

Disease Category	Clinical Indications	Covered by Medicare
Breast Cancer	<ul style="list-style-type: none"> • Staging (not reliable for axillary nodal involvement) • Evaluate suspected local and/or distant metastasis (inconclusive diagnostic imaging studies, lab studies) • Radiation therapy planning • Monitor response to treatment 	Yes Initial staging for distant metastases Staging and re-staging locoregional recurrence or distant metastases Evaluate response to treatment
Colorectal Cancer	<ul style="list-style-type: none"> • Initial staging prior to surgery • Restaging post treatment • Restaging for rising CEA levels • Restage when other imaging studies are inconclusive • Differentiation of presacral post surgical change vs. recurrent tumor • Restage when abnormal physical exam or clinical symptoms of recurrence • Re-evaluation after radiofrequency ablation of hepatic colorectal metastases • Radiation therapy planning 	Yes Diagnosis* Staging Restaging (*CMS guidelines state that PET would rarely be used in the diagnosis of colorectal cancer)
Esophageal Cancer	<ul style="list-style-type: none"> • Initial staging to evaluate local extent of disease and/or identify distant metastasis prior to scheduled surgery • Radiation therapy planning • Re-stage for suspected recurrence 	Yes Diagnosis* Staging Restaging (*CMS guidelines state that PET would rarely be used in the diagnosis of esophageal cancer)
Head & Neck Cancer (<i>Excluding CNS and thyroid</i>)	<ul style="list-style-type: none"> • Detection of unknown primary • Identify an appropriate site for biopsy • Staging of neck nodes • Staging outside of the head & neck • Radiation therapy planning • Differentiation of post surgical change from recurrent tumor • Exclusion of lesions that appear suspicious on other imaging modalities 	Yes Diagnosis Staging Re-staging

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Lung Cancer	<ul style="list-style-type: none"> • Distinguish malignant from benign pulmonary nodule(s) • Biopsy localization information • Mediastinal nodal staging • Staging for extrathoracic metastases • Radiation therapy planning • Re-stage to detect recurrent disease or residual tumor following definitive therapy • Differentiation of postsurgical change from recurrent tumor 	Yes Diagnosis* Staging Restaging (*PET is also covered to evaluate a solitary (single) pulmonary nodule, indeterminate on CT and > 4 cm – see indication Solitary Pulmonary Nodule)
Lymphoma	<ul style="list-style-type: none"> • Initial staging to determine extent of disease prior to chemotherapy • Biopsy localization information • Radiation therapy planning for Hodgkin's • Restage to evaluate response to treatment • Differentiation of residual soft tissue (scar) vs. tumor 	Yes Diagnosis* Staging Restaging (*CMS guidelines state that PET would rarely be used in the diagnosis of lymphoma)
Melanoma <i>(Excludes the evaluation of regional nodes)</i>	<ul style="list-style-type: none"> • Initial staging to determine extent of disease prior to scheduled treatment (not covered for evaluation of regional nodes) • Restage to evaluate response to treatment • Restage to detect recurrence 	Yes Diagnosis* Staging Restaging (*CMS guidelines state that PET would rarely be used in the diagnosis of melanoma; CMS does not cover PET for evaluation of regional nodes when there is not suspicion for more extensive disease)
Thyroid Cancer	<ul style="list-style-type: none"> • Re-staging patients with suspected recurrence in thyroid cancers of follicular cell origin, post surgery or I 131 ablation with >10 ng/ml serum thyroglobulin level and negative I 131 whole body scan 	Yes (CMS covers PET for patients who have been treated for thyroid cancer of follicular cell origin (either surgically or with I 131) and have thymoglobulin level >10 ng/ml and a negative I 131 WB scan)

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Cardiac Viability	<ul style="list-style-type: none"> Initial staging to determine myocardial viability from infarcted tissue when patients are being evaluated for revascularization or transplant 	Yes Staging (PET is covered when the patient has had an inclusive SPECT study and effective 10.01.03 PET can be used as a first line study instead of a SPECT study)
Seizure Disorders	<ul style="list-style-type: none"> Staging to evaluate seizure focus prior to scheduled surgery 	Yes Pre-surgical evaluation
Solitary Pulmonary Nodule <i>(A PET scan for SPN may be repeated after 90 days following a negative PET scan)</i>	<ul style="list-style-type: none"> Evaluation of an indeterminate single/solitary lung nodule < 4 cm identified by CXR or CT Evaluation of a lung nodule that shows an interval increase in size following a negative PET scan > 90 days prior 	Yes (CMS covers a PET scan for an indeterminate SPN by CT and when the single/solitary nodule is < 4cm)
Brain Cancer	<ul style="list-style-type: none"> Differentiation of radiation necrosis vs. residual/recurrent tumor 	No
Ovarian Cancer	<ul style="list-style-type: none"> Staging prior to surgery Restaging when CA-125 levels are increasing Radiation therapy planning 	No
Cervical Cancer	<ul style="list-style-type: none"> Staging prior to surgery (particularly good for evaluating paraaortic lymph nodes) Evaluating response to therapy 	No