

Positron Emission Tomography (PET)MPM 16.1

Disclaimer

Refer to the member's specific benefit plan and *Schedule of Benefits* to determine coverage. This may not be a benefit on all plans or the plan may have broader or more limited benefits than those listed in these criteria.

Description

Positron Emission Tomography (PET) is a noninvasive diagnostic imaging procedure that quantifies biochemical processes in living tissue. Using radioactive tracers, basic metabolic and blood flow measurements are made, allowing evaluations of normal and abnormal function. The physiologic measurements provide unique information to aid clinicians in the diagnosis of disease and therapeutic monitoring.

PET/CT fusion is considered medically necessary for any oncology indication that meets the criteria for PET scan. PET/CT fusion is not covered for neurologic or cardiac indications, as PET scan without CT is adequate to evaluate the brain and heart.⁶

Coverage Determination**Prior Authorization is required.**

Presbyterian Insurance Company, Inc. and Presbyterian Health Plan utilize the National Imaging Associates (NIA) Medical Specialty Solutions (MSS) In addition, for ASO plans that do not participate, use MCG (formerly Milliman) Criteria #. A-0096, A-0097, A-0098. Due to contractual restrictions providers may not access the MCG website but may obtain a copy of the criteria from the Prior Authorization staff. NIA criteria may be accessed at <http://www.radmd.com/> under Online Tools and Clinical Guidelines.

All plans except ASOs that do not participate in NIA: Logon to Pres Online to submit a request, click on : <https://ds.phs.org/preslogin/index.jsp>

ASO plans (nonparticipating): Logon to Pres Online to submit a request, click on *Pres Online Providers*: <https://ds.phs.org/preslogin/index.jsp>

Exclusions

- PET scan is not covered as a screening test.
- NaF-18 PET imaging to identify symptomatic or strongly suspected bone metastasis of cancer is not a covered benefit.

Approval Signatures:**Clinical Quality Committee:** Thomas Rothfeld MD**Medical Director:** Norman White MD**Date:**

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01-23-08: Transitioned to Medical Policy

06-24-09: Annual Review and Revision

06-23-10: Annual Review and Revision

08-24-11: Annual Review and Revision

08-22-12: Annual Review and Revision

01-29-14: Presbyterian Policy Retired

01-29-14: Presbyterian now uses MCG Criteria A-0096, A-0097, A-0098

03-25-15: Annual Review

05-25-16: Annual Review. Accessed MCG A-0096, A-0097, A-0098. Last update 1/28/16. No change.

07-26-17: Annual Review. Accessed MCG A-0096, A-0097, A-0098. Last updated 2/2/17. No changes. References to Health Help removed and NIA added.

This Medical Policy is intended to represent clinical guidelines describing medical appropriateness and is developed to assist Presbyterian Health Plan and Presbyterian Insurance Company, Inc. (Presbyterian) Health Services staff and Presbyterian medical directors in determination of coverage. This Medical Policy is not a treatment guide and should not be used as such.

For those instances where a member does not meet the criteria described in these guidelines, additional information supporting medical necessity is welcome and may be utilized by the medical director in reviewing the case. Please note that all Presbyterian Medical Policies are available on the Internet at:

<http://www.phs.org/phs/healthplans/providers/healthservices/Medical/index.htm>