

Appendix C: Proposed PET Oncology Coverage Indications

Indication	Covered <sup>1</sup>	Non-covered <sup>2</sup>	Coverage Under Protocol <sup>3</sup>
Brain			X
Breast Diagnosis Initial staging of axillary nodes Staging of distant metastasis Restaging, monitoring *	X X X X	X X	
Cervical Staging Diagnosis, restaging, monitoring *	X		X
Colorectal Diagnosis, staging, restaging Monitoring *	X		X
Esophagus Diagnosis, staging, restaging Monitoring *	X		X
Head and Neck (non-CNS/thyroid) Diagnosis, staging, restaging Monitoring *	X		X
Lymphoma Diagnosis, staging, restaging Monitoring *	X		X

<sup>1</sup> Covered nationally based on evidence of benefit. Refer to National Coverage Determination Manual for specific coverage language and limitations for each indication. [http://www.cms.hhs.gov/manuals/103\\_cov\\_determ/ncd103c1\\_Part4.pdf](http://www.cms.hhs.gov/manuals/103_cov_determ/ncd103c1_Part4.pdf)

<sup>2</sup> Non-covered nationally based on evidence of harm or no benefit

<sup>3</sup> Non-covered nationally based on lack of evidence sufficient to establish either benefit or harm or no prior decision addressing this cancer. Now termed “coverage under protocol”.

\* Monitoring = monitoring response to treatment when a change in therapy is anticipated.

Appendix C: Proposed PET Oncology Coverage Indications (continued)

Indication	Covered <sup>1</sup>	Non-covered <sup>2</sup>	Coverage Under Protocol <sup>3</sup>
Melanoma Diagnosis, staging, restaging Monitoring *	X		X
Non small cell lung cancer Diagnosis, staging, restaging Monitoring *	X		X
Ovarian			X
Pancreatic			X
Small cell lung			X
Soft tissue sarcoma			X
Solitary pulmonary nodule (characterization)	X		
Thyroid Staging of follicular cell tumors Restaging of medullary cell tumors Diagnosis, other staging & restaging Monitoring *	X		X X X
Testicular Staging, restaging Diagnosis, monitoring *		X	X
All other cancers not listed herein			X

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