

Effective Date: 12/10/2021



## NHS MEDICAL POLICY

Procedures 2021-001  
Cardiac PET Scans

A. May be indicated for members with known or suspected coronary artery disease when ONE of the following are present:

|   |   |
|---|---|
| 1 | Exercise Treadmill or SPECT scan is equivocal, technically uninterpretable, or discordant with a member's clinical data   |
| 2 | In member with conditions that might cause attenuation problems with SPECT such as a BMI >35, large breasts, breast implants, mastectomy, chest wall deformity, pleural or pericardial effusion |
| 3 | For use of assessment of coronary artery disease after cardiac transplant   |
| 4 | For assessment of myocardial viability prior to re-vascularization  |
| 5 | To identify and monitor response to therapy known or suspected cardiac sarcoid  |

### SOURCES

Aetna Clinical Policy Bulletins/ Medical Clinical Policy Bulletins Number: 0071 Last Review 8/31/2021

Blue Cross Medical Policy 6.01.20 Cardiac Applications of Positron Emissions Tomography Scanning Effective Date 12/01/2020.

**CODE REFERENCE** (This may not be a comprehensive list of codes to apply to this policy.)

78459; 78491; 78492

**POLICY HISTORY/REVISION INFORMATION**

| Date       | Action/Description                            |
|------------|---|
| 12/21/2022 | Annual review and approval by UM Committee    |
| 12/20/2023 | Annual review and approval by UM/QM Committee |
| 12/23/2024 | Annual review and approval by UM/QM Committee |
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UNIVERSITY OF MICHIGAN  
PROPRIETARY POLICY