

PARTNERSHIP HEALTHPLAN OF CALIFORNIA

POLICY / PROCEDURE

Policy/Procedure Number: MPUP3116			Lead Department: Health Services	
Policy/Procedure Title: Positron Emission Tomography Scans (PET Scans)			<input checked="" type="checkbox"/> External Policy <input type="checkbox"/> Internal Policy	
Original Date: 09/19/2012 Effective 01/01/2013		Next Review Date: 11/13/2025 Last Review Date: 11/13/2024		
Applies to:	<input checked="" type="checkbox"/> Medi-Cal		<input type="checkbox"/> Employees	
Reviewing Entities:	<input checked="" type="checkbox"/> IQI	<input type="checkbox"/> P & T	<input checked="" type="checkbox"/> QUAC	
	<input type="checkbox"/> OPERATIONS	<input type="checkbox"/> EXECUTIVE	<input type="checkbox"/> COMPLIANCE	<input type="checkbox"/> DEPARTMENT
Approving Entities:	<input type="checkbox"/> BOARD		<input type="checkbox"/> COMPLIANCE	<input type="checkbox"/> FINANCE
	<input type="checkbox"/> CEO	<input type="checkbox"/> COO	<input type="checkbox"/> CREDENTIALING	<input checked="" type="checkbox"/> PAC
Approval Signature: Robert Moore, MD, MPH, MBA			Approval Date: 11/13/2024	

I. RELATED POLICIES:

- A. MCUP3041 – Treatment Authorization Request (TAR) Review Process
- B. MCUP3037 - Appeals of Utilization Management/Pharmacy Decisions

II. IMPACTED DEPTS:

- A. Health Services
- B. Claims
- C. Member Services

III. DEFINITIONS:

- A. Medical Necessity - Medical Necessity means reasonable and necessary services to protect life, to prevent significant illness or significant disability, or to alleviate severe pain through the diagnosis or treatment of disease, illness or injury.
- B. Standard of Care – The level and type of care that a reasonably competent and skilled health care professional, with a similar background and in the same medical community, would provide under the same circumstances.

IV. ATTACHMENTS:

- A. N/A

V. PURPOSE:

To adopt evidence based criteria from the National Comprehensive Cancer Network (NCCN) for use in evaluating the medical necessity of positron emission tomography (PET) scans for Members diagnosed with a malignancy. This policy will also address the use of PET Scans in other areas besides oncology.

VI. POLICY / PROCEDURE:

- A. Treatment Authorization Requests (TARs) for PET scans for those Members diagnosed with cancer or being evaluated for possible diagnosis of cancer are reviewed using the current guidelines from the National Comprehensive Cancer Network which may be found on these webpages:
https://www.nccn.org/professionals/physician_gls/default.aspx or
<https://www.NCCN.org/professionals/imaging/content>
 If the clinical situation is not covered in NCCN, InterQual® Positron Emission Tomography (PET) Whole Body is a reliable resource.
 - 1. Requests for PET Scans related to cancer can be approved by Utilization Management Nurse Coordinators without referral to the Chief Medical Officer or Physician Designee for further evaluation in the following circumstances:

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- a. The request is part of the initial work up for a malignancy and there has been a biopsy that is positive for a malignancy. This is part of the initial staging for a malignancy.
 - b. The request is part of a re-staging of a malignancy following treatment such as chemotherapy or radiation therapy or post-operative after resection of a tumor. There must be a minimum of three months between PET Scans and there must have been active treatment during that time.
 - c. The request is part of a routine screening for a malignancy following treatment. There must have been at least six months of time elapsed since the end of treatment.
 - d. Requests for PET Scans that do not fit these criteria will be referred to the Chief Medical Officer/Physician Designee for review.
- B. PET Scan authorization requests for clinical problems other than malignancies will be reviewed on a case by case basis by the Partnership Chief Medical Officer or Physician Designee.
1. Decisions about appropriate use of PET Scans will be based on existing Standard of Care and/or reasonableness of the procedure for advancing the diagnosis and treatment of a clinical problem. Standard of Care can be developed using policies from other healthcare providers and consultation with experts in the field as well as review of current and relevant medical literature and on-line references including UpToDate.
 2. Review decisions will be based on the definition of Medical Necessity.
- C. For any request, denials for medical necessity will only be made by a physician. All medical necessity denials are subject to Partnership's appeal process.
- D. When a PET Scan is paired with another imaging modality, such as Three Dimensional Computerized Tomography (CT) or Magnetic Resonance Imaging (MRI), the associated modality will be reviewed along with the PET Scan.

VII. REFERENCES:

- A. National Comprehensive Cancer Network ([NCCN criteria](#))
- B. InterQual® Criteria
- C. [Medi-Cal Provider Manual/Guidelines](#)
- D. [UpToDate](#): (Topic specific to the disease process being evaluated)

VIII. DISTRIBUTION:

- A. Partnership Department Directors
- B. Partnership Provider Manual

IX. POSITION RESPONSIBLE FOR IMPLEMENTING PROCEDURE: Chief Health Services Officer

X. REVISION DATES:

Medi-Cal

01/20/16; 11/11/16; 11/15/17; *02/13/19; 02/12/20; 01/13/21; 01/12/22; 11/09/22; 11/08/23; 11/13/24

*Through 2017, Approval Date reflective of the Quality/Utilization Advisory Committee meeting date. Effective January 2018, Approval Date reflects that of the Physician Advisory Committee's meeting date.

PREVIOUSLY APPLIED TO:

Healthy Kids MPUP3116 (Healthy Kids program ended 12/01/2016)

01/20/16; 11/11/16 to 12/01/2016

Partnership Advantage

MPUP3116 – 09/19/2012 to 01/01/2015

Healthy Families

MPUP3116– 09/19/2012 to 03/01/2013

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In accordance with the California Health and Safety Code, Section 1363.5, this policy was developed with involvement from actively practicing health care providers and meets these provisions:

- Consistent with sound clinical principles and processes
- Evaluated and updated at least annually
- If used as the basis of a decision to modify, delay or deny services in a specific case, the criteria will be disclosed to the provider and/or enrollee upon request

The materials provided are guidelines used by Partnership to authorize, modify or deny services for persons with similar illnesses or conditions. Specific care and treatment may vary depending on individual need and the benefits covered under Partnership.

Partnership's authorization requirements comply with the requirements for parity in mental health and substance use disorder benefits in 42 CFR 438.910.