

## CHECKLIST TO DETERMINE WHETHER FDG-PET DEMENTIA EVALUATION IS INDICATED AND COVERED BY MEDICARE

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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 – but there have been important changes in scope or severity of the patient's cognitive deficits since then** (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.**