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Positron Emission Tomography (PET)

POLICY NUMBER UM IMG_1319	SUBJECT Positron Emission Tomography (PET)		DEPT/PROGRAM UM Dept	PAGE 1 OF 14
DATES COMMITTEE REVIEWED 07/26/17, 09/12/17, 02/02/18, 06/06/18, 09/12/18, 04/10/19, 03/11/20, 03/10/21, 04/13/22, 03/08/23, 03/13/24	APPROVAL DATE March 13, 2024	EFFECTIVE DATE March 29, 2024	COMMITTEE APPROVAL DATES 07/26/17, 09/12/17, 02/02/18, 06/06/18, 09/12/18, 04/10/19, 03/11/20, 03/10/21, 04/13/22, 03/08/23, 03/13/24	
PRIMARY BUSINESS OWNER: UM		COMMITTEE/BOARD APPROVAL Utilization Management Committee		
NCQA STANDARDS UM 2		ADDITIONAL AREAS OF IMPACT		
CMS REQUIREMENTS	STATE/FEDERAL REQUIREMENTS		APPLICABLE LINES OF BUSINESS Commercial, Exchange, Medicaid	

I. PURPOSE

The purpose of this policy is to provide general information applicable to the review and appropriateness of Fludeoxyglucose (FDG) Positron Emission Tomography (PET/CT) diagnostic imaging services. Although a service, supply or procedure may be medically necessary, it may be subject to limitations and/or exclusions under a member's benefit plan. If a service, supply, or procedure is not covered and the member proceeds to obtain the service, supply or procedure, the member may be responsible for the cost. Decisions regarding diagnostic imaging are the responsibility of the physician. This policy is not intended to direct the course of clinical care a physician provides to a member, and it does not replace a physician's independent professional clinical judgment or duty to exercise special knowledge and skill in the treatment of members. NCH is not responsible for, does not provide, and does not hold itself out as a provider of medical care. The physician remains responsible for the quality and type of health care services provided to a member.

II. BACKGROUND

Positron Emission Tomography (PET/CT or PET/CT scan) is a specialized radiological imaging procedure used to examine various body tissues to identify certain conditions and to follow the progress of the treatment of certain conditions. Typically, the PET/CT scan is utilized by Oncologist, Neurologist and Cardiologist. By identifying body changes at the cellular level, PET/CT may detect the early onset of disease before it is evident on other imaging tests.

Positron Emission Tomography (PET/CT) and combined PET/CT/computed tomography (CT) are increasingly used for oncologic imaging. Fluorodeoxyglucose (FDG) PET/CT demonstrates abnormal metabolic features associated with malignancy that often precede morphologic findings demonstrated with anatomic imaging. Combined PET/CT/CT systems are increasingly available and currently account for almost all of the new whole-body PET/CT installations. In these systems, the CT and PET/CT images are fused and provide combined anatomic and physiologic imaging. Typically, the CT portion is used to provide attenuation correction as well as anatomic correlation for the PET/CT imaging component. This modality allows more precise anatomic localization of PET/CT

abnormalities and in general has been shown to improve diagnostic accuracy compared with FDG PET/CT alone.

III. DEFINITIONS

Positron Emission Tomography (PET/CT or PET/CT scan) is a nuclear medicine procedure, a small amount of a radioactive substance, called a radionuclide (radiopharmaceutical or radiotracer) is used to perform the procedure. PET/CT studies evaluate the metabolism of a particular organ or tissue, so that information about the physiology (functionality) and anatomy (structure) of the organ or tissue is evaluated, as well as its biochemical properties. PET/CT may detect biochemical changes in an organ or tissue that can identify the onset of a disease process before anatomical changes related to the disease can be seen with other imaging processes, such as computed tomography (CT scan) or magnetic resonance imaging (MRI). Further, PET/CT can be used in conjunction with other diagnostic tests such as computed tomography (CAT scan) to provide more definitive information about malignant (cancerous) tumors and other lesions.

Positron Emission Tomography may be referred to as PET/CT throughout the Policy document.

IV. POLICY

Medicare – for Medicare and Medicare Advantage enrollees, the coverage policies of CMS (Centers for Medicare and Medicaid Services) take precedence over Company's guidelines. NCD 220.6 Positron Emission Tomography (PET/CT scan) per attachment A outlines NCD coverage of PET/CT for Medicare enrollees.

For Medicaid, Commercial and Exchange enrollees: PET/CT Scan coverage is considered medically necessary as outlined below. When there is a contraindication to receiving contrast (such as contrast allergy or GFR < 30), PET is considered medically necessary.

A. Breast Cancer

1. Positron Emission Tomography (PET/CT scan) is considered medically necessary in individuals for initial staging of breast cancer:
   a. Stage III or Stage IV disease AND inconclusive conventional imaging (CT scans; bone scan) has been provided
   b. Stage IIA, IIB, or III disease AND neo-adjuvant therapy is planned AND inconclusive conventional imaging (CT scans; bone scan) has been provided.
2. Stage IA, IB, IIA, IIB disease AND no neo-adjuvant therapy is planned AND signs/symptoms of more advanced disease i.e. elevated liver functions tests, bone pain or other AND the inconclusive conventional imaging (CT scans; bone scan) has been provided
3. Positron Emission Tomography (PET/CT or PET/CT scan) is considered medically necessary in individuals for restaging/response of breast cancer when inconclusive imaging has been provided
4. Positron Emission Tomography (PET/CT scan) is NOT considered medically necessary in surveillance of breast cancer.

B. Colorectal Cancer

1. Positron Emission Tomography (PET/CT scan) is considered medically necessary in individuals for initial staging colon cancer:

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a. When the cancer is biopsy proven and the individual has inconclusive conventional imaging (CT scans; bone scan) OR potentially surgically curable metastatic disease OR when considered for image-guided liver directed therapies

2. Positron Emission Tomography (PET/CT scan) is considered medically necessary in individuals for restaging/response colon cancer:
   a. Inconclusive conventional imaging (CT scans; bone scan including rising CEA with negative CT scans) OR potentially surgically curable metastatic disease OR when considered for image-guided liver directed therapies
3. Positron Emission Tomography (PET/CT scan) is NOT considered medically necessary in surveillance of colon cancer.

C. Esophageal Cancer and Gastroesophageal Junction Cancer

1. Positron Emission Tomography (PET/CT scan) is considered medically necessary in individuals for initial staging of esophageal and gastroesophageal junction cancer for either:
   a. Radiation planning for preoperative or definitive treatment OR
   b. CT/MRI/Bone scan are either negative or inconclusive for metastatic disease.
2. Positron Emission Tomography (PET/CT scan) is considered medically necessary in individuals for restaging/treatment response esophageal and gastroesophageal junction cancer:
   a. Post preoperative or definitive chemoradiation AND
   b. Stage I, II, III AND
   c. ≥ 5-8 weeks after completion of preoperative therapy OR
   d. Inconclusive Imaging

D. Gastric Cancer

1. Positron Emission Tomography (PET/CT scan) is considered medically necessary in individuals for initial staging of gastric cancer:
   a. Stage IB or higher AND
   b. Standard imaging does not clearly demonstrate metastatic disease AND
   c. Candidate for curative surgery OR
   d. Radiation planning
2. Positron Emission Tomography (PET/CT scan) is considered medically necessary in individuals for restaging/treatment response of gastric cancer:
   a. To determine resectability of residual disease following completion of primary (neoadjuvant) treatment AND
   b. Conventional imaging (CT, MRI and/or bone scan) is inconclusive.
3. Positron Emission Tomography (PET/CT scan) is considered medically necessary in individuals for suspected recurrence of gastric cancer:
   a. Stage IB or higher AND
   b. Standard imaging does not clearly demonstrate metastatic disease AND
   c. Candidate for curative surgery

E. Gynecological: Ovarian Cancer/Fallopian Tube Cancer/Primary Peritoneal Cancer

1. Positron Emission Tomography (PET/CT scan) is considered medically necessary in initial staging and restaging of ovarian cancer/fallopian tube cancer/primary peritoneal cancer when indeterminate conventional imaging has been provided and results will alter management.

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F. Head and Neck Cancer

1. Positron Emission Tomography (PET/CT scan) is considered medically necessary in individuals for initial staging head and neck cancer*(Can be approved in conjunction with CT Scan or MRI of the primary site)*
2. Positron Emission Tomography (PET/CT scan) is considered medically necessary in individuals for restaging/treatment response head and neck cancer (post-radiation interval ≥ 12 weeks post completion of radiation therapy)

G. Hodgkin's Lymphoma

1. Positron Emission Tomography (PET/CT scan) is considered medically necessary in individuals for initial staging Hodgkin's lymphoma:
   a. Classic Hodgkin Lymphoma (Age ≥ 18 years) OR Nodular Lymphocyte-Predominant Hodgkin Lymphoma (Age ≥ 18 years)

   Initial staging and restaging PET scans can ONLY be approved in conjunction with CT Scans
2. Positron Emission Tomography (PET/CT scan) is considered medically necessary in individuals for restaging Hodgkin's Lymphoma:
   a. Classic Hodgkin Lymphoma (Age ≥ 18 years) OR Nodular Lymphocyte-Predominant Hodgkin Lymphoma (Age ≥ 18 years) AND
   b. Positive re-biopsy

   Initial staging and restaging PET scans can ONLY be approved in conjunction with CT Scans (i.e. PET/CT)
3. Positron Emission Tomography (PET/CT scan) is considered medically necessary in individuals for treatment response Hodgkin's Lymphoma:
   a. Classic Hodgkin's Lymphoma (Age ≥ 18 years) OR Nodular Lymphocyte-Predominant Hodgkin Lymphoma (Age ≥ 18 years) AND
   b. Post primary treatment OR post second-line systemic therapy AND
   c. Completion of treatment ≥ 8 weeks
4. Positron Emission Tomography (PET/CT scan) is considered medically necessary for evaluation of recurrence

H. Non-Hodgkin's Lymphoma

1. Positron Emission Tomography (PET/CT scan) is considered medically necessary in individuals for initial staging or completion of therapy in Non-Hodgkin's Lymphoma:
   a. Diffuse Large Cell, Mantle Cell, Burkitt's, Cutaneous\T-Cell, Grade III Follicular

   Large Cell Aggressive Lymphomas: Diffuse Large Cell, Mantle Cell, Burkitt's, Cutaneous \ T-Cell, Grade III Follicular for initial and completion of therapy can ONLY be approved in conjunction with CT Scan (i.e. PET/CT).
2. Positron Emission Tomography (PET/CT scan) is considered medically necessary in individuals for restaging/treatment response Non-Hodgkin's Lymphoma:
   a. Diffuse Large Cell, Mantle Cell, Burkitt's, Cutaneous/T-Cell, Grade III Follicular AND
   b. Have completed two cycles of therapy since last imaging OR
   c. Follicular Grade I, II, Marginal Zone, MALT AND
   d. Concern for histologic transformation

I. Lung Screening

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1. Positron Emission Tomography (PET/CT or PET/CT scan) is considered medically necessary in individuals for low dose lung cancer screening follow-up:
    a. Solitary solid nodule or partially solid nodule AND
    b. Nodule size is 0.8 cm/8 mm or greater OR if partially solid, the solid component is 6 mm or greater.

J. Non-Small Cell Lung Cancer

1. Positron Emission Tomography (PET/CT scan) is considered medically necessary in individuals for initial staging non-small cell lung cancer (NSCLC).
2. Positron Emission Tomography (PET/CT or PET/CT scan) is considered medically necessary in individuals for restaging/response non-small cell lung cancer (NSCLC) when prior inconclusive imaging has been provided.
3. Positron Emission Tomography (PET/CT scan) is considered medically necessary in individuals for suspected recurrence non-small cell lung cancer (NSCLC).
4. Positron Emission Tomography (PET/CT scan) is NOT considered medically necessary in surveillance of non-small cell lung cancer (NSCLC).

K. Small Cell Lung Cancer

1. Positron Emission Tomography (PET/CT scan) is considered medically necessary in individuals for initial staging small cell lung cancer (SCLC):
    a. When needed to clarify extent of disease
    b. Can be performed with Brain MRI (or Brain CT if a contraindication to MRI is provided).
2. Positron Emission Tomography (PET/CT scan) is NOT considered medically necessary when the stage of disease is clear.
3. PET/CT scan can be considered for restaging when inconclusive imaging is provided and clarification of that finding will change treatment plan.

L. Pancreatic Cancer

1. Positron Emission Tomography (PET/CT scan) is considered medically necessary in individuals for initial staging pancreatic cancer:
    a. Radiation planning for preoperative/definitive treatment in patients without distant metastasis OR
    b. When ALL of the following are true:
        i. Dedicated, high-quality imaging of the pancreas has been performed AND
        ii. Extra-pancreatic disease has not been clearly identified AND
        iii. ANY of the following high-risk features are present:
            - Cancer antigen 19-9 level greater than 100 U/ml; Primary tumor greater than 2 cm in size
            - Enlarged regional nodes; Tumor is considered borderline resectable.
2. Positron Emission Tomography (PET/CT scan) is considered medically necessary in individuals for restaging/treatment response pancreatic cancer:
    a. Detect recurrent/progressive disease when standard imaging is equivocal or nondiagnostic for metastatic disease.

M. Prostate Cancer

1. Initial Staging:

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a. Positron Emission Tomography (PET/CT scan) using a PSMA isotope is considered medically necessary for initial staging of non-metastatic very high risk, high risk and unfavorable intermediate risk prostate cancer. PSMA PET is NOT medically necessary in individuals for initial staging of favorable intermediate risk, low risk, and very low risk prostate cancer.

2. Restaging:

   a. Positron Emission Tomography (PET/CT scan) using a PSMA tracer is considered medically necessary for known metastatic disease with progression on treatment and either: Rising PSA (on two consecutive levels) OR disease progression on imaging (i.e. bone scan or CT/MRI).

   b. Positron Emission Tomography (PET/CT scan) using a PSMA tracer is considered medically necessary for PSA persistence after radical prostatectomy OR for rising PSA after either radical prostatectomy or radiation treatment (rising on two or more levels).

   c. PSMA is the preferred tracer; other tracers will be evaluated on a case-by-case basis at the clinical reviewer level. Ask the clinician to specify the isotope for CR to review. Such as: F-18 sodium fluoride, C-11 choline, F-18 fluciclovine, FDG, Ga-68 PSMA-11, or F-18 piflufolastat PSMA

N. Renal Cell Cancer

1. Positron Emission Tomography (PET/CT scan) is not-considered medically necessary in individuals for initial staging renal cell cancer:

   a. Requests for PET/CT scan in renal cell cancer will be evaluated on a case-by-case basis at the clinical reviewer level.

O. All other cancers not listed above

1. Requests for PET/CT scan in all other cancers not listed above will be evaluated on a case-by-case basis at the clinical reviewer level.

V. PROCEDURE

A. The following documentation is necessary for reviewing a PET/CT Request:

   1. Physician history and physical including prior radiographic reports IE: MRI, CT and prior PET/CT scan if applicable.
   2. Attending Physician's consult or progress note
   3. Pathology and pertinent lab values

VI. CODING

BILLING/CODING INFORMATION: The following codes may be used to describe PET/CT

A. CPT Code: 78815- FDG-PET/CT skull to mid-thigh 78816- FDG-PET/CT whole body

VII. APPROVAL AUTHORITY

A. Review – Utilization Management Department

B. Final Approval – Utilization Management Committee

VIII. ATTACHMENTS

A. Attachment A: NCD 220.6.17

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IX. REFERENCES

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Attachment A: NCD 220.6.17

Tracking Information

Publication Number	Manual Section Number	Manual Section Title
100-3	220.6.17	Positron Emission Tomography (FDG) for Oncologic Conditions
Version Number	**Effective Date of this Version**	**Implementation Date**
4	6/11/2013	3/7/2014

Description Information

Benefit Category
Diagnostic Tests (other)

Please Note: This may not be an exhaustive list of all applicable Medicare benefit categories for this item or service.

Item/Service Description

A. General

FDG (2-[F18] fluoro-2-deoxy-D-glucose) Positron Emission Tomography (PET) is a minimally- invasive diagnostic imaging procedure used to evaluate glucose metabolism in normal tissue as well as in diseased tissues in conditions such as cancer, ischemic heart disease, and some neurologic disorders. FDG is an injected radionuclide (or radiopharmaceutical) that emits sub-atomic particles, known as positrons, as it decays. FDG PET uses a positron camera (tomograph) to measure the decay of FDG. The rate of FDG decay provides biochemical information on glucose metabolism in the tissue being studied. As malignancies can cause abnormalities of metabolism and blood flow, FDG PET evaluation may indicate the probable presence or absence of a malignancy based upon observed differences in biologic activity compared to adjacent tissues.

The Centers for Medicare and Medicaid Services (CMS) was asked by the National Oncologic PET Registry (NOPR) to reconsider section 220.6 of the National Coverage Determinations (NCD) Manual to end the prospective data collection requirements under Coverage with Evidence Development (CED) across all oncologic indications of FDG PET imaging. The CMS received public input indicating that the current coverage framework of prospective data collection under CED be ended for all oncologic uses of FDG PET imaging.

1. **Framework**

   Effective for claims with dates of service on and after June 11, 2013, CMS is adopting a coverage framework that ends the prospective data collection requirements by NOPR under CED for all oncologic uses of FDG PET imaging. CMS is making this change for all NCDs that address coverage of FDG PET for oncologic uses addressed in this decision. This decision does not change coverage for any use of PET imaging using radiopharmaceuticals NaF-18 (fluorine-18 labeled sodium fluoride), ammonia N-13, or rubidium-82 (Rb-82).

2. **Initial Anti-Tumor Treatment Strategy**

   CMS continues to believe that the evidence is adequate to determine that the results of FDG PET imaging are useful in determining the appropriate initial anti-tumor treatment strategy for beneficiaries with suspected cancer and improve health outcomes and thus are reasonable and necessary under §1862(a)(1)(A) of the Social Security Act (the Act).

   Therefore, CMS continues to nationally cover one FDG PET study for beneficiaries who have cancers that are biopsy proven or strongly suspected based on other diagnostic testing when the beneficiary's treating physician determines that the FDG PET study is needed to determine the location and/or extent of the tumor for the following therapeutic purposes related to the initial anti-tumor treatment strategy:

   - To determine whether or not the beneficiary is an appropriate candidate for an invasive diagnostic or therapeutic procedure; or

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- To determine the optimal anatomic location for an invasive procedure; or
- To determine the anatomic extent of tumor when the recommended anti-tumor treatment reasonably depends on the extent of the tumor.

See the table at the end of this section for a synopsis of all nationally covered and non-covered oncologic uses of FDG PET imaging.

Indications and Limitations of Coverage

B.1. Initial Anti-Tumor Treatment Strategy Nationally Covered Indications

a. CMS continues to nationally cover FDG PET imaging for the initial anti-tumor treatment strategy for male and female breast cancer only when used in staging distant metastasis.
b. CMS continues to nationally cover FDG PET to determine initial anti-tumor treatment strategy for melanoma other than for the evaluation of regional lymph nodes.
c. CMS continues to nationally cover FDG PET imaging for the detection of pre-treatment metastasis (i.e., staging) in newly diagnosed cervical cancers following conventional imaging.

C.1. Initial Anti-Tumor Treatment Strategy Nationally Non-Covered Indications

a. CMS continues to nationally non-cover initial anti-tumor treatment strategy in Medicare beneficiaries who have adenocarcinoma of the prostate.
b. CMS continues to nationally non-cover FDG PET imaging for diagnosis of breast cancer and initial staging of axillary nodes.
c. CMS continues to nationally non-cover FDG PET imaging for initial anti-tumor treatment strategy for the evaluation of regional lymph nodes in melanoma.
d. CMS continues to nationally non-cover FDG PET imaging for the diagnosis of cervical cancer related to initial anti-tumor treatment strategy.

3. Synopsis of Coverage of FDG PET for Oncologic Conditions

B.2. Subsequent Anti-Tumor Treatment Strategy Nationally Covered Indications

Three FDG PET scans are nationally covered when used to guide subsequent management of anti-tumor treatment strategy after completion of initial anti-cancer therapy. Coverage of more than three FDG PET scans to guide subsequent management of anti-tumor treatment strategy after completion of initial anti-cancer therapy shall be determined by the local Medicare Administrative Contractors.

4. Synopsis of Coverage of FDG PET for Oncologic Conditions

Effective for claims with dates of service on and after June 11, 2013, the chart below summarizes national FDG PET coverage for oncologic conditions:

FDG PET for Cancers Tumor Type	Initial Treatment Strategy (formerly "diagnosis" & "staging"	Subsequent Treatment Strategy (formerly "restaging" & "monitoring response to treatment"
Colorectal	Cover	Cover
Esophagus	Cover	Cover
Head and Neck (not thyroid, CNS)	Cover	Cover
Lymphoma	Cover	Cover
Non-small cell lung	Cover	Cover
Ovary	Cover	Cover
Brain	Cover	Cover
Cervix	Cover with exceptions *	Cover
Small cell lung	Cover	Cover

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Soft tissue sarcoma	Cover	Cover
Pancreas	Cover	Cover
Testes	Cover	Cover
Prostate	**Non-cover**	Cover
Thyroid	Cover	Cover
Breast (male and female)	Cover with exceptions *	Cover
Melanoma	Cover with exceptions *	Cover
All other solid tumors	Cover	Cover
Myeloma	Cover	Cover
All other cancers not listed	Cover	Cover

*Cervix: Nationally non-covered for the initial diagnosis of cervical cancer related to initial anti-tumor treatment strategy. All other indications for initial anti-tumor treatment strategy for cervical cancer are nationally covered.

*Breast: Nationally non-covered for initial diagnosis and/or staging of axillary lymph nodes. Nationally covered for initial staging of metastatic disease. All other indications for initial anti-tumor treatment strategy for breast cancer are nationally covered.

*Melanoma: Nationally non-covered for initial staging of regional lymph nodes. All other indications for initial anti- tumor treatment strategy for melanoma are nationally covered.

D. Other

N/A

Claims Processing Instructions

- **TN 2873 (Medicare Claims Processing)**
- **TN 3911 (Medicare Claims Processing)**

Back to Top

Transmittal Information

Transmittal Number	Coverage Transmittal Link
168	https://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/Downloads/R168NCD.pdf

Revision History

05/2014 - Transmittal 166, dated April 18, 2014, is being rescinded and replaced by Transmittal 168, dated May 28, 2014 to make a technical correction to delete information in the Pub. 100-03 NCD manual that should not have been included. All other information remains the same. (TN 168) (CR 8739)

04/2014 - Fluorodeoxyglucose (FDG) Positron Emission Tomography (PET) for Solid Tumors (This CR rescinds and fully replaces CR8468/TR2873 dated February 6, 2014) (TN 166) (CR 8739)

02/2014 - The purpose of this Change Request (CR) is effective for claims with dates of service on and after June 11, 2013, CMS shall cover three FDG PET scans when used to guide subsequent management of anti-tumor treatment strategy after completion of initial anti-cancer therapy for the same cancer diagnosis. Coverage of any additional FDG PET scans (that is, beyond three) used to guide subsequent management of anti-tumor treatment strategy after completion of initial anti-cancer therapy for the same diagnosis will be determined by the local Medicare Administrative Contractors. Effective date 06/11/2013 Implementation date 03/07/2014 (TN 162) (CR 8468)

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09/2010 - On August 4, 2010, CMS issued a final decision that determined the current absolute restriction of one PET scan for therapeutic purposes associated with the initial treatment strategy for suspected solid tumors and myeloma is not supported by available evidence. CMS will amend 220.6.17 of the National Coverage Determinations (NCD) Manual to remove the restriction of only one FDG PET scan to determine the location and/or extent of the tumor for therapeutic purposes related to initial treatment strategy and allow local Medicare contractors discretion to cover (or not cover) within their jurisdictions any additional FDG PET scans for therapeutic purposes related to initial treatment strategy. Effective date 08/04/2010 Implementation date 10/25/2010 (TN 124) (CR 7148)

12/2009 - Effective for claims with dates of service on and after November 10, 2009, CMS will end the coverage with evidence development requirements for FDG PET for cervical cancer and will cover only one FDG PET for cervical cancer for staging in beneficiaries with biopsy-proven tumors when the treating physician determines that the study is needed to determine the location and/or extent of the tumor for specific therapeutic purposes related to initial treatment strategy.

10/2009 - This change request rescinds and replaces Transmittal 106, dated September 18, 2009. The effective date has been changed to April 3, 2009 and the implementation date has been changed to October 30, 2009. Business Requirements (BR) 6632.6.1 and 6632.6.2 have been revised to clarify that they are subsets of BR 6632.6 and are specific to CED. All other information remains the same.

09/2009: CMS is adopting a coverage framework that replaces the four-part diagnosis, staging, restaging and monitoring response to treatment categories with a two-part framework that differentiates FDG PET imaging used to inform the initial antitumor treatment strategy from other uses related to guiding subsequent antitumor treatment strategies after the completion of initial treatment. CMS is making this change for all NCDs that address coverage of FDG PET for all oncologic conditions. Effective date 04/06/2009 Implementation date 10/19/2009 (TN 106) (CR 6632) 08/2016 - This change request (CR) is the 9th maintenance update of ICD-10 conversions and other coding updates specific to national coverage determinations (NCDs). The majority of the NCDs included are a result of feedback received from previous ICD-10 NCD CR7818, CR8109, CR8197, CR8691, CR9087, CR9252, CR9540, and CR9631. Some are the result of revisions required to other NCD-related CRs released separately. Edits to ICD-10 and other coding updates specific to NCDs will be included in subsequent, quarterly releases as needed. No policy-related changes are included with these updates. Any policy-related changes to NCDs continue to be implemented via the current, long-standing NCD process. (TN 1708) (CR9751)

11/2016 - This change request (CR) is the 9th maintenance update of ICD-10 conversions and other coding updates specific to national coverage determinations (NCDs). The majority of the NCDs included are a result of feedback received from previous ICD-10 NCD CR7818, CR8109, CR8197, CR8691, CR9087, CR9252, CR9540, and CR9631. Some are the result of revisions required to other NCD-related CRs released separately. Edits to ICD-10 and other coding updates specific to NCDs will be included in subsequent, quarterly releases as needed. No policy-related changes are included with these updates. Any policy-related changes to NCDs continue to be implemented via the current, long-standing NCD process. (TN 1753) (CR9751)

02/2017 - This change request (CR) is the 10th maintenance update of ICD-10 conversions and other coding updates specific to national coverage determinations (NCDs). These NCD coding changes are the result of newly available codes, coding revisions to NCDs released separately, or coding feedback received. Previous NCD coding changes appear in ICD-10 quarterly updates as follows: CR7818, CR8109, CR8197, CR8691, CR9087, CR9252, CR9540, CR9631, and CR9751, as well as in CRs implementing new policy NCDs. Edits to ICD-10 and other coding updates specific to NCDs will be included in subsequent, quarterly releases and individual CRs as appropriate. No policy- related changes are included with the ICD-10 quarterly updates. Any policy-related changes to NCDs continue to be implemented via the current, long-standing NCD process. (TN 1792) (CR9861)

05/2017 - This change request (CR) constitutes a maintenance update of ICD-10 conversions and other coding updates specific to national coverage determinations (NCDs). These NCD coding changes are the result of newly available codes, coding revisions to NCDs released separately, or coding feedback received. Previous NCD coding changes appear in ICD-10 quarterly updates that can be found at: https://www.cms.gov/Medicare/Coverage/CoverageGenInfo/ICD10.html, along with other CRs implementing new policy NCDs. Edits to ICD-10 and other coding updates specific to NCDs will be included in

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subsequent, quarterly releases and individual CRs as appropriate. No policy-related changes are included with the ICD-10 quarterly updates. Any policy-related changes to NCDs continue to be implemented via the current, long-standing NCD process. (TN 1854) (CR10086)

07/2017 - This Change Request (CR) constitutes a maintenance update of International Code of Diseases, Tenth Revision (ICD-10) conversions and other coding updates specific to National Coverage Determinations (NCDs). These NCD coding changes are the result of newly available codes, coding revisions to NCDs released separately, or coding feedback received. Previous NCD coding changes appear in ICD-10 quarterly updates that can be found at: https://www.cms.gov/Medicare/Coverage/CoverageGenInfo/ICD10.html, along with other CRs implementing new policy NCDs. Edits to ICD-10 and other coding updates specific to NCDs will be included in subsequent quarterly releases and individual CRs as appropriate. No policy-related changes are included with the ICD-10 quarterly updates. Any policy-related changes to NCDs continue to be implemented via the current, long-standing NCD process. (TN 1875) (CR10184)

11/2017 - This Change Request (CR) constitutes a maintenance update of International Code of Diseases, Tenth Revision (ICD-10) conversions and other coding updates specific to National Coverage Determinations (NCDs). These NCD coding changes are the result of newly available codes, coding revisions to NCDs released separately, or coding feedback received. (TN 1975) (CR10318)

01/2018 - This Change Request (CR) constitutes a maintenance update of International Code of Diseases, Tenth Revision (ICD-10) conversions and other coding updates specific to National Coverage Determinations (NCDs). These NCD coding changes are the result of newly available codes, coding revisions to NCDs released separately, or coding feedback received. Previous NCD coding changes appear in ICD-10 quarterly updates that can be found at: https://www.cms.gov/Medicare/Coverage/CoverageGenInfo/ICD10.html, along with other CRs implementing new policy NCDs. Edits to ICD-10 and other coding updates specific to NCDs will be included in subsequent quarterly releases and individual CRs as appropriate. No policy-related changes are included with the ICD-10 quarterly updates. Any policy-related changes to NCDs continue to be implemented via the current, long-standing NCD process. (TN 2005) (CR10318)

Back to Top

National Coverage Analyses (NCAs)

National Coverage Analyses (NCAs)

This NCD has been or is currently being reviewed under the National Coverage Determination process. The following are existing associations with NCAs, from the National Coverage Analyses database.

- Original consideration for Positron Emission Tomography (FDG) (CAG-00065N) opens in new window
- First reconsideration for Positron Emission Tomography (FDG) and Other Neuroimaging Devices for Suspected Dementia (CAG-00088R) opens in new window
- Original consideration for Positron Emission Tomography (FDG) for Alzheimer's Disease/Dementia (CAG- 00088N) opens in new window
- Original consideration for Positron Emission Tomography (FDG) for Brain, Cervical, Ovarian, Pancreatic, Small Cell Lung, and Testicular Cancers (CAG-00181N) opens in new window
- Original consideration for Positron Emission Tomography (FDG) for Breast Cancer (CAG-00094N) opens in new window
- Second reconsideration for Positron Emission Tomography (FDG) for Cervical Cancer (CAG - 00181R2) opens in new window
- Original consideration for Positron Emission Tomography (FDG) for Infection and Inflammation (CAG - 00382N) opens in new window
- Original consideration for Positron Emission Tomography (FDG) for Myocardial Viability (CAG -

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00098N) opens in new window
- Original consideration for Positron Emission Tomography (FDG) for Soft Tissue Sarcoma (STS) (CAG- 00099N) opens in new window
- First reconsideration for Positron Emission Tomography (FDG) for Solid Tumors (CAG-00181R) opens in new window
- Original consideration for Positron Emission Tomography (FDG) for Thyroid Cancer (CAG - 00095N) opens in new window
- Original consideration for Positron Emission Tomography (N-13 Ammonia) for Myocardial Perfusion (CAG- 00165N) opens in new window
- First reconsideration for Positron Emission Tomography (NaF-18) to Identify Bone Metastasis of Cancer (CAG-00065R) opens in new window
- Third reconsideration for Positron Emission Tomography for Initial Treatment Strategy in Solid Tumors and Myeloma (CAG-00181R3) opens in new window

Back to Top

Additional Information Other Versions

- Positron Emission Tomography (FDG) for Oncologic Conditions - Version 3, Effective between 8/4/2010
  1. - 6/11/2013
- Positron Emission Tomography (FDG) for Oncologic Conditions - Version 2, Effective between 11/10/2009 - 8/4/2010
- Positron Emission Tomography (FDG) for Oncologic Conditions - Version 1, Effective between 4/3/2009
  2. - 11/10/2009

Back to Top

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