. Other

1. Positron Emission Tomography (PET) should be considered medically necessary if it is related to the specific conditions listed below and the following conditions apply:

	Clinical Conditions	Allowed Coverage	Codes
a.	Refractory Seizures (failure to respond to medical therapy and being considered for surgical resection of brain focus)	Covered for pre-surgical evaluation only 345.41 345.51	78811 78814 G0235 S8085

D. PET scanning is not a covered service for screening purposes regardless of diagnosis.

E. PET scans must be medically necessary and not unnecessarily duplicate other covered diagnostic tests.

- F. It is not sufficient to merely have the presence of a diagnosis, but the above criteria should be taken into consideration in the determination of medical necessity for any particular PET scan in an individual patient.
- G. Repeat PET scan for staging purposes should occur no more frequently than every six months (and likely less often), except in the case of lymphomas, PET scanning might be on a three-month interval. Exceptions will be reviewed as requested.
- H. Repeat PET scan for restaging should occur no more frequently than every six weeks. Exceptions will be reviewed as requested.
- I. The ordering physician is responsible for documenting the medical necessity of the study and that it meets the conditions specified in the above.
- J. CT scans performed for the purpose of PET attenuation will be considered content of service because the CT scan is an integral part of the PET.
- K. Fusion imaging performed for therapy in the radiation oncology department must be coded as a medical physics consultation (77370). For Blue Shield claims, PET and CT scan will be denied content of service when billed with 77370.
- L. Due to the lack of scientific literature, indications for a PET scan not listed above are considered experimental/investigational and not a covered service.

## **CODING**

### **REVENUE CODE**

0404

### **CPT/HCPCS**

77370	Special medical radiation physics consultation
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
78609	Brain imaging, positron emission tomography (PET); perfusion 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
A9526	Supply of radiopharmaceutical diagnostic imaging
G0235	Positron emission tomography (PET) imaging, any site, not otherwise specified
S8085	Fluorine-18 fluorodeoxyglucose (F-18 FDG) imaging using dual-head coincidence detection system (non-dedicated PET scan)

**DIAGNOSIS**

**These diagnoses are otherwise subject to medical policy as stated above**

140.0-140.9	Malignant neoplasm of lip
141.0-141.9	Malignant neoplasm of tongue
142.0-142.9	Malignant neoplasm of major salivary glands
143.0-143.9	Malignant neoplasm of gum
144.0-144.9	Malignant neoplasm of floor of mouth
145.0-145.9	Malignant neoplasm of other and unspecified parts of mouth
146.0-146.9	Malignant neoplasm of oropharynx
147.0-147.9	Malignant neoplasm of nasopharynx
148.0-148.9	Malignant neoplasm of hypopharynx
149.0-149.9	Malignant neoplasm of other and ill-defined sites within the lip, oral cavity, and pharynx
150.0-150.9	Malignant neoplasm of esophagus
153.0	Malignant neoplasm of colon; hepatic flexure
153.1	Malignant neoplasm of colon; transverse colon
153.2	Malignant neoplasm of colon; descending colon
153.3	Malignant neoplasm of colon; sigmoid colon
153.4	Malignant neoplasm of colon; cecum
153.5	Malignant neoplasm of colon; appendix
153.6	Malignant neoplasm of colon; ascending colon
153.7	Malignant neoplasm of colon; splenic flexure
153.8	Malignant neoplasm of colon; other specified sites of large intestine
153.9	Malignant neoplasm of colon; colon, unspecified
154.0	Malignant neoplasm of rectum, rectosigmoid junction, and anus; rectosigmoid junction
154.1	Malignant neoplasm; rectum
154.8	Malignant neoplasm of rectum, rectosigmoid junction and anus; other
160.0-160.9	Malignant neoplasm of nasal cavities, middle ear, and accessory sinuses

161.0-161.9	Malignant neoplasm of larynx
162.0	Malignant neoplasm of trachea, bronchus, and lung; trachea
162.2	Malignant neoplasm of trachea, bronchus, and lung; main bronchus
162.3	Malignant neoplasm of trachea, bronchus, and lung; upper lobe, bronchus or lung
162.4	Malignant neoplasm of trachea, bronchus, and lung; middle lobe, bronchus or lung
162.5	Malignant neoplasm of trachea, bronchus, and lung; lower lobe, bronchus or lung
162.8	Malignant neoplasm of trachea, bronchus, and lung; other parts of bronchus or lung
162.9	Malignant neoplasm of trachea, bronchus, and lung; bronchus and lung, unspecified
172.0	Malignant melanoma of skin; lip
172.1	Malignant melanoma of skin; eyelid, including canthus
172.2	Malignant melanoma of skin; ear and external auditory canal
172.3	Malignant melanoma of skin; other and unspecified parts of face
172.4	Malignant melanoma of skin; scalp and neck
172.5	Malignant melanoma of skin; trunk, except scrotum
172.6	Malignant melanoma of skin; upper limb, including shoulder
172.7	Malignant melanoma of skin; lower limb, including hip
172.8	Malignant melanoma of skin; other specified sites of skin
172.9	Malignant melanoma of skin; melanoma of skin, site unspecified
174.0	Malignant neoplasm of female breast; nipple and areola
174.1	Malignant neoplasm of female breast; central portion
174.2	Malignant neoplasm of female breast; upper-inner quadrant
174.3	Malignant neoplasm of female breast; lower-inner quadrant
174.4	Malignant neoplasm of female breast; upper-outer quadrant
174.5	Malignant neoplasm of female breast; lower-outer quadrant
174.6	Malignant neoplasm of female breast; axillary tail
174.8	Malignant neoplasm of female breast; other specified sites of female breast
174.9	Malignant neoplasm of female breast; breast (female), unspecified
175.0	Malignant neoplasm of male breast; nipple and areola
175.9	Malignant neoplasm of male breast; other and unspecified sites of male breast

191.1	Malignant neoplasm of brain; frontal lobe
191.2	Malignant neoplasm of brain; temporal lobe
191.3	Malignant neoplasm of brain; parietal lobe
191.4	Malignant neoplasm of brain; occipital lobe
191.5	Malignant neoplasm of brain; ventricles
191.6	Malignant neoplasm of brain; cerebellum NOS
191.7	Malignant neoplasm of brain; brain stem,
191.8	Malignant neoplasm of brain; other parts of the brain
191.9	Malignant neoplasm of brain; brain, unspecified
193	Malignant neoplasm of thyroid gland
194.0	Malignant neoplasm of other endocrine glands and related structures; adrenal gland
194.5	Malignant neoplasm of other endocrine glands and related structures; carotid body
194.6	Malignant neoplasm of other endocrine glands and related structures; aortic body and other paraganglia
195.0	Malignant neoplasm of other and ill-defined sites; head, face, and neck
197.0	Secondary malignant neoplasm, lung
197.5	Secondary malignant neoplasm, large intestine and rectum
198.3	Secondary malignant neoplasm of other specified sites; brain and spinal cord
200.00	Lymphosarcoma and reticulosarcoma; reticulosarcoma; unspecified site, extranodal and solid organ sites
200.01	Lymphosarcoma and reticulosarcoma; reticulosarcoma; lymph nodes of head, face, and neck
200.02	Lymphosarcoma and reticulosarcoma; reticulosarcoma; intrathoracic lymph nodes
200.03	Lymphosarcoma and reticulosarcoma; reticulosarcoma; intra-abdominal lymph nodes
200.04	Lymphosarcoma and reticulosarcoma; reticulosarcoma; lymph nodes of axilla and upper limb
200.05	Lymphosarcoma and reticulosarcoma; reticulosarcoma; lymph nodes of inguinal region and lower limb
200.06	Lymphosarcoma and reticulosarcoma; reticulosarcoma; intrapelvic lymph nodes
200.07	Lymphosarcoma and reticulosarcoma; reticulosarcoma; spleen
200.08	Lymphosarcoma and reticulosarcoma; reticulosarcoma; lymph nodes of multiple sites
200.10	Lymphosarcoma and reticulosarcoma; lymphosarcoma; unspecified site, extranodal and solid organ sites
200.11	Lymphosarcoma and reticulosarcoma; lymphosarcoma; lymph nodes of head, face, and neck
200.12	Lymphosarcoma and reticulosarcoma; lymphosarcoma;

	intrathoracic lymph nodes
200.13	Lymphosarcoma and reticulosarcoma; lymphosarcoma; intra-abdominal lymph nodes
200.14	Lymphosarcoma and reticulosarcoma; lymphosarcoma; lymph nodes of axilla and upper limb
200.15	Lymphosarcoma and reticulosarcoma; lymphosarcoma; lymph nodes of inguinal region and lower limb
200.16	Lymphosarcoma and reticulosarcoma; lymphosarcoma; intrapelvic lymph nodes
200.17	Lymphosarcoma and reticulosarcoma; lymphosarcoma; spleen
200.18	Lymphosarcoma and reticulosarcoma; lymphosarcoma; lymph nodes of multiple sites
200.20	Lymphosarcoma and reticulosarcoma; Burkitt's tumor or lymphoma; unspecified site, extranodal and solid organ sites
200.21	Lymphosarcoma and reticulosarcoma; Burkitt's tumor or lymphoma; lymph nodes of head, face, and neck
200.22	Lymphosarcoma and reticulosarcoma; Burkitt's tumor or lymphoma; intrathoracic lymph nodes
200.23	Lymphosarcoma and reticulosarcoma; Burkitt's tumor or lymphoma; intra-abdominal lymph nodes
200.24	Lymphosarcoma and reticulosarcoma; Burkitt's tumor or lymphoma; lymph nodes of axilla and upper limb
200.25	Lymphosarcoma and reticulosarcoma; Burkitt's tumor or lymphoma; lymph nodes of inguinal region and lower limb
200.26	Lymphosarcoma and reticulosarcoma; Burkitt's tumor or lymphoma; intrapelvic lymph nodes
200.27	Lymphosarcoma and reticulosarcoma; Burkitt's tumor or lymphoma; spleen
200.28	Lymphosarcoma and reticulosarcoma; Burkitt's tumor or lymphoma; lymph nodes of multiple sites
200.80-200.88	Other named variants of lymphosarcoma and reticulosarcoma
201.00	Hodgkin's disease; Hodgkin's paragranuloma; unspecified site, extranodal and solid organ sites
201.01	Hodgkin's disease; Hodgkin's paragranuloma; lymph nodes of head, face, and neck
201.02	Hodgkin's disease; Hodgkin's paragranuloma; intrathoracic lymph nodes
201.03	Hodgkin's disease; Hodgkin's paragranuloma; intra-abdominal lymph nodes
201.04	Hodgkin's disease; Hodgkin's paragranuloma; lymph nodes of axilla and upper limb
201.05	Hodgkin's disease; Hodgkin's paragranuloma; lymph nodes of inguinal region and lower limb
201.06	Hodgkin's disease; Hodgkin's paragranuloma; intrapelvic lymph

	nodes
201.07	Hodgkin's disease; Hodgkin's paragranuloma; spleen
201.08	Hodgkin's disease; Hodgkin's paragranuloma; lymph nodes of multiple sites
201.10	Hodgkin's disease; Hodgkin's granuloma; unspecified site, extranodal and solid organ sites
201.11	Hodgkin's disease; Hodgkin's granuloma; lymph nodes of head, face, and neck
201.12	Hodgkin's disease; Hodgkin's granuloma; intrathoracic lymph nodes
201.13	Hodgkin's disease; Hodgkin's granuloma; intra-abdominal lymph nodes
201.14	Hodgkin's disease; Hodgkin's granuloma; lymph nodes of axilla and upper limb
201.15	Hodgkin's disease; Hodgkin's granuloma; lymph nodes of inguinal region and lower limb
201.16	Hodgkin's disease; Hodgkin's granuloma; intrapelvic lymph nodes
201.17	Hodgkin's disease; Hodgkin's granuloma; spleen
201.18	Hodgkin's disease, Hodgkin's granuloma, lymph nodes of multiple site
201.20	Hodgkin's disease; Hodgkin's sarcoma; unspecified site, extranodal and solid organ sites
201.21	Hodgkin's disease; Hodgkin's sarcoma; lymph nodes of head, face, and neck
201.22	Hodgkin's disease; Hodgkin's sarcoma; intrathoracic lymph nodes
201.23	Hodgkin's disease; Hodgkin's sarcoma; intra-abdominal lymph nodes
201.24	Hodgkin's disease; Hodgkin's sarcoma; lymph nodes of axilla and upper limb
201.25	Hodgkin's disease; Hodgkin's sarcoma; lymph nodes of inguinal region and lower limb
201.26	Hodgkin's disease; Hodgkin's sarcoma; intrapelvic lymph node
201.27	Hodgkin's disease; Hodgkin's sarcoma; spleen
201.28	Hodgkin's disease; Hodgkin's sarcoma; lymph nodes of multiple sites
201.40	Hodgkin's disease; Lymphocytic-histiocytic predominance; unspecified site, extranodal and solid organ sites
201.41	Hodgkin's disease; Lymphocytic-histiocytic predominance; lymph nodes of head, face, and neck
201.42	Hodgkin's disease; Lymphocytic-histiocytic predominance; intrathoracic lymph nodes
201.43	Hodgkin's disease; Lymphocytic-histiocytic predominance; intra-abdominal lymph nodes
201.44	Hodgkin's disease; Lymphocytic-histiocytic predominance; lymph nodes of axilla and upper limb

201.45	Hodgkin's disease; Lymphocytic-histiocytic predominance; lymph nodes of inguinal region and lower limb
201.46	Hodgkin's disease; Lymphocytic-histiocytic predominance; intrapelvic lymph nodes
201.47	Hodgkin's disease; Lymphocytic-histiocytic predominance; spleen
201.48	Hodgkin's disease; Lymphocytic-histiocytic predominance; lymph nodes of multiple sites
201.50	Hodgkin's disease; Nodular sclerosis; unspecified site, extranodal and solid organ sites
201.51	Hodgkin's disease; Nodular sclerosis; lymph nodes of head, face, and neck
201.52	Hodgkin's disease; Nodular sclerosis; intrathoracic lymph nodes
201.53	Hodgkin's disease; Nodular sclerosis; intra-abdominal lymph nodes
201.54	Hodgkin's disease; Nodular sclerosis; lymph nodes of axilla and upper limb
201.55	Hodgkin's disease; Nodular sclerosis; lymph nodes of inguinal region and lower limb
201.56	Hodgkin's disease; Nodular sclerosis; intrapelvic lymph nodes
201.57	Hodgkin's disease; Nodular sclerosis; spleen
201.58	Hodgkin's disease; Nodular sclerosis; lymph nodes of multiple sites
201.60	Hodgkin's disease; Mixed cellularity; unspecified site, extranodal and solid organ sites
201.61	Hodgkin's disease; Mixed cellularity; lymph nodes of head, face, and neck
201.62	Hodgkin's disease; Mixed cellularity; intrathoracic lymph nodes
201.63	Hodgkin's disease; Mixed cellularity; intra-abdominal lymph nodes
201.64	Hodgkin's disease; Mixed cellularity; lymph nodes of axilla and upper limb
201.65	Hodgkin's disease; Mixed cellularity; lymph nodes of inguinal region and lower limb
201.66	Hodgkin's disease; Mixed cellularity; intrapelvic lymph nodes
201.67	Hodgkin's disease; Mixed cellularity; spleen
201.68	Hodgkin's disease; Mixed cellularity; lymph nodes of multiple sites
201.70	Hodgkin's disease; Lymphocytic depletion; unspecified site, extranodal and solid organ sites
201.71	Hodgkin's disease; Lymphocytic depletion; lymph nodes of head, face, and neck
201.72	Hodgkin's disease; Lymphocytic depletion; intrathoracic lymph nodes
201.73	Hodgkin's disease; Lymphocytic depletion; intra-abdominal lymph nodes
201.74	Hodgkin's disease; Lymphocytic depletion; lymph nodes of axilla and upper limb
201.75	Hodgkin's disease; Lymphocytic depletion; lymph nodes of inguinal

	region and lower limb
201.76	Hodgkin's disease; Lymphocytic depletion; intrapelvic lymph nodes
201.77	Hodgkin's disease; Lymphocytic depletion; spleen
201.78	Hodgkin's disease; Lymphocytic depletion; lymph nodes of multiple sites
201.90	Hodgkin's disease; Hodgkin's disease, unspecified; unspecified site, extranodal and solid organ site
201.91	Hodgkin's disease; Hodgkin's disease, unspecified; lymph nodes of head, face, and neck
201.92	Hodgkin's disease; Hodgkin's disease, unspecified; intrathoracic lymph nodes
201.93	Hodgkin's disease; Hodgkin's disease, unspecified; intra-abdominal lymph nodes
201.94	Hodgkin's disease; Hodgkin's disease, unspecified; lymph nodes of axilla and upper limb
201.95	Hodgkin's disease; Hodgkin's disease, unspecified; lymph nodes of inguinal region and lower limb
201.96	Hodgkin's disease; Hodgkin's disease, unspecified; intrapelvic lymph nodes
201.97	Hodgkin's disease; Hodgkin's disease, unspecified; spleen
201.98	Hodgkin's disease; Hodgkin's disease, unspecified; lymph nodes of multiple sites
202.00	Other malignant neoplasms of lymphoid and histiocytic tissue; Nodular lymphoma; unspecified site, extranodal and solid organ sites
202.01	Other malignant neoplasms of lymphoid and histiocytic tissue; Nodular lymphoma; lymph nodes of head, face, and neck
202.02	Other malignant neoplasms of lymphoid and histiocytic tissue; Nodular lymphoma; intrathoracic lymph nodes
202.03	Other malignant neoplasms of lymphoid and histiocytic tissue; Nodular lymphoma; intra-abdominal lymph nodes
202.04	Other malignant neoplasms of lymphoid and histiocytic tissue; Nodular lymphoma; lymph nodes of axilla and upper limb
202.05	Other malignant neoplasms of lymphoid and histiocytic tissue; Nodular lymphoma; lymph nodes of inguinal region and lower limb
202.06	Other malignant neoplasms of lymphoid and histiocytic tissue; Nodular lymphoma; intrapelvic lymph nodes
202.07	Other malignant neoplasms of lymphoid and histiocytic tissue; Nodular lymphoma; spleen
202.08	Other malignant neoplasms of lymphoid and histiocytic tissue; Nodular lymphoma; lymph nodes of multiple sites
202.10	Other malignant neoplasms of lymphoid and histiocytic tissue; Mycosis fungoides; unspecified site, extranodal and solid organ sites

202.11	Other malignant neoplasms of lymphoid and histiocytic tissue; Mycosis fungoides; lymph nodes of head, face, and neck
202.12	Other malignant neoplasms of lymphoid and histiocytic tissue; Mycosis fungoides; intrathoracic lymph nodes
202.13	Other malignant neoplasms of lymphoid and histiocytic tissue; Mycosis fungoides; intra-abdominal lymph nodes
202.14	Other malignant neoplasms of lymphoid and histiocytic tissue; Mycosis fungoides; lymph nodes of axilla and upper limb
202.15	Other malignant neoplasms of lymphoid and histiocytic tissue; Mycosis fungoides; lymph nodes of inguinal region and lower limb
202.16	Other malignant neoplasms of lymphoid and histiocytic tissue; Mycosis fungoides; intrapelvic lymph nodes
202.17	Other malignant neoplasms of lymphoid and histiocytic tissue; Mycosis fungoides; spleen
202.18	Other malignant neoplasms of lymphoid and histiocytic tissue; Mycosis fungoides; lymph nodes of multiple sites
202.20	Other malignant neoplasms of lymphoid and histiocytic tissue; Sézary's disease; unspecified site, extranodal and solid organ sites
202.21	Other malignant neoplasms of lymphoid and histiocytic tissue; Sézary's disease; lymph nodes of head, face, and neck
202.22	Other malignant neoplasms of lymphoid and histiocytic tissue; Sézary's disease; intrathoracic lymph nodes
202.23	Other malignant neoplasms of lymphoid and histiocytic tissue; Sézary's disease; intra-abdominal lymph nodes
202.24	Other malignant neoplasms of lymphoid and histiocytic tissue; Sézary's disease; lymph nodes of axilla and upper limb
202.25	Other malignant neoplasms of lymphoid and histiocytic tissue; Sézary's disease; lymph nodes of inguinal region and lower limb
202.26	Other malignant neoplasms of lymphoid and histiocytic tissue; Sézary's disease; intrapelvic lymph nodes
202.27	Other malignant neoplasms of lymphoid and histiocytic tissue; Sézary's disease; spleen
202.28	Other malignant neoplasms of lymphoid and histiocytic tissue; Sézary's disease; lymph nodes of multiple sites
202.30	Other malignant neoplasms of lymphoid and histiocytic tissue; Malignant histiocytosis; unspecified site, extranodal and solid organ sites
202.31	Other malignant neoplasms of lymphoid and histiocytic tissue; Malignant histiocytosis; intrathoracic lymph nodes
202.32	Other malignant neoplasms of lymphoid and histiocytic tissue; Malignant histiocytosis; intrathoracic lymph nodes
202.33	Other malignant neoplasms of lymphoid and histiocytic tissue; Malignant histiocytosis; intra-abdominal lymph nodes
202.34	Other malignant neoplasms of lymphoid and histiocytic tissue;

	Malignant histiocytosis; lymph nodes of axilla and upper limb
202.35	Other malignant neoplasms of lymphoid and histiocytic tissue; Malignant histiocytosis; lymph nodes of inguinal region and lower limb
202.36	Other malignant neoplasms of lymphoid and histiocytic tissue; Malignant histiocytosis; intrapelvic lymph nodes
202.37	Other malignant neoplasms of lymphoid and histiocytic tissue; Malignant histiocytosis; spleen
202.38	Other malignant neoplasms of lymphoid and histiocytic tissue; Malignant histiocytosis; lymph nodes of multiple sites
202.40	Other malignant neoplasms of lymphoid and histiocytic tissue; Leukemic reticuloendotheliosis; unspecified site, extranodal and solid organ sites
202.41	Other malignant neoplasms of lymphoid and histiocytic tissue; Leukemic reticuloendotheliosis; lymph nodes of head, face, and neck
202.42	Other malignant neoplasms of lymphoid and histiocytic tissue; Leukemic reticuloendotheliosis; intrathoracic lymph nodes
202.43	Other malignant neoplasms of lymphoid and histiocytic tissue; Leukemic reticuloendotheliosis; intra-abdominal lymph nodes
202.44	Other malignant neoplasms of lymphoid and histiocytic tissue; Leukemic reticuloendotheliosis; lymph nodes of axilla and upper limb
202.45	Other malignant neoplasms of lymphoid and histiocytic tissue; Leukemic reticuloendotheliosis; lymph nodes of inguinal region and lower limb
202.46	Other malignant neoplasms of lymphoid and histiocytic tissue; Leukemic reticuloendotheliosis; intrapelvic lymph nodes
202.47	Other malignant neoplasms of lymphoid and histiocytic tissue; Leukemic reticuloendotheliosis; spleen
202.48	Other malignant neoplasms of lymphoid and histiocytic tissue; Leukemic reticuloendotheliosis; lymph nodes of multiple sites
202.50	Other malignant neoplasms of lymphoid and histiocytic tissue; Letterer-Siwe disease; unspecified site, extranodal and solid organ sites
202.51	Other malignant neoplasms of lymphoid and histiocytic tissue; Letterer-Siwe disease; lymph nodes of head, face, and neck
202.52	Other malignant neoplasms of lymphoid and histiocytic tissue; Letterer-Siwe disease; intrathoracic lymph nodes
202.53	Other malignant neoplasms of lymphoid and histiocytic tissue; Letterer-Siwe disease; intra-abdominal lymph nodes
202.54	Other malignant neoplasms of lymphoid and histiocytic tissue; Letterer-Siwe disease; lymph nodes of axilla and upper limb
202.55	Other malignant neoplasms of lymphoid and histiocytic tissue; Letterer-Siwe disease; lymph nodes of inguinal region and lower

	limb
202.56	Other malignant neoplasms of lymphoid and histiocytic tissue; Letterer-Siwe disease; intrapelvic lymph nodes
202.57	Other malignant neoplasms of lymphoid and histiocytic tissue; Letterer-Siwe disease; spleen
202.58	Other malignant neoplasms of lymphoid and histiocytic tissue; Letterer-Siwe disease; lymph nodes of multiple sites
202.60	Other malignant neoplasms of lymphoid and histiocytic tissue; Malignant mast cell tumors; unspecified site, extranodal and solid organ sites
202.61	Other malignant neoplasms of lymphoid and histiocytic tissue; Malignant mast cell tumors; lymph nodes of head, face, and neck
202.62	Other malignant neoplasms of lymphoid and histiocytic tissue; Malignant mast cell tumors; intrathoracic lymph nodes
202.63	Other malignant neoplasms of lymphoid and histiocytic tissue; Malignant mast cell tumors; intra-abdominal lymph nodes
202.64	Other malignant neoplasms of lymphoid and histiocytic tissue; Malignant mast cell tumors; lymph nodes of axilla and upper limb
202.65	Other malignant neoplasms of lymphoid and histiocytic tissue; Malignant mast cell tumors; lymph nodes of inguinal region and lower limb
202.66	Other malignant neoplasms of lymphoid and histiocytic tissue; Malignant mast cell tumors; intrapelvic lymph nodes
202.67	Other malignant neoplasms of lymphoid and histiocytic tissue; Malignant mast cell tumors; spleen
202.68	Other malignant neoplasms of lymphoid and histiocytic tissue; Malignant mast cell tumors; lymph nodes of multiple sites
202.80	Other malignant neoplasms of lymphoid and histiocytic tissue; Other lymphomas; unspecified site, extranodal and solid organ sites
202.81	Other malignant neoplasms of lymphoid and histiocytic tissue; Other lymphomas; lymph nodes of head, face, and neck
202.82	Other malignant neoplasms of lymphoid and histiocytic tissue; Other lymphomas; intrathoracic lymph nodes
202.83	Other malignant neoplasms of lymphoid and histiocytic tissue; Other lymphomas; intra-abdominal lymph nodes
202.84	Other malignant neoplasms of lymphoid and histiocytic tissue; Other lymphomas; lymph nodes of axilla and upper limb
202.85	Other malignant neoplasms of lymphoid and histiocytic tissue; Other lymphomas; lymph nodes of inguinal region and lower limb
202.86	Other malignant neoplasms of lymphoid and histiocytic tissue; Other lymphomas; intrapelvic lymph nodes
202.87	Other malignant neoplasms of lymphoid and histiocytic tissue; Other lymphomas; spleen

202.88	Other malignant neoplasms of lymphoid and histiocytic tissue; Other lymphomas; lymph nodes of multiple sites
202.90	Other malignant neoplasms of lymphoid and histiocytic tissue; Other and unspecified malignant neoplasms of lymphoid and histiocytic tissue; unspecified site, extranodal and solid organ sites
202.91	Other malignant neoplasms of lymphoid and histiocytic tissue; Other and unspecified malignant neoplasms of lymphoid and histiocytic tissue; lymph nodes of head, face, and neck
202.92	Other malignant neoplasms of lymphoid and histiocytic tissue; Other and unspecified malignant neoplasms of lymphoid and histiocytic tissue; intrathoracic lymph nodes
202.93	Other malignant neoplasms of lymphoid and histiocytic tissue; Other and unspecified malignant neoplasms of lymphoid and histiocytic tissue; intra-abdominal lymph nodes
202.94	Other malignant neoplasms of lymphoid and histiocytic tissue; Other and unspecified malignant neoplasms of lymphoid and histiocytic tissue; lymph nodes of axilla and upper limb
202.95	Other malignant neoplasms of lymphoid and histiocytic tissue; Other and unspecified malignant neoplasms of lymphoid and histiocytic tissue; lymph nodes of inguinal region and lower limb
202.96	Other malignant neoplasms of lymphoid and histiocytic tissue; Other and unspecified malignant neoplasms of lymphoid and histiocytic tissue; intrapelvic lymph nodes
202.97	Other malignant neoplasms of lymphoid and histiocytic tissue; Other and unspecified malignant neoplasms of lymphoid and histiocytic tissue; spleen
202.98	Other malignant neoplasms of lymphoid and histiocytic tissue; Other and unspecified malignant neoplasms of lymphoid and histiocytic tissue; lymph nodes of multiple sites
211.0	Benign neoplasm of other parts of digestive system; esophagus
211.3	Benign neoplasm of other parts of digestive system; colon
211.4	Benign neoplasm of other parts of digestive system; rectum and anal canal
212.3	Benign neoplasm of respiratory and intrathoracic organs, bronchus and lung
227.0	Benign neoplasm of other endocrine glands and related structures; adrenal gland
230.3	Carcinoma in-situ, colon
231.2	Carcinoma in-situ, bronchus and lung
235.2	Neoplasm of uncertain behavior, stomach, intestines, rectum
235.5	Neoplasm of uncertain behavior of digestive and respiratory systems; other and unspecified digestive organs
235.7	Neoplasm of uncertain behavior, trachea, bronchus and lung
237.3	Neoplasm of uncertain behavior of endocrine glands and nervous

	system; paraganglia
237.5	Neoplasm of uncertain behavior; brain and spinal cord
239.0	Neoplasm of unspecified nature, digestive system
239.1	Neoplasm of unspecified nature, respiratory system
239.6	Neoplasm of unspecified nature; brain
345.41	Partial epilepsy, with impairment of consciousness; with intractable epilepsy, so stated
345.51	Partial epilepsy, without impairment of consciousness; with intractable epilepsy, so stated
410.10	Acute myocardial infarction; Of other anterior wall; episode of care unspecified
410.11	Acute myocardial infarction; Of other anterior wall; initial episode of care
410.12	Acute myocardial infarction; Of other anterior wall; subsequent episode of care
410.20	Acute myocardial infarction; Of inferolateral wall; episode of care unspecified
410.21	Acute myocardial infarction; Of inferolateral wall; initial episode of care
410.22	Acute myocardial infarction; Of inferolateral wall; subsequent episode of care
410.30	Acute myocardial infarction; Of inferoposterior wall; episode of care unspecified
410.31	Acute myocardial infarction; Of inferoposterior wall; initial episode of care
410.32	Acute myocardial infarction; Of inferoposterior wall; subsequent episode of care
410.40	Acute myocardial infarction; Of other inferior wall; episode of care unspecified
410.41	Acute myocardial infarction; Of other inferior wall; initial episode of care
410.42	Acute myocardial infarction; Of other inferior wall; subsequent episode of care
410.50	Acute myocardial infarction; Of other lateral wall; episode of care unspecified
410.51	Acute myocardial infarction; Of other lateral wall; initial episode of care
410.52	Acute myocardial infarction; Of other lateral wall; subsequent episode of care
410.60	Acute myocardial infarction; True posterior wall infarction; episode of care unspecified
410.61	Acute myocardial infarction; True posterior wall infarction; initial episode of care
410.62	Acute myocardial infarction; True posterior wall infarction;

	subsequent episode of care
410.70	Acute myocardial infarction; Subendocardial infarction; episode of care unspecified
410.71	Acute myocardial infarction; Subendocardial infarction; initial episode of care
410.72	Acute myocardial infarction; Subendocardial infarction; subsequent episode of care
410.80	Acute myocardial infarction; Of other specified sites; episode of care unspecified
410.81	Acute myocardial infarction; Of other specified sites; initial episode of care
410.82	Acute myocardial infarction; Of other specified sites; subsequent episode of care
410.90	Acute myocardial infarction; Unspecified site; episode of care unspecified
410.91	Acute myocardial infarction; Unspecified site; initial episode of care
410.92	Acute myocardial infarction; Unspecified site; subsequent episode of care
411.0	Other acute and subacute forms of ischemic heart disease; Postmyocardial infarction syndrome
411.1	Other acute and subacute forms of ischemic heart disease; Intermediate coronary syndrome
411.81	Acute coronary occlusion without myocardial infarction
411.89	Other acute and subacute forms of ischemic heart disease, other
412	Old myocardial infarction
413.0	Angina pectoris; Angina decubitus
413.1	Angina pectoris; Prinzmetal angina
413.9	Angina pectoris; Other and unspecified angina pectoris
414.00	Other forms of chronic ischemic heart disease; Coronary atherosclerosis; Of unspecified type of vessel, native or graft
414.01	Other forms of chronic ischemic heart disease; Coronary atherosclerosis; Of native coronary artery
414.02	Other forms of chronic ischemic heart disease; Coronary atherosclerosis; Of autologous vein bypass graft
414.03	Other forms of chronic ischemic heart disease; Coronary atherosclerosis; Of nonautologous biological bypass graft
414.04	Other forms of chronic ischemic heart disease; Coronary atherosclerosis; Of artery bypass graft
414.05	Other forms of chronic ischemic heart disease; Coronary atherosclerosis; Of unspecified type of bypass graft
414.06	Coronary atherosclerosis of native coronary artery of transplanted heart
414.07	Coronary atherosclerosis of native coronary artery of bypass graft (artery) (vein) of transplanted heart

414.10	Aneurysm and dissection of heart; aneurysm of heart (wall)
414.11	Aneurysm and dissection of heart; aneurysm of coronary vessels
414.12	Aneurysm and dissection of heart; dissection of coronary artery
414.19	Aneurysm and dissection of heart; other aneurysm of heart
414.8	Other forms of chronic ischemic heart disease; Other specified forms of chronic ischemic heart disease
414.9	Other forms of chronic ischemic heart disease; Chronic ischemic heart disease, unspecified
425.0	Endomyocardial fibrosis
425.1	Hypertrophic obstructive cardiomyopathy
425.2	Obscure cardiomyopathy of Africa
425.3	Endocardial fibroelastosis
425.4	Other primary cardiomyopathies
425.5	Alcoholic cardiomyopathy
425.7	Nutritional and metabolic cardiomyopathy
425.8	Cardiomyopathy in other diseases classified elsewhere
425.9	Secondary cardiomyopathy, unspecified
427.0	Paroxysmal supraventricular tachycardia
427.1	Paroxysmal ventricular tachycardia
428.0	Congestive heart failure, unspecified
428.1	Left heart failure
429.1	Myocardial degeneration
429.3	Cardiomegaly
429.82	Hyperkinetic heart disease
518.89	Other diseases of lung (solitary lung nodule)
784.2	Swelling, mass or lump in head and neck
785.6	Enlargement of lymph nodes
793.1	Nonspecific abnormal findings on radiological and other examinations of body structure, lung field
795.79	Other and unspecified no specific immunological findings (elevated CEA)
V10.01	Personal history of malignant neoplasm; tongue
V10.02	Personal history of malignant neoplasm; other and unspecified oral cavity and pharynx
V10.03	Personal history of malignant neoplasm; esophagus
V10.05	Personal history of malignant neoplasm; large intestine
V10.06	Personal history of malignant neoplasm; rectum, rectosigmoid junction and anus
V10.11	Personal history of malignant neoplasm; trachea, bronchus, and lung; bronchus and lung
V10.12	Personal history of malignant neoplasm; trachea, bronchus, and lung; trachea
V10.20	Personal history of malignant neoplasm; other respiratory and intrathoracic organs; respiratory organ, unspecified

V10.21	Personal history of malignant neoplasm; other respiratory and intrathoracic organs; larynx
V10.22	Personal history of malignant neoplasm; other respiratory and intrathoracic organs; nasal cavities, middle ear, and accessory sinuses
V10.29	Personal history of malignant neoplasm; other respiratory and intrathoracic organs; other
V10.72	Personal history of Hodgkin's disease
V10.79	Personal history of other lymphatic and hematopoietic neoplasms
V10.82	Personal history of malignant melanoma of skin
V10.87	Personal history of malignant neoplasm of other sites, thyroid

### REVISIONS

July 20, 2004	Added '- see "N" for thyroid cancer', to Policy, #4, E.
	Added 'CT scans performed for the purpose of PET attenuation will be considered content of service to the PET' to Policy, #11.
	Added 'Due to the lack of scientific literature, indications for a PET scan not perviously listed are considered experimental/investigational and not a covered service' to Policy, #12.
September 21, 2004	Added rationale for denial to Policy #11 to read "CT scans performed for the purpose of PET attenuation will be considered content of service because the CT scan is an integral part of the PET".
	Added statement "Fusion imaging performed for therapy in the radiation oncology department must be coded as a medical physics consultation (77370). PET and CT scan will be denied content of service when billed with 77370" to Policy #12 and the original #12 was moved to #13.
	Added CPT code 78810 and "For correct coding, use the site-specific CPT code when applicable instead of CPT code 78810" to Coding, CPT/HCPCS section.
April 21, 2005	In the "Policy" section added the bolded words to the first statement "Positron Emission Tomography (PET) should be considered medically necessary if it is relating to <b>the specific malignancies listed below</b> and the following conditions apply:"
	In the "Policy" section, item #4. A, C, D, E, F, G, H, I, J, M, and N deleted CPT Code 78810.
	In the "Policy" section added a new #12 "Fusion imaging performed for therapy in the radiation oncology department must be coded as a medical physics consultation (77370). For Blue Shield claims, PET and CT scan will be denied content of service when billed with 77370."
	In the "Policy" section old #12 became the new #13.

	In the "Coding"- CPT/HCPCS section deleted "For correct coding, use the site-specific CPT code when applicable instead of CPT code 78810".
July 8, 2005	In "Policy" section "P", deleted ICD-9 codes V10.71, V10.84, V10.85 and V10.88 from the policy and covered diagnosis list.
	Took the current policy and divided it into "A. Oncology", "B. Cardiac", and "C. Other". Changed numbering to alphabetic letters.
	In the "Policy" section, removed Diagnostic, Monitoring and Metastasis and put the ICD-9 codes under the appropriate diagnostic heading.
	In the "Policy" section, removed the heading "Clinical Conditions and allowed overage".
	In the "Policy" section, added the word "above" to the "L" in the policy.
September 20, 2005	In "Policy" divided sections into: A - Oncology, B – Cardiac, and C – Other.
	In "Policy" section, #13 deleted the word "previously" and added the word "above" after listed.
	In "Policy" section, 5 through 13 changed to D through L.
	In "Policy" section, 4. A. moved to new C.1.a.
	In "Policy" section, 4. K, L, and M, moved to new B. 1. a, b, and c.
December 14, 2005	In "Policy" section, 4. O, P, and Q deleted.
	In "Policy" section, A. 3, a-j; B. 1, a-c; and C. 1, a, removed all HCPCS 'G' codes and added HCPCS code G0235.
	In "Coding" section, CPT/HCPCS, removed 'G0030-G0047, G0125, G0211, G0212, G0214, G0215, G0217, G0218, (G0219 is used for non-covered evaluation of regional nodes) G0221, G0222, G0224, G0225, G0227, G0228, G0229, G0230, G0253, G0254, G0296,' and added 'G0235'.
	In "Policy" section, A. 3, a-j; B. 1, a-c; and C. 1, a, added CPT codes 78811, 78812, and/or 78813 codes.
	In "Policy" section, A. 3, added "except for breast cancer".
February 17, 2006	In "Policy" section, A. 3, added new section "k", Cervical Cancer.
	In "Policy" section, B. 1, a and c deleted HCPCS code Q3000.
	In "Policy" section, H, added "restaging" and deleted "chemotherapy response".
	In "Coding" title, added "NOTE: Use of any diagnosis code does not guarantee reimbursement. Medical necessity will be based on documentation in the clinical record."
	In "Coding" section, CPT/HCPCS, added CPT codes 78811, 78812, and 78813 and deleted HCPCS code Q3000.

	In "Reference" section, Government Agency; Medical Society; and Other Authoritative Publications, added #5 and #6.
August 16, 2006 with effective date of September 1, 2006	In "Policy" section, A. 3, a-k, added CPT codes 78814, 78815 and/or 78816 per Medical Director.
	In "Policy" section, added A. 3, l, 'Paraganglioma and other Neuroendocrine tumors', ICD-9 codes 194.0, 194.5, 194.6, 227.0, 237.3 and CPT codes 78813, 78816 and G0235 per Medical Director based on MCMC consultant's (B023) review.
	In "Policy" section, B. 1, a-c, added CPT code 78814 per Medical Director.
	In "Policy" section, C. 1, a, added CPT codes 78814 per Medical Director.
	In "Coding" deleted the following statement: NOTE: Use of any diagnosis code does not guarantee reimbursement. Medical necessity will be based on documentation in the clinical record.
	In "Coding" CPT/HCPCS section added CPT codes 78814, 78815, and 78816 per Medical Director.
	In "Reference" Government Agency; Medical Society; and Other Authoritative Publications section added #7, MCMC, Medical Care Ombudsman Program (MCOP), August 11, 2006, MCOP ID 1071-0720.
April 3, 2007 with effective date of May 1, 2007	In "Policy" section, added to A. 3, e, CPT codes 78812 and 78815 per Medical Director.

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1. Benbadis, S. R.; Tatum, W. O., and Vale, F. L. When drugs don't work: an algorithmic approach to medically intractable epilepsy. *Neurology*. 2000 Dec 26; 55(12):1780-4.
2. Devinsky O. Current Concepts: Patients with Refractory Seizures *N England J Med* 1999; 340:1565-1570, May 20, 1999.
3. Engel J Jr. Surgery for seizures. *N Engl J Med* 1996;334:647-652.
4. Juhasz, C.; Chugani, D. C.; Muzik, O.; Watson, C.; Shah, J.; Shah, A., and Chugani, H. T. Relationship between EEG and positron emission tomography abnormalities in clinical epilepsy. *J Clin Neurophysiol*. 2000 Jan; 17(1):29-42.

## **Government Agency; Medical Society; and Other Authoritative Publications**

1. Blue Cross and Blue Shield of Kansas, Medical Advisory Committee meeting, April 24, 2003 (see Blue Cross and Blue Shield of Kansas Newsletter, Blue Shield Report MAC-02-03).

2. Blue Cross and Blue Shield of Kansas, Oncology Liaison Committee meeting, February 18, 2003 (see Blue Cross and Blue Shield of Kansas Newsletter, Blue Shield Report MAC-02-03).
3. Blue Cross and Blue Shield of Kansas, Radiology Liaison Committee meeting, February 11, 2003 (see Blue Cross and Blue Shield of Kansas Newsletter, Blue Shield Report MAC-02-03).
4. Technology Evaluation Center (TEC) – Medical Policy Clearinghouse News, PET/CT Fusion, June 18, 2004, pages 1-5.
5. Blue Cross and Blue Shield Association. FDG PET to manage patients with an occult primary carcinoma and metastasis outside the cervical lymph nodes. TEC Assessment. 2003; 17(14).
6. Centers for Medicare and Medicaid Services. National Coverage Determination for PET (FDG) for Brain, Cervical, Ovarian, Pancreatic, Small Cell Lung, and Testicular Cancers. NCD #220.6.14. Effective January 28, 2005. <http://www.cms.hhs.gov>. Accessed on September 16, 2005.
7. MCMC, Medical Care Ombudsman Program (MCOP), August 11, 2006, MCOP ID 1071-0720.