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## ICD-10 Update - PET Scans

**Dear MSN Clients:**

In an effort, to support the purpose of ICD-10, more clinically appropriate patient information and greater specificity, CMS has deleted certain unspecified ICD-10 codes for PET Solid tumors.

Unspecified codes that were deleted primarily include those that lack laterality. While the chart below summarizes coverage for cancers and their treatment strategy, CMS deleted unspecified codes in those neoplasm categories.

**Most importantly those deletions include lung, breast, ovary, fallopian tube, testis, renal pelvis, ureter, and kidney. (See what this means for you below)**

**Conditions (220.6.17)**

The chart below summarizes national FDG PET coverage for oncologic conditions:

<b>FDG PET for Cancers Tumor Type</b>	<b>Initial Treatment Strategy (formerly "diagnosis" &amp; "staging"</b>	<b>Subsequent Treatment Strategy (formerly "restaging" &amp; "monitoring response to treatment"</b>
Colorectal	Cover	Cover
Esophagus	Cover	Cover
Head and Neck (not thyroid, CNS)	Cover	Cover
Lymphoma	Cover	Cover
Non-small cell lung	Cover	Cover
Ovary	Cover	Cover
Brain	Cover	Cover
Cervix	<b>Cover with exceptions *</b>	Cover
Small cell lung	Cover	Cover
Soft tissue sarcoma	Cover	Cover
Pancreas	Cover	Cover
Testes	Cover	Cover
Prostate	<b>Non-cover</b>	Cover
Thyroid	Cover	Cover
Breast (male and female)	<b>Cover with exceptions *</b>	Cover
Melanoma	<b>Cover with exceptions *</b>	Cover
All other solid tumors	Cover	Cover
Myeloma	Cover	Cover
All other cancers not listed	Cover	Cover

**\*Cervix:** Nationally non-covered for the initial diagnosis of cervical cancer related to initial anti-tumor treatment strategy. All other indications for initial anti-tumor treatment strategy for cervical cancer are nationally covered.

**\*Breast:** Nationally non-covered for initial diagnosis and/or staging of axillary lymph nodes. Nationally covered for initial staging of metastatic disease. All other indications for initial anti-tumor treatment strategy for breast cancer are nationally covered.

\***Melanoma:** Nationally non-covered for initial staging of regional lymph nodes. All other indications for initial anti-tumor treatment strategy for melanoma are nationally covered.

**Note Personal History or Family History of cancers are not covered.**

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## What does this mean to you? Action items....

### **PET Documentation Requirements**

Documentation should include whether the patient is being evaluated for:

- Initial treatment strategy of tumors that are biopsy proven or strongly suspected of being cancerous based on other diagnostic testing
- Subsequent treatment strategy of cancerous tumors when the beneficiary's treating physician determines that the PET study is needed to inform subsequent anti-tumor strategy
- Enrolled in a clinical trial or tumor registry
- Laterality and specific anatomical location.

### Documentation Examples

\* Indication: Lung cancer, right upper lobe, status post chemoradiation therapy, restaging examination for subsequent treatment strategy

**Excellent clinical history. Documentation includes anatomical detail, laterality, and treatment strategy.**

\* Indication: Lung cancer

**Clinical history lacks anatomical detail, laterality, treatment strategy.**


\* CLINICAL INDICATION: Female patient presents with breast cancer in the lower outer quadrant of the right breast, status post lumpectomy and chemoradiation therapy, personal history of anal and lung cancer, assess response to therapy for subsequent treatment strategy.

**Excellent clinical history. Documentation includes anatomical detail, laterality, and treatment strategy. Also, includes additional personal history of cancers.**

\* CLINICAL INDICATION: Breast cancer.

**Clinical history lacks anatomical detail, laterality, treatment strategy.**

<https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-LN/MLNMattersArticles/Downloads/MM9982.pdf>



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