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) 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

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

- Assessment of myocardial viability (CPT 78459) when single photon emission tomography (SPECT) imaging is inconclusive
- Assessment of myocardial perfusion (CPT 78491, 78492) in patients with known or suspected coronary artery disease in lieu of SPECT imaging or when SPECT imaging is inconclusive
- Evaluation of refractory seizures (CPT 78608, 78609)
- 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.

References


Bar-Shalom R. Normal and Abnormal Patterns of 18F-Fluorodeoxyglucose PET/CT in Lymphoma. PET Clin 2006;1(3):231-242 (Jul)

Newberg AB, Alavi A. The role of PET scanning in the management of patients with central nervous system disorders. Radiol Clin of N Amer 2005;43:49-65 (Jan)


Drafted By/Date: MMacDonald, RN/02/16/01
Approved By/Date: QM Committee 02/27/01
Revised By/Date: B. Fisher, MD 10/24/05
Approved By/Date: QM Committee 12/12/05
Revised By/Date: B. Fisher, MD 04/30/08
Approved By/Date: QM Committee 05/27/08
Reviewed and Approved By/Date: QM Committee 10/28/08
Revised By/Date: B. Fisher, MD 06/26/10
Approved By/Date: QM Committee 07/27/10
Reviewed without revisions By/Date: MMcNeil, MD 07/03/12
Approved By/Date: QM Committee 07/24/12
Revised By/Date: MMcNeil, MD 11/18/15
Approved By/Date: QM Committee: 12/15/15

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