



October 29, 2020

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

Dear Dr. Shrank,

On behalf of the American Society of Nuclear Cardiology (ASNC), I am writing to express objection to Humana's recent policy decision [Policy Number: HCS-0506-010] to refuse coverage for hybrid PET-CT (CPT codes 78429-78433) on the basis they are "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; OR
- Gastric or esophageal oncologic indications; OR
- Neurologic indications; OR
- Total body PET/CT (uEXPLORER) for screening (eg, cancer)

ASNC is a 4,500-member professional medical society, which provides a variety of continuing medical education programs related to nuclear cardiology and cardiovascular computed tomography, develops standards and guidelines for training and practice, promotes accreditation and certification within the nuclear cardiology field, and is a major advocate for furthering research and excellence in nuclear cardiology and cardiovascular computed tomography.

PET-CT represents state-of-the-art imaging for patients being evaluated for coronary artery disease. ASNC therefore adamantly disagrees with the Humana's decision of non-coverage of cardiac PET-CT on the basis it is experimental. Non-coverage for hybrid PET-CT denies patient access to standard-of-care testing required to make life-saving clinical decisions.

Recommendations of ASNC and the Society of Nuclear Medicine & Molecular Imaging

(SNMMI)¹ regarding the role of PET-CT have been accepted by the AMA RUC and multiple payers.

A 2016 paper published by ASNC in conjunction with SNMMI described the clinical value of PET and scenarios where myocardial PET perfusion imaging would be preferred or recommended. Also published in 2016 were the ASNC imaging guidelines / SNMMI procedure standards² which detail the quality components required to perform PET nuclear cardiology procedures. The publication of these two peer-reviewed documents validated the role of cardiac PET and led to reimbursement by the Centers for Medicare and Medicaid Services, and most other payers, for these procedures with Category I codes.

The very nature of acquiring a cardiac PET study requires the use of attenuation correction for all studies. Without attenuation correction, PET images are virtually uninterpretable. For dedicated PET systems, attenuation may entail the use of germanium rod sources or rings or CT. Humana appears to acknowledge the importance of attenuation in PET studies by covering PET with concurrent CT for attenuation correction for other anatomic imaging. Yet, Humana's revised policy dismisses the same value of PET/CT for cardiac imaging.

We are similarly concerned with Humana's non-coverage decision of SPECT/CT (CPT codes 78830 and 78832) for the same reasons as highlighted above for PET/CT, as the revised policy states:

Humana members may NOT be eligible under the Plan for the following for any indications:

- CAD used in conjunction with MRI for prostate biopsy (eg, DynaCAD); OR
- CAD used in conjunction with ultrasound for prostate biopsy (eg, Fusion Bx 2.0); OR
- Diagnostic CT scan used in conjunction with PET/CT; OR
- MRI/CT; OR
- PET/MRI; OR
- SeeFactorCT3; OR
- SPECT/CT; OR
- SPECT/MRI

¹ 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.

² Dilsizian V, Bacharach SL, Beanlands SR, Bergmann SR, Delbeke D, Dorbala S, et al. ASNC Imaging Guidelines/SNMMI Procedure Standard for Positron Emission Tomography (PET) Nuclear Cardiology Procedures. J Nucl Cardiol 2016;23:1187-1226.

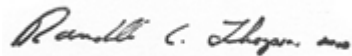
Nearly all current commercially available PET scanners are now hybrid PET/CT systems and these newer systems have numerous other improvements in resolution compared to older models. With this policy, Humana is thus requiring its members to have cardiac PET services on less advanced instrumentation. Single photon emission computed tomography (SPECT) has seen similar development. Integrated PET/CT also results in reduced scan time and reduced patient motion leading to higher quality images. CT attenuation can also be customized for body habitus, again contributing to a higher quality image. For cardiac PET, there is also extensive medical literature documenting the additional diagnostic value contributed by review of the CT attenuation map image.

We ask this revised policy not be implemented. Further, we request an opportunity to discuss our concerns with you, as we seek to assure that patients covered under Humana continue to have access to the best possible cardiovascular care. To schedule a conversation, please contact Camille Bonta at (202) 320-3658 or cbonta@summithealthconsulting.com.

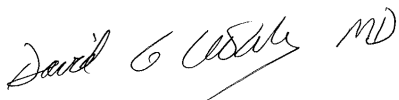
Sincerely,



Sharmila Dorbala, MD
President
American Society of Nuclear Cardiology



Randall Thompson, MD
President-Elect
American Society of Nuclear Cardiology



David Wolinsky, MD
Chair, Health Policy Committee
American Society of Nuclear Cardiology