DATA REQUIRED FOR PRE-CERTIFICATION FOR PET SCANNING

I UNDERSTAND THAT PET SCANS ARE SUBJECT TO PRE-CERTIFICATION BY VHI AND I AUTHORISE THE DOCTORS/HOSPITALS TO SUPPLY THE INFORMATION REQUESTED, INCLUDING ACCESS TO MY HOSPITAL/MEDICAL RECORDS, IF REQUESTED.

_____ **Date:** _____

Signature of Patient or Parent/Legal Guardian
(on behalf of a dependant under 18 years at the time of signing)

A. Essential Pre-certification Information

Questions 1 – 21 must be completed in full

1. PET scan facility name

2. Subscriber's name

3. Patient's name

4. Patient's date of birth

5. Address

6. Membership number

7. Plan type

8. Name of referring consultant: Vhi Doctor Code:

_____ _____

9. Name of referring hospital: Vhi Hospital Code:

_____ _____

10. In-patient

Yes ☐ No ☐

For Office Use Only:

Indication Code: _____ Yes ☐ No ☐

Notes: _____

Conditions of Payment for PET (Positron Emission Tomography)/PET-CT Scan

1. General conditions of payment

Benefit is subject to the following conditions of payment which must be satisfied before benefit becomes payable:

- Prior approval must be sought from Vhi Insurance
- The member is referred for a PET-CT scan by a Vhi Insurance registered Consultant
- The PET-CT scan is carried out at a PET-CT facility approved by Vhi Insurance for the purposes of providing benefit for our members
- The PET-CT scan is carried out for one of the approved clinical indications listed below.

2. Specific conditions of payment

A. Benefit for PET-CT scans is limited to PET-CT scans that, in the opinion of our Medical Director, satisfy the specific clinical indications outlined below, that is except as provided for in G below.
B. Benefit is for 18F-FDG PET-CT scans, unless otherwise specified.
C. Benefit for staging scans will be provided for the indications as specified below when the cancer is biopsy proven.
D. Benefit for re-staging will be provided for the indications as specified below (unless otherwise limited by the specific clinical indication):
   (i) after completion of treatment to detect residual disease
   (ii) to determine the extent of a known recurrence or
   (iii) where a recurrence or metastases are strongly suspected in symptomatic patients who have been identified as having a definitive clinical abnormality, either on clinical examination or as a result of other relevant investigations that is consistent with a recurrence of a previously diagnosed cancer.

E. Benefit is not provided for PET-CT scans performed for the purpose of diagnosis of a medical condition, or for monitoring response to treatment during the planned course of therapy, unless specified in one of the clinical indications below, or after 2 cycles of treatment in lymphoma if the information provided will be used to alter patient management.
F. Benefit is not provided for PET-CT scans performed for routine/planned follow up of asymptomatic patients.
G. In exceptional circumstances, and when agreed by our Medical Director, benefit will be provided for uncovered oncology indications when recommended by the MDT and when all other relevant investigations have failed to resolve management issues. Such applications must be accompanied by a detailed medical report from the referring doctor outlining the reason for the request, the results of all investigations performed and how any additional information provided by PET-CT will alter patient management. The date of, and attendees at, the MDT must also be provided. The oncology MDT must comprise at least one consultant from a minimum of three of the following specialties – Medical Oncology, Radiation Oncology, Surgical Oncology, Diagnostic Radiology and Pathology. Benefit in these circumstances is limited to a single scan and follow-up scans will not be eligible for benefit unless they satisfy one of the specific clinical indications listed below. (The number of such approvals will be monitored by facility and by referring consultant).

All relevant documentation must be provided with the request.

11. Specific Clinical indication for PET scan – please tick one of the following:

Clinical Indication	Clinical Indication Description	Please Tick Appropriate Indication
	Brain	
507	**Primary Brain Tumour** - Differentiation of radiation necrosis from tumour recurrence	
508	**Primary Brain Tumour** - Differentiation of progression and pseudoprogression within 3 months of completion of temozolamide therapy	
	Breast Cancer	
401	**Stage IIIC, T4 and/or N2 breast cancer** - Staging only when standard imaging studies (bone scan and CT scans) are equivocal or suspicious	

Clinical Indication	Clinical Indication Description	Please Tick Appropriate Indication
402	**Recurrent breast cancer** - Re-staging of when either known or strongly suspected (as outlined in specific condition 2D (iii) above) when other imaging studies (CT or MRI scans) are equivocal or suspicious	
403	**Locally advanced or metastatic breast cancer** - Monitoring response to treatment for only when other imaging studies (bone scan and CT or MRI scans) are shown to be equivocal	
	Colo-rectal & Anal Carcinoma	
391	**Invasive non-metastatic colo-rectal cancer** - Staging when abnormalities (>/= 1cm) are identified on CT or MRI scan that are considered to be suspicious but inconclusive for metastases, provided further delineation will change management	
392	**Metastatic colo-rectal cancer** - Staging of, only if prior anatomic imaging (CT or MRI) indicates the presence of potentially surgically curable metastatic disease	
393	**Colo-rectal cancer-** Re-staging in the scenario of an elevated CEA with negative or equivocal good-quality CT scans	
502	**Metastatic colo-rectal cancer**- Re-staging of only if prior anatomic imaging (CT or MRI) indicates the presence of potentially surgically curable metastatic disease	
503	**Rectal cancer** - re-staging of suspicious pre-sacral mass post-treatment	
504	**Anal carcinoma** - Staging	
	Gynaecological Malignancy	
407	**Cervical cancer** - Staging or re-staging	
408	**Ovarian cancer** - Re-staging	
510	**Endometrial cancer** - Staging of high-risk - defined as stage 1B G3 with endometrioid type and all stages with non-endometrioid type	
511	**Vulval cancer** - Staging for assessment of extent of metastatic disease or evaluation of equivocal nodes	
	Head & Neck Cancers	
399	**Stage III and IV head and neck cancers** - Staging	
400	**Head and neck cancer** - Re-staging of, post completion of chemotherapy and/or radiotherapy	
	Hepatobiliary Cancer	
418	**Hepatobiliary cancer** - Staging other than hepatocellular cancer	
	Lung Tumours	
389	**Solitary Pulmonary Nodule** Characterisation of an indeterminate solitary pulmonary nodule (SPN) ≥ 0.8cm and < 4cm. *Note: Benefit is only provided when it is medically necessary to distinguish between a malignant primary lesion of lung and a benign lesion and not when there is or has been a diagnosis of a primary cancer elsewhere*	
499	**Solitary Pulmonary Nodule** Characterisation of an indeterminate solitary pulmonary nodule > 4cm, following discussion with MDT, when nodule is inaccessible to biopsy or biopsy has been unsuccessful or patient not medically fit to undergo biopsy.	
539	**Lung nodule** - suspicious for cancer where the number of nodules is not greater than 2 and when recommended by an MDT (as defined at 2G above). Note: Excludes pure ground glass nodules.	
390	**Non-small cell lung cancer** - Staging	
500	**Non-small cell lung cancer** - Re-staging of post-induction therapy of Stage IIIA, N2 to exclude disease progression of interval development of metastatic disease	

Clinical Indication	Clinical Indication Description	Please Tick Appropriate Indication
410	**Small Cell Lung Cancer -** Staging	
	Lymphoma	
394	**Hodgkin's or non-Hodgkin's lymphoma** – Staging	
395	**Hodgkin's or non-Hodgkin's lymphoma** – Re-staging	
	Malignant Skin Tumours	
505	**Stage II melanoma -** Staging when a sentinel node biopsy cannot be performed	
506	**Stage III melanoma** - Staging prior to or post resection	
396	**Stage IV malignant melanoma** - Staging	
397	**Local recurrence of melanoma** - Re-staging	
545	**Metastatic melanoma** – Re-staging when resection is being considered	
546	**Merkel Cell Carcinoma -** Staging, re-staging, and assessment of treatment response when CT/MRI is inconclusive	
	Mesothelioma	
501	**Mesothelioma** - Staging of medically fit patients prior to planned surgery	
	Multiple Myeloma	
412	**Multiple myeloma** - Staging and re-staging	
	Neuroendocrine Tumours (NET)	
416	**Neuro-endocrine tumours of unknown primary site** - Staging	
608	**Gallium GA68-dotatate** for diagnosis, staging, re-staging and monitoring	
	Neuroblastoma	
509	**Neuroblastoma -** Staging where MIBG imaging is negative	
	Occult Primary	
415	**Occult primary** - staging in carcinomas of unknown primary site in tumours of indeterminate histology where the primary site cannot be identified by endoscopy or other imaging (CT, MRI) and where loco-regional therapy (i.e. surgery or radiotherapy) for a single site of disease is being considered	
	Oesophageal and Oesophago-Gastric Carcinoma	
398	**Oesophageal cancer** - Staging and re-staging	
411	**Gastric cancer** - Staging and re-staging	
	Pancreatic Cancer	
417	Pancreatic Cancer - Staging	
	Paraneoplastic Syndrome	
900	**Classical para-neoplastic neurological syndromes** - Evaluation when all other screening test results are negative. The request must be supported by a detailed medical report and recommendation from either: • An MDT involving a consultant neurologist recognised by Vhi, or two consultant neurologists recognised by Vhi. • Benefit in these circumstances is limited to a single scan, and any further scans will not be eligible for benefit unless they satisfy one of the specific clinical indications listed elsewhere	
	Prostate Cancer	
547	**Prostate Cancer -** F-18 sodium fluoride staging in recurrent prostate cancer after bone scan for further evaluation of equivocal findings	

Clinical Indication	Clinical Indication Description	Please Tick Appropriate Indication
950	**GA-68 PSMA scan** - for detection of recurrent prostate cancer in patients who have had radiotherapy or prostatectomy and who have evidence of biochemical recurrence with a PSA level of 0.2 to 10 ng/ml	
1025	**F-18 (Flourine) PSMA scan** - for detection of recurrent prostate cancer in patients who have had radiotherapy or prostatectomy and who have evidence of biochemical recurrence with a PSA level of 0.2 to 10 ng/ml	
	Sarcoma and Gastrointestinal Stromal Tumours (GIST)	
413	**Osteosarcoma and Ewing's sarcoma family of tumours** - Staging and re-staging	
414	**Soft tissue sarcomas (including GIST)** - Staging and re-staging	
	Thymic Tumours	
419	**Thymomas and thymic cancer** – Staging	
	Thyroid Neoplasia	
404	**Anaplastic thyroid cancer** - Staging	
405	**Papillary or Hurthle cell carcinoma** - Re-staging when previously treated by thyroidectomy and radio-iodine ablation with an elevated serum Tg > 10ng/ml and stimulated Tg > 2-5 ng/ml and negative I-131 imaging	
406	**Medullary carcinoma** - Re-staging of when serum calcitonin levels are > 500pg/ml	
	Urological Malignancies	
409	**Seminoma** - Re-staging post chemotherapy in the situation of (a) a residual mass > 3cm and normal markers, or (b) rising tumour markers with negative or equivocal CT scan	
512	**Penile cancer** - Staging of for assessment of extent of metastatic disease or evaluation of equivocal nodes	
	Uncovered Oncology Indications	
951	**Uncovered Oncology Indications (as set out in Ground Rule 2.G. and with a medical report confirming all of the following and listing names of attendees at the MDT)**	
	All other relevant investigation have failed to resolve management issues Yes ☐ No ☐	
	Recommended by MDT Yes ☐ No ☐ Date of MDT: _____	
	Medical Report attached (as defined at 2G above). Yes ☐ No ☐	
	Non Oncology Indications	
420	Pre-surgical evaluation of patients with refractory seizures for the purpose of localisation of a focus of the refractory seizure activity	

3. Specific Conditions applicable to the following Non-Oncology Indications

Prior approval is subject to receipt of documentation confirming the following:

(a) A comprehensive evaluation by a Vhi registered consultant neurologist or geriatrician with a special interest in neurodegenerative disorders has been performed and which includes neuropsychological testing. (Note; Neuropsychological testing involves extensive evaluation of multiple cognitive domains including attention, verbal memory, spatial memory, orientation, language, executive function, calculations, mental flexibility and conceptualisation via multiple tests and interviews.); And

(b) There has been discussion and agreement with a Vhi registered consultant radiologist with regard to PET/CT imaging for these indications; And

(c) For indications 549 and 550, that early diagnosis will have a significant impact on patient management (details of how management will be altered as a result of the scan to be provided with the request).

548	Differentiation of Alzheimer's dementia from frontal temporal dementia	
549	Diagnosis of neuro-degenerative disease in patients with atypical presentations (language disturbance, visuospatial deficits, apraxia or behavioural issues) or excessively young onset presentations when neuropsychological testing, MRI and CT are inconclusive	
550	Differentiation of progressive supra-nuclear palsy, cortical basal degeneration or multisystem atrophy from Parkinson's disease	

12. Date of patient's first consultation regarding this particular problem

13. Nature of symptoms

14. Duration of symptoms prior to first consultation

15. Have there been previous episodes of this or of a related illness?

Yes ☐ No ☐

If yes, please give details

16. Please specify all investigations performed and provide copies of the results (and specifically histology reports and in the case of SPN, the CT report) that support the final diagnosis

Investigations: **Findings:**

17. Has an MRI been performed?

Yes ☐ No ☐

If yes, please provide copy of result

18. Has a CT been performed?

Yes ☐ No ☐

If yes, please provide copy of result

19. In the case of suspected recurrent disease has conventional imaging or other investigations failed to confirm a recurrence?

Yes ☐ No ☐

20. Will CT, MRI, ultrasound or other investigations identify the stage of the disease?

Yes ☐ No ☐

If no, will the PET scan both replace their use and alter the clinical management of the patient?

Yes ☐ No ☐

21. Based on investigations to date and in the absence of a PET scan, please specify current proposed future management of the patient

B. CERTIFICATION

I hereby certify that the PET scan was necessitated by the illness described by me above and that I wish the decision to be communicated to me by (please tick one box only)

Email only ☐ Email address: _____

Post only ☐

Please note if you tick email we will not communicate the decision to you by post.

Consultant's Signature: _____ **Date:** _____

Vhi Doctor Code: _____

C. PRE-CERTIFICATION DECISION – FOR COMPLETION ONLY BY VHI'S MEDICAL ADVISORS

Is the PET scan eligible for benefit in accordance with Vhi Rules?

Yes ☐ No ☐

Signed On Behalf of Vhi Insurance: ***Date:***

_____ _____

DATA PROTECTION

The Vhi Group ("Vhi") will use the personal data provided in this form for the provision and administration of health insurance products and related services. Please see Vhi's Data Protection Statement, which contains details of the personal data we collect and how we use that personal data. The Data Protection Statement can be found at vhi.ie or should you wish to contact us on (056) 444 4444, you can request a hard copy.

If you have any queries in relation to the processing of your personal data, we have appointed a data protection officer that you can contact as follows: by post at Data Protection Officer, Vhi, Vhi House, Lower Abbey Street, Dublin 1 or by email at dataprotection@vhi.ie