

Medical Policies



Policy X-5051

Number:

Policy Name: Interim Positron Emission Tomography Scanning in Oncology to Detect Early Response During

Treatment

Policy Type: Medical Policy Radiology

Subtype:

Effective 09-15-2025 End Date: 11-02-2025

Date:

Description

Positron emission tomography (PET) scanning has many established roles in oncology. One potential use of PET scanning is to assess treatment response early in the course of therapy, with the intent of potentially altering the regimen based on PET scan results. While several types of PET scanning are used for interim detection of cancer, this review refers to fluorine 18 fluorodeoxyglucose positron emission tomography (FDG-PET) unless otherwise noted.

Policy Application

All claims submitted for this policy will be processed according to the policy effective date and associated revision effective dates in effect on the date of service.

Diagnosis Codes

Not Applicable

CURRENT CODING

CPT:

78811	PET IMAGING LIMITED AREA CHEST HEAD/NECK	Medicaid Expansion
78812	PET IMAGING SKULL BASE TO MID-THIGH	Medicaid Expansion
78813	PET IMAGING WHOLE BODY	Medicaid Expansion
78814	PET IMAGING CT FOR ATTENUATION LIMITED AREA	Medicaid Expansion
78815	PET IMAGING CT ATTENUATION SKULL BASE MID-THIGH	Medicaid Expansion
78816	PET IMAGING FOR CT ATTENUATION WHOLE BODY	Medicaid Expansion
78811	PET IMAGING LIMITED AREA CHEST HEAD/NECK	Commercial
78812	PET IMAGING SKULL BASE TO MID-THIGH	Commercial
78813	PET IMAGING WHOLE BODY	Commercial
78814	PET IMAGING CT FOR ATTENUATION LIMITED AREA	Commercial
78815	PET IMAGING CT ATTENUATION SKULL BASE MID-THIGH	Commercial
78816	PET IMAGING FOR CT ATTENUATION WHOLE BODY	Commercial

HCPCS:

G0235	Pet not otherwise specified	Medicaid Expansion
G0235	Pet not otherwise specified	Commercial

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ND Committee Review

Internal Medical Policy Committee 5-15-2019 *Effective July 01, 2019*

Internal Medical Policy Committee 5-19-2020 Annual Review *Effective July 06, 2020*

Internal Medical Policy Committee 5-20-2021 Annual Review Effective July 05, 2021

Internal Medical Policy Committee 5-24-2022 Revision Effective July 04, 2022

- Added Summary of Evidence
- Updated References

Internal Medical Policy Committee 5-23-2023 Annual Review - no change in criteria *Effective July 03, 2023*

Internal Medical Policy Committee 5-14-2024 Annual Review - no change in criteria Effective July 01, 2024

• Added Policy Application

Disclaimer

Current medical policy is to be used in determining a Member's contract benefits on the date that services are rendered. Contract language, including definitions and specific inclusions/exclusions, as well as state and federal law, must be considered in determining eligibility for coverage. Members must consult their applicable benefit plans or contact a Member Services representative for specific coverage information. Likewise, medical policy, which addresses the issue(s) in any specific case, should be considered before utilizing medical opinion in adjudication. Medical technology is constantly evolving, and the Company reserves the right to review and update medical policy periodically.