

FDG-PET Scan Request Form - Alzheimer's Disease and Fronto-temporal Dementia

In order for a Medicare patient to be eligible for a FDG-PET brain scan certain conditions must be met and verified. Please read these criteria, complete this form in its entirety and provide your written and printed signature at the bottom.

Medicare covers FDG-PET scans for the differential diagnosis of fronto-temporal dementia (FTD) and Alzheimer's disease (AD) under specific requirements. An FDG-PET scan is considered reasonable and necessary in patients with a recent diagnosis of dementia and documented cognitive decline of at least 6 months, who meet diagnostic criteria for both AD and FTD.

- 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.
- 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 6 months) aided by cognitive scales or neuropsychological testing, laboratory tests, and structural imaging such as magnetic resonance imaging (MRI) or computed tomography (CT);
- The evaluation of the patient has been conducted 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 diagnosis between FTD and AD and help guide future treatment;
- A brain SPECT or FDG-PET scan has not been obtained for the same indication. If the results of a prior SPECT or FDG-PET were inconclusive an FDG-PET may be covered after a period of one year.

Date of onset of symptoms: _____

Diagnosis of clinical syndrome: _____
(e.g. normal aging; mild cognitive impairment or MCI; mild, moderate or severe dementia)

Examiner's name/Date: _____

Mini mental status exam (MMSE) or similar test score: Score: _____ Date: _____

Presumptive cause (possible, probable, uncertain AD): _____

Any neuropsychological testing performed: In patient chart: Yes _____ No _____ Date: _____
Tests: _____

Results of any structural imaging (MRI or CT) performed: In patient chart: Yes _____ No _____ Date: _____

Relevant laboratory tests (B12, thyroid hormone): In patient chart: Yes _____ No _____ Date: _____

Number and name of prescribed medications: In patient chart: Yes _____ No _____

Exam requested: Brain FDG-PET

Is patient diabetic? Yes No

Patient name: _____ SSN: _____ Insurance: _____

DOB: ___/___/___ Home phone: _____ Work phone: _____ Weight: _____

_____ Date: _____

Referring physician signature

Print name

By signing this request form I acknowledge full responsibility for the information that must be completed and maintained in this patient's medical record in my office. I have verified that all conditions described above have been met. Upon request I will make this documentation available to the provider and/or to CMS, its agents or other authorized personnel for review.



Checklist to determine whether FDG-PET dementia evaluation is indicated and covered by Medicare*

1. Does the patient have diminished memory and other cognitive deficits which have been present for at least 6 months, and which now impair her or his ability to function as (s)he normally would (professionally, socially, or with respect to activities of daily living)?
 Yes (continue to #2) No PET scan is not covered.*
2. Based on history, physical examination, and blood labs, is evidence present for any of the following correctable conditions: Depression? Substance abuse? Malnourishment? Medication effects? Cardiopulmonary compromise? Anemia? Hypoxemia? Infection? Thyroid dysfunction? Renal or hepatic disorder? Glucose or electrolyte/calcium dysregulation?
 Yes (continue to #3) No (continue to #4)
3. After treatment of the above condition(s), do the deficits still persist?
 Yes (continue to #4) No PET scan is not indicated.
4. Does the patient suffer from Alzheimer's disease, in the judgment of a physician experienced in the diagnosis and assessment of dementia who evaluated this patient, aided by:
 - a) cognitive scales or neuropsychological tests,
 - b) corroborating history from a well-acquainted informant,
 - c) laboratory tests (including serum B12 and TSH levels) and structural imaging (MRI or CT)? Yes –the physician judges the presence of Alzheimer's disease to be certain, PET scan is not covered.*
 No –the physician judges the absence of Alzheimer's disease to be certain, PET scan is not covered.*
 Uncertain –the physician judges that it is uncertain whether the patient suffers from Alzheimer's disease (continue to #5)
5. Does the patient exhibit symptoms (e.g., early onset or prominence of social disinhibition, awkwardness, difficulties with language, loss of executive function) such that frontotemporal dementia is suspected as an alternative cause of the patient's cognitive deficits?
 Yes (continue to #6) No PET scan is not covered.*
6. Is it reasonable to expect that information obtained through FDG-PET will help with diagnosis and management of the patient?
 Yes (continue to #7) No PET scan is not covered.
7. Has the patient previously undergone SPECT or FDG-PET for the same indication?
 Yes –the results were conclusive and the patient's condition has not substantially changed, PET scan is not covered.
 Yes –but the results were not conclusive and at least a year has elapsed (continue to #8)
 Yes –the results were conclusive, but there have been important changes in scope or severity of the patient's cognitive deficits and at least one year has elapsed. (continue to #8)
 No (continue to #8)
8. An FDG-PET scan is considered "reasonable and necessary" by CMS. The patient should be referred to a facility accredited to operate nuclear medicine equipment and the scan should be read by an expert with experience interpreting PET scans for the evaluation of dementia.

*Note: PET scans not covered by Medicare per above criteria may be covered in the context of a CMS-approved clinical trial. For further details, see CMS Decision Memo at: <http://www.cms.hhs.gov/mcd/viewdecisionmemo.asp?id=104>

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Adapted from Daniel Silverman, M.D. New Medicare coverage policy for FDG-PET in evaluation of dementia, AMI News, Academy of Molecular Imaging, Fall 2004:1,19.



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