MEDICAL POLICY

MEDICAL POLICY DETAILS	
Medical Policy Title	**Positron Emission Tomography (PET)- Non-Oncologic Applications**
Policy Number	**6.01.07**
Category	**Technology Assessment**
Original Effective Date	**10/18/01**
Committee Approval Date	**10/18/01, 01/17/02, 10/16/02, 01/16/03, 10/15/03, 10/20/04, 10/20/05, 11/16/06, 08/16/07, 08/21/08, 09/17/09, 12/16/10, 01/20/11, 12/15/11, 01/17/13, 05/22/14, 02/19/15, 02/18/16, 02/16/17, 02/15/18, 06/20/19, 03/19/20, 03/18/21, 02/17/22, 09/15/22, 11/16/23**
Current Effective Date	**04/15/24**
Archived Date	**N/A**
Archive Review Date	**N/A**
Product Disclaimer	• *If a product excludes coverage for a service, it is not covered, and medical policy criteria do not apply.* • *If a commercial product (including an Essential Plan or Child Health Plus product), medical policy criteria apply to the benefit.* • *If a Medicaid product covers a specific service, and there are no New York State Medicaid guidelines (eMedNY) criteria, medical policy criteria apply to the benefit.* • *If a Medicare product (including Medicare HMO-Dual Special Needs Program (DSNP) product) covers a specific service, and there is no national or local Medicare coverage decision for the service, medical policy criteria apply to the benefit.* • *If a Medicare HMO-Dual Special Needs Program (DSNP) product DOES NOT cover a specific service, please refer to the Medicaid Product coverage line.*

POLICY STATEMENT

I. Abdominal Imaging:
   A. Based upon our criteria and assessment of the peer-reviewed literature, the use of PET/CT imaging is **medically appropriate** for lymphoproliferative disorders prior to biopsy in order to determine a more favorable site for biopsy, when a prior biopsy was nondiagnostic, or a relatively inaccessible site is contemplated which would require invasive surgical intervention for biopsy attempt.
   B. Based upon our criteria and assessment of the peer-reviewed literature, the use of PET imaging is **NOT medically appropriate** for the evaluation of Sclerosing Mesenteritis or Mesenteric Panniculitis.

II. Cardiac Imaging:
   A. Based upon our criteria and assessment of the peer-reviewed literature, a positron emission tomography (PET) scan using one of the following radiotracers fluoreodeoxyglucose (FDG), rubidium 82 (Rb-82) or nitrogen ammonia 13 (ammonia N-13) is considered **medically appropriate** for the following cardiac indications:
      1. To assess myocardial perfusion and, thus, diagnose coronary artery disease (CAD) in patients with indeterminate single-photon emission computerized tomography (SPECT) imaging. **OR**
      2. In place of SPECT imaging for patients with conditions that may cause significant attenuation problems with SPECT such as severe obesity (Body Mass Index greater than 40 kg/m2), chest wall deformity, large breasts, breast implants, or incapable of exercise due to physical (musculoskeletal or neurological) inability to achieve target heart rate (refer to Policy Guidelines). **OR**
      3. To conduct routine, post-heart transplant assessment of transplant CAD. **OR**

4. To assess myocardial viability in patients with severe left ventricular dysfunction as a technique to determine candidacy for a revascularization procedure. **OR**
5. To confirm clinical suspicion of cardiac sarcoid in patients unable to undergo MRI scanning (e.g., patients with pacemakers, automatic implanted cardioverter-defibrillators (AICDs), or other metal implants) and monitor therapy.

B. Based upon our criteria and assessment of the peer-reviewed literature, FDG PET/CT is considered **medically appropriate** for use in the assessment of suspected prosthetic heart valve endocarditis when echocardiography and/or transesophageal echocardiography are equivocal or nondiagnostic and suspicion remains high and **ALL** of the following criteria are met:
1. C-reactive protein level of at least 40 mg/L; **AND**
2. No evidence of prolonged antibiotic therapy; **AND**
3. The implantation was at least three months ago **AND**
4. there is no evidence of surgical adhesives used during the valve implantation.

C. Based upon our criteria and assessment of the peer-reviewed literature, FDG PET/CT is considered **medically appropriate** for use in the assessment of suspected left ventricular assist device (LVAD) infection if other studies and examination remain inconclusive.

D. Based upon our criteria and assessment of the peer-reviewed literature, absolute quantification of myocardial blood flow (AQMBF) with PET is considered **medically appropriate** when criteria has been met per Policy Statement II.A for primary study Myocardial PET rest/stress perfusion

III. Chest Imaging:

A. Based upon our criteria and assessment of the peer-reviewed literature, PET/CT is considered **medically appropriate** for sarcoids for the following indications:
1. To help guide biopsy location if:
   a. Known lesion on CT Chest is difficult to access, to help identify alternative biopsy location; **AND**
   b. No apparent lung involvement and to identify an extrapulmonary biopsy site. **OR**

B. Differentiation of reversible granulomatous disease from irreversible pulmonary fibrosis and will affect treatment options. **OR**

C. Help identify treatment failure where either current treatment will be modified, or treatment will be introduced.

IV. Head Imaging:

A. Based upon our criteria and assessment of the peer-reviewed literature, positron emission tomography (PET) imaging is considered **medically appropriate** for the following indications:
1. Prior to consideration of PET imaging for the diagnosis of dementia, **ALL** of the following criteria are required:
   a. Date of onset of symptoms with documentation of 6 months of cognitive decline based on a detailed history of memory loss with impairment of day-to-day activities confirmed by family members or others with knowledge of the individual's status. **AND**
   b. Results of bedside testing and/or neuropsychological testing can be performed when history and bedside mental status examination cannot provide a confident diagnosis (see policy guidelines). **AND**
   c. Results of any structural imaging (MRI or CT Head) performed. **AND**
   d. Presumptive causes or etiology/ies of dementia.
      i. Cannot occur exclusively during bouts of delirium. **AND**
      ii. Cannot be explained by another mental disorder.
2. FDG Brain PET used to differentiate Alzheimer's disease (AD) from frontotemporal lobe dementia (FTLD) in patients with a recent diagnosis of dementia when **ALL** of the following are present:
   a. Patient meets diagnostic criteria for AD and FTLD; **AND**
   b. Patient has a documented cognitive decline of at least six (6) months' duration; **AND**
   c. Evaluation has ruled out specific alternative neurodegenerative diseases or causative factors; **AND**
   d. Cause of clinical symptoms is uncertain; **AND**
   e. Results are expected to help clarify the diagnosis between FTLD and AD and help guide future treatment.

3. Metabolic (FDG) Brain PET can be used to evaluate individuals suspected of having encephalitis, including autoimmune encephalitis, if diagnosis remains unclear after evaluation with MRI Brain, CSF analysis, and lab testing including serology. **OR**
4. FDG PET for pre-surgical evaluation for the purpose of localization of a focus of refractory seizure activity.

B. Based upon our criteria and assessment of the peer-reviewed literature, PET imaging is considered **not medically necessary** in the evaluations of individuals with autism spectrum disorders.

C. Based upon our criteria and assessment of the peer-reviewed literature, amyloid- PET brain imaging is considered **not medically necessary** for stroke evaluation.

D. Based upon our criteria and assessment of the peer-reviewed literature, Amyloid Brain PET imaging to aid in the diagnosis of Alzheimer's disease and in differentiating between Alzheimer's disease and other neurodegenerative/neurologic disorders has not been medically proven and, therefore, is considered **not medically necessary.**

E. Based upon our criteria and assessment of the peer-reviewed literature, the use of PET scanning for any of the following indications have not been medically proven, and therefore, is considered **investigational**:
1. Subacute head trauma;
2. Lewy Body Dementia;
3. Movement disorders;
4. Vasculitis

V. Musculoskeletal Imaging:

A. Based upon our criteria and assessment of the peer-reviewed literature, FDG PET/CT is considered **medically appropriate** for evaluation of suspected bone infection if MRI or CT *is* equivocal or cannot be done and when infection is multifocal, or when the infection is associated with orthopedic hardware or chronic bone alterations from trauma or surgery.

VI. Pelvis Imaging:

A. Based upon our criteria and assessment of the peer-reviewed literature, the use of PET studies for impotence/erectile dysfunction have not been medically proven and, therefore, is considered **investigational**.

VII. Peripheral Nerve Disorders (PND) imaging:

A. Based upon our criteria and assessment of the peer-reviewed literature, the use of PET/CT is considered **investigational** in the evaluation of Gaucher disease.

VIII. Peripheral Vascular Disease (PVD) imaging:

A. Based upon our criteria and assessment of the peer-reviewed literature, the use of PET imaging for the assessment of inflammation of cranial arteries is considered **NOT medically necessary.**

B. Based upon our criteria and assessment of the peer-reviewed literature, the use of PET imaging is **medically appropriate** for aortic root, arch or abdomen involvement if MRA or CTA are non-diagnostic and there is still suspicion for involvement.

IX. Spine Imaging:

A. Based upon our criteria and assessment of the peer-reviewed literature, the use of PET imaging (including PET/CT) is considered **investigational** for the routine assessment of spinal disorders, fusions, or unsuccessful spine surgery other than neoplastic disease.

Refer to Corporate Medical Policy #6.01.29 Positron Emission Tomography (PET)-Oncologic Applications

Refer to Corporate Medical Policy #11.01.03 Experimental or Investigational Services

POLICY GUIDELINES

I. Examples of abnormal bedside mental status testing such as Mini-Mental State Exam (MMSE) with score <26, Montreal Cognitive Assessment Survey (MoCA) with score <26, Memory Impairment Screen (MIS) with score <5, the St. Louis University Mental Status (SLUMS) with score <21 or the Eight-item Informant Interview to Differentiate Aging and Dementia (AD8) Dementia Score > 2.

II. Subacute head trauma is defined as trauma to the head within seven (7) days to three (3) months post-trauma.

III. PET/CT is indicated for imaging of certain musculoskeletal conditions when MRI or CT is equivocal or cannot be performed.

IV. FDG is the only indicated radiotracer for use with PET/CT in the imaging of musculoskeletal condition.

V. 3D rendering, (CPT code 76376 or 76377), should not be billed in conjunction with PET imaging.

VI. Target heart rate is calculated as 85% of maximum age predicted heart rate (MPHR). MPHR is estimated as 220 minus the individual's age.

VII. Absolute quantification of myocardial blood flow (AQMBF) at rest with stress in ml/g/min and the calculation of myocardial perforation reserve (the ration of stress to rest flow) can be used for diagnosis and prognosis of coronary artery disease and cardiac endothelial dysfunction that can be seen in diabetes, left ventricular hypertrophy and heart transplantation vasculopathy.

VIII. The American Society of Nuclear Medicine, the American College of Cardiology and the Society of Nuclear Medicine and Molecular Imaging agree that to minimize variables AQMBF should only be considered when performed by (all):
   A. Laboratories that are Intersocietal Accreditation Commission (IAC), American College of Radiology (ACR), or Joint Commission cardiac PET accredited.
   B. Interpreting physician(s) must be board certified in Nuclear Cardiology (CBNC), Nuclear Medicine (ABNM), or Radiology (ABR) and have additional training in measuring AQMBF.
   C. Individual laboratories should have a standard protocol (same tracer, camera, software, stressor, model etc.) for use for all patients.
   D. Reports should contain rest myocardial blood flow (MBF) and stress MBF in ml/g/min, and myocardial blood flow reserve (MBFR) reported as the ratio of the stress to rest MBF (with normal limits).
   E. Laboratories should have the ability to perform rate-pressure-product (RPP) correction and include true measured resting MBF and MBFR as well as the RPP-corrected resting MBF and RPP-corrected MBFR in the conclusions of the report.

DESCRIPTION

PET scanning is an imaging technology that can reveal metabolic information in various tissue sites. The metabolic information is what distinguishes it from other imaging modalities, such as magnetic resonance imaging (MRI) and computed tomography (CT), which provide primarily anatomic information. PET scans measure concentrations of radioactive chemicals that are partially metabolized in the body. PET scans are based on the use of positron emitting radionuclide tracers coupled to organic molecules such as glucose, ammonia, or water. Dedicated PET scanners consist of multiple detectors arranged in a full or partial ring around the patient.

A variety of radiotracers are used for PET scanning, including fluorine-18, rubidium-82, ammonia N-13, carbon-11, oxygen-15, and nitrogen-13. Fluorine-18 is often coupled with FDG as a means of detecting glucose metabolism, which, in turn, reflects the metabolic activity, and, thus, viability, of the target tissue. Because of their short half-life, tracers must be made locally. With the exception of fluorine and rubidium, all the tracers must be manufactured with an on-site cyclotron.

Florbetapir (Amyvid, Avid Radiopharmaceuticals), a radioactive dye for visualization of amyloid plaque in the brain, was approved by the United States Food and Drug Administration (FDA) in 2012. The FDA document prepared for the approval process indicated that, while florbetapir may detect pathology, there could be no claim of disease detection, as beta amyloid aggregates can be found in cognitively normal elderly individuals, as well as patients with AD. Amyvid is indicated for PET imaging of the brain, to estimate beta-amyloid neuritic plaque density in adult patients with cognitive impairment who are being evaluated for AD and other causes of cognitive decline. A second radioactive dye, Flutemetamol F18 injection (Vizamyl, GE Healthcare), was approved by the FDA in October 2013. Flutemetamol F18 is not indicated to predict the development of AD or to check how patients respond to treatment for AD. Flutemetamol F18 PET images should be interpreted only by health care professionals who successfully complete training in an image

interpretation program. In March 2014, the FDA approved a third radioactive dye, Florbetaben F18 (Neuraceq, Piramal Life Sciences, Matran, Switzerland).

Infective endocarditis (IE) is associated with significant morbidity and mortality and its clinical presentation is highly variable. IE is usually diagnosed using the modified Duke criteria, which rely on the presence of positive blood cultures and typical echocardiographic findings. The role of FDG PET/CT in assessing and managing infective endocarditis (IE), particularly device-related IE, is being investigated as FDG is taken up by inflammatory cells at the site of infection and/or inflammation. Given the high spatial and target-to-background contrast resolution of FDG PET/CT, recent publications including the TEPvENDO clinical trial (NCT02287792) advocate the use of FDG PET/CT for the detection of cardiac implantable device infections, as well as prosthetic valve endocarditis. A potential advantage of FDG PET/CT is in its detection of inflammatory cells early in the infectious process, before morphological damages occur.

PET/CT is a nuclear medicine/computed tomography (CT) fusion study that uses a positron emitting radiotracer to create cross-sectional and volumetric images based on tissue metabolism. PET imaging fusion with CT allows for better anatomic localization of the areas of abnormal increased tissue activity seen on PET.

RATIONALE

The FDA has approved the scanner and imaging hardware for PET as being substantially equivalent to x-ray CT. The FDA requires submission of a new drug application (NDA) for approval of PET radiotracers. Because PET radiotracers have an extremely short half-life, they must be produced in the clinical setting. The FDA also regulates drug manufacturing processes in PET facilities. In 1991, the FDA approved the use of Rubidium 82 (Rb 82) as a myocardial perfusion tracer and, in 1999, approved the use of ammonia N-13 as a myocardial perfusion tracer.

Clinical evidence supports that the use of Rubidium 82 (Rb-82) PET and ammonia N-13 PET scans in clinical practice has the potential to improve net health outcomes through changes in patient management. Studies demonstrate that both tracers have high reliability and validity in the evaluation of myocardial perfusion.

Professional Society Guidelines/Recommendations Resource Grid:

Professional Society:	Title:	Year/Version:
American College of Radiology (ACR)	Appropriateness Criteria: • Chronic chest pain with high probability of CAD • Imaging After Total Knee Arthroplasty • Suspected Osteomyelitis, Septic Arthritis, or Soft Tissue Infection (Excluding Spine and Diabetic Foot) • Seizures and Epilepsy • Crohn Disease • Suspected Osteomyelitis of the Foot in Patients with Diabetes Mellitus • Noncerebral Vasculitis	(See reference section for weblink and years)

Society of Nuclear Medicine and Molecular Imaging (SNMMI)	(See reference section for weblink to SNMMI guidelines)	
American Academy of Orthopaedic Surgeons (AAOS)	Diagnosis and prevention of periprosthetic joint infections evidence-based clinical practice guideline	2019
AHA/ACC/ASE/CHEST/SAEM/SCCT/ SCMR	Guideline for the Evaluation and Diagnosis of Chest Pain	2021
American Society of Nuclear Cardiology and the Society of Nuclear Medicine and Molecular Imaging	Practical guides for interpreting and reporting cardiac positron emission tomography (PET) measurements of myocardial blood flow.	2021
American College of Cardiology (ACC)/American Heart Association (AHA)	Guideline for the Diagnosis and Management of Aortic Disease	2022
AHA/ACC/American College of Clinical Pharmacy(ACCP)/American Society for Preventative Cardiology(ASPC)/National Lipid Assoc. (NLA)/Preventative Cardiovascular Nurses Assoc.(PCNA)	Guideline for the Management of Patients with Chronic Coronary Disease	2023

The Alzheimer's Disease Neuroimaging Initiative (ADNI), a longitudinal, five-year, prospective trial sponsored by the National Institute on Aging, included 800 participants aged 55 to 90 years (400 with mild cognitive impairment, 200 with AD, 200 with no known cognitive impairment) who were followed for two years. At 58 sites in the U.S. and Canada, ADNI compared neuroimaging (PET and MRI), biological, and clinical information. It sought correlations among data to track the progression of memory loss from its earliest stages, and also identify critical markers that responded to treatments aimed at slowing progression of mild cognitive impairment and AD. Enrollment began in early 2006 and the clinical trial end date was October 2009.

With the development of the following PET scan radiotracers PiB (Pittsburgh Compound B), Florbetapir F18 (Amyvid), Flutemetamol F18 injection (Vizamyl), and Florbetaben F18 (Neuraceq) as well as newly identified radiotracers, the detection of β amyloid deposits in the brain is possible. Studying β amyloid positivity/negativity in healthy older adults, older adults with mild cognitive impairment and in adults diagnosed with AD is an active area of research especially as more of the aging population becomes afflicted with AD.

Clinical evidence in the form of small prospective and retrospective studies totaling 166 patients, and a meta-analysis of 19 studies, support that FDG PET is highly accurate in diagnosing chronic osteomyelitis.

Several studies with methodologic flaws indicate that there are instances in which PET may be helpful in the diagnosis of fever of unknown origin and infection. However, clinical evidence is not sufficient to consider these indications medically appropriate.

FDG PET has been investigated for potential use in the diagnosis and follow-up of giant cell arteritis. Clinical evidence consists of small case series, retrospective studies, and case reports. Although some reports consider PET promising for this indication, results need to be confirmed in larger, prospective studies. The limited spatial resolution of PET scanners is a technical limitation that prevents the detection of metabolic signals within anatomical structures smaller than four to five millimeters in size. In addition, the physiological uptake of FDG by the grey matter of the brain obscures FDG uptake within the temporal arteries.

CODES

- *Eligibility for reimbursement is based upon the benefits set forth in the member's subscriber contract.*
- *CODES MAY NOT BE COVERED UNDER ALL CIRCUMSTANCES. PLEASE READ THE POLICY AND GUIDELINES STATEMENTS CAREFULLY.*

- *Codes may not be all inclusive as the AMA and CMS code updates may occur more frequently than policy updates.*
- *Code Key: Experimental/Investigational = (E/I), Not medically necessary/ appropriate = (NMN).*

CPT Codes

Code	Description
78429	Myocardial imaging, positron emission tomography (PET), metabolic evaluation study (including ventricular wall motion[s] and/or ejection fraction[s], when performed), single study; with concurrently acquired computed tomography transmission scan
78430	Myocardial imaging, positron emission tomography (PET), perfusion study (including ventricular wall motion[s] and/or ejection fraction[s], when performed); single study, at rest or stress (exercise or pharmacologic), with concurrently acquired computed tomography transmission scan
78431	Myocardial imaging, positron emission tomography (PET), perfusion study (including ventricular wall motion[s] and/or ejection fraction[s], when performed); multiple studies at rest and stress (exercise or pharmacologic), with concurrently acquired computed tomography transmission scan
78432	Myocardial imaging, positron emission tomography (PET), combined perfusion with metabolic evaluation study (including ventricular wall motion[s] and/or ejection fraction[s], when performed), dual radiotracer (e.g., myocardial viability)
78433	Myocardial imaging, positron emission tomography (PET), combined perfusion with metabolic evaluation study (including ventricular wall motion[s] and/or ejection fraction[s], when performed), dual radiotracer (e.g., myocardial viability); with concurrently acquired computed tomography transmission scan
78434	Absolute quantitation of myocardial blood flow (AQMBF), positron emission tomography (PET), rest and pharmacologic stress (List separately in addition to code for primary procedure)
78459	Myocardial imaging, positron emission tomography (PET), metabolic evaluation study (including ventricular wall motion[s] and/or ejection fraction[s]; when performed), single study
78491	Myocardial imaging, positron emission tomography (PET), perfusion study (including ventricular wall motion[s] and/or ejection fraction[s], when performed); single study, at rest or stress (exercise or pharmacologic)
78492	Myocardial imaging, positron emission tomography (PET), perfusion study (including ventricular wall motion[s] and/or ejection fraction[s], when performed); multiple studies at rest and stress (exercise or pharmacologic)
78608	Brain imaging, positron emission tomography, (PET); metabolic evaluation
78609	perfusion evaluation
78811	Positron emission tomography (PET) imaging; limited area (e.g., chest, head/neck)
78812	skull base to mid-thigh
78813	whole body

Code	Description
78814	Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; limited area (e.g. chest, head/neck)
78815	skull base to mid-thigh
78816	whole body

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HCPCS Codes

Code	Description
A9526	Nitrogen N-13 ammonia, diagnostic, per study dose, up to 40 millicuries
A9552	Fluorodeoxyglucose F-18 FDG, diagnostic, per study dose, up to 45 millicuries
A9555	Rubidium Rb-82, diagnostic, per study dose, up to 60 millicuries
A9586 **(E/I)**	Florbetapir F18, diagnostic, per study dose, up to 10 millicuries
A9598 **(E/I)**	Positron emission tomography radiopharmaceutical, diagnostic, for non-tumor identification, not otherwise classified
A9601 **(E/I)**	Flortaucipir f 18 injection, diagnostic, 1 millicurie
A9602 **(E/I)**	Fluorodopa f-18, diagnostic, per millicurie
Q9982 **(E/I)**	Flutemetamol F18, diagnostic, per study dose, up to 5 millicuries
Q9983 **(E/I)**	Florbetaben F18, diagnostic, per study dose, up to 8.1 millicuries
S8085 **(E/I)**	Fluorine-18 fluorodeoxyglucose (F-18 FDG) imaging using dual-head coincidence detection system (non-dedicated PET scan)

ICD10 Codes

Code	Description
D33.0-D33.9	Benign neoplasm of brain and other parts of central nervous system (code range)
D43.0-D43.9	Neoplasm of uncertain behavior of brain and central nervous system (code range)
D49.6	Neoplasm of unspecified behavior of brain
F01.50-F03.91	Dementia due to known physiological conditions (code range)
G30.0-G30.9	Alzheimer Disease (code range)
G40.001-G40.219	Localization-related (focal) (partial) idiopathic epilepsy and epileptic syndromes with seizures of localized onset (code range)
G40.301-G40.319	Generalized idiopathic epilepsy and epileptic syndromes (code range)
G40.901-G40.919	Epilepsy, unspecified (code range)
I25.10-I25.119	Atherosclerotic heart disease of native coronary artery with or without angina pectoris (code range)

Code	Description
I25.700-I25.739	Atherosclerosis of autologous or nonautologous vein or artery coronary artery bypass graft(s) with angina pectoris (code range)
I25.790-I25.799	Atherosclerosis of other coronary artery bypass graft(s) with angina pectoris (code range)
I25.810	Atherosclerosis of coronary artery bypass graft(s) without angina pectoris
I51.9	Heart disease, unspecified
I52	Other heart disorders in diseases classified elsewhere
K65.4	Sclerosing mesenteritis
M86.30-M86.69	Chronic osteomyelitis (code range)

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*Key Article

KEY WORDS

FDG PET, FDG SPECT, Gamma Camera, Ammonia N-13, Rubidium 82, Florbetapir F18, Flutemetamol F18, Florbetaben F18, and Fluorine-18 fluorodeoxyglucose.

CMS COVERAGE FOR MEDICARE PRODUCT MEMBERS

There is currently a National Coverage Determination (NCD) for PET scans (220.6). Please refer to the following NCD website for Medicare Members:http://www.cms.gov/medicare-coverage-database/details/ncd-details.aspx?NCDId=211&ncdver=4&bc=AgAAgAAAAAAA& accessed 08/08/23.

There is currently a National Coverage Determination (NCD) for FDG PET for Dementia and Neurodegenerative Diseases (220.6.13). Please refer to the following NCD website for Medicare Members: http://www.cms.gov/medicare-coverage-database/details/ncd-details.aspx?NCDId=288&ncdver=3&bc=BAABAAAAAAAA& accessed 08/08/23.

There is currently a National Coverage Determination (NCD) for Beta Amyloid Positron Tomography in Dementia and Neurodegenerative Disease (220.6.20). Please refer to the following NCD website for Medicare Members: http://www.cms.gov/medicare-coverage-database/details/ncd-details.aspx?NCDId=356&ncdver=1&bc=AgAAgAAAAAAAAA%3d%3d& accessed 08/08/23.

PET imaging for Cardiac:

There is currently a National Coverage Determination (NCD) for PET for Perfusion of the Heart (220.6.1). Please refer to the following NCD website for Medicare Members: [https://www.cms.gov/medicare-coverage-database/details/ncd-details.aspx?NCDId=292&ncdver=2&bc=AAAAgAAAAAAA&] accessed 08/08/23.

There is currently a National Coverage Determination (NCD) for FDG PET for Myocardial Viability (220.6.8). Please refer to the following NCD website for Medicare Members: [https://www.cms.gov/medicare-coverage-database/view/ncd.aspx?NCDId=298&ncdver=1&DocID=220.6.8&ncd_id=220.6.8&ncd_version=1&basket=ncd%25253A220%25252E6%25252E8%25253A1%25253AFDG+PET+for+Myocardial+Viability&bc=gAAAAAgAAAAAAA%3d%3d&] accessed 08/08/23.