

PROVIDER NOTIFICATION OF POLICY CRITERIA CHANGE					
POLICY TITLE	POLICY NUMBER	CRITERIA CHANGE	MATERIAL AMEUREMENT	EFFECTIVE DATE	LINK TO FULL POLICY
PET or PET/CT for Breast Cancer	2001036	<p>Coverage criteria updated:</p> <p><u>Diagnostic Workup:</u> Indicated:</p> <ul style="list-style-type: none"> When standard imaging cannot be performed or is nondiagnostic for metastatic disease; or <p>*Workup may be considered for: Inflammatory breast cancer (IBC), tumor size ≥ 2 cm ($\geq T2$), clinically positive lymph nodes, or tumor size >1 cm (T1c) HER2+ or triple-negative disease</p> <p><u>Management:</u> Indicated in ANY of the following:</p> <ul style="list-style-type: none"> Radiation planning for treatment of locoregional recurrence Standard imaging cannot be performed or is nondiagnostic for recurrent or progressive disease; or Elevated LFTs or rising tumor markers with negative standard imaging or Restaging/treatment response when bone is the only site of measurable disease in the chest, abdomen, and pelvis 	YES	04/04/2026	https://secure.arkansasbluecross.com/members/PETIntro.aspx?policyNumber=2001036
PET or PET/CT for Colorectal Cancer	2000001	<p>Coverage criteria updated:</p> <p><u>Management:</u> Indicated in ANY of the following scenarios:</p> <ul style="list-style-type: none"> Standard imaging cannot be performed or is nondiagnostic for recurrent or progressive disease Rising carcinoembryonic antigen (CEA) level with negative standard imaging 	YES	04/04/2026	https://secure.arkansasbluecross.com/members/PETIntro.aspx?policyNumber=2000001

PET or PET/CT for Head and Neck Malignant Disease	2000023	<p>Coverage criteria updated:</p> <p><u>Diagnostic Workup:</u> Indicated in EITHER of the following scenarios:</p> <ul style="list-style-type: none"> • Evaluation of locoregionally advanced cancers (T3-T4 primary or \geq N1 nodal staging); or • Following biopsy suggestive of head/neck primary tumor when CT or MRI is nondiagnostic for site of primary tumor 	YES	04/04/2026	https://secure.arkansasbluecross.com/members/PETIntro.aspx?policyNumber=2000023
PET or PET/CT for Non-Hodgkins Lymphoma and Leukemia	2000002	<p>Coverage criteria updated:</p> <p>Acute Leukemia</p> <p><u>Diagnostic Workup:</u> Indicated in EITHER of the following scenarios:</p> <ul style="list-style-type: none"> • Clinical suspicion for extramedullary disease or lymphadenopathy • When standard imaging cannot be performed or is nondiagnostic <p><u>Management:</u> Indicated in ANY of the following scenarios:</p> <ul style="list-style-type: none"> • Relapsed or refractory extramedullary disease • Treatment response of lymphomatous extramedullary disease • When standard imaging cannot be performed or is nondiagnostic <p>Chronic lymphocytic leukemia or small lymphocytic lymphoma</p> <p><u>Diagnostic Workup:</u></p> <ul style="list-style-type: none"> • Indicated for suspected Richter's transformation to direct nodal biopsy <p><u>Management:</u></p> <ul style="list-style-type: none"> • Indicated for suspected Richter's transformation to direct nodal biopsy <p>Lymphoma – Non-Hodgkin (Includes Castleman Disease, Post-Transplant Lymphoproliferative Disorders)</p>	YES	04/04/2026	https://secure.arkansasbluecross.com/members/PETIntro.aspx?policyNumber=2000002

		<p><u>Diagnostic Workup:</u> Indicated in EITHER of the following scenarios:</p> <ul style="list-style-type: none"> Initial evaluation of suspected lymphoma when lymph nodes are not amenable to biopsy Initial staging (often used as an adjunct to CT chest/abdomen/pelvis) <p><u>Management:</u> Indicated in ANY of the following scenarios:</p> <ul style="list-style-type: none"> Radiation planning prior to definitive or consolidative treatment for indolent, aggressive, and highly-aggressive non-Hodgkin's lymphoma Interim restaging following 2-4 cycles of treatment for stage III and IV disease Single evaluation at completion of therapy Suspected recurrence or progression of disease based on standard imaging or objective signs/symptoms 			
PET or PET/CT for Melanoma	2000003	<p>Coverage criteria updated:</p> <p><u>Diagnostic Workup:</u> Indicated in ANY of the following scenarios:</p> <ul style="list-style-type: none"> Initial staging of mucosal melanoma or stage III and IV cutaneous melanoma Standard imaging cannot be performed or is nondiagnostic for metastatic disease When the primary site is unknown and standard imaging is negative <p><u>Management:</u> Indicated in ANY of the following scenarios:</p> <ul style="list-style-type: none"> Radiation planning for definitive treatment Standard imaging cannot be performed or is nondiagnostic for recurrent or progressive disease To assess neoadjuvant or systemic treatment response in mucosal melanoma or stage III and IV cutaneous melanoma 	YES	04/04/2026	https://secure.arkansasbluecross.com/members/PETIntro.aspx?policyNumber=2000003
Intensity Modulated Radiation Therapy (IMRT), Abdomen and Pelvis	2011071	<p>Coverage criteria updated:</p> <p><u>Penile cancer</u> In EITHER of the following:</p>	YES	04/04/2026	https://secure.arkansasbluecross.com/members/report.aspx?policyNumber=2011071

		<ul style="list-style-type: none"> Primary disease, with or without chemotherapy, particularly to irradiate inguinal and/or pelvic lymph nodes Retreatment of a previously irradiated field 			
PET or PET/CT for Gastric and Hepatocellular and Biliary Tract Cancers	2011074	<p>Coverage criteria updated:</p> <p><u>Diagnostic Workup:</u></p> <ul style="list-style-type: none"> Indicated for locally advanced (> T2) tumors when standard imaging cannot be performed or is nondiagnostic for metastatic disease 	YES	04/04/2026	https://secure.arkansasbluecross.com/members/PETIntro.aspx?policyNumber=2011074
PET or PET/CT for Ovarian, Fallopian Tube, and Primary Peritoneal Cancer	2001037	<p>Coverage criteria updated:</p> <p><u>Management</u></p> <p>Indicated in ANY of the following scenarios:</p> <ul style="list-style-type: none"> Standard imaging cannot be performed or is nondiagnostic for recurrent or progressive disease Rising CA-125 with negative standard imaging 	YES	04/04/2026	https://secure.arkansasbluecross.com/members/PETIntro.aspx?policyNumber=2001037
PET or PET/CT for Prostate Cancer, FDG and non-FDG	2001035	<p>Coverage criteria updated:</p> <p><u>Management of Recurrent/Persistent disease</u></p> <p>Indicated in EITHER of the following scenarios:</p> <p>When ALL of the following criteria are met:</p> <ul style="list-style-type: none"> Original clinical stage T1-T3 and NX or N0 treated with prostatectomy and/or radiation therapy, with biochemically recurrent/persistent disease (see note #1 for definition); and Negative or nondiagnostic conventional imaging (see note #2 for imaging list) within past 60 days if PSA > 10 ng/ml Patient is a candidate for curative intent salvage therapy (see note #3 for definition); and PET/CT has not been performed within the past 3 months <p>OR</p> <p>Evaluation of metastatic castrate-resistant disease for radioligand therapy when previously treated with ANY of the following androgen-receptor pathway inhibitors:</p> <ul style="list-style-type: none"> Abiraterone Apalutamide 	YES	04/04/2026	https://secure.arkansasbluecross.com/members/PETIntro.aspx?policyNumber=2001035

		<ul style="list-style-type: none"> • Enzalutamide • Darolutamide 			
PET or PET/CT for Bone Cancer	2018012	<p>Coverage criteria updated:</p> <p><u>Diagnostic Workup:</u> Indicated in ANY of the following scenarios (all tumor types):</p> <ul style="list-style-type: none"> • Initial work-up of Ewing sarcoma and osteosarcoma • Standard imaging* cannot be performed or is nondiagnostic or metastatic disease • Standard imaging* suggests a resectable solitary metastasis • Baseline study prior to neoadjuvant chemotherapy 	YES	04/04/2026	https://secure.arkansasbluecross.com/members/PETIntro.aspx?policyNumber=2018012