

**KMAP GENERAL BULLETIN 22322**

**UPDATED - Positron Emission Tomography (PET) Scan**

Effective with dates of service on and after January 1, 2023, Positron Emission Tomography (PET) scans, and the radiopharmaceuticals associated with the scans, will be covered for all Medicaid members for oncological indications. Radiopharmaceuticals associated with scans are considered content of service and may not be billed separately. Codes will be covered at 85% of the Medicare rate. Oncological indications are limited to diagnosing, staging, restaging, and monitoring.

**Below PET Scans are eligible for Medicaid Coverage in the following oncological conditions:**

| PET for Cancers/Tumor Type       | Diagnosing & Staging            | Restaging & Monitoring |
|----------------------------------|---------------------------------|------------------------|
| Brain                            | Cover                           | Cover                  |
| Breast (male and female)         | Cover                           | Cover                  |
| Cervix                           | Cover                           | Cover                  |
| Colorectal                       | Cover                           | Cover                  |
| Esophagus                        | Cover                           | Cover                  |
| Head and Neck (not thyroid, CNS) | Cover                           | Cover                  |
| Lymphoma                         | Cover                           | Cover                  |
| Melanoma                         | Cover                           | Cover                  |
| Myeloma                          | Cover                           | Cover                  |
| Non-Small Cell Lung              | Cover                           | Cover                  |
| Ovary                            | Cover                           | Cover                  |
| Pancreas                         | Cover                           | Cover                  |
| Prostate                         | <del>Non-Covered</del><br>Cover | Cover                  |
| Small Cell Lung                  | Cover                           | Cover                  |
| Soft Tissue Sarcoma              | Cover                           | Cover                  |
| Testes                           | Cover                           | Cover                  |
| Thyroid                          | Cover                           | Cover                  |
| All other cancers not listed     | Cover                           | Cover                  |
| All other solid tumors           | Cover                           | Cover                  |

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- 1-800-933-6593
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Monday - Friday

Gainwell Technologies is the fiscal agent for KMAP



## UPDATED - Positron Emission Tomography (PET) continued

The following radiopharmaceuticals codes are approved for use with PET for oncologic applications:

|       |       |       |       |
|-------|-------|-------|-------|
| A4641 | A9515 | A9552 | A9587 |
| A9588 | A9591 | A9592 | A9594 |
| A9595 |       |       |       |

PET Scan Codes are as follows:

|       |       |       |       |
|-------|-------|-------|-------|
| 78608 | 78811 | 78812 | 78813 |
| 78814 | 78815 | 78816 |       |

**Note:** The effective date of the policy is January 1, 2023. The implementation of State policy by the KanCare managed care organizations (MCOs) may vary from the date noted in the Kansas Medical Assistance Program (KMAP) bulletins. The **KanCare Open Claims Resolution Log** on the KMAP [Bulletins](#) page documents the MCO system status for policy implementation and any associated reprocessing completion dates once the policy is implemented.

For changes resulting from this provider bulletin, view the updated *Professional Fee-for-Service Provider Manual*, Section 8400, page 8.57.

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