INDICATIONS FOR HEART (CARDIAC) PET SCAN:

- Cardiac PET scans using rubidium-82 (Rb-82) or N-13 ammonia done at rest or with pharmacological stress are considered medically necessary for noninvasive imaging of the perfusion of the heart for the diagnosis and management of patients with known or suspected coronary artery disease, provided such scans meet either one of the two following criteria:
  - The PET scan is used in place of, but not in addition to, a single photon emission computed tomography (SPECT), in persons with conditions that may cause attenuation problems with SPECT, such as obesity with a BMI of 40 or greater, large breasts, breast implants, mastectomy, chest wall deformity, pleural or pericardial effusion); or
  - The PET scan is used following an inconclusive SPECT scan (i.e., the results of the SPECT are equivocal, technically uninterpretable, or discordant with a patient’s other clinical data).

- In these cases, the PET scan must have been considered necessary in order to determine what medical or surgical intervention is required to treat the patient.
- Cardiac PET scans are also covered when performed to assess myocardial viability to determine patient’s candidacy for a revascularization procedure.
- The identification of patients with partial loss of heart muscle movement or hibernating myocardium is important in selecting candidates with compromised ventricular function to determine appropriateness for revascularization.
- The cardiac PET scans can be performed prior to revascularization, either as a primary or initial diagnostic study, or, following an inconclusive SPECT. The greater specificity of PET renders a SPECT performed following an inconclusive PET not medically necessary.