



Positron Emission Tomography

Many private insurance carriers pay for PET scans on a case-by-case basis for select clinical indications. Medicare approved clinical indications are listed below AND will typically be approved for reimbursement by other insurance carriers. However, pre-certification may be required for most payers other than Medicare. The referring provider is responsible for pre-certification prior to scheduling the exam. A radiology requisition and PET supplement form is requested at time of scheduling.

PET Imaging

The University of Chicago Hospitals offers

Positron Emission Tomography (PET) and PET/CT one of the most advanced and powerful diagnostic imaging techniques to diagnose many diseases.

PET is a non-invasive procedure that provides unique information about the body's metabolism, cell function and exact location of disease information not available through CT or MRI. Unlike, CT or MRI which look at anatomy or body structure, PET studies body function.

PET can effectively diagnose, stage and monitor the therapy response of most common cancers. It can also give physicians important early information about cardiac and neurological diseases, streamlining testing and decreasing the need for invasive biopsies. Because PET scans are pictures of the body's chemistry, many diseases can be seen in their earliest stages.

MEDICARE APPROVED CLINICAL INDICATIONS

Lung SPN

Solitary Pulmonary Nodule: evaluation for malignancy

Lung Cancer (NSCLC)

Diagnosis, staging, and restaging of non-small cell lung cancer

Colorectal Cancer

Diagnosis, staging, and restaging

Esophageal Cancer

Diagnosis, staging, and restaging

Melanoma

Diagnosis, staging, and restaging

Lymphoma

Hodgkin's & non Hodgkin's: diagnosis, staging, and restaging

Head & Neck Cancer (Excluding central nervous system cancers)

Diagnosis, staging, and restaging

Breast Cancer

Staging/restaging of local regional recurrence or distant metastases; evaluation of response to treatment

Thyroid Cancer

Restaging of recurrent or residual thyroid cancer of follicular cell origin that has been previously treated by thyroidectomy & radiation ablation and with serum thyroglobulin >10ng/ml **and** a negative I-131 whole body scan

Epilepsy

Pre-surgical evaluation of refractory seizures

Myocardial Viability

Primary or initial diagnosis prior to revascularization, or following inconclusive SPECT

For payers other than Medicare additional clinical indications may be covered as follows. Other Neoplasms: Brain, Cervical, Musculoskeletal, Ovarian and Pancreatic cancers and cancers of unknown primary. In addition, evaluation of dementia (Alzheimers) may be covered. Reimbursement varies by insurance and PRE-CERTIFICATION may be required. Please verify coverage with your insurance carrier.

To schedule a patient appointment call 702-0336