Abstract

For Members
PET stands for positron emission tomography. A PET scan produces three-dimensional, color images of your body using radionuclides. PET scans show where cells are particularly active.

PET can be used to diagnose some medical conditions, or to find out more about how a condition is developing. It can also be used to measure how well treatment for a condition is working. It is most commonly used for management of cancer.

Daman covers PET scan if medically justified as per the best international medical practice and as per the policy terms and conditions of each Health Insurance Plan administered by Daman.

For Medical Professionals
Positron Emission Tomography (PET) is a minimally invasive diagnostic imaging procedure used to evaluate metabolism in normal tissue as well as in diseased tissues in conditions such as cancer, ischemic heart disease, and some neurologic disorders.

Daman covers PET scan or PET/CT scan as medically necessary for all the diagnosis given further in this guideline, when all other imaging studies are inconclusive and require further conformations in order to make management plans.

In case of malignancies the given standard of diagnosis, staging/re-staging and monitoring has to be reached.

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Related Adjudication Rules: None

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Table of content
Abstract Page 1
Scope Page 2
Adjudication Policy Page 2
Adjudication examples Page 4
Denial codes Page 5
Appendices Page 5

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**Scope**

This guideline aims to specify all coverage details of PET (Positron Emission Tomography) scans for all health insurance plans administered by Daman, as per policy terms and conditions of each plan.

**Adjudication Policy**

**Eligibility / Coverage Criteria**

PET scans will be covered by all health insurance plans administered by Daman, except for the Visitor’s Plan, according to the indications given below.

### Cardiac Indications

<table>
<thead>
<tr>
<th>Condition</th>
<th>Coverage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Coronary Artery Disease</td>
<td>PET scans using rubidium-82 (Rb-82) or N-13 ammonia done at rest or with rest and stress are covered when it meets the following criteria: 1. The PET scan is used in place of, but not in addition to, a single photon emission computed tomography (SPECT), in persons with conditions that may cause attenuation problems with SPECT (obesity (BMI greater than 40), large breasts, breast implants, mastectomy, chest wall deformity, pleural or pericardial effusion) OR 2. The PET scan is used following an inconclusive SPECT scan (i.e. the results of the SPECT are equivocal, technically un-interpretable, or discordant with a member’s other clinical data)</td>
</tr>
<tr>
<td>Assessment of Myocardial Viability</td>
<td>Fluorodeoxy-D-glucose (FDG)-PET scans are considered prior to re-vascularization, either as a primary or initial diagnostic study or following an inconclusive SPECT. SPECT may not be used following an inconclusive PET scan.</td>
</tr>
</tbody>
</table>

### Oncologic Indications

<table>
<thead>
<tr>
<th>Condition</th>
<th>Coverage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Anal Cancer (not routinely recommended)</td>
<td>Staging, only in anal canal.</td>
</tr>
<tr>
<td>Bone Cancer</td>
<td>Staging and restaging only in Ewing’s sarcoma family of tumors and Osteosarcoma</td>
</tr>
<tr>
<td>Brain Cancer</td>
<td>Diagnosis and staging when metastatic lesions in brain are identified but no primary is found and for identifying low-grade gliomas undergoing malignant conversion. Restaging for differentiating active tumors from radiation necrosis, as this might obviate the need for surgery or the discontinuation of an effective therapy. Potential use in radiation planning and dose verification.</td>
</tr>
<tr>
<td>Breast Cancer</td>
<td>Staging for stage IIIA, IIIB or IV when standard imaging results are inconclusive or suspicious. Restaging when standard imaging results are inconclusive or suspicious and monitoring response to therapy.</td>
</tr>
<tr>
<td>Cervical Cancer (not routinely recommended)</td>
<td>Staging before undergoing chemo-radiation. Restaging if supraclavicular, pelvic and para-aortic nodes are positive.</td>
</tr>
<tr>
<td>Colon Cancer (not routinely recommended)</td>
<td>Staging of metastatic adenocarcinoma from large bowel if potentially curable M1 disease. Restaging in serial CEA elevation and documented metachronous metastasis by CT, MRI and/or Biopsy.</td>
</tr>
<tr>
<td>Rectal Cancer (not routinely recommended)</td>
<td>Restaging only in serial CEA elevation and documented metachronous metastasis by CT, MRI and/or Biopsy.</td>
</tr>
<tr>
<td>Esophageal Cancer</td>
<td>Staging (if no evidence of M1 stage) Restaging</td>
</tr>
<tr>
<td>Gastric Cancer</td>
<td>Staging (if no evidence of M1 stage) Restaging</td>
</tr>
<tr>
<td>Gastrointestinal Stromal Tumors</td>
<td>Staging Treatment response (if CT/MRI is ambiguous)</td>
</tr>
<tr>
<td>Head &amp; Neck Cancers (excluding CNS and Thyroid)</td>
<td>No PET for Desmoid tumors</td>
</tr>
<tr>
<td>Lung Cancer (Non-Small Cell)</td>
<td>Staging and restaging. (Minimum 12 weeks of post treatment cancer evaluation).</td>
</tr>
<tr>
<td>Lung Cancer (Small Cell)</td>
<td>Staging and restaging.</td>
</tr>
<tr>
<td>Lymphoma</td>
<td>Staging, restaging and treatment response. PET/CT not generally useful in CLL/SLL, but can assist in directing nodal biopsy if Richter’s transformation is suspected.</td>
</tr>
<tr>
<td>Malignant Pleural Mesothelioma</td>
<td>Staging and restaging.</td>
</tr>
<tr>
<td>Melanoma (excluding evaluation of regional nodes)</td>
<td>Staging and restaging (for stage III and IV only). Follow up every 6 – 12 months as for recurrence/metastasis till 5 years.</td>
</tr>
</tbody>
</table>

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Positron Emission Tomography (PET) scan Indications

| Multiple Myeloma | Staging | Follow up indicated every 6-12 months in solitary osseous and extra-osseous cancers, smouldering (asymptomatic) or stage I myeloma and active (symptomatic) all other stages of myeloma. |
| Merkel Cell Carcinoma (Non-Melanoma Skin Cancer) | Staging only in distant metastasis and in positive lymph node. |
| Neuroendocrine Tumors | Diagnosis (only in poorly differentiated tumors). |
| Occult Primary Cancer | Diagnosis and staging only when all other imaging studies failed to identify the site of primary cancer. |
| Ovarian Cancer | Restaging and follow up in stage I-IV (complete response) for clinical relapse and/or rising CA-125 with or without previous chemotherapy. |
| Soft Tissue Sarcoma | Staging prior to resection of a solitary metastasis, or for grading un-resectable lesions when the grade of the histopathological specimen is in doubt. |
| Testicular Cancer (Seminomas only) | Restaging, evaluation of residual mass > 3 cm in stage IIB, IIC, III after orchiectomy and primary chemotherapy treatment (approximately 6 weeks post-chemotherapy). Follow up if medically indicated (recurrence). |
| Thymic Malignancies (optional) | Diagnosis and staging. |
| Thyroid Cancer | Staging only in anaplastic thyroid carcinoma. Restaging if Thyroglobulin level is > 2-5 ng/ml and I-131 imaging is negative in papillary, follicular and Hurthle cell carcinoma. |

Coverage criteria in all malignancies for coverage of PET scan

<table>
<thead>
<tr>
<th>Stage</th>
<th>Coverage criteria</th>
</tr>
</thead>
<tbody>
<tr>
<td>Diagnosis</td>
<td>PET results may assist in avoiding an invasive diagnostic procedure.</td>
</tr>
</tbody>
</table>

PET is covered only in clinical situations in which:

- PET results may assist in determining the optimal anatomical location to perform an invasive diagnostic procedure. In general, for most solid tumors, a tissue diagnosis is made prior to the performance of PET scanning. PET scans following a tissue diagnosis are generally performed for staging rather than diagnosis.

Stage of the cancer remains in doubt after completion of a standard diagnostic workup, including conventional imaging like CT, MRI, or ultrasound OR

If the conventional study information is insufficient for planning the management of the patient OR

The management plan would differ as per the stage of the cancer determined after PET scan.

To detect the residual disease, suspected recurrence or extent of a known recurrence or metastasis after the completion of treatment OR

If the conventional study (CT, MRI, or ultrasound) information is insufficient for planning the management of the patient and PET can potentially replace one or more conventional imaging studies.

This refers to the use of PET to monitor tumor response to treatment during the planned course of therapy (i.e. when a change in therapy is anticipated)

Neurological Conditions

<table>
<thead>
<tr>
<th>Condition</th>
<th>Coverage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Refractory seizures</td>
<td>Covered for pre-surgical evaluation only.</td>
</tr>
</tbody>
</table>

Below is the list of all the cancers in which PET is not recommended along with the exceptions in some cases

<table>
<thead>
<tr>
<th>Condition</th>
<th>Recommendation</th>
<th>Exceptions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Acute Myeloid Leukemia</td>
<td>PET not recommended</td>
<td>None</td>
</tr>
<tr>
<td>Bladder Cancer</td>
<td>PET not recommended</td>
<td>Bone scan recommended for staging if ALP elevated or symptoms, and in patients with metastatic disease</td>
</tr>
<tr>
<td>Chondrosarcoma (Bone Cancer)</td>
<td>PET not recommended</td>
<td>Recommended only in Ewig’s and Osteosarcoma (mentioned in indications)</td>
</tr>
<tr>
<td>Chronic Myelogenous Leukemia</td>
<td>PET not recommended</td>
<td>None</td>
</tr>
</tbody>
</table>
## Positron Emission Tomography (PET) scan Indications

### Colon Cancer
- **a.** Initial staging of colon cancer appropriate for resection
- **b.** Monitor progress therapy

| PET not recommended | None |

### Rectal Cancer
- **a.** Initial staging of colon cancer appropriate for resection
- **b.** Monitor progress therapy

| PET not recommended | None |

### Hepatobiliary System

| PET not recommended | Can be recommended for staging only in detecting potentially resectable distant metastatic disease |

### Kidney Cancer

| PET not recommended | None |

### Skin Cancers
- **a.** Basal & squamous cell carcinoma
- **b.** Dermato-fibrosarcoma protuberans

| PET not recommended | None |

### Pancreatic Cancers

| PET not recommended | Can be considered in high risk patients to detect extra-pancreatic metastasis, after all other imaging are inconclusive |

### Prostate Cancer

| PET not recommended | None |

### Retroperitoneal/Abdominal Cancers

| PET not recommended | None |

### Desmoid Tumors (Gastrointestinal Cancer)

| PET not recommended | None |

### Non-Seminoma (Testicular Cancer)

| PET not recommended | None |

### Uterine Cancers

| PET not recommended | None |

### Non-Coverage
- Daman does not cover PET scan for the Visitor’s Plan
- Daman does not cover all the diagnosis and services considered to be non-recommended/experimental or unproven for doing PET scans
- Daman does not cover PET scan in neurological conditions (e.g. Alzheimer’s disease, Dementia, Parkinson’s disease etc.) as it is considered experimental and investigational because of insufficient data and evidence of its effectiveness for treatment
- Daman does not cover PET scan less than 2 to 4 weeks after the completion of chemotherapy and less than 60 days after completion of radiotherapy session, as to maximize its accuracy
- PET scans are not recommended for routine screening purposes

### Payment and Coding Rules

Please apply HAAD payment rules and regulations and relevant coding manuals for ICD, CPT, etc.

### Adjudication Examples

#### Example 1
**Question:** Doctor is reporting a claim to Daman for a PET scan for 45 years old man, holding Thiqa card with the diagnosis of prostate cancer. Will this claim be covered?

**Answer:** No, the claim will be rejected as MNEC-003 as PET has not been proven to be useful in case of prostate cancer.

#### Example 2
**Question:** Doctor is reporting a claim to Daman for a PET scan for a 30 year old lady, holding Visitor’s Plan with the diagnosis of breast cancer. Will this claim be covered?

**Answer:** No, the claim will be rejected as NCOV-003.

#### Example 3
**Question:** Doctor is reporting a claim to Daman for a PET scan for a 50 year old female, holding Thiqa card, with the diagnosis of breast cancer and the doctor wants to check the response to therapy after completion of adjuvant chemotherapy treatment. Will this claim be covered?

**Answer:** Yes, the claim is payable.

### Requirements for Coverage

ICD and CPT codes must be coded to the highest level of specificity.
Positron Emission Tomography (PET) scan Indications

Denial codes

<table>
<thead>
<tr>
<th>Code</th>
<th>Code description</th>
</tr>
</thead>
<tbody>
<tr>
<td>MNEC-003</td>
<td>Service is not clinically indicated based on good clinical practice.</td>
</tr>
<tr>
<td>MNEC-004</td>
<td>Service is not clinically indicated based on good clinical practice, without additional supporting diagnosis/activities.</td>
</tr>
<tr>
<td>AUTH-001</td>
<td>Prior approval is required and was not obtained.</td>
</tr>
<tr>
<td>AUTH-005</td>
<td>Claim information is inconsistent with pre-certified/authorized services.</td>
</tr>
<tr>
<td>NCOV-003</td>
<td>Service(s) is (are) not covered.</td>
</tr>
</tbody>
</table>

B. Revision History

<table>
<thead>
<tr>
<th>Date</th>
<th>Change(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td>01-07-13</td>
<td>V 1.1: New template</td>
</tr>
</tbody>
</table>
| 15-07-14 | 1. V 2.0  
2. Disclaimer updated as per system requirements  
3. Ovarian cancer coverage information rephrased for easier understanding |

Appendices

A. References

7. Daman Schedule of Benefits and General Exclusions.