Effective Date: 12/10/2021

Nevada Health Solutions LLC

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
09/30/2025	Annual review and approval by UM/QM Committee

LNHS
PROPRIETARY POLICY