September 1, 2016

To: NOPR (NaF-PET) Participating PET Facilities

From: Denise Merlino, CPC, CNMT, MBA
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Barry A. Siegel, MD
Co-Chair, National Oncologic PET Registry Working Group

Re: ICD-10-CM Coding for NaF-PET Performed under Coverage with Evidence Development Through the National Oncologic PET Registry (NOPR)

The NOPR Working Group has heard from many sites regarding denials of Medicare claims for NaF-PET performed under NOPR since the implementation of ICD-10 on October 1, 2015. The denials are specific for claims submitted with diagnosis codes for cancer, such as the common C61 for prostate cancer or C50 for breast cancer. These codes were not included with the Transmittal from the Centers for Medicare & Medicaid Services (CMS) that provided claims submission instructions after the change-over to ICD-10 and the December 15, 2015 National Coverage Decision that extended NOPR (NaF-PET) for another two years. NOPR Steering Committee has communicated with CMS over the many months regarding the ICD-10 conversion issues for NaF-PET claims. We have explained that the cancer diagnosis codes should be on the list of payable diagnosis codes, as they were previously on the lists of covered codes within Local Coverage Determinations prepared by Medicare Administrative Contractors (MACs) for claims submitted prior to October 1, 2015. Moreover, the CMS-approved protocol for NOPR (NaF-PET) makes it clear that patients whose NaF-PET examinations would most correctly be coded with a cancer diagnosis code are eligible for inclusion in the NOPR.

Both the NOPR Working Group and Society of Nuclear Medicine and Molecular Imaging have met with CMS to discuss this issue. CMS has reviewed this several times, and we have been told by CMS that the process to add ICD-10 codes is long and, accordingly, CMS is not planning to update the NaF-PET ICD-10 list at this time. Specifically, CMS believes there are ICD-10 codes on the national approved list for NaF-PET studies that should facilitate payment for successfully completed NOPR claims.

The complete CMS list of approved ICD-10 codes for NaF-PET studies is available at https://www.cancerpetregistry.org/pdf/ICD10-Codes.pdf. Below is a small subset of codes from the larger list to provide examples of codes that may be most commonly applicable for NaF-PET claims:

C79.51 Secondary malignant neoplasm of bone
C79.52 Secondary malignant neoplasm of bone marrow
C79.9 Secondary malignant neoplasm of unspecified site
C7B.03 Secondary carcinoid tumors of bone
C80.0 Disseminated malignant neoplasm, unspecified
C80.1 Malignant (primary) neoplasm, unspecified
G89.3 Neoplasm related pain (acute) (chronic)
Z85.3 Personal history of malignant neoplasm of breast
Z85.43 Personal history of malignant neoplasm of ovary
Z85.46 Personal history of malignant neoplasm of prostate

Ms. Merlino, as a Certified Professional Coder with the AAPC, recognizes that coding of NaF-PET within the limitations of the list of ICD-10 codes provided by CMS falls outside of coding guidelines. However, given that CMS has published nationally a list that the MACs must implement, we recommend that you choose the closest possible ICD-10 code from this list, rather than coding with the most specific ICD-10 code. As an example, consider a patient with confirmed, newly diagnosed prostate cancer (ICD-10 code C61) and hip and back pain, suspicious for metastatic disease. Rather than coding C61 in the primary diagnosis position, choose either the personal history of prostate cancer code (if the NaF-PET study is negative) or C79.51 if metastatic disease is found by the study. One or the other of these codes should be placed in the primary diagnosis position on the claim form; in the secondary position, place Z006. You may place the cancer diagnosis codes (C61 in this example) in other positions for your resubmissions of all the denied claims (and in future claims).

Please keep this communication for documentation. You may use Ms. Merlino’s name as the source of this coding advice in case of a claims audit. At this time, we do not see any other option to allow for the continued reimbursement of medically necessary NaF-PET studies performed under NOPR. We certainly do not want PET facilities to stop performing these important studies simply because they are not able to be reimbursed for correctly coded claims.

Please check the NOPR web site periodically for additional updates.