



Subject: PET (Positron Emission Tomography) Scan*

Effective Date: February 27, 2001

Department(s): Utilization Management

Policy: PET scanning is reimbursable under Plans administered by QualCare, Inc. when utilized for the indications listed below.

Objective: To assure proper and consistent reimbursement for medically necessary applications of a specific imaging modality.

Procedure:

1. Oncologic Indications: PET scanning or PET-CT fusion imaging (CPT 78811 – 78816) using F-18 fluorodeoxyglucose(18-FDG- HCPCS-A9552) is reimbursable for the following neoplasms, for assistance in initial diagnosis, biopsy strategy, staging, treatment planning and restaging/treatment monitoring:

- Breast (other than initial diagnosis of primary lesion)
- Central Nervous System
- Cervix
- Colon and/or Rectum
- Esophagus
- Gallbladder
- Ewing's sarcoma
- Fallopian tube

- Gastric
- Gastrointestinal stromal tumors
- Head and Neck (e.g., throat, larynx, tongue)
- Kidney
- Lung
- Lymphoma
- Melanoma
- Merkel cell
- Myeloma and other plasma cell neoplasms
- Neuroendocrine (carcinoid) tumors
- Occult primary tumors
- Osteogenic sarcoma
- Ovary
- Pancreas
- Primary peritoneal cancer
- Pulmonary nodules, solitary
- Sarcomas of soft tissue
- Small bowel adenocarcinoma
- Testis
- Thyroid

NOTE: PET imaging using isotope/tracers other than 18F-FDG), including 18F-NaF (PET bone scan) 11C-Choline, 68Ga-DOTATATE, and Fluciclovine F-18, is considered experimental, investigational or unproven due to lack of published evidence of clinical utility.

2. Non-oncologic Indications: PET scanning is reimbursable for the following:

A. Myocardial metabolic imaging (**CPT 78459**):

- i. Assessment of myocardial viability when there is known left ventricular dysfunction and there is consideration for revascularization. To identify and monitor response to therapy for established or strongly suspected cardiac sarcoid.

B. Myocardial perfusion imaging (CPT 78491, 78492)

- i. Assessment of myocardial perfusion in patients with known or suspected coronary artery disease when SPECT imaging is inconclusive or in lieu of SPECT imaging for individuals with either a body mass index ≥ 35 mg/kg² or the individual has large breasts or implants. Routine use in post heart transplant assessment of transplant coronary artery disease.

C. Evaluation of refractory seizures and preoperative planning for surgical candidates with refractory seizures (CPT 78608, 78609)

D. Diagnosis and staging of Alzheimer's disease (CPT 78608, 78609)

3. Requests for any other application of PET scanning are subject to medical review to verify the existence of reliable, refereed literature supporting this application.

4. Screening PET scans (i.e., in asymptomatic patients) are NOT reimbursable under Plans administered by QualCare, Inc.

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*Consistent with Summary Plan Description (SPD). When there is discordance between this policy and the SPD, the provisions of the SPD prevail.