

Important Coding Information

All information included in this guide is for informational purposes only. It is intended to assist in the coding and reimbursement process. It represents no statement of guarantee by GE Healthcare. The existence of codes does not guarantee coverage of or payment for any procedure or imaging agent by any payer. The final decision for coding of any procedure must be made by the provider of care after considering the medical necessity of the services and supplies provided, as well as considering any regulations and local, state, or federal laws that may apply. All coding and reimbursement information is subject to change without notice, and specific payers may have their own coding and reimbursement requirements and policies. Please contact your local payer for interpretation of the appropriate codes to use for specific procedures.

Code Type	Code	Description
HCPCS	A9591	Fluoroestradiol F18, diagnostic, 1 mCi
CPT	78813	Positron emission tomography (PET) imaging; whole body
	78812	Positron emission tomography (PET) imaging; skull base to mid-thigh
	78811	Positron emission tomography (PET) imaging; limited area (eg. chest, head/neck)
	78816	Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body
	78815	Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; skull base to mid-thigh
Modifiers	PI	Positron emission tomography (PET) or PET/computed tomography (CT) to inform the initial treatment strategy of tumors that are biopsy proven or strongly suspected of being cancerous based on other diagnostic testing
	PS	Positron emission tomography (PET) or PET/computed tomography (CT) to inform the subsequent treatment strategy of cancerous tumors when the beneficiary's treating physician determines that the PET study is needed to inform subsequent antitumor strategy
<p>Consider the KX modifier to indicate that the patient has had more than 3 oncologic PET scans. This modifier currently anticipates the use of multiple FDG scans per patient; its application to the use of Cerianna in addition to FDG scans limits will depend on individual carrier policies. Also note that the use of the KX modifier requires that justification is documented in the patient's medical record.</p>		
ICD-10-CM	C50.011	Malignant neoplasm of nipple and areola, right female breast
	C50.012	Malignant neoplasm of nipple and areola, left female breast
	C50.019	Malignant neoplasm of nipple and areola, unspecified female breast
	C50.021	Malignant neoplasm of nipple and areola, right male breast
	C50.022	Malignant neoplasm of nipple and areola, left male breast
	C50.029	Malignant neoplasm of nipple and areola, unspecified male breast
	C50.111	Malignant neoplasm of central portion of right female breast
	C50.112	Malignant neoplasm of central portion of left female breast
	C50.119	Malignant neoplasm of central portion of unspecified female breast
	C50.121	Malignant neoplasm of central portion of right male breast
	C50.122	Malignant neoplasm of central portion of left male breast
	C50.129	Malignant neoplasm of central portion of unspecified male breast
	C50.211	Malignant neoplasm of upper-inner quadrant of right female breast
	C50.212	Malignant neoplasm of upper-inner quadrant of left female breast
	C50.219	Malignant neoplasm of upper-inner quadrant of unspecified female breast
	C50.221	Malignant neoplasm of upper-inner quadrant of right male breast
	C50.222	Malignant neoplasm of upper-inner quadrant of left male breast
	C50.229	Malignant neoplasm of upper-inner quadrant of unspecified male breast
	C50.311	Malignant neoplasm of lower-inner quadrant of right female breast
	C50.312	Malignant neoplasm of lower-inner quadrant of left female breast
<p>*This is not a comprehensive list of all appropriate diagnosis codes. Providers are responsible for ensuring that all coding is accurate and documented in a patient's medical record based on the patient's condition.</p> <p>*Some payers may require family and/or individual history diagnosis codes when requesting a prior authorization. Confirm requirements with the patient's insurer</p> <p>Z17.0 Add on Code: Estrogen receptor positive status (ER+) Make sure to indicate add-on code on your claim form and prior authorization request form.</p> <p>Z**** Payer may require additional ICD-10 codes for family and individual history Some insurance payers require the family and/or individual history diagnosis code when requesting prior authorization. It is important to conduct a benefit investigation for verification.</p>		
Revenue Codes	0343	Nuclear Medicine-Diagnostics Radiopharmaceuticals
	0404	Other Imaging Services-Positon Emission Tomography
NDC	72874-0001-01	Brand Name: CeriannaTM Generic Name: Fluoroestradiol F 18

The submission of claims with accurate codes is important to ensure proper reimbursement for services. Keep in mind that to receive appropriate reimbursement, physicians should report the appropriate HCPCS code for the product along with the appropriate CPT® code for the procedure. Some payers may also require the National Drug Code (NDC) for Cerianna. The use of the above cited codes does not guarantee reimbursement.



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