

Part B Insider (Multispecialty) Coding Alert

CPT 2008 SPECIAL ISSUE: Medicare May Soon Cover FDG-PET Scans For Infection

CPT descriptor changes pave the way for coverage

With all the bad news that's hit imaging lately, you're overdue for a break.

So it's good news that CPT 2008 greatly increases the number of patients for whom you can bill FDG Positron Electron Tomography (PET) codes 78811-78816. January's CPT update deletes the phrase -tumor imaging- from the descriptors for these codes.

That change opens the door for the **Centers for Medicare & Medicaid Services** (CMS) to start covering FDG-PET when your physician scans for infections and inflammations, as well as tumors.

-Just because the word tumor is removed doesn't mean CMS is going to change coverage,- cautions **Denise Merlino**, president of **Merlino Healthcare Consulting Corp.** in Stoneham, MA. CPT 2008 removed the word -in anticipation of potential changes in coverage, or for private payors who might choose to cover other procedures,- she notes.

Abass Alavi, a radiology professor at the **University of Pennsylvania**, wrote CMS in May to request an expansion in coverage for FDG-PET. Alavi originally requested coverage for all infection and inflammation, but after meeting with CMS-**Coverage and Analysis Group** (CAG), he narrowed the request to three conditions: chronic osteomyelitis, infection associated with hip arthroplasty, and -fever of unknown origin.-

-FDG-PET's diagnostic efficacy is particularly well established- for these three conditions, he noted in his letter to CMS.

In response to his request, CMS opened a National Coverage Determination (NCD) review and will issue a decision early next year.

The **Society for Nuclear Medicine** (SNM), the **American College of Radiology** (ACR) and the **Academy of Molecular Imaging** (AMI) have all written to CMS to support covering FDG-PET for infection and inflammation, either as an alternative to conventional imaging, or when conventional imaging is -indeterminate.-

In 2005, physicians performed roughly one million PET studies for tumors and approximately 100,000 non-PET nuclear medicine studies for inflammatory processes. When SNM and ACR requested the changes to 78811-78816, they predicted around 50,000 of those 100,000 yearly scans would involve PET instead.

Bottom line: You soon could have a new use for your PET scanner for thousands of patients.