

HEALTH PLAN POLICY	
Policy Title: PET Scan With or Without CT Fusion	Policy Number: MUM37 Revision: B
Department: Medical Management	Sub-Department: Utilization Management
Applies to Product Lines: <input type="checkbox"/> Medicaid <input checked="" type="checkbox"/> USFHP <input type="checkbox"/> Children’s Health Insurance Plan <input checked="" type="checkbox"/> Commercial Insured <input checked="" type="checkbox"/> Health Insurance Exchange <input type="checkbox"/> Non Insured Business <input checked="" type="checkbox"/> Medicare	
Origination/Effective Date: 02/22/2018	
Reviewed Date(s):	Revision Date(s): 04/24/2019, 05/15/2020

SCOPE:

PET scanning assesses soft tissue structure and metabolic function. On occasion CT scanning is merged with PET scanning to assess hard structure (bone) as well for a more complete picture. PET scanning utilizes nuclear radiopharmaceutical agents as part of the study. Principal disease states assessed are oncologic, cardiac & a small number of miscellaneous conditions. Most neurologic conditions, with rare exception, are NOT candidates for PET scanning.

DEFINITIONS AND ACRONYMS:

- **Agency for Healthcare Research & Quality – Govt Dept of Health & Human Services (AHRQ)**
- **American College of Cardiology/American Heart Association (ACC/AHA)**
- **Axial – Skull, Rib Cage/Thorax & Vertebrae – Excludes Arms/Legs**
- **Computed Tomography (CT)**
- **Left Ventricular (LV)**
- **Magnetic Resonance Imaging (MRI)**
- **Positron Emission Tomography (PET)**
- **Single Photon Emission Computed Tomography (SPECT)**

POLICY:

- A. Medical necessity for ONCOLOGIC purposes:
1. Diagnostic staging for most primary malignancies (excluding prostate/breast) to understand the extent of disease to guide future therapy.
 2. Post therapeutic restaging to understand responses to therapy.
 3. Interim scanning for non Hodgkins Lymphomas.
 4. Surveillance scanning for Ewings Sarcoma only.
- B. Medical necessity for CARDIAC purposes:
1. Myocardial perfusion if SPECT testing or stress cardiac echocardiography is unavailable.
 2. Myocardial viability with severe LV dysfunction preliminary to transplantation.
 3. Sarcoidosis in MRI contraindicated situations.

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C. Medical Necessity for MISCELLANEOUS:

1. Neurosurgical interventions for temporal lobe epilepsy refractory to drug therapy.
2. Osteomyelitis of axial skeleton.

D. Not Medically Necessary for NEUROLOGIC purposes:

1. Dementias
2. Cerebrovascular Disease
3. Parkinsons
4. Autism Spectrum

E. Not Medically Necessary for MISCELLANEOUS Purposes:

1. Bony metastases from malignancies.
2. Surveillance scanning in asymptomatic patients without malignancies.

REFERENCES:

- Mosconi, et al – 2010 – PET Scanning in Dementias
- ACC/AHA – 2003 – PET Cardiac Guidelines
- AHRQ/University of Alberta – 2008 – PET Oncology Guidelines

RELATED DOCUMENTS:

None

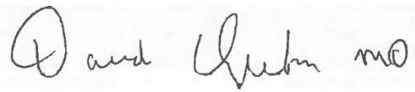
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REVISION HISTORY:

Revision	Date	Description of Change	Committee
New	02/22/2018	Initial release.	Executive Leadership
A	04/24/2019	Annual review. Removed Medicaid and CHIP from lines of business.	Executive Leadership
B	05/15/2020	Annual review. No change to policy content.	Executive Leadership