



MEDICAID MEDICAL POLICY
 NORTH DAKOTA DEPARTMENT OF HUMAN SERVICES
 MEDICAL SERVICES DIVISION
 SFN 85 (6-9-2010)

Medicaid Policy Number (This number will be generated by Medical Services.) NDMP-2010-0002	Date Policy was Last Reviewed 12-11-2012
Title Positron Emission Tomography (PET) Scans Coverage	
Effective Date 4-1-2010	
Revision Date(s) 12-11-2012	
Replaces N/A	
Cross References Refer to ND Medicaid Coding Guideline http://www.nd.gov/dhs/services/medicalserv/medicaid/cpt.html	
Description Positron Emission Tomography (PET) is a diagnostic imaging procedure used to evaluate metabolism in normal tissue as well as in diseased tissues in conditions such as cancer, ischemic heart disease, and some neurologic disorders.	
Scope Medical policies are systematically developed guidelines that serve as a resource for ND Medicaid staff when determining coverage for specific medical procedures, drugs or devices. Coverage for medical services is subject to the limits and conditions of the ND Medicaid recipient.	
Policy Prior authorization is required (submit on MEDICAL PROCEDURE/DEVICE PRIOR AUTHORIZATION REQUEST - SFN511) when performing PET scan that is outside the current ND Medicaid Coding Guideline. Please refer to the ND Medicaid Coding Guideline at: http://www.nd.gov/dhs/services/medicalserv/medicaid/cpt.html	
Policy Guidelines Refer to ND Medicaid Coding Guideline http://www.nd.gov/dhs/services/medicalserv/medicaid/cpt.html	
Benefit Application Coverage of PET scans must be followed according to our current ND Medicaid Coding guidelines. Claims must be submitted with applicable modifiers.	
Rationale Source Medicare National Coverage Determinations (NCD) Manual	
Code of Federal Regulations Citation(s)	

CODES	NUMBER	DESCRIPTION
CPT [®]	78459	Myocardial imaging positron emission tomography (PET), metabolic evaluation;
	78491-79492	
	78608	Myocardial imaging positron emission tomography (PET) perfusion; single or multiple study at rest or stress;
	78811-78816	Brain imaging, positron emission tomography (PET); metabolic evaluation
		Positron emission tomography (PET) imaging

Applicable Modifier(s)	Q0, PI, PS	See ND Medicaid Coding Guidelines
ICD-9 Procedures(s)	88.90	Diagnostic imaging, not elsewhere classified
ICD-9 Diagnosis(es)	See ND Medicaid Coding Guidelines	http://www.nd.gov/dhs/services/medicalserv/medicaid/cpt.html
Applicable Revenue Codes(s)	404	Other imaging services - Positron Emission Tomography
HCPCS Code(s)	A9500-A9700	Radiopharmaceuticals
Type of Service		Radiology
Place of Service	22	Outpatient Hospital

Disclaimer: This medical policy is a guide in evaluating the medical necessity of a particular service or treatment. The North Dakota Medicaid program adopts policies after careful review of published peer-review scientific literature, national guidelines and local standards of practice. Since medical technology is constantly changing, North Dakota Medicaid reserves the right to review and update policies as appropriate. Always consult the General Information for Providers manual or North Dakota Medicaid Policy to determine coverage. CPT codes, descriptions and material are copyrighted by the American Medical Association.