



Radiology Views™ Newsletter – November 2009

Documentation Requirement Changes for FDG PET for Solid Tumors and Myeloma

Providers are now required to document as to whether FDG PET imaging was used to inform the initial treatment strategy of tumors or if it was to inform the subsequent treatment strategy.

To: All providers interpreting FDG PET scans for solid tumors and myeloma.

Note: The term FDG PET includes FDG PET/CT. This update affects both physician (professional) billing and technical billing.

Background:

The Centers for Medicare and Medicaid Services on October 16, 2009 issued Change Request 6632 to Transmittal 1833 announcing there was a change to the National Coverage Determination (NCD) regarding FDG PET from a 4-part framework that contained the oncologic diagnosis, staging, restaging, and monitoring response to treatment to a 2-part framework, initial antitumor treatment strategy or subsequent treatment strategy. Implementation date: October 30, 2009.

What you need to do:

Your documentation must now include whether the study was to identify initial antitumor strategy or if it was for subsequent antitumor strategy.

Why do you need to include this in your documentation?

Two new modifiers are now required to be assigned in addition to the PET CPT codes. The new modifiers are:

PI	PET or PET/CT to inform of initial treatment strategy
PS	PET or PET/CT to inform the subsequent treatment strategy

Coders are now required to assign the appropriate modifier based on your documentation.

What happens if you fail to provide this information?

If you fail to provide this information, coders will be unable to assign the appropriate modifier. Medicare Carriers (Medicare Contractor for Part B - physician) and Fiscal Intermediaries (Medicare Contractor for Part A and some Part B - hospital) have been instructed that if the claim does not include one of these modifiers they are to return the claim to the provider.

Reference: [CMS CR 6632 PET for Solid Tumors and Myeloma](#)

If you have any questions on this or other documentation and coding topics, please call or email Wendy Block, at 330.564.2618 or wblock@prcmedical.com.