




Binder: OSF HealthPlans HCM Department
Policy
No./Title: HCM.CML.020 PET (Positron Emission Tomography) Scan
Author: Edward A. Hirsch, M.D. **Original**
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Approval:  **Title:** Vice President and Chief Medical Officer

PURPOSE: To Promote consistency in defining indications for PET scan usage.

POLICY: PET Scans are a provisionally covered benefit of OSF Health Plans according to current Medicare Guidelines. PET scans are being used to assist in diagnosis and management of specific types of cancers, neurological, and cardiovascular conditions. Documentation in the medical records is essential for coverage.

PROCEDURE:

PET Scan Candidate. OSF Health Plans will provide coverage for PET scan testing for the following conditions:

1. **Cardiac**
 - A. **Coronary Artery Disease**
For the evaluation in determining the presence and severity of coronary artery disease and evaluating disease progression. PET would be used in place of angiography. PET Scan is provisionally covered in the event the patient cannot tolerate an angiography.
 - B. **Myocardial Viability**
For determining myocardial viability in a candidate for revascularization with an ejection fraction of less than 30%, following an inconclusive SPECT.
2. **Neurological**
 - A. **Seizures**
Pre-surgical evaluation of refractory seizures prior to epilepsy surgery.
 - B. **Dementia and neurodegenerative diseases refer to Medicare Guidelines for specific criteria.**
3. **Oncology**
 - A. **Brain Tumors**
For detection and grading of primary tumors of the brain in adults, when the results of the PET Scan are used to avoid biopsy -- Radiation Necrosis vs brain tumor recurrence.
 - B. **Breast Cancer**
S/P mastectomy patients with C/O chest wall pain
Staging/re-staging of local regional recurrence or distant metastases
Evaluation of response to treatment, performed during course of treatment when a change in therapy is anticipated

- C. Cervical Cancer
Useful in staging and recurrence
- D. Colon Cancer
For detection and localization of recurrent colorectal cancer with rising CEA.
For staging and re-staging of colorectal cancers diagnosis
- E. Endometrial Cancer
Requires a second opinion from a GYN oncologist prior to approval
- F. Esophageal Cancer
For the staging and re-staging of esophageal cancer diagnosis
- G. Head and Neck Cancers (excluding central nervous system and thyroid cancers)
For the diagnosis staging and re-staging of head and neck cancers
- H. Lymphoma -- Hodgkin's and Non-Hodgkin's
Diagnosis staging, re-staging and characterization of both Hodgkin's and non-Hodgkin's lymphoma in place of a gallium scan or lymphangiogram.
- I. Melanoma
Melanoma recurrence prior to surgery in place of gallium studies for staging of the disease.
Diagnosis, staging, re-staging. Non covered for evaluating regional nodes
- J. Pancreatic Cancer
For diagnosing primary pancreatic adenocarcinoma in patients with signs and symptoms suggestive of pancreatic cancer in whom findings of CT, US, MRI and/or ERCP are negative, nondiagnostic, or equivocal.
- K. Pulmonary Nodules
Evaluation of solitary pulmonary nodules Initial staging of lung cancer (non-small cell)
- L. Non-small Cell Lung Cancer
Diagnosis, staging and re-staging of non-small cell lung cancer not otherwise determinable by conventional means.
- M. Thyroid Cancer
Re-staging of recurrent or residual cancers previously treated by thyroidectomy or radiation

RESTRICTIONS and EXCLUSIONS

1. PET Scans will be covered only at PET imaging centers that have met FDA approval standards.
2. Cardiac perfusion evaluations using Rubidium 82 is not covered for routine screening of asymptomatic patients, regardless of the number of risk factors.
3. Exclusions considered investigational by the Technology Assessment Committee

Bladder Cancer

Not appropriate for primary diagnosis, staging or re-staging

Breast Cancer

Detecting Primary Breast cancer; differentiating benign and malignant lesions; detecting estrogen receptor status; determination of aggressiveness of tumor behavior and candidacy for systemic therapy in patients with unresectable or diffuse breast cancer;

Ovarian Cancer

Differentiating benign and malignant lesions and identifying recurrence.

Pancreatic Cancer

Detection of insulinomas; for staging and re-staging to detect metastases or recurrence; for monitoring response to chemotherapy and/or radiotherapy; localizing pancreatic neuroendocrine tumors.

Pituitary, sellar, parasellar tumors

Inadequate data

Prostate Cancer

Detecting and grading tumors; disease staging; and detecting recurrent disease.

Renal

Not appropriate for primary diagnosis, staging or re-staging

Covered Indication for PET Scans and Limitations/Requirements for Usage

(For all uses of PET relating to malignancies, the following conditions apply):

- A. Diagnosis: PET is covered only in clinical situations in which: (1) the PET results may assist in avoiding an invasive diagnostic procedure, or in which (2) the PET results may assist in determining the optimal anatomical location to perform an invasive diagnostic procedure. In general, for most solid tumors, a tissue diagnosis is made prior to the performance of PET scanning. PET scans following a tissue diagnosis are generally performed for staging rather than diagnosis.

PET is not covered as a screening test (i.e., testing patients without specific signs and symptoms of disease).

- B. Staging: PET is covered for staging in clinical situations in which: (1)(a) the stage of the cancer remains in doubt after completion of a standard diagnostic workup, including conventional imaging (computed tomography (CT), magnetic resonance imaging (MRI), or ultrasound), or (1)(b) it could potentially replace one or more conventional imaging studies when it is expected that conventional study information is insufficient for the clinical management of the patient, and (2) clinical management of the patient would differ depending on the stage of the cancer identified.
- C. Restaging: PET is covered for restaging: (1) after completion of treatment for the purpose of detecting residual disease, (2) for detecting suspected recurrence or metastasis, (3) to determine the extent of a known recurrence, or (4) if it could potentially replace one or more conventional imaging studies when it is expected that conventional study information is insufficient for the clinical management of the patient. Restaging applies to testing after a course of treatment is completed and is covered subject to the conditions above.
- D. Monitoring: This refers to use of PET to monitor tumor response to treatment during the planned course of therapy (i.e., when a change in therapy is anticipated).

- 4. All requests for repeat PET scans for monitoring or re-staging in conjunction with a clinical trial will not be covered.

REFERENCE:

[Http://www.wpsmedicare.com/part b/policy/rad027.pdf](http://www.wpsmedicare.com/part%20b/policy/rad027.pdf)



PET Scan

Please call the HCM Department (800) 284-2273 or the Rockford Region (800) 287-0321, Ext. 140 if you have any questions regarding this form.

Date:		Patient Name:	
DOB:			
ID No.:		Doctor:	

Person Completing Report:		Contact Phone No.:	
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Documentation must be present in the member's medical record. Please check yes or no if you are using PET scans for the following reasons:

- 1. To determine the presence and severity of coronary artery disease and evaluating disease progression. yes no
- 2. To determine myocardial viability in a candidate for revascularization with an ejection fraction of less than 30%. yes no
- 3. For evaluating the focus of uncontrolled seizures prior to epilepsy surgery. yes no
- 4. Evaluation of solitary pulmonary nodules, not otherwise determinable as benign or malignant by chest x-ray or CT scan. yes no
- 5. For the staging of non-small cell lung cancer not otherwise determinable by conventional means. yes no
- 6. For detection and localization of recurrent colorectal cancer with rising CEA. yes no
- 7. For the staging and characterization of both Hodgkins and non-Hodgkins lymphoma in place of a gallium scan or lymphangiogram. yes no
- 8. Melanoma recurrence in place of gallium studies or staging purposes. yes no
- 9. For detection and grading of primary tumors of the brain in adults, when the results of the PET scan are used to avoid biopsy. yes no
- 10. For detection of primary tumors if the results of PET scan are used to avoid biopsy. yes no
- 11. For S/P mastectomy patients with C/O chest wall pain. yes no

Other reasons (please specify):

Date of Patient's last PET scan: _____

Completion of this form does not assure payment of requested services. OSF HealthPlans HealthCare Management Department will contact your office after receipt of this form. Please fax form to (309)677-8288 or to the Rockford Region (815) 877-4122.