

EVOLENT CLINICAL GUIDELINE 070-3 FOR TUMOR IMAGING PET - BREAST CANCER (INITIAL DIAGNOSIS)

<u>Guideline or Policy Number:</u> Evolut CG 070-3		<u>Applicable Codes</u>
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<u>Clinical guidelines</u> <u>TUMOR IMAGING PET -</u> <u>BREAST CANCER - INITIAL DX</u>		<u>Original Date: June 2007</u>
<u>CPT Codes: G0252</u>		<u>Last Revised Date: May 2023</u>
<u>Original Date:</u> June 2007	<u>Last Revised Date:</u> May 2024	<u>Implementation Date:</u> January 2024

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STATEMENT

General Information

It is an expectation that all patients receive care/services from a licensed clinician. All appropriate supporting documentation, including recent pertinent office visit notes, laboratory data, and results of any special testing must be provided. If applicable: All prior relevant imaging results and the reason that alternative imaging cannot be performed must be included in the documentation submitted.

Where a specific clinical indication is not directly addressed in this guideline, medical necessity determination will be made based on widely accepted standard of care criteria. These criteria are supported by evidence-based or peer-reviewed sources such as medical literature, societal guidelines and state/national recommendations.

Special Note

PET Imaging

PET scan imaging, full and partial-ring pet scanners only, for initial diagnosis of breast cancer and/or surgical planning for breast cancer (e.g., initial staging of axillary lymph nodes) is considered to be not medically necessary and is therefore a non-covered study.¹
(1)

CODING AND STANDARDS

Coding

CPT Codes

G0252

Applicable Lines of Business

<input checked="" type="checkbox"/>	<u>CHIP (Children's Health Insurance Program)</u>
<input checked="" type="checkbox"/>	<u>Commercial</u>
<input checked="" type="checkbox"/>	<u>Exchange/Marketplace</u>
<input checked="" type="checkbox"/>	<u>Medicaid</u>
<input type="checkbox"/>	<u>Medicare Advantage</u>

POLICY HISTORY

Summary

Date	Summary
<u>May 2024</u>	<ul style="list-style-type: none">• <u>No changes</u>
May 2023	<ul style="list-style-type: none">• General Information moved to beginning of guideline with added statement on clinical indications not addressed in this guideline
<u>April 2022</u>	<u>No changes</u>

LEGAL AND COMPLIANCE

Guideline Approval

Committee

Reviewed / Approved by ~~NIA~~Evolent Specialty Clinical Guideline Review Committee

Disclaimer: ~~National Imaging Associates, Inc. (NIA) authorization policies~~

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REFERENCES

1. Sasada S, Masumoto N, Goda N, Kajitani K, Emi A et al. Which type of breast cancers is undetectable on ring-type dedicated breast PET? Clin Imaging. 2018; 51: 186-191. 10.1016/j.clinimag.2018.05.010.