

### Indications Table

Indications	Diagnosis	Staging	Restaging	Monitoring
Anus (154)	✓	✓	✓	✓
Bladder (188)	✓	✓	✓	✓
Bone/cartilage (170)	✓	✓	✓	✓
Brain, primary (191)	✓	✓	✓	✓
Breast, female (174)	NC	C1	C	C
Breast, male (175)	✓	✓	✓	✓
Cervix (180)	✓	C2	✓	✓
Colon (153) and Rectum (154)	C	C	C	✓
Connective/other soft tissue (171)	✓	✓	✓	✓
Esophagus (150)	C	C	C	✓
Eye (190)	✓	✓	✓	✓
Gallbladder & extrahepatic bile ducts (156)	✓	✓	✓	✓
Kaposi's sarcoma (176)	✓	✓	✓	✓
Kidney and other urinary tract (189)	✓	✓	✓	✓
Larynx (161)	C	C	C	✓
Leukemia (204-208)	✓	✓	✓	✓
Lip, Oral Cavity, and Pharynx (140-149)	C	C	C	✓
Liver and intrahepatic bile ducts (155)	✓	✓	✓	✓
Lung, non-small cell (162)	C	C	C	✓
Lung, small cell (162)	✓	✓	✓	✓
Lymphoma (200-202)	C	C	C	✓
Melanoma of skin (172)	C	C1	C	✓
Myeloma (203)	✓	✓	✓	✓
Nasal cavity, ear, and sinuses (160)	C	C	C	✓
Other or not listed	✓	✓	✓	✓
Ovary and uterine adnexa (183)	✓	✓	✓	✓
Pancreas (157)	✓	✓	✓	✓

Indications	Diagnosis	Staging	Restaging	Monitoring
Penis and other male genitalia (187)	✓	✓	✓	✓
Pleura (163)	✓	✓	✓	✓
Prostate (185)	✓	✓	✓	✓
Retroperitoneum and peritoneum (158)	✓	✓	✓	✓
Small Intestine (152)	✓	✓	✓	✓
Solitary Pulmonary Nodule	C	NA	NA	NA
Stomach (151)	✓	✓	✓	✓
Testis (186)	✓	✓	✓	✓
Thymus, heart, mediastinum (164)	✓	✓	✓	✓
Thyroid (193)	✓	✓	C <sup>3</sup>	✓
Uterus, body (182)	✓	✓	✓	✓
Uterus, unspecified (173)	✓	✓	✓	✓

## Indications

*Cancers and indications that are reimbursable by Medicare are NOT eligible for entry in the NOPR. Cancers and indications that are specifically excluded for Medicare reimbursement are also not eligible for entry in the NOPR.*

## CANCERS AND INDICATIONS ELIGIBLE FOR ENTRY IN THE NOPR

- ✓ = Eligible for Entry in NOPR
- C = Not Eligible for Entry in NOPR - nationally covered indication.
- NC = Not Eligible for Entry in NOPR - nationally non-covered indication.
- NA = Not Applicable
- 1 = Does not cover initial staging for axillary lymph nodes for breast cancer patients and regional lymph nodes for melanoma patients
- 2 = Patient must have prior CT or MRI negative for extrapelvic metastatic disease to qualify as a covered indication. Patients who do not qualify for covered indication (e.g., because CT or MRI not done or because either showed extrapelvic metastatic disease) can be entered on NOPR.
- 3 = To qualify as a covered indication thyroid cancer must be of follicular cell origin and been previously treated by thyroidectomy and radioiodine ablation and have a serum thyroglobulin > 10ng/ml and negative I-131 whole body scan. Patients who do not qualify for covered indication (e.g., because tumor of other than follicular cell origin or thyroglobulin not elevated) can be entered on NOPR.