

December 4, 2020

William Shrank, MD, MSHS  
Chief Medical Officer  
Humana, Inc.  
500 W Main Street  
Louisville, KY 40202

Dear Dr. Shrank:

The American College of Radiology, representing nearly 40,000 radiologists, radiation oncologists, nuclear medicine physicians and medical physicists, is writing to express concern about Humana's recent policy decision [Policy Number: HCS-0506-010] to refuse coverage for hybrid PET/CT (CPT codes 78429-78433). The policy denies coverage of certain PET/CT exams on the basis that it is "experimental/investigational" and "not identified as widely used and generally accepted for the proposed uses as reported in nationally recognized peer-reviewed medical literature." The revised policy, to take effect February 4, 2021, reads:

"Humana members may NOT be eligible under the Plan for PET with concurrently acquired CT for any indications other than those listed above, including, but not limited to: Cardiac indications, gastric or esophageal oncologic indications, neurologic indications, or total body PET/CT for screening."

Hybrid PET/CT represents state-of-the-art imaging for patients being evaluated for coronary artery disease. The advantages of PET myocardial perfusion studies over SPECT include: 1) greater diagnostic accuracy<sup>1</sup>; 2) reduced rate of artifacts, decreasing need for downstream invasive procedures; 3) quantification of myocardial blood flow enabling improved identification of high risk populations who may have greater benefit from revascularization<sup>2</sup>; 4) more rapid scan protocols enabling more efficient discharge from increasingly overloaded hospitals with COVID surges; and 5) the use of shorter half-life radiotracers, which decreases radiation exposure.

The ACR therefore disagrees with Humana's decision to refuse to cover cardiac PET/CT on the basis that it is experimental. This decision denies patient access to standard-of-care testing that is required to make life-saving clinical decisions. The Society of Nuclear Medicine and Molecular Imaging (SNMMI) and the

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<sup>1</sup> Danad I, Raijmakers PG, Driessen RS, et al. Comparison of Coronary CT Angiography, SPECT, PET, and Hybrid Imaging for Diagnosis of Ischemic Heart Disease Determined by Fractional Flow Reserve. *JAMA Cardiol.* 2017;2(10):1100-1107.

<sup>2</sup> Patel KK, Spertus JA, Chan PS, Sperry BW, Badarin FA, Kennedy KF, Thompson RC, Case JA, McGhie AL, Bateman TM. Myocardial blood flow reserve assessed by positron emission tomography myocardial perfusion imaging identifies patients with a survival benefit from early revascularization, *Eur. Heart J.* 2020;41(6):759-768, <https://doi.org/10.1093/eurheartj/ehz389>

William Shrank, MD, MSHS  
December 4, 2020  
Page Two

American Society of Nuclear Cardiology (ASNC)'s recommendations<sup>3</sup> regarding the role of PET/CT in the evaluation of coronary artery disease have been accepted by multiple payers, including the Centers for Medicare and Medicaid Services (CMS).

Nearly all currently available PET scanners are now hybrid PET/CT systems, and these newer systems include numerous improvements compared to older, non-hybrid, systems. With this policy, Humana is thus requiring its members to obtain cardiac PET services on less advanced equipment. Integrated PET/CT systems reduce scan time, which also reduces patient motion, leading to higher quality images. The CT attenuation correction can also be customized for body habitus, again contributing to a higher quality image. For cardiac PET/CT, there is also extensive medical literature documenting the additional diagnostic value contributed by review of the CT attenuation map image for coronary calcium.

In summary, the ACR strongly disagrees with Humana's proposed coverage determination to exclude hybrid PET imaging for cardiac and several other indications as 'experimental' and 'investigational'. There is ample evidence in the published literature as well as published clinical guidelines and appropriate use criteria supporting the use of hybrid PET/CT that is widely accepted by many payers, including CMS.

Implementing this revised policy will deny patients access to state-of-the-art imaging procedures that are the standard-of-care for making potentially life-saving clinical decisions. We respectfully insist this new policy be reversed. If you need further information or to schedule a meeting with our subject matter experts, please contact Kathryn Keysor, Senior Director of Economic Policy, at [kkeysor@acr.org](mailto:kkeysor@acr.org).

Sincerely,



William T. Thorwarth, Jr, MD, FACR  
Chief Executive Officer

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<sup>3</sup> Bateman TM, Dilsizian V, Beanlands RS, DePuey EG, Heller GV, Wolinsky DA. J Nucl Cardiol. 2016 Oct;23(5):1227-1231. doi: 10.1007/s12350-016-0626-9. PMID: 27528255.