UM-CDG-030 Fusion Imaging for Cancer and Noncancer	Approved By: Director, Health Services	Effective Date: 10/22/2025

This Policy applies to all SECUR affiliates, associates, and subsidiaries.

Approved by Courtney Gonzales, Director of Health Services on behalf of the Utilization Management Committee.

PURPOSE

This coverage determination guideline serves to address fusion therapy for cancer and non-cancer.

For SECUR Health Plan members, National Coverage Determinations (NCD) and Local Coverage Determinations (LCD) will be applied to requests when applicable. SECUR Health Plan Coverage Determination Guidelines (CDG) will be utilized in the absence of an appropriate NCD and/or LCD.

DEFINITIONS

Positron Emission Tomography (PET) Scan: a medical imaging procedure that uses radioactive tracer to create three-dimensional images of the inside of the body.
Computed Tomography (CT) Scan: A CT scan is a painless, noninvasive diagnostic procedure that uses x-ray equipment to obtain a cross-sectional image of the body or multiple cross sectional images of the body.
Single Photon Emission Computed Tomography (SPECT): Nuclear medicine imaging technique that uses a small amount of radioactive tracer injected into the body to create three-dimensional images of organ function by detecting gamma rays emitted from the tracer, allowing practitioners to assess blood flow and chemical reactions within specific organs or tissues.

POLICY

SECUR Health Plan will follow the following guidance:

Reporting Guidelines

1. Professional and Technical Components
    - The procedure codes listed for PET scans represent the global service. Therefore, providers performing only the technical or professional component of the test should use modifier TC or 26, respectively.
2. Clinical Trial
    - FDG PET scans performed in the context of a CMS-approved practical clinical trial utilizing a specific protocol to demonstrate the utility of FDG PET in the diagnosis and treatment of disease should be reported with the Q0 modifier (number "0", not letter "O".)
3. PET and CT
    - If a PET scan is obtained and, on the same date of service, diagnostic CT scan(s) are obtained at a separate session, then both the PET scan and the CT scan(s) may be coded individually. If a PET/CT study is performed concurrently on a hybrid PET/CT scanner and an additional diagnostic CT scan is also obtained non-concurrently, it is appropriate to code the PET/CT scan and the

diagnostic CT scan(s) separately (whether the diagnostic CT scans are performed on a hybrid PET/CT scanner or on a dedicated CT scanner). To further clarify, the CT component of a PET/CT scan is for concurrently obtained CT scans for attenuation correction and localization and does not include any additional diagnostic CT studies that may be requested.
    - When a diagnostic CT scan is performed concurrently with a PET scan, the appropriate PET scan and the appropriate diagnostic CT code may be reported. If a medically necessary diagnostic CT is performed non-concurrently with a PET/CT scan, either on the PET/CT scanner or on an independent CT scanner, the appropriate PET/CT procedure code and the diagnostic CT study(s) code may be reported.
4. CPT code 78609 is a non-covered service.
5. HCPCS code A4641 is not an applicable tracer for PET scans.

Positron Emission Tomography Reference Table

CPT	Tracer/Code	Comment
78608	FDG/A9552	Covered indications: Alzheimer's disease/dementias, only when used to differentiate between Alzheimer's Disease and Fronto-temporal dementia, intractable seizures only when used as part of a pre-surgical evaluation.
78609	Not Applicable	Nationally non-covered

Note: This table is not a comprehensive listing of covered indications. Providers should refer to the applicable NCD sections for detailed information regarding covered indications for PET scans.

PET scans are covered only when performed at a PET imaging center with a PET scanner that has been approved or cleared by the FDA. When a claim is submitted, the provider is certifying this and must be able to produce a copy of this approval upon request. An official approval letter need not be submitted with the claim.

Documentation Requirements

1. All documentation must be maintained in the patient's medical record and made available SECUR Health Plan.
2. Every page of the record must be legible and include appropriate patient identification information (e.g., complete name, dates of service[s]). The documentation must include the legible signature of the physician or non-physician practitioner responsible for and providing the care to the patient.
3. The submitted medical record must support the use of the selected ICD-10-CM code(s). The submitted CPT/HCPCS code must describe the service performed.

The fusion of PET and CT imaging into a single system (PET/CT fusion) is considered medically necessary for any indication where PET scanning is considered medically necessary.

SPECT/CT Fusion Imaging
SECUR Health Plan will consider the following SPECT/CT Fusion Imaging as medical necessary:

1. Preoperative evaluation to further localize a lesion identified on planar scintigraphy or SPECT when additional anatomic information is needed to direct surgery and that information has not already been established through CT or magnetic resonance imaging (MRI).
2. Radiation therapy for planning of selective internal radiation therapy (SIRT) and/or for evaluation of

administered dose activity and distribution following radioembolization.

3. Bone imaging:
    a) For avascular necrosis when MRI cannot be performed or is nondiagnostic in either of the following:
        - Diagnosis following negative or inconclusive radiographs, or
        - Preoperative planning for osteonecrosis with femoral head collapse
    b) For fracture, including occult or stress fracture in any of the following:
        - Suspected spinal fracture when other imaging is nondiagnostic
        - Suspected skeletal injury in non-accidental trauma when MRI cannot be performed or is nondiagnostic
        - Suspected fracture, when MRI cannot be performed or is nondiagnostic at either the femoral neck, proximal femur, tibia, great toe sesamoid, patella, scaphoid, lunate, talus, navicular, or metatarsal base of the second and fifth digits
    c) For bone lesions, for further characterization of indeterminate bone lesions when MRI, CT or planar scintigraphy is equivocal
    d) Infection not otherwise specified in either of the following:
        - Diagnosis and management of osteomyelitis when MRI, CT, or planar scintigraphy is nondiagnostic
        - Evaluation of sternal wound infection or dehiscence when CT chest is nondiagnostic
    e) Osseous metastatic disease not otherwise specified in either of the following:
        - Diagnostic workup and management when both a documented malignancy and signs and symptoms are concerning for bony metastatic disease and suspicious findings on CT, MRI, or planar bone scintigraphy require further clarification
        - To determine bone invasion prior to surgical resection of head and neck malignancies when CT, PET/CT, or MRI are nondiagnostic
        - Postoperative joint or spine pain when other imaging is nondiagnostic
        - Spondylolysis/spondylolisthesis when other imaging is nondiagnostic
4. Leukocyte scintigraphy is considered established in any of the following:
    - For diagnosis and management of osteomyelitis of the skull base or calvarium when CT, MRI, or planar scintigraphy are equivocal
    - For diagnosis
    - Management of osteomyelitis or septic arthritis at other sites when radiograph, ultrasound, or arthrocentesis is nondiagnostic or insufficient to guide treatment and when CT, MRI or planar scintigraphy is equivocal
5. Sentinel node localization when clinical evaluation is negative for nodal involvement in the following:
    - Stage I-III invasive breast cancer
    - Cervical cancer that is stage IA1 with lymphovascular invasion, IA2, IB1, or IIA1
    - Head and neck cancer when decisions are being made regarding mandibular resection
    - Melanoma that is stage IA with adverse features, IB, stage II, in transit, or locally recurrent
    - Penile cancer
    - Uterine cancer confined to the uterus
    - Vulvar cancer (T1 or T2)
6. Neuroendocrine cancer diagnostic workup and management in the following:
    - As clinically indicated for neuroblastoma or tumors of the autonomic nervous system either in suspected metastatic disease or suspected neuroblastoma or tumor of the autonomic nervous system based on CT, MRI, abnormal serum, or urine metanephrine levels
    - For pheochromocytoma/paraganglioma prior to planned I131 iobenguane treatment

7. Parathyroid/Thyroid cancer to identify tumor for surgical planning, localization of residual tissue in those with recurrent or persistent disease following surgery and surveillance for intermediate or high risk differentiated cancer 6 to 12 months after therapy has been completed
8. Pulmonary embolism when CT/CTA cannot be performed or is nondiagnostic.
9. Infection or inflammation not otherwise specified for functional, anatomic mapping
10. Back pain when all other diagnostic workup is inconclusive

SPECT/CT fusion is considered not medically necessary for any other indication other than those listed above.

For prostate cancer, MRI/Ultrasound fusion biopsy, when specific target lesion(s) is/are detected on multiparametric MRI (mpMRI) and classified as PIRADS 4 or 5, a three-dimensional rendering to generate prostate segmentation data image set for target identification on MRI/Transrectal ultrasound (TRUS) fusion biopsy is considered medically necessary when:

- The request is a standalone, subsequent request, or
- As a retrospective request

MRI/TRUS fusion biopsy for PIRADS 1-3 lesion, approval of a three-dimensional rendering will be considered on a case-by-case basis.

If there is no target lesion identified on MRI, then three-dimensional rendering and MRI/TRUS fusion biopsy is not considered medically necessary. Additionally, rendering for the TRUS component of a fusion is part of the service and will not be separately approved.

Indications for the study include anyone age 40-75 with PSA greater than or equal to 3 ng/mL or very suspicious DRE and one or more of the following high-risk features:

- African ancestry
- Germline mutation that increase the risk for prostate cancer
- Family history of first or second degree relative with prostate, male breast, colorectal, pancreatic, endometrial, or female breast cancer at age 45 or younger

Indications for the study include anyone greater than 75 and one or more of the following:

- PSA greater than or equal to 4 ng/mL
- Very suspicious DRE
- At least one negative/nondiagnostic TRUS biopsy and either rising PSA, abnormal DRE, or need for confirmatory MR/US fusion biopsy
- Transrectal ultrasound
- TRUS guided biopsy
- MRI pelvis with and without contrast or MRI pelvis without contrast if an MR/US guided fusion biopsy is planned
- MRI/US fusion biopsy
- PIRADS 4 or 5 lesion identified on recent MRI pelvis

Below are services that are excluded from coverage and considered not medically necessary:

A. 18F-FDOPA-PET/CT scan for prognosis of brain cancer
B. Full-body gallium Ga 68 dotatate PET/CT (full body) for evaluation of atypical meningioma
C. Gallium-68 dotatate PET/CT for monitoring SDHB mutation (pathogenic) consistent with hereditary paraganglioma/pheochromocytoma syndrome
D. PET/CT for monitoring recurrence of littoral cell splenic angioma
E. PET/MRI for all indications. (Exceptions to cover PET/MRI may be made where PET/CT is unavailable

and medical necessity criteria for FDG-PET are met)

F. PET scanning with a gamma camera for all indications

SECUR Health Plan considers PET/MRI as not medically necessary. Additionally, MRI/CT, nonconcurrent post-processing fusion, and interpretation of any imaging other than PET imaging with CT, and SPECT/MRI are considered not medically necessary.

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