PETCT Aviva Pre Authorisation Request Form

E-Mail: fax@avivahealth.ie Fax: (01) 898 5908

From:

Referring hospital name:

Contact details for PETCT centre:

Proposed centre for PETCT:

Telephone: Extn:

Fax: E-Mail:

Question	Response
Patient:	
Patient section:	
Policy holder name:	
Policy holder address:	
Membership number:	
Plan level and name:	
Patient name:	
Patient relationship to policy holder:	
Patient date of birth (day/mth/yr):	☐☐ / ☐☐ / ☐☐
Proposed date of treatment:	

Consultant & Medical Section	
Nature of symptoms being investigated via PETCT scan:	
Date of onset of symptoms, which require PETCT Scan:	
Previous history and treatment of these or any related symptoms, including any investigations their dates and results:	Please attach history
Is this treatment related to a Research Study?	Yes ☐ No ☐
Please indicate Clinical reasons why a PETCT scan is being selected in preference to other diagnostic techniques:	
How may a PETCT scan assist/change the future treatment of the member?	
Is any further treatment required?	
Please supply details of PETCT Scan to be performed and the relevant procedure code:	
Was patient transferred to this facility from another hospital for this scan?	
Date of last PETCT (if applicable) and name of PETCT centre where performed:	

AVIVA

Please attach	
Recent Consultant reports on CT Scan	
Recent Consultant reports on MRI Scan	
Recent Consultant reports on Histology Tests	

I hereby confirm that the PETCT scan for which pre-authorisation is being sought, is an integral part of a course of treatment.

Consultant/ Referring Doctor:

Consultant Aviva Code: ☐☐☐☐☐☐☐ Date: (day/mth/yr): ☐☐ / ☐☐ / ☐☐

Declaration

I confirm that all the details, answers and information given in this form are true, accurate and complete.

Consultant's Signature:

Aviva PETCT Clinical Indicators

Please circle as appropriate

Description	Diagnosis	Staging		Recurrence	Therapy Control	Pre Surgery Evaluation
		Nodal	Metastatic			
	Code					
Lung Cancer (NSCLC)		7701	7702	7703		
Lung Cancer (Small Cell)				7712	7713	
Solitary Pulmonary Nodule (SPN)	7720					
Pulmonary mass lesions – only those that are too risky to biopsy	7730					
Colorectal Cancer		7741	7742	7743		
Oesophageal Cancer	7750	7751	7752	7753		
Pancreatic Cancer				7763		
Malignant Melanoma		7771	7772	7773		
Lymphoma – Hodgkin's		7781	7782	7783	7784	
Lymphoma – High Grade Non Hodgkins		7791	7792	7793	7794	
Lymphoma – Low Grade Non Hodgkins		7801	7802	7803	7804	
Head Cancer		7811	7812	7813	7813	
Neck Cancer		7821	7822	7823	7824	
Cervical Cancer – limited to suspected remote metastases based on other imaging techniques		7831	7832	7833		
Unknown Primary Tumour	7840					
Breast Cancer – (not for axillary node evaluation)		7851	7852	7853	7854	
Brain Tumour				7863		
Ovarian Tumour & Cervical Cancer				7873		7875*
Bone & Soft Tissue Tumour				7883		
Differentiated Thyroid Cancer			7892			
Alzheimers Dementia – only where CT/MRI are negative	7900					
Myocardial Viability	7905					
Cardiomyopathy – differential diagnosis	7910					
Focal/Temporal Lobe Epilepsy						7925
Testicular Cancer**						7945**

*Ovarian Cancer – Restaging of previously treated women with a rising CA125 level, who have a negative or equivocal conventional imaging CT or MRI
**Testicular Cancer – restaging of men with previously treated disease for the purpose of detecting residual disease suspected recurrence or to determine the extent of recurrence