**18F NaF PET bone scan reimbursement guide**

18F sodium fluoride (NaF) is a highly sensitive bone-seeking PET biomarker used to identify skeletal metastases. In February 2011, the FDA approved a New Drug Application (NDA) for 18F NaF from the National Cancer Institute (NCI) for the use in PET bone imaging.1

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**Coverage by Medicare**

On February 26, 2010, CMS issued a National Coverage Determination (NCD) for the coverage of 18F NaF PET to identify bone metastasis of cancer. CMS announced it will only cover this indication under their Coverage with Evidence Development (CED) program. The National Oncologic PET Registry (NOPR) for 18F NaF PET bone scans opened on February 7, 2011, to fulfill this requirement. PET claims for initial treatment strategy (PI) or subsequent treatment strategy (PS) for suspected or biopsy proven bone metastases are covered through the NOPR program.

To learn more, visit cancerpetregistry.org.

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**Coverage by private payers**

Private insurance payers’ coverage policies for 18F NaF PET bone scans vary as each private payer evaluates the procedure and makes a coverage determination according to its own internal decision making process.

In general 18F NaF PET bone scans will require pre-authorization. Providers should obtain coverage and pre-authorization guidelines from their private payers.

Provider claims should be submitted with the appropriate imaging CPT code along with HCPCS code A9580 for supply of the 18F NaF dose. Providers should always obtain guidance from the payer or consult with their legal or professional advisors to help ensure appropriate billing.
Examples of clinical and research indications

Note: The SNM practice guidelines (V1.1) state that appropriateness criteria have yet to be developed for this procedure. This list of indications are examples and may not apply to Centers for Medicare and Medicaid Services (CMS) coverage. For official coverage information, visit the Medicare National Coverage Determination Manual.

18F NaF PET bone scans may be used to identify skeletal metastases, including localization and determination of the extent of disease.

Insufficient information exists to recommend the following indications in all patients, but these indications may be appropriate in certain individuals:

- Back pain and otherwise unexplained bone pain
- Child abuse
- Abnormal radiographic or laboratory findings
- Osteomyelitis
- Trauma
- Inflammatory and degenerative arthritis
- Avascular necrosis
- Osteonecrosis of the mandible
- Condylar hyperplasia
- Metabolic bone disease
- Paget’s disease
- Bone graft viability
- Complications of prosthetic joints
- Reflex sympathetic dystrophy
- Distribution of osteoblastic activity before administration of therapeutic radiopharmaceuticals for bone pain

Reimbursement information

The following is the list of applicable CPT/HCPCS codes that can be used to bill payers for 18F NaF PET:

<table>
<thead>
<tr>
<th>CPT code</th>
<th>Description – Imaging</th>
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</thead>
<tbody>
<tr>
<td>78811</td>
<td>PET imaging; limited area (e.g. chest, head/neck)</td>
</tr>
<tr>
<td>78812</td>
<td>PET imaging; skull base to mid-thigh</td>
</tr>
<tr>
<td>78813</td>
<td>PET imaging; whole body</td>
</tr>
<tr>
<td>78814</td>
<td>PET with concurrently acquired CT for attenuation correction and anatomical localization imaging; limited area (e.g. chest, head/neck)</td>
</tr>
<tr>
<td>78815</td>
<td>PET with concurrently acquired CT for attenuation correction and anatomical localization imaging; skull base to mid-thigh</td>
</tr>
<tr>
<td>78816</td>
<td>PET with concurrently acquired CT for attenuation correction and anatomical localization imaging; whole body</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>CPT code</th>
<th>Description – Radiopharmaceutical</th>
</tr>
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<tbody>
<tr>
<td>A9580</td>
<td>Sodium Fluoride F-18, diagnostic, per study dose, up to 30 millicuries</td>
</tr>
</tbody>
</table>
CMS has issued specific billing instructions for 18F NaF PET to identify bone metastasis of cancer in the context of a clinical study.  

The following applies to hospitals as well as facilities in the imaging center/physician office setting (when billing for the technical component (TC) only or globally).

**Claims MUST contain all of the following:**
- Radiopharmaceutical HCPCS code A9580 – 18F NaF, per dose
- PET or PET/CT CPT code (the applicable code from the table)
- The appropriate modifier PI (for initial treatment strategy) or PS (for subsequent treatment strategy)
- Q0 (zero) modifier – Investigational clinical service provided in a clinical research study
- ICD-9 cancer diagnosis code

Additional instructions for hospitals only: include diagnosis code V70.7 in the second diagnosis position and condition code 30 on the claim to denote a clinical study.  

**Additional instructions if billing for the professional services only:**

Modifier KX (Requirements specified in the medical policy have been met) is to be used when submitting claims for only the professional component (denoted with modifier 26). The claim must also contain the appropriate CPT code (see table), PI or PS modifier, Q0 modifier and ICD-9 cancer diagnosis code.

**Note:** The KX modifier is not necessary for hospital claims or on claims billed in the imaging center/physician office setting when billing for only the technical component or when billing globally.

**Payment**

Payments by Medicare will be at same rate as for all other NOPR PET cases for the setting in which you perform the study.

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**References:**

2. Positron Emission Tomography (NaF-18) to Identify Bone Metastasis of Cancer. Medicare National Coverage Determinations Manual; Transmittal 119; March 26, 2010
3. Segall, G et al. SNM Practice Guideline for Sodium 18F-Fluoride PET/CT Bone Scans 1.1

Reimbursement information is provided by Cardinal Health as general coding and payment information. This information is not intended to replace or serve as substitute for your duty to verify that such information is proper for your particular circumstances. Any codes reported should accurately reflect the procedures performed and the patient’s conditions. You should consult with local payers to confirm compliance with local policies, or otherwise review and confirm reimbursement policies with your own legal or other professional advisors.