

Medicare coverage criteria for FDG-PET for Alzheimer's Disease

Medicare covers FDG-PET scans for the differential diagnosis of fronto-temporal dementia (FTD) and Alzheimer's disease (AD) under specific requirements; or, its use in a CMS approved practical clinical trial focused on the utility of FDG-PET in the diagnosis or treatment of dementing neurodegenerative diseases.

FDG-PET Requirements for Use in the Differential Diagnosis of AD and FTD

An FDG-PET scan is considered reasonable and necessary in patients with a recent diagnosis of dementia and documented cognitive decline of at least six months, who meet the diagnostic criteria for both AD and FTD. These patients have been evaluated for specific alternate neurodegenerative diseases or other causative factors, but the cause of the clinical symptoms remains uncertain.

The following additional conditions must be met:

- The patient's onset, clinical presentation, or course of cognitive impairment is such that FTD is suspected as an alternative neurodegenerative cause of the cognitive decline. Specifically, symptoms such as social disinhibition, awkwardness, difficulties with language or loss of executive function are more prominent early in the course of FTD, than the memory loss typical of AD;
- The patient has had a comprehensive clinical evaluation (as defined by the American Academy of Neurology (AAN)) encompassing a medical history from the patient and a well-acquainted informant (including assessment of activities of daily living), physical and mental status examination (including formal documentation of cognitive decline occurring over at least six months) aided by cognitive scales or neuropsychological testing, laboratory tests, and structural imaging such as MRI or CT;
- The patient has been evaluated by a physician experienced in the diagnosis and assessment of dementia;
- The evaluation of the patient did not clearly determine a specific neurodegenerative disease or other cause for the clinical symptoms, and information available through FDG-PET is reasonably expected to help clarify the differential diagnosis between FTD and AD and help guide future treatment;
- The FDG-PET scan is performed in a facility that has all the accreditation necessary to operate nuclear medicine equipment. The reading of the scan should be done by an expert in nuclear medicine, radiology, neurology, or psychiatry with experience interpreting such scans in the presence of dementia;
- A brain single photon emission computed tomography (SPECT) or FDG-PET scan has not been obtained for the same indication; (The indication can be considered different in patients who exhibit important changes in scope or severity of cognitive decline, and meet all other qualifying criteria. The results of a prior SPECT or FDG-PET scan must have been inconclusive or, in the case of SPECT, difficult to interpret due to immature or inadequate technology. In these instances, an FDG-PET scan may be covered after one year has passed from the time the first SPECT or FDG-PET scan was performed.)
- The billing provider must furnish a copy of the FDG-PET scan result for use by CMS and its contractors upon request.
- This service should be billed with CPT code 78608 – brain imaging, PET, metabolic evaluation

Medicare Coverage Criteria for FDG-PET for Alzheimer's Disease

The referring and billing providers have documented the appropriate evaluation of the Medicare beneficiary. Providers should establish the medical necessity of an FDG-PET scan by ensuring that the following information has been collected and is maintained in the beneficiary medical record:

- Date of onset of symptoms;
- Diagnosis of clinical syndrome (normal aging, mild cognitive impairment or MCI; mild, moderate or severe dementia);
- Mini mental status exam (MMSE) or similar test score;
- Presumptive cause (possible, probable, uncertain AD);
- Any neuropsychological testing performed;
- Results of any structural imaging (MRI or CT) performed;
- Relevant laboratory tests (B12, thyroid hormone); and,
- Number and name of prescribed medications.

Medicare contractors will ensure one of the following appropriate ICD.9 diagnosis codes is present on claims for PET scans for AD (otherwise the claim will be denied):

ICD.9 code	Description	ICD.9 code	Description
290.0	Senile dementia, uncomplicated	290.3	Senile dementia with delirium
290.10	Presenile dementia, uncomplicated	331.0	Alzheimer's disease
290.11	Presenile dementia with delirium	331.11	Pick's disease
290.12	Presenile dementia with delusional features	331.19	Fronto-temporal dementia
290.13	Presenile dementia with depressive features	331.2	Senile degeneration of brain
290.20	Senile dementia with delusional features	331.9	Cerebral degeneration, unspecified
290.21	Senile dementia with depressive features	780.93	Memory loss

Medicare requirements for coverage in the context of a CMS approved practical clinical trial may be found in the references listed below.

References:

1. Medicare National Coverage Determinations Manual

Chapter 1; Part 4; Section 220.6 - PET Scans

http://www.cms.hhs.gov/manuals/downloads/ncd103c1_Part4.pdf

2. Medicare Claims Processing Manual

Chapter 13; Section 60 - PET Scans

<http://www.cms.hhs.gov/manuals/downloads/clm104c13.pdf>

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