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CERTIFICATE OF NEED (CON) REVIEW STANDARDS FOR POSITRON EMISSION TOMOGRAPHY (PET) SCANNER SERVICES

(By authority conferred on the CON Commission by Section 22215 of Act No. 368 of the Public Acts of 1978, as amended, and sections 7 and 8 of Act No. 306 of the Public Acts of 1969, as amended, being sections 333.22215, 24.207 and 24.208 of the Michigan Compiled Laws.)

Section 1. Applicability

- Sec. 1. (1) These standards are requirements for the approval OF THE INITIATION, REPLACEMENT, EXPANSION, ACQUISITION, OR RELOCATION OF PET SCANNER SERVICES, and THE delivery of THESE services for all projects approved and Certificates of Need issued under Part 222 of the Code that involve PET scanner services.
- (2) PET is a covered clinical service for purposes of PURSUANT TO Part 222 of the Code. A PET scanner previously approved pursuant to Section 10 of these standards and recognized by the Department as a dedicated research PET scanner listed in the Department Inventory of PET Scanners, and now seeking approval to operate pursuant to sections 3, 4, or 5, shall be considered as a person requesting CON approval to initiate or expand, as applicable, a PET scanner service.
- (3) PET SCANNER SERVICES ARE A COVERED CLINICAL SERVICE. The Department shall use sections 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 16, 17, 18, 19, 20, and 21, as applicable, THESE STANDARDS in applying Section 22225(1) of the Code, being Section 333.22225(1) of the Michigan Compiled Laws -
- (4) The Department shall use sections 14 and 15, as applicable, in applying AND Section 22225(2)(c) of the Code, being Section 333.22225(2)(c) of the Michigan Compiled Laws.
- (5) The Department shall use Section 13, as applicable, in applying Section 22215(1)(b) of the Code, being Section 333.22215(1)(b) of the Michigan Compiled Laws.

Section 2. Definitions

- Sec. 2. (1) For purposes of these standards:
- (a) "Accelerator" means an apparatus, such as a linear accelerator or cyclotron, for accelerating charged particles to high energies by means of electromagnetic fields.
- (b) "Acquisition of an existing PET scanner" means obtaining possession or control of an existing PET scanner from an existing PET scanner service by contract, ownership, lease, or other comparable arrangement.
- (c) "Acquisition of an existing PET scanner service" means obtaining possession or control of an existing PET service and its unit(s) by contract, ownership, lease, or other comparable arrangement.
 - (d) "Anatomical site" means the physical area that can be imaged by a single PET scan.
- (e) "Arterial sampling" means the insertion of an in-dwelling intra-arterial catheter for the withdrawal of arterial blood as part of a PET procedure.
- (f) "Bed position" means the anatomical site being imaged. A change in bed position occurs when a different anatomical site is imaged and the scan requires the physical relocation of the patient relative to the PET scanner.
- (hB) "Code" means Act No. 368 of the Public Acts of 1978, as amended, being Section 333.1101 et seq. of the Michigan Compiled Laws.
- (i) "Cyclotron" means an apparatus for accelerating charged particles to high energies by means of electromagnetic fields.

- (j) "Dedicated pediatric PET scanner" means a PET scanner approved pursuant to Section 11 of these standards, recognized by the Department as a dedicated pediatric PET scanner listed in the Department Inventory of PET Scanners, and is a PET scanner upon which at least 70% of the PET procedures are performed on patients under 18 years of age.
- (k) "Dedicated research PET scanner" means a PET scanner approved pursuant to Section 10 of these standards and recognized by the Department as a dedicated research PET scanner listed in the Department Inventory of PET Scanners. The Department shall modify the Department Inventory of PET Scanners as applicable.
- (IC) "Department" means the state agency known as the Michigan Department of Community Health (MDCH).
- (m) "Department inventory of PET scanners" or "Department Inventory" means the list, maintained by the Department on a continuous basis, of: (i) the PET scanners operating pursuant to a valid CON issued under Part 222 or former Part 221; (ii) PET scanners that are not yet operational but have a valid CON issued under Part 222; (iii) proposed PET scanners under appeal from a final Department decision or pending a hearing from a proposed decision issued under Part 222 of the Code; and (iv) proposed PET scanners that are part of a completed application under Part 222 of the Code.
- (n) "Dynamic PET scan" means a PET scan that is closely timed to the administration of a radiopharmaceutical in order to capture the perfusion of the tracer.
- (eD) "Existing PET scanner" means a N CON-approved and operational PET scanner used to provide PET services on the date an application is submitted to the Department.
- (pE) "Existing PET scanner service" means a N CON-approved and operational PET scanner(s) SERVICE used to provide providING PET SCANNER services at one site in the case of a fixed PET service or at each host site in the case of a mobile PET service on the date an application is submitted to the Department.
- (q) "Expand a fixed PET scanner service" means increasing the number of fixed PET scanners at the same geographic location of an existing fixed PET scanner service.
- (r) "Expand a mobile PET scanner service" means the addition of a mobile PET scanner that will be operated by a central service coordinator in the same planning area in which the CSC is approved primarily to operate one or more mobile PET scanners as of the date an application is submitted to the Department.
 - (s) "FDG" means 2-{fluorine-18} fluoro-2-deoxy-D-glucose radiopharmaceuticals.
 - (‡F) "Health service area" or "HSA" means the groups of counties listed in Section 22APPENDIX A.
 - (<u>uG</u>) "Hospital" means a health facility licensed under Part 215 of the Code.
- (vH) "Host site" means the geographic address at which a mobile PET scanner is authorized by CON to provide mobile PET scanner services.
- (w) "Initiate a mobile PET host site" means the provision of PET services at a host site that has not received any approved mobile PET services within 12 months from the date an application is submitted to the Department. The term does not include the renewal of a lease for the mobile PET service(s).
- (x) "Initiate a PET scanner service" means begin operation of a PET scanner service, either fixed or mobile, at a geographic location that does not offer (or has not offered within the last consecutive 12-month period) approved PET scanner services and is not listed on the Department Inventory of PET Scanners on the date on which an application is submitted to the Department.
- (y) "Institutional review board" or "IRB" means an institutional review board as defined by Public Law 93-348 which is regulated by Title 45 CFR 46.
- (z]) "Medicaid" means title XIX of the social security act, chapter 531, 49 Stat. 620, 42 U.S.C.1396 to 1396g and 1396i to 1396u.
- (aa) "Metropolitan statistical area county" means a county located in a metropolitan statistical area as that term is defined under the "standards for defining metropolitan and micropolitan statistical areas" by the statistical policy office of the office of information and regulatory affairs of the United States office of management and budget, 65 F.R. p. 82238 (December 27, 2000) and as shown in Appendix A.
- (bb_l) "Michigan Inpatient Data Base" or "MIDB" means the data base compiled by the Michigan Health and Hospital Association or successor organization. The data base consists of inpatient discharge records from all Michigan hospitals and Michigan residents discharged from hospitals in border states for a specific calendar year.

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patient visit.

service.

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project completion.

shown in Appendix A.

injection of tracer.

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(wwU) "SPECT" means single photon emission computed tomography.

— (cc) "Micropolitan statistical area county" means a county located in a micropolitan statistical area as that term is defined under the "standards for defining metropolitan and micropolitan statistical areas"

by the statistical policy office of the office of information and regulatory affairs of the United States office

(eeL) "Mobile PET scanner network" means the route (i.e., all host sites) that the central service

(ggM) "Patient visit" means a single session lasting no more than one day utilizing a PET scanner

(ij) "PET equivalent" means the number calculated in accordance with Section 16 for a single

(HQ) "PET scan" means one (1) or more PET procedures performed during a single patient visit.

(mmR) "PET scanner" means an FDA-approved full or partial ring scanner or coincidence system that has a crystal at least 5/8-inch thick, techniques to minimize or correct for scatter and/or randoms, and

digital detectors and iterative reconstruction. Further, the term does include PET/CT scanner hybrids. If

the PET/CT scanner will be used for computed tomography (CT) scans only in conjunction with the PET

emission computed tomography systems (SPECT), x-ray CT systems, magnetic resonance, ultrasound computed tomographic systems, gamma cameras modified for either non-coincidence or coincidence

(nnS) "PET scanner services" or "PET services" means either the CON-approved-utilization of a PET

(eeT) "Planning area" means the GROUPS OF health service area(s), as applicable, and identified

(qq) "Radiopharmaceutical" means a radioactive pharmaceutical used for diagnostic or therapeutic

(rr) "Relocate a fixed PET scanner" means a change in the location of a fixed PET scanner(s)

(ss) "Relocate an existing fixed PET scanner service" means a change in the location of a fixed

(tt) "Relocation zone" means a proposed site that is within a 10-mile radius of the existing fixed

pet scanner service and its unit(s) from the existing site to a different site within the relocation zone.

PET scanner service for a rural or micropolitan statistical area county, based upon documentation

statistical areas as those terms are defined under the "standards for defining metropolitan and

PET scanner service for a metropolitan statistical area county and a 25-mile radius of the existing fixed

— (uu) "Replace a PET scanner" means an equipment change, other than an upgrade, involving a PET scanner that results in that applicant operating the same number of PET scanners before and after

(vv) "Rural county" means a county not located in a metropolitan statistical area or micropolitan

micropolitan statistical areas" by the statistical policy office of the office of information regulatory affairs of

the United States office of management and budget, 65 F.R. p. 82238 (December 27, 2000) and as

(pp) "Radionuclide generator" means the source of radioactive material, other than an accelerator or

scan, then no separate CON is required for that CT use. The term does not include single-photon

unit(s) at one site in the case of a fixed PET service or at each host site in the case of a mobile PET

(kkP) "PET procedure" means the acquisition of a single image or image sequence involving a single

coordinator is authorized to serve under CON The mobile PET unit shall operate under a contractual

agreement for the provision of PET services on a regularly scheduled basis at each host site, with a

(ff) "Out-state Michigan" means health service areas two (2) through eight (8).

(iiO) "PET data unit" means the result of the methodology as used in Section 4712.

(hhN) "Pediatric patient" means any patient less than 18 years of age.

of management and budget, 65 F.R. p. 82238 (December 27, 2000) and as shown in Appendix A. (ddK) "Mobile PET scanner" means a PET scanner unit and transporting equipment operated by a

central service coordinator that serves two or more host sites.

during which 1 or more PET procedures are performed.

minimum of one visit per year.

imaging, or similar technology.

LISTED in Section 23APPENDIX B.

acceptable and verified by the Department.

nuclear reactor, used to produce radiopharmaceuticals.

from the existing site to a different site within the relocation zone.

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163 (xx) "Static PET scan" means any PET scan that is not dynamic. (yy) "Tracer" means a radiopharmaceutical developed for use in PET scanner services which allows 164 the quantification and/or qualitative images of chemistry, metabolism, and/or perfusion in vivo. 165 166 (zz) "Transmission scan" means transmission computed tomography using a sealed radioactive photon source or x-ray tube photon source applied to the attenuation correction of the emission scan 167 168 data. (aaa) "Upgrade an existing PET scanner" means any equipment change that: 169 (i) does not involve a change in, or replacement of, the scanner; 170 (ii) does not result in an increase in the number of PET scanners: 171 (iii) does not result in a change in the type of PET scanner (e.g., changing a mobile PET scanner to 172 173 a fixed PET scanner) or a change in manufacturer; and (iv) involves a capital expenditure of less than \$500,000 in any consecutive 24-month period. 174 175 (2) The definitions in Part 222 shall apply to these standards. 176 177

Section 3. Requirements for approval for all fixed services and mobile host sites TO INITIATE A PET SCANNER SERVICE

Sec. 3. (1) An applicant proposing to provide INITIATE PET scanner services shall provide DEMONSTRATE the following services and medical specialties, AS APPLICABLE TO THE PROPOSED PROJECT:-.

(1) THE APPLICANT SHALL DEMONSTRATE THE PROPOSED SITE PROVIDES THE FOLLOWING SERVICES AND SPECIALTIES:

- ____(a) nuclear medicine services, as documented on the certificate issued by the Department of Environmental Quality,
 - (b) single photon emission computed tomography (SPECT) services,
 - (c) computed tomography (CT) scanning services,
 - (d) magnetic resonance imaging (MRI) services,
 - (e) cardiac catheterization services
 - (f) open heart surgery,
 - (g) thoracic surgery,
 - (h) cardiology,

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- (i) oncology,
- (j) radiation oncology,
- (k) neurology,
- (I) neurosurgery, and
- (m) psychiatry.

(2) If the applicant PROPOSED SITE does not provide any of the services listed in this-subsection (1) at the same site at which the proposed PET scanner service will be located ON-SITE, the applicant shall include in the application PROVIDE written contracts or agreements with a hospital(s) located within the same planning area OR 20 MILES OF THE PROPOSED SITE for the services not provided at the proposed PET scanner service site.

(3) THE APPLICANT SHALL DEMONSTRATE THE PROPOSED SITE HAS AN ON-SITE SOURCE OF RADIOPHARMACEUTICALS.

- (24) If a-THE proposed PET scanner serviceSITE does not involve PROVIDE an on-site source of radiopharmaceuticals, an-THE applicant must-SHALL provide in the application a written contract or agreement that demonstrates that a reliable supply of radiopharmaceuticals will be available to the proposed PET scanner service.
 - (5) AN APPLICANT PROPOSING TO INITIATE A FIXED PET SCANNER SERVICE WITH ITS

- 217 FIRST PET SCANNER SHALL PROJECT 2,600 PET DATA UNITS OR SHALL DEMONSTRATE ALL 218 OF THE FOLLOWING:
 - (A) THE APPLICANT IS CURRENTLY A HOST SITE BEING SERVED BY ONE OR MORE MOBILE PET SCANNER SERVICES.
 - (B) THE APPLICANT HAS RECEIVED:

- (I) 1,700 PET SCANS IN THE MOST RECENT 12-MONTH PERIOD VERIFIABLE BY THE DEPARTMENT FOR A HOST SITE IN A METROPOLITAN STATISTICAL AREA COUNTY, OR
- (II) 1,500 PET SCANS IN THE MOST RECENT 12-MONTH PERIOD VERIFIABLE BY THE DEPARTMENT FOR A HOST SITE IN A RURAL OR MICROPOLITAN STATISTICAL AREA COUNTY.
- (C) THE APPLICANT AGREES TO CEASE OPERATION AS A HOST SITE AND NOT BECOME A HOST SITE FOR AT LEAST 12 MONTHS FROM THE DATE THE FIXED PET SCANNER BECOMES OPERATIONAL.
- (6) AN APPLICANT PROPOSING TO INITIATE A MOBILE PET SCANNER SERVICE WITH ITS FIRST MOBILE PET SCANNER SHALL PROJECT 2,100 PET DATA UNITS.
- (A) OF THE 2,100 PET DATA UNITS, THE APPLICANT SHALL PROJECT A MINIMUM OF 360 PET DATA UNITS WITHIN A 20-MILE RADIUS OF EACH PROPOSED HOST SITE FOR PLANNING AREA 1, OR 240 PET DATA UNITS PER HOST SITE FOR ANY OTHER PLANNING AREA, FOR THE PROPOSED SERVICE.
- (B) THE APPLICATION FOR THE MOBILE PET SCANNER SERVICE IS ACCOMPANIED BY AT LEAST TWO HOST SITE APPLICATIONS.
- (C) THE APPLICANT PROVIDES A ROUTE SCHEDULE FOR THE PROPOSED MOBILE PET SCANNER SERVICE.
- (7) AN APPLICANT PROPOSING TO INITIATE A HOST SITE ON A PROPOSED OR EXISTING MOBILE PET SCANNER SERVICE SHALL DEMONSTRATE THE FOLLOWING:
 - (A) THE APPLICANT PROVIDES A PROPOSED ROUTE SCHEDULE.
- (B) THE APPLICANT PROVIDES A DRAFT CONTRACT FOR SERVICES BETWEEN THE PROPOSED HOST SITE AND CENTRAL SERVICE COORDINATOR.
- (C) THE APPLICANT HAS NOT INITIATED FIXED PET SCANNER SERVICES UNDER SUBSECTION 3(5) WITHIN THE MOST RECENT 12-MONTH PERIOD AS OF THE DATE THE APPLICATION IS SUBMITTED TO THE DEPARTMENT.
- (D) AN APPLICANT INITIATING A HOST SITE IN HSA 8 ON A MOBILE PET SCANNER SERVICE THAT OPERATES PREDOMINANTLY OUTSIDE OF MICHIGAN SHALL DEMONSTRATE 240 PET DATA UNITS FROM PLANNING AREA 6.
- (8) AN APPLICANT PROPOSING TO INITIATE PET SCANNER SERVICES AS AN EXISTING HOST SITE ON A DIFFERENT MOBILE PET SCANNER SERVICE SHALL DEMONSTRATE THE FOLLOWING:
 - (A) THE APPLICANT PROVIDES A PROPOSED ROUTE SCHEDULE.
- (B) THE APPLICANT PROVIDES A DRAFT CONTRACT FOR SERVICES BETWEEN THE PROPOSED HOST SITE AND CENTRAL SERVICE COORDINATOR.
- (C) THE APPLICANT HAS RECEIVED 50 PET SCANS IN THE MOST RECENT 12-MONTH PERIOD VERIFIABLE BY THE DEPARTMENT FROM AN EXISTING MOBILE PET SCANNER SERVICE FOR AN EXISTING HOST SITE PROPOSING TO INITIATE SERVICES ON A DIFFERENT MOBILE PET SCANNER SERVICE.

Section 4. Requirements for approval for applicants proposing to initiate TO REPLACE AN EXISTING PET scanner-service(S) OR PET SCANNER SERVICE

Sec. 4. <u>REPLACING A PET SCANNER(S) MEANS A CHANGE IN THE SCANNER EQUIPMENT OR RELOCATION OF THE SERVICE TO A NEW SITE. AN UPGRADE TO SOFTWARE OR COMPONENTS/PARTS OF AN EXISTING SCANNER DOES NOT CONSTITUTE REPLACEMENT OF A PET SCANNER. (1) An applicant proposing to initiate REPLACE a fixed PET scanner(S) service-shall</u>

project <u>DEMONSTRATE</u> an operating level of at least 2,600 PET data units for each proposed PET scanner based on the methodology used in Section 17 <u>EACH OF THE FOLLOWING</u>, AS APPLICABLE TO THE PROPOSED PROJECT.

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- (21) An applicant proposing to initiate REPLACE a mobile PET scanner service shall project <u>DEMONSTRATE</u>2,100 PET data units for each proposed mobile PET scanner based on the methodology used in Section 17. THE FOLLOWING:
- (a) Of the 2,100 PET data units, the applicant(s) shall project a minimum of 360 PET data units, within the same planning area and a 20-mile radius of the proposed host site, for each proposed PET scanner service site located in a planning area that does not include any rural or micropolitan statistical area counties and a minimum of 240 PET data units, within the same planning area as the proposed host site, for each PET scanner service site located in a planning area that includes any rural or micropolitan statistical area counties. THE REPLACEMENT SCANNER(S) IS THE SAME TYPE (FIXED OR MOBILE) AS THE SCANNER(S) TO BE REPLACED.
- (b) The requirements of subsection (2) shall not apply to an applicant that proposes to add a Michigan site as a host site if the applicant, the central service coordinator, demonstrates that the mobile PET scanner service operates predominantly outside of Michigan and that all of the following requirements are met THE SCANNER(S) TO BE REPLACED IS FULLY DEPRECIATED ACCORDING TO GENERALLY ACCEPTED ACCOUNTING PRINCIPLES OR EITHER OF THE FOLLOWING:
- (i) The proposed host site will be located in HSA 8 EXISTING SCANNER(S) POSES A THREAT TO THE SAFETY OF THE PATIENTS.
- (ii) The proposed host site in HSA 8 demonstrates a minimum of 240 PET data units based on the methodology in Section 17 REPLACEMENT SCANNER(S) OFFERS TECHNOLOGICAL IMPROVEMENTS THAT ENHANCE QUALITY OF CARE, INCREASE EFFICIENCY, AND REDUCE OPERATING COSTS AND PATIENT CHARGES.
- (3C) Initiation of a mobile PET host site does not include the provision of mobile PET services at a host site if the applicant, whether the host site or the central service coordinator, demonstrates or provides, as applicable, each of the following: THE APPLICANT AGREES THAT THE PET SCANNER(S) TO BE REPLACED WILL BE REMOVED FROM SERVICE ON OR BEFORE BEGINNING OPERATION OF THE REPLACEMENT SCANNER(S).

- (a2) The host site has received mobile PET services from an existing approved mobile PET unit within the most recent 12-month period as of the date the application is submitted to the Department. AN APPLICANT PROPOSING TO REPLACE A FIXED PET SCANNER SERVICE TO A NEW SITE SHALL DEMONSTRATE THE FOLLOWING:
- (bA) The addition of a host site to a mobile PET scanner service will not increase the number of PET units operated by the central service coordinator or by any other person PROPOSED SITE IS WITHIN A 10-MILE RADIUS OF THE EXISTING SITE FOR A METROPOLITAN STATISTICAL AREA COUNTY OR A 25-MILE RADIUS FOR A RURAL OR MICROPOLITAN STATISTICAL AREA COUNTY.
- (eB) The application is submitted to the Department prior to the provision of PET services on that network EXISTING FIXED PET SCANNER(S) PERFORMED 600 PET SCANS PER FIXED SCANNER IN THE MOST RECENT 12-MONTH PERIOD VERIFIABLE BY THE DEPARTMENT.
- (dC) A signed certification whereby the host site has agreed and assured that it will provide PET services in accordance with the terms for approval set forth in Section 14 and 15. The applicant also shall provide a current route schedule for the mobile PET scanner service THE EXISTING FIXED PET SCANNER SERVICE HAS BEEN IN OPERATION FOR AT LEAST 36 MONTHS AS OF THE DATE OF THE APPLICATION SUBMITTED TO THE DEPARTMENT.
- (e) The central service coordinator requires, as a condition of any contract with each host site, compliance with the requirements of these standards by that host site, and the central service coordinator assures compliance, by that host site, as a condition of the CON issued to the central service coordinator.
- (f) An applicant, whether a central service coordinator or a proposed host site, proposing to initiate a mobile PET host site to an existing mobile PET network or a mobile PET network that has been applied for under Section 5(3), shall not be required to demonstrate a minimum number of PET data units.

- 325 (4) An applicant that meets all of the following requirements shall not be required to be in compliance with subsection (1): 326 (a) The applicant is proposing to initiate a fixed PET scanner service. 327 328
 - (b) The applicant is currently a host site being served by one or more mobile PET scanners.
 - (c) The applicant has received, in aggregate, the following:

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- (i) At least 4,500 PET equivalents, for an applicant in a metropolitan statistical area county, during the most recent 12-month period for which the Department has verifiable data.
- (ii) At least 4,000 PET equivalents, for an applicant in a rural or micropolitan statistical area county, during the most recent 12-month period for which the Department has verifiable data.
 - (d) The applicant shall install the fixed PET unit at the same site as the existing approved host site.
- (e) The applicant shall cease operation as a host site and not become a host site for at least 12 months from the date the fixed PET scanner, including any temporary scanner used during the transition from mobile to fixed, becomes operational.

Section 5. Requirements for approval for applicants proposing to expand a PET scanner service

Sec. 5. (1) An applicant proposing to increase EXPAND A the number of fixed PET scanner sERVICE (second, third, etc.) shall demonstrate EACH OF the following, AS APPLICABLE TO THE PROPOSED PROJECT:

- (a1) For aAn applicant in a metropolitan statistical area county, all of the applicant's approved fixed PET scanners have performed an average of at least 5,500 PET equivalents per PET scanner during the most recent 12-month period for which the Department has verifiable data. PROPOSING TO ADD A FIXED PET SCANNER(S) TO AN EXISTING FIXED PET SCANNER SERVICE SHALL DEMONSTRATE THE FOLLOWING:
- (bA) For an applicant in a rural or micropolitan statistical area county, all of the applicant's approved fixed pet scanners have performed an average of at least 5,000 pet equivalents per pet scanner during 1,900 PET SCANS WERE PERFORMED PER EXISTING AND APPROVED FIXED PET SCANNER(S) IN the most recent 12-month period for which the department has verifiable data. VERIFIABLE BY THE DEPARTMENT FOR AN APPLICANT IN A METROPOLITAN STATISTICAL AREA COUNTY, OR
- (B) 1,700 PET SCANS WERE PERFORMED PER EXISTING AND APPROVED FIXED PET SCANNER(S) IN THE MOST RECENT 12-MONTH PERIOD VERIFIABLE BY THE DEPARTMENT FOR AN APPLICANT IN A RURAL OR MICROPOLITAN STATISTICAL AREA COUNTY.
- (c) In the case of a fixed PET scanner service, the additional PET scanner shall be located at the same geographic location as the existing fixed PET scanner service unless the applicant meets the applicable requirements for relocation in accordance with Section 9. THE ADDITIONAL PET SCANNER(S) SHALL BE LOCATED AT THE SAME SITE.
- (2) An applicant proposing to increase ADD the number of A mobile PET scanner(s)TO AN EXISTING MOBILE PET SCANNER SERVICE (second, third, etc.) shall demonstrate the following:
- (a)- 2,000 PET SCANS WERE PERFORMED PER EXISTING AND APPROVED MOBILE SCANNER(S)
- For an applicant serving at least one existing host site in a metropolitan statistical area county, all of the applicant's approved mobile PET scanners on a mobile route have performed an average of at least 5,000 PET equivalents per PET scanner during. IN the most recent 12-month period VERIFIABLE BY for which the Department has verifiable data FOR AN APPLICANT SERVING AT LEAST ONE EXISTING HOST SITE IN A METROPOLITAN STATISTICAL AREA COUNTY, OR
- (b) 1,800 PET SCANS WERE PERFORMED PER EXISTING AND APPROVED SCANNER(S) For an applicant serving only host sites in rural or micropolitan statistical area counties, all of the applicant's approved mobile PET scanners on a mobile route have performed an average of at least 4,500 PET equivalents per PET scanner during IN the most recent 12-month period VERIFIABLE for which BY the Department has verifiable data. FOR AN APPLICANT SERVING ONLY HOST SITES IN RURAL OR

- (3) An applicant PROPOSING TO ADD A FIXED PET SCANNER TO AN EXISTING FIXED PET SCANNER SERVICE that meets-ALSO RECEIVES MOBILE PET SCANNER SERVICES SHALL DEMONSTRATE all of the following requirements shall not be required to be in compliance with subsection (1):
- (a) The applicant is proposing <u>CURRENTLY A HOST SITE BEING SERVED BY ONE OR MORE to initiate a mobile PET scanner services.</u>
 - (b) The applicant is currently a fixed PET scanner serviceHAS RECEIVED.:
- (el) The applicant has demonstrated the following: AN AVERAGE OF 1,900 PET SCANS FOR THE HOST SITE AND EACH EXISTING AND APPROVED FIXED SCANNER IN THE MOST RECENT 12-MONTH PERIOD VERIFIABLE BY THE DEPARTMENT FOR A HOST SITE IN A METROPOLITAN STATISTICAL AREA COUNTY, OR
- (il) For aAn applicant in a metropolitan statistical area county, all of the applicant's approved fixed AVERAGE OF 1,700 PET scanners have performed an average of at least 5,500 PET equivalents FOR THE HOST SITE AND EACH OF THE FIXED per PET scanners during IN the most recent 12-month period for which VERIFIABLE BY the Department has verifiable data FOR A HOST SITE IN A RURAL OR MICROPOLITAN STATISTICAL AREA COUNTY. (ii) For an applicant in a rural or micropolitan statistical area county, all of the applicant's approved fixed PET scanners have performed an average of at least 5,000 PET equivalents per PET scanner during the most recent 12-month period for which the Department has verifiable data.

 (d) At least two (2) separate CON applications have been submitted simultaneously as host sites for the proposed mobile PET service, subject to Section 4(3).
- (e) A proposed regular route schedule, the procedures for handling emergency situations, and copies of all proposed contracts related to the mobile PET service have been included in the CON application.
 - (f) The requirements of Section 3 have been met.
 - (g) The applicant agrees to comply with sections (13) and (14).
 - (h) The mobile unit must operate within the same planning area and comply with Section 4(2)(a).
- (C) THE APPLICANT AGREES TO CEASE OPERATION AS A HOST SITE AND NOT BECOME A HOST SITE FOR AT LEAST 12 MONTHS FROM THE DATE THE FIXED SCANNER BECOMES OPERATIONAL.

(4) THIS SECTION DOES NOT APPLY TO DEDICATED RESEARCH, DEDICATED PEDIATRIC OR POSITRON EMISSION MAMMOGRAPHY (PEM) SCANNERS.

Section 6. Requirements for approval for applicants proposing to replace ACQUIRE a PET scanner SERVICE OR SCANNER(S)

 Sec. 6. (1) An applicant proposing to replace an existing fixed ACQUIRING A PET SCANNER SERVICE AND ITS scanner(s) MEANS OBTAINING POSSESSION AND CONTROL BY CONTRACT, OWNERSHIP, LEASE, OR OTHER COMPARABLE ARRANGEMENT AND RENEWAL OF LEASE FOR AN EXISTING shall demonstrate that all of the applicant's approved and operating fixed OR MOBILE PET scanners. AN APPLICANT PROPOSING TO ACQUIRE A have performed an average of at least 4,500-PET SCANNER SERVICE equivalents SHALL DEMONSTRATE EACH OF THE FOLLOWING, AS APPLICABLE TO THE PROPOSED PROJECT per PET scanner during the most recent 12-month period for which the Department has verifiable data.

(21) FOR THE FIRST An applicant APPLICATION proposing to replace-ACQUIRE an existing FIXED, mobile, OR HOST SITE PET scanner(s) SERVICE shall demonstrate that all of the applicant's approved and operating mobile PET scanners on OR AFTER <INSERT EFFECTIVE DATE OF STANDARDS>, THE EXISTING-a mobile route have performed an average of at least 3,000 PET equivalents per PET scanner SERVICE AND ITS SCANNER(S) SHALL NOT BE REQUIRED TO BE IN COMPLIANCE WITH THE APPLICABLE VOLUME REQUIREMENTS SET FORTH IN THIS SECTION

 (32) An exemption APPLICANT to subsections (1) and (2) may be made by the Department, if an applicant demonstrates to the satisfaction of the Department, the following: PROPOSING TO ACQUIRE AN EXISTING FIXED OR MOBILE PET SCANNER SERVICE SHALL DEMONSTRATE THAT THE EXISTING FIXED OR MOBILE SCANNER(S) PERFORMED AN AVERAGE OF 500 PET SCANS PER SCANNER IN THE MOST RECENT 12-MONTH PERIOD VERIFIABLE BY THE DEPARTMENT.

- (a3) The existing PET scanner is technologically incapable of performing the applicable minimum number of PET equivalents. An applicant proposing a TO replacement ACQUIRE AN EXISTING HOST SITE under this subsection shall provide documentation DEMONSTRATE, satisfactory to THAT the Department, from a person or an organization with recognized professional expertise regarding that type of equipment, other than the applicant or a representative of a manufacturer or vendor of that type of equipment, indicating the number of PET equivalents the existing HOST SITE HAS equipment is technologically capable of performing applicants the existing HOST SITE HAS equipment documentation, satisfactory to the Department, that the number of PET equivalents performed during IN the most recent 12-month period, for which VERIFIABLE BY the Department has verifiable data, was the number the equipment is technologically capable of performing (4)

 An applicant proposing to replace a PET scanner(s), whether fixed or mobile, shall demonstrate:
- replace a PET scanner(s), whether fixed or mobile, shall demonstrate:

 (a) the equipment to be replaced is fully depreciated according to generally accepted accounting principles or
 - (b) either of the following:
 - (i) the existing equipment clearly poses a threat to the safety of the public and the applicant's staff as determined by the Department or other qualified agency or individual (physicist, US Department of Energy, applicant's radiation safety committee, etc.) or
 - (ii) the proposed replacement PET scanner(s) offers technological improvements that enhance quality of care, increase efficiency, and reduce operating costs and patient charges.

- (5) An applicant that meets all of the following requirements shall not be required to be in compliance with subsections (1), (2), (3) and (4):
- (a) The existing PET scanner became operational before January 1, 2005 and is not PET/CT scanner hybrid.
- (b) The proposed PET scanner is a PET/CT scanner hybrid.

(6) In the case of a fixed PET scanner, the proposed PET scanner will be located at the same site as the applicant's existing fixed PET scanner to be replaced. If the proposed scanner will not be located at the same site, the applicant must meet the requirements to relocate a PET scanner at the proposed site, in accordance with Section 9.

Section 7. Requirements for approval for applicants proposing to acquire an existing A DEDICATED RESEARCH FIXED PET scanner

Sec. 7. An applicant proposing to acquire ADD an existing FIXED PET scanner, whether fixed or mobile, scanner TO EXPAND AN EXISTING PET SCANNER SERVICE FOR EXCLUSIVE RESEARCH USE shall NOT NEED TO demonstrate that it meets all of the following REQUIREMENTS OF SECTIONS 3 AND 5 IF THE APPLICANT DEMONSTRATES EACH OF THE FOLLOWING:

(a1) The project is limited solely to the acquisition of an existing DEDICATED RESEARCH PET scanner SHALL OPERATE UNDER A PROTOCOL APPROVED BY THE APPLICANT'S INSTITUTIONAL REVIEW BOARD, AS DEFINED BY PUBLIC LAW 93-348 AND REGULATED BY TITLE 45 CFR 46.

(b2) The project APPLICANT HAS ACCESS TO A CYCLOTRON FOR ACCELERATING CHARGED PARTICLES TO HIGH ENERGIES BY MEANS will not change the number of PET scanners

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- (e3) The project-APPLICANT HAS NO MORE THAN THREE DEDICATED RESEARCH FIXED will not result in the replacement of the PET scanners APPROVED UNDER THIS to be acquired unless the applicant demonstrates that the requirements of Section 6 also have been met.
- (d) The PET scanner to be acquired is listed on the Department Inventory of PET Scanners on the date the application is submitted to the Department.
- (e) The applicant agrees to operate the PET scanner in accordance with all applicable project delivery requirements set forth in Section 14 of these standards.

Section 8. Requirements for approval for applicants proposing to acquire an existing A **DEDICATED PEDIATRIC PET scanner service**

- Sec. 8. An applicant proposing to acquire INITIATE an existing A PET scanner service, whether OR ADD A fixed PET SCANNER TO EXPAND AN EXISTING PET SCANNER SERVICE, FOR DEDICATED PEDIATRIC PET USE, or mobile, shall NOT NEED TO MEET demonstrate that it meets all of the REQUIREMENTS OF SECTION 5 IF THE APPLICANT DEMONSTRATES EACH OF THE following:
- (a1) The project APPLICANT AGREES THAT THE DEDICATED PEDIATRIC is limited solely to the acquisition of an existing PET scanner service scanner WILL BE USED PRIMARILY (70% OF THE SCANS) FOR PATIENTS UNDER 18 YEARS OF AGE.
- (b2) The project APPLICANT SHALL DEMONSTRATE will not change the number EXISTING SITE of THE Pet-PET scanners SERVICE PROVIDED listed on the FOLLOWING FOR THE MOST RECENT CALENDAR YEAR OR A CONTINUOUS 12-MONTH PERIOD AT THE TIME THE APPLICATION IS SUBMITTED TO THE Department Inventory of PET Scanners.:
- (eA) AT LEAST 7,000 PEDIATRIC (< 18 YEARS OLD) DISCHARGES, EXCLUDING NORMAL NEWBORNS, The project will not result in the replacement of the PET scanners to be acquired unless the applicant demonstrates that the requirements of Section 6 also have been met.
- (dB) AT LEAST 5,000 PEDIATRIC (< 18 YEARS OLD) SURGERIES, All PET scanners to be acquired are listed on the Department Inventory of PET Scanners on the date the application is submitted to the Department.AND
- (eC) AT LEAST 50 NEW PEDIATRIC CANCER CASES ON ITS CANCER REGISTRYThe applicant agrees to operate the PET scanner service in accordance with all applicable project delivery requirements set forth in Section 14.
- (3) THE APPLICANT SHALL HAVE AN ACTIVE MEDICAL STAFF AT THE TIME THE APPLICATION IS SUBMITTED TO THE DEPARTMENT THAT INCLUDES PHYSICIANS WHO ARE FELLOWSHIP-TRAINED IN THE FOLLOWING PEDIATRIC SPECIALTIES:
 - (A) RADIOLOGY (AT LEAST TWO STAFF MEMBERS)
 - (B) ANESTHESIOLOGY
 - (C) CARDIOLOGY
 - (D) CRITICAL CARE
 - GASTROENTEROLOGY (E)
 - (F) HEMATOLOGY/ONCOLOGY
 - (G) NEUROLOGY
 - (H) NEUROSURGERY
 - (I) ORTHOPEDIC SURGERY
 - (J) PATHOLOGY
 - PULMONOLOGY

Section 10. Requirements for approval for applicants proposing a dedicated research fixed PET

 Sec. 10. (1)-An applicant proposing to operate a fixed PET scanner (whether new or replacement) to be used exclusively for research-shall demonstrate each of the following PROVIDE VERIFICATION OF MEDICAID PARTICIPATION. AN APPLICANT THAT IS A NEW PROVIDER NOT CURRENTLY ENROLLED IN MEDICAID SHALL CERTIFY THAT PROOF OF MEDICAID PARTICIPATION WILL BE PROVIDED TO THE DEPARTMENT WITHIN (6) MONTHS FROM THE OFFERING OF SERVICES IF A CON IS APPROVED:.

- (a) The PET scanner shall operate under a protocol approved by the applicant's Institutional Review Board.
- (b) The applicant agrees to operate the PET scanner in accordance with the terms of approval in Section 14(1)(a), (b), (c)(vi), (d)(iii), (iv) and (v); 14(2); 14(3); and 14(4).
 - (c) The applicant has access to a cyclotron.
- (2) An applicant meeting the requirements of subsection (1) shall be exempt from meeting the requirements and terms of sections 3, 4, 5, 6, 7, 8, 9 and 14(1)(c)(i), (ii), (iii), (iv), (v), (d)(i), and (d)(ii) of these standards.
- Section 11. <u>PROJECT DELIVERY</u> Requirements for approval for applicants proposing to establish a dedicated pediatric PET scanner AND TERMS OF APPROVAL FOR ALL APPLICANTS
- Sec. 11. _-(1)-An applicant proposing to establish a dedicated pediatric PET scanner(s) shall AGREE THAT, IF APPROVED, _demonstrate all of the followingPET SCANNER SERVICES SHALL BE DELIVERED IN COMPLIANCE WITH THE FOLLOWING TERMS OF APPROVAL:.
- ____(a1) The applicant shall experience at least 7,000 pediatric (< 18 years old) discharges, excluding normal newborns, in the most recent year of operation COMPLIANCE WITH THESE STANDARDS.
- ____(b2) The applicant shall experience at least 5,000 pediatric (< 18 years old) surgeries in the most recent year of operation COMPLIANCE WITH THE FOLLOWING QUALITY ASSURANCE REQUIREMENTS:-
- (Ca) The applicant shall experience at least 50 new pediatric cancer cases on its cancer registry in the most recent year of operation PET SCANNER SERVICE SHALL BE STAFFED SO THAT SCREENING OF REQUESTS FOR AND INTERPRETATION OF PET PROCEDURES WILL BE CARRIED OUT BY A PHYSICIAN(S) WITH APPROPRIATE TRAINING AND FAMILIARITY WITH THE APPROPRIATE DIAGNOSTIC USE AND INTERPRETATION OF CROSS-SECTIONAL IMAGES OF THE ANATOMICAL REGION(S) TO BE EXAMINED. FOR PURPOSES OF EVALUATING THIS SUBSECTION, THE DEPARTMENT SHALL CONSIDER IT PRIMA FACIE EVIDENCE AS TO THE TRAINING OF THE PHYSICIAN(S) IF THE PHYSICIAN IS BOARD CERTIFIED OR BOARD QUALIFIED IN NUCLEAR MEDICINE OR NUCLEAR RADIOLOGY. HOWEVER, AN APPLICANT MAY SUBMIT, AND THE DEPARTMENT MAY ACCEPT, OTHER EVIDENCE THAT THE PHYSICIAN(S) IS QUALIFIED TO OPERATE THE PET SERVICE/SCANNER. THE PHYSICIAN(S) MUST BE ON-SITE OR AVAILABLE THROUGH TELECOMMUNICATION CAPABILITIES TO PARTICIPATE IN THE SCREENING OF PATIENTS FOR PET PROCEDURES AND TO PROVIDE OTHER CONSULTATION SERVICES.
- (dB) The applicant shall have an active medical staff at the time the application is submitted to the Department that PET SCANNER SERVICE SHALL includes, but is not limited to, physicians who are fellowship-trained in the following pediatric specialties PERSONNEL, EMPLOYED DIRECTLY OR ON A CONTRACTUAL BASIS: A TECHNOLOGIST WITH TRAINING IN PET SCANNING AND A PHYSICIST. THE PHYSICIST MUST BE BOARD CERTIFIED OR ELIGIBLE FOR CERTIFICATION BY THE AMERICAN BOARD OF RADIOLOGY OR AN EQUIVALENT ORGANIZATION.
 - (i) pediatric radiology (at least two staff members)
 - (ii) pediatric anesthesiology
- (iii) pediatric cardiology

(iv) pediatric critical care (v) pediatric gastroenterology (vi) pediatric hematology/oncology (vii) pediatric neurology (viii) pediatric neurosurgery (ix) pediatric orthopedic surgery (x) pediatric pathology (xi) pediatric pulmonology (xii) pediatric surgery

- (e<u>C</u>) The_applicant shall have in operation the following pediatric specialty programs at the time the application is submitted to PET SCANNER SERVICE SHALL HAVE A PHYSICIAN ON-SITE OR IMMEDIATELY AVAILABLE TO THE PET SCANNER SERVICE AT ALL TIMES WHEN PATIENTS ARE UNDERGOING PET PROCEDURES—the Department:.
 - (i) pediatric bone marrow transplant program
 - (ii) established pediatric sedation program
 - (iii) pediatric open heart program
- (D) THE APPLICANT MAINTAINS THE SERVICES AND SPECIALTIES AS SET FOR THE IN SECTION 3(1) THROUGH 3(4).
- (23) An applicant meeting the requirements of subsection (1) shall be exempt from meeting the requirements of Section 4 or Section 5 of these standards but must meet Section 6. COMPLIANCE WITH THE FOLLOWING ACCESS TO CARE REQUIREMENTS:
- (3A) The dedicated pediatric-PET scanner SERVICE shall be excluded ACCEPT REFERRALS FOR PET SCANNER SERVICES from the adult count for ALL APPROPRIATELY LICENSED PRACTITIONERS the facility.
- (B) THE PET SCANNER SERVICE SHALL PARTICIPATE IN MEDICAID AT LEAST 12 CONSECUTIVE MONTHS WITHIN THE FIRST TWO YEARS OF OPERATION AND CONTINUE TO PARTICIPATE ANNUALLY THEREAFTER.
- (C) THE PET SCANNER SERVICE SHALL NOT DENY PET SCANNER SERVICES TO ANY INDIVIDUAL BASED ON ABILITY TO PAY OR SOURCE OF PAYMENT.
- (D) THE OPERATION OF AND REFERRAL OF PATIENTS TO THE PET SCANNER SERVICE SHALL BE IN CONFORMANCE WITH 1978 PA 368, SEC. 16221, AS AMENDED BY 1986 PA 319; MCL 333.16221; MSA 14.15 (16221).
 - (4) COMPLIANCE WITH THE FOLLOWING MONITORING AND REPORTING REQUIREMENTS:
- (A) THE PET SCANNERS SHALL BE OPERATING AT AN AVERAGE OF 500 PET SCANS PER SCANNER DURING THE SECOND 12 MONTHS OF OPERATIONS, AND ANNUALLY THEREAFTER. THIS REQUIREMENT SHALL BE WAIVED DURING REVIEW OF APPLICATIONS UNDER SECTION 4(1), IF APPLICABLE.
- (B) THE PET SCANNER SERVICE SHALL PARTICIPATE IN A DATA COLLECTION SYSTEM ESTABLISHED AND ADMINISTERED BY THE DEPARTMENT OR ITS DESIGNEE. THE DATA MAY INCLUDE, BUT ARE NOT LIMITED TO, CLINICAL SCAN DATA, ANNUAL BUDGET AND COST INFORMATION, OPERATING SCHEDULES, THROUGH-PUT SCHEDULES, DEMOGRAPHIC AND DIAGNOSTIC INFORMATION, AND THE VOLUME OF CARE PROVIDED TO PATIENTS FROM ALL PAYOR SOURCES. THE APPLICANT SHALL PROVIDE THE REQUIRED DATA ON A SEPARATE BASIS FOR EACH SEPARATE AND DISTINCT SITE, PET SCANNER, OR PET SCANNER SERVICE AS REQUIRED BY THE DEPARTMENT, IN A FORMAT ESTABLISHED BY THE DEPARTMENT. THE DEPARTMENT MAY ELECT TO VERIFY THE DATA THROUGH ON-SITE REVIEW OF APPROPRIATE RECORDS.
- (C) THE PET SCANNER SERVICE SHALL PROVIDE THE DEPARTMENT WITH TIMELY NOTICE OF THE PROPOSED PROJECT IMPLEMENTATION CONSISTENT WITH APPLICABLE STATUTE AND PROMULGATED RULES.

- (5) COMPLIANCE WITH THE FOLLOWING DEDICATED RESEARCH PET SCANNER REQUIREMENTS, IF APPLICABLE:
- (A) THE CAPITAL AND OPERATING COSTS RELATING TO THE DEDICATED RESEARCH PET SCANNER SHALL BE CHARGED ONLY TO A SPECIFIC RESEARCH ACCOUNT(S) AND NOT TO ANY PATIENT OR THIRD- PARTY PAYOR.
- (B) THE DEDICATED RESEARCH PET SCANNER SHALL NOT BE USED FOR ANY PURPOSES OTHER THAN AS APPROVED BY THE INSTITUTIONAL REVIEW BOARD.
- (6) COMPLIANCE WITH THE FOLLOWING DEDICATED PEDIATRIC PET SCANNER REQUIREMENTS, IF APPLICABLE:
- (A) THE DEDICATED PEDIATRIC PET SCANNER WILL BE USED PRIMARILY (70% OF THE SCANS) FOR PATIENTS UNDER 18 YEARS OF AGE.
- (B) SHALL MAINTAIN ACTIVE MEDICAL STAFF IN THE APPLICABLE PEDIATRIC SPECIALTIES AND PEDIATRIC SPECIALTY PROGRAMS AS SET FORTH IN THE SECTION.
 - (7) COMPLIANCE WITH THE FOLLOWING PEM SCANNER REQUIREMENTS, IF APPLICABLE:
 (A) (DEPARTMENT TO DEVELOP)
- (8) COMPLIANCE WITH THE FOLLOWING MOBILE PET SCANNER REQUIREMENTS, IF APPLICABLE:
- (A) THE CENTRAL SERVICE COORDINATOR FOR A MOBILE PET SCANNER SERVICE SHALL NOTIFY THE DEPARTMENT 30 DAYS PRIOR TO DROPPING AN EXISTING HOST SITE.
- (B) EACH HOST SITE MUST HAVE AT LEAST ONE PHYSICIAN WHO IS BOARD CERTIFIED OR BOARD ELIGIBLE IN NUCLEAR MEDICINE OR NUCLEAR RADIOLOGY ON ITS MEDICAL STAFF. THE PHYSICIAN(S) SHALL BE RESPONSIBLE FOR ESTABLISHING PATIENT EXAMINATION AND INFUSION PROTOCOL, AND PROVIDING FOR THE INTERPRETATION OF SCANS PERFORMED.
- (C) EACH HOST SITE SHALL PROVIDE A PROPERLY PREPARED PARKING PAD FOR THE MOBILE PET SCANNER UNIT, A WAITING AREA FOR PATIENTS, AND A MEANS FOR PATIENTS TO ENTER THE VEHICLE WITHOUT GOING OUTSIDE (SUCH AS AN ENCLOSED CANOPY OR AN ENCLOSED CORRIDOR).
- (D) A MOBILE PET SCANNER SERVICE SHALL OPERATE UNDER A CONTRACTUAL AGREEMENT THAT INCLUDES THE PROVISION OF PET SERVICES AT EACH HOST SITE ON A REGULARLY SCHEDULED BASIS.
- (9) THE AGREEMENTS AND ASSURANCES REQUIRED BY THIS SECTION SHALL BE IN THE FORM OF A CERTIFICATION AGREED TO BY THE APPLICANT OR ITS AUTHORIZED AGENT.

Section 12. <u>Additional requirements METHODOLOGY</u> for <u>mobile COMPUTING THE PROJECTED</u> PET <u>serviceDATA UNITS</u>

- Sec. 12. (1) An applicant proposing to begin operation of a mobile PET service shall demonstrate all of the following BEING REVIEWED UNDER SECTION 4 SHALL APPLY THE METHODOLOGY SET FORTH IN THIS SECTION IN COMPUTING THE PROJECTED NUMBER OF PET DATA UNITS:
- ____(a1) A separate CON application has been submitted by the central service coordinator and each proposed host site! DENTIFY THE NUMBER OF DIAGNOSIS-SPECIFIC NEW CANCER CASES DOCUMENTED IN ACCORDANCE WITH THE REQUIREMENTS OF SECTION 13.
- (bA) A proposed regular route schedule, the procedures for handling emergency situations, and copies of all proposed contracts related to the mobile PET service have been included in the CON application COMBINE THE NUMBER OF CANCER CASES FOR LUNG (SITE CODES C340-C349), ESOPHAGUS (SITE CODES C150-C159), COLORECTAL (SITE CODES C180-C209), LYMPHOMA (MORPHOLOGY CODES (9590-9729), MELANOMA (MORPHOLOGY CODES 8720-8790), AND HEAD

- (eB) The requirements of sections 3, 4, 5, and 6, as applicable, have been met. MULTIPLY THE NUMBER RESULTING FROM THE CALCULATION IN "COMBINED" CANCER CASES IDENTIFIED IN SUBSECTION (1)(B) BY 0.8, WHICH IS THE ESTIMATED PROBABILITY THAT A "COMBINED" CANCER CASE WILL REQUIRE A PET SCAN.
- (C) MULTIPLY THE NUMBER RESULTING FROM THE CALCULATION IN SUBSECTION (1)(C) BY 2.5, WHICH IS THE ESTIMATED NUMBER OF PET SCANS NEEDED FOR EACH PATIENT REQUIRING A PET SCAN.
- (2) An applicant proposing to become a host site on an existing mobile PET scanner service shall demonstrate that it meets all of the following: IDENTIFY THE NUMBER OF DIAGNOSIS-SPECIFIC NEW CANCER CASES DOCUMENTED IN ACCORD WITH THE REQUIREMENTS OF SECTION 13.
- (a) Approval of the application will not result in an increase in the number of mobile PET scanners listed on the "Department Inventory of PET Scanners" unless the requirements of Section 5 have been met. MULTIPLY THE NUMBER OF BREAST CANCER CASES (SITE CODES C500-C509) BY 0.25, WHICH IS THE ESTIMATED PROBABILITY THAT A BREAST CANCER CASE WILL REQUIRE A PET SCAN.
- (b) A proposed regular route schedule, the procedures for handling emergency situations, and copies of all proposed contracts related to the mobile PET scanner have been included in the CON application. MULTIPLY THE NUMBER RESULTING FROM THE CALCULATION IN SUBSECTION (2)(B) BY 1.0, WHICH IS THE ESTIMATED NUMBER OF PET SCANS NEEDED FOR EACH PATIENT REQUIRING A PET SCAN.
- (3) MULTIPLY THE NUMBER OF DIAGNOSTIC CARDIAC CATHETERIZATION CASES IDENTIFIED IN ACCORD WITH THE REQUIREMENTS OF SECTION 15 BY 0.1, WHICH IS THE ESTIMATED PROBABILITY THAT A PATIENT HAVING A DIAGNOSTIC CARDIAC CATHETERIZATION WILL REQUIRE A PET SCAN.
- (4) MULTIPLY THE NUMBER OF INTRACTABLE EPILEPSY CASES (ICD-9-CM CODES 345.01, 345.11, 345.41, 345.51, 345.61, 345.71, 345.81, OR 345.91) IDENTIFIED IN ACCORD WITH THE REQUIREMENTS OF SECTION 16 BY 1.0, WHICH IS THE ESTIMATED PROBABILITY THAT A PATIENT HAVING AN INTRACTABLE EPILEPSY PROCEDURE WILL REQUIRE A PET SCAN. MULTIPLY THE NUMBER RESULTING FROM THE CALCULATION IN SUBSECTION (3) BY 1.0, WHICH IS THE ESTIMATED NUMBER OF PET SCANS NEEDED FOR EACH PATIENT REQUIRING A PET SCAN.
- (5) SUM THE NUMBERS RESULTING FROM THE CALCULATIONS IN SUBSECTIONS (1) THROUGH (4) TO DETERMINE THE TOTAL NUMBER OF PROJECTED PET DATA UNITS.
- (6) MULTIPLY THE RESULT CALCULATED IN SUBSECTION (5) ABOVE BY A FACTOR OF 3.0 IF THE APPLICANT IS PROPOSING TO SERVE ONLY PLANNING AREA 6 TO DETERMINE THE TOTAL NUMBER OF PROJECTED PET DATA UNITS.
- (7) MULTIPLY THE RESULT CALCULATED IN SUBSECTION (5) ABOVE BY A FACTOR OF 2.0 IF THE APPLICANT IS PROPOSING TO SERVE ONLY PLANNING AREA 5 TO DETERMINE THE TOTAL NUMBER OF PROJECTED PET DATA UNITS.

Section 13. Requirements for approval for all applicants COMMITMENT OF DIAGNOSIS-SPECIFIC NEW CANCER CASES

Sec. 13. An applicant shall provide verification of Medicaid participation at the time the application is

submitted to the Department. If the required documentation is not submitted with the application on the designated application date, the application will be deemed filed on the first applicable designated application date after all required documentation is received by the Department. AN APPLICANT PROPOSING TO USE DIAGNOSIS-SPECIFIC NEW CANCER CASES SHALL DEMONSTRATE ALL OF THE FOLLOWING:

(1) ONLY THOSE CANCER DIAGNOSES IDENTIFIED IN SECTION 12(1) AND 12(2) SHALL BE INCLUDED.

- (2) EACH ENTITY CONTRIBUTING DIAGNOSIS SPECIFIC NEW CANCER CASE DATA PROVIDES, AS PART OF THE APPLICATION AT THE TIME IT IS SUBMITTED TO THE DEPARTMENT, A SIGNED GOVERNING BODY RESOLUTION THAT IDENTIFIES THE NUMBER OF DIAGNOSIS-SPECIFIC CANCER CASES BEING COMMITTED TO THE APPLICATION AND THAT STATES NO CURRENT OR FUTURE DIAGNOSIS-SPECIFIC NEW CANCER CASE DATA WILL BE USED IN SUPPORT OF ANY OTHER APPLICATION FOR A PET UNIT FOR A PERIOD OF FIVE (5) YEARS FROM THE DATE OF START OF OPERATIONS OF THE APPROVED PET SCANNER SERVICE FOR WHICH DATA ARE BEING COMMITTED. IF THE REQUIRED DOCUMENTATION FOR THIS SUBSECTION IS NOT SUBMITTED WITH THE APPLICATION ON THE DESIGNATED APPLICATION DATE, THE APPLICATION WILL BE DEEMED FILED ON THE FIRST APPLICABLE DESIGNATED APPLICATION DATE AFTER ALL REQUIRED DOCUMENTATION IS RECEIVED BY THE DEPARTMENT.
- (A) FOR FIXED PET SCANNER SERVICES, THE GEOGRAPHIC LOCATION OF EACH ENTITY CONTRIBUTING DIAGNOSIS-SPECIFIC NEW CANCER CASE DATA IS IN THE SAME PLANNING AREA AS THE PROPOSED PET SERVICE.
- (B) FOR MOBILE PET SCANNER SERVICES, THE GEOGRAPHIC LOCATION OF EACH ENTITY CONTRIBUTING DIAGNOSIS-SPECIFIC NEW CANCER CASE DATA IN THE PLANNING AREA(S) FOR WHICH THE PROPOSED PET SERVICE CONTAINS A PROPOSED HOST SITE OR WITHIN A 75-MILE RADIUS OF THE PROPOSED HOST SITE FOR RURAL AND MICROPOLITAN STATISTICAL AREA COUNTIES OR 25-MILE RADIUS FOR METROPOLITAN STATISTICAL AREA COUNTIES.
- (C) NO ENTITY CONTRIBUTING DIAGNOSIS-SPECIFIC NEW CANCER CASE DATA HAS PREVIOUSLY COMMITTED OR IS COMMITTING DATA TO ANOTHER SERVICE THAT IS LESS THAN FIVE (5) YEARS FROM THE START OF OPERATIONS OF THAT SERVICE.

(2) NO ENTITY CURRENTLY OPERATING OR APPROVED TO OPERATE A PET SCANNER SERVICE SHALL CONTRIBUTE DIAGNOSIS-SPECIFIC NEW CANCER CASES.

(3) THE DEPARTMENT MAY NOT CONSIDER A WITHDRAWAL OF DIAGNOSIS-SPECIFIC NEW CANCER CASE DATA DURING THE 120-DAY APPLICATION REVIEW CYCLE FOLLOWING THE DATE ON WHICH THE DEPARTMENT REVIEW OF THE APPLICATION COMMENCES OR AFTER A PROPOSED DECISION TO APPROVE THE APPLICATION HAS BEEN ISSUED UNLESS THE APPLICATION IS DENIED, WITHDRAWN, OR EXPIRED. THE WITHDRAWAL MUST BE SUBMITTED TO THE DEPARTMENT IN THE FORM OF A GOVERNING BODY RESOLUTION THAT CONTAINS THE SPECIFIC CON APPLICATION NUMBER TO WHICH THE DATA WERE ORIGINALLY COMMITTED, THE LEGAL APPLICANT ENTITY, THE COMMITTING ENTITY, THE TYPE OF DATA, THE DATE OF THE MEETING IN WHICH THE GOVERNING BODY AUTHORIZED THE WITHDRAWAL OF THE DATA, THE GOVERNING BODY PRESIDENT'S SIGNATURE, AND THE DATE OF THE SIGNATURE.

Section 14. Project delivery requirements and terms of approval for all applicants DOCUMENTATION OF DIAGNOSIS-SPECIFIC NEW CANCER CASE DATA

Sec. 14. AN APPLICANT REQUIRED TO DOCUMENT VOLUMES OF DIAGNOSIS-SPECIFIC NEW CANCER CASES SHALL SUBMIT, AS PART OF ITS APPLICATION AT THE TIME IT IS

SUBMITTED TO THE DEPARTMENT, DOCUMENTATION FROM THE DIVISION FOR VITAL RECORDS AND HEALTH STATISTICS VERIFYING THE NUMBER OF DIAGNOSIS-SPECIFIC NEW CANCER CASES PROVIDED IN SUPPORT OF THE APPLICATION FOR THE MOST RECENT CALENDAR YEAR FOR WHICH VERIFIABLE DATA ARE AVAILABLE FROM THE STATE REGISTRAR. IF THE REQUIRED DOCUMENTATION FOR THIS SUBSECTION IS NOT SUBMITTED WITH THE APPLICATION ON THE DESIGNATED APPLICATION DATE, THE APPLICATION WILL BE DEEMED FILED ON THE FIRST APPLICABLE DESIGNATED APPLICATION DATE AFTER ALL REQUIRED DOCUMENTATION IS RECEIVED BY THE DEPARTMENT. DIAGNOSIS-SPECIFIC NEW CANCER CASE DATA SUPPORTING AN APPLICATION UNDER THESE STANDARDS SHALL BE SUBMITTED TO THE DIVISION FOR VITAL RECORDS AND HEALTH STATISTICS USING A FORMAT AND MEDIA SPECIFIED IN INSTRUCTIONS FROM THE DEPARTMENT OF COMMUNITY HEALTH. (1) An applicant shall agree that, if approved, the services provided by the PET service shall be delivered in compliance with the following terms of CON approval: (a) Compliance with these standards. (b) Compliance with applicable safety and operating standards. (c) Compliance with the following quality assurance standards: (i) The approved PET scanner shall be operating at the applicable required volumes specified in these standards. In meeting this requirement, an applicant shall not include any patient visits conducted by dedicated research PET scanners.

(ii) An applicant shall establish and maintain (A) a standing medical staff and governing body (or its equivalent) requirement that provides for the medical and administrative control of the ordering and utilization of PET patient visits and (B) a formal program of utilization review and quality assurance. These responsibilities may be assigned to an existing body of the applicant, as appropriate.

- (iii) A PET service, whether fixed or mobile, shall be staffed so that screening of requests for PET procedures and/or interpretation of PET procedures will be carried out by a physician(s) with appropriate training and familiarity with the appropriate diagnostic use and interpretation of cross-sectional images of the anatomical region(s) to be examined. For purposes of evaluating this subsection, the Department shall consider it prima facie evidence as to the training of the physician(s) if the physician is board certified or board qualified in nuclear medicine or nuclear radiology. However, an applicant may submit, and the Department may accept, other evidence that the physician(s) is qualified to operate the PET service/scanner. The physician(s) must be on-site or available through telecommunication capabilities to participate in the screening of patients for PET procedures and to provide other consultation services.
- (iv) An applicant shall establish a PET service team. A PET service team shall be responsible for (A) developing criteria for procedure performance, (B) developing protocols for procedure performance, (C) developing a clinical data base for utilization review and quality assurance purposes, (D) transmitting requested data to the Department, (E) screening of patients to assure appropriate utilization of the PET scanner, (F) taking and interpreting scans, and (G) coordinating PET activity at a PET host site(s) for a mobile pet service(s)/scanner(s).
- (v) At a minimum, the PET service team shall include the following personnel, employed directly by the applicant or on a contractual basis: (A) a team leader, (B) technologists with training in PET scanning, (C) radiation safety personnel, and (D) a physicist(s). The physicist(s) must be board certified or eligible for certification by the American Board of Radiology or an equivalent organization. Other personnel that may be appropriate members of the PET service team, depending on the type of operation and PET procedures performed, include but are not limited to nurses, computer technicians, radio-chemists, radio-chemistry technicians, radio-pharmacists, and instrument maintenance technicians. If the team leader is not a physician, the PET service team also shall include a physician with appropriate training and familiarity with the appropriate diagnostic use and interpretation of cross-sectional images of the anatomical region(s) to be examined.
- (vi) The applicant shall have, within the PET service, equipment and supplies to handle clinical emergencies that might occur within the PET service, with PET staff trained in CPR and other appropriate emergency interventions, and a physician on-site or immediately available to the PET service at all times when patients are undergoing PET procedures.
- (vii) An applicant shall participate in Medicaid at least 12 consecutive months within the first two years of operation and continue to participate annually thereafter.

- (viii) Fixed and mobile PET scanner units shall be operating at a minimum average annual level of utilization during the second twelve months of operation, and annually thereafter, of 1,500 PET equivalents per unit.
 - (d) Compliance with the following requirements:
- (i) The applicant shall accept referrals for PET scanner services from all appropriately licensed practitioners.
- (ii) The applicant, to assure that the PET scanner services will be utilized by all segments of the Michigan population, shall (A) not deny PET scanner services to any individual based on ability to pay or source of payment, (B) provide PET scanning services to any individual based on the clinical indications of need for the service, and (C) maintain information by payor and non-paying sources to indicate the volume of care from each source provided annually.
- Compliance with selective contracting requirements shall not be construed as a violation of this term.
- (iii) The applicant shall participate in a data collection network established and administered by the Department or its designee. The data may include, but are not limited to annual budget and cost information, operating schedules, through-put schedules, demographic and diagnostic information, the volume of care provided to patients from all payor sources, and other data requested by the Department or its designee. The applicant shall provide the required data on a separate basis for each separate and distinct site, PET scanner, or PET service as required by the Department, in a format established by the Department, and in a mutually agreed upon media. The Department may elect to verify the data through on-site review of appropriate records. If the applicant intends to include research PET equivalents conducted by a PET scanner other than a dedicated research PET scanner in its utilization statistics, the applicant shall submit to the Department a copy of the research protocol with evidence of approval by the Institutional Review Board. The applicant shall submit this at the time the applicant intends to include research procedures in its utilization statistics. The applicant shall separately report to the Department any PET equivalents conducted by a dedicated research PET scanner.
- (v) The applicant shall provide the Department with a notice stating the first date on which the PET scanner became operational, and such notice shall be submitted to the Department consistent with applicable statute and promulgated rules.
- (2) An applicant for a dedicated research PET scanner under Section 10 shall agree that the services provided by the PET scanner approved pursuant to Section 10 shall be delivered in compliance with the following terms of CON approval:
- (a) The capital and operating costs relating to the dedicated research PET scanner approved pursuant to Section 8 shall be charged only to a specific research account(s) and not to any patient or third-party payor.
- (b) The dedicated research PET scanner approved pursuant to Section 10 shall not be used for any purposes other than as approved by the Institutional Review Board unless the applicant has obtained CON approval for the PET scanner pursuant to Part 222 and these standards, other than Section 10.
- (3) The operation of and referral of patients to the PET service shall be in conformance with 1978 PA 368, Sec. 16221, as amended by 1986 PA 319; MCL 333.16221; MSA 14.15 (16221).
- (4) The agreements and assurances required by this section shall be in the form of a certification authorized by the governing body of the applicant or its authorized agent.

Section 15. Project delivery requirements and additional terms of approval for applicants involving mobile PET services COMMITMENT AND DOCUMENTATION OF DIAGNOSTIC CARDIAC CATHETERIZATION DATA

Sec. 15. AN APPLICANT PROPOSING TO USE DIAGNOSTIC CARDIAC CATHETERIZATION

- (1) EACH ENTITY CONTRIBUTING DIAGNOSTIC CARDIAC CATHETERIZATION DATA PROVIDES, AS PART OF THE APPLICATION AT THE TIME IT IS SUBMITTED TO THE DEPARTMENT, A SIGNED GOVERNING BODY RESOLUTION THAT IDENTIFIES THE NUMBER OF DIAGNOSTIC CARDIAC CATHETERIZATION CASES (SESSIONS) COMMITTED TO THE APPLICATION AND THAT STATES NO CURRENT OR FUTURE DIAGNOSTIC CARDIAC CATHETERIZATION DATA WILL BE USED IN SUPPORT OF ANY OTHER APPLICATION FOR A PET UNIT FOR THE DURATION OF THE PET SERVICE FOR WHICH DATA ARE BEING COMMITTED FOR A PERIOD OF FIVE (5) YEARS FROM THE DATE OF START OF OPERATIONS OF THE APPROVED PET SERVICE FOR WHICH DATA ARE BEING COMMITTED. IF THE REQUIRED DOCUMENTATION FOR THIS SUBSECTION IS NOT SUBMITTED WITH THE APPLICATION ON THE DESIGNATED APPLICATION DATE, THE APPLICATION WILL BE DEEMED FILED ON THE FIRST APPLICABLE DESIGNATED APPLICATION DATE AFTER ALL REQUIRED DOCUMENTATION IS RECEIVED BY THE DEPARTMENT.
- (A) FOR FIXED PET SCANNER SERVICES, THE GEOGRAPHIC LOCATION OF EACH ENTITY CONTRIBUTING DIAGNOSTIC CARDIAC CATHETERIZATION DATA IS IN THE SAME PLANNING AREA AS THE PROPOSED PET UNIT/SERVICE.
- (B) FOR MOBILE PET SCANNER SERVICES, THE GEOGRAPHIC LOCATION OF EACH ENTITY CONTRIBUTING DIAGNOSIS SPECIFIC NEW CANCER CASE DATA IN THE PLANNING AREA(S) FOR WHICH THE PROPOSED PET SERVICE CONTAINS A PROPOSED HOST SITE OR WITHIN A 75-MILE RADIUS OF THE PROPOSED HOST SITE FOR RURAL AND MICROPOLITAN STATISTICAL AREA COUNTIES OR 25-MILE RADIUS FOR METROPOLITAN STATISTICAL AREA COUNTIES.
- (C) NO ENTITY CONTRIBUTING DIAGNOSTIC CARDIAC CATHETERIZATION DATA HAS PREVIOUSLY COMMITTED OR IS COMMITTING DATA TO ANOTHER SERVICE THAT IS LESS THAN FIVE (5) YEARS FROM THE START OF OPERATIONS OF THAT SERVICE.
- (D) THE DIAGNOSTIC CARDIAC CATHETERIZATION CASE DATA IS FROM THE MOST RECENTLY COMPLETED REPORT(S) OF THE ANNUAL SURVEY PRODUCED BY THE DEPARTMENT, AND THE CONTRIBUTING ENTITY HAS CON APPROVAL TO PROVIDE DIAGNOSTIC CARDIAC CATHETERIZATION SERVICES.
- (2) NO ENTITY CURRENTLY OPERATING OR APPROVED TO OPERATE A PET SCANNER SERVICE SHALL CONTRIBUTE DIAGNOSTIC CARDIAC CATHETERIZATION CASE DATA.
 - (3) THE DEPARTMENT MAY NOT CONSIDER A WITHDRAWAL OF DIAGNOSTIC CARDIAC CATHETERIZATION CASE DATA DURING THE 120-DAY APPLICATION REVIEW CYCLE FOLLOWING THE DATE ON WHICH THE DEPARTMENT REVIEW OF THE APPLICATION COMMENCES OR AFTER A PROPOSED DECISION TO APPROVE THE APPLICATION HAS BEEN DENIED UNLESS THE APPLICATION IS DENIED, WITHDRAWN, OR EXPIRED. THE WITHDRAWAL MUST BE SUBMITTED TO THE DEPARTMENT IN THE FORM OF A GOVERNING BODY RESOLUTION THAT CONTAINS THE SPECIFIC CON APPLICATION NUMBER TO WHICH THE DATA WERE ORIGINALLY COMMITTED, THE LEGAL APPLICANT ENTITY, THE COMMITTING ENTITY, THE TYPE OF DATA, THE DATE OF THE MEETING IN WHICH THE GOVERNING BODY AUTHORIZED THE WITHDRAWAL OF THE DATA, THE GOVERNING BODY PRESIDENT'S SIGNATURE, AND THE DATE OF THE SIGNATURE.
 - (1) In addition to the provisions of Section 14, an applicant for a mobile PET services shall agree that the services provided by the mobile PET scanner(s) shall be delivered in compliance with the following terms of CON approval:
 - (a) The central service coordinator for a mobile PET service, with an approved CON, shall notify the administrative unit of the Department of Community Health responsible for administering the CON program 30 days prior to dropping an existing host site.
 - (b) Each host site must have at least one physician who is board certified or board eligible in

- (c) Each mobile PET scanner service shall have an operations committee with members representing each host site, the central service coordinator, and the medical director. This committee shall oversee the effective and efficient use of the PET scanner, establish the regular route schedule, identify the process by which changes are to be made to the schedule, develop procedures for handling emergency situations, and review the ongoing operations of the mobile PET scanner service on at least a quarterly basis.
- (d) The central service coordinator shall arrange for emergency repair services to be available 24 hours each day for the mobile PET scanner equipment as well as the vehicle transporting the equipment. In addition, to preserve image quality and minimize PET scanner downtime, calibration checks shall be performed on the PET scanner unit at least once each work day or in accordance with the manufacturer's requirements. Routine maintenance services shall be provided on a regularly scheduled basis, at least once a week or in accordance with the manufacturer's requirements, during hours not normally used for patient procedures.
- (e) Each host site shall provide a properly prepared parking pad, for the mobile PET scanner unit, of sufficient load-bearing capacity to support the vehicle, a waiting area for patients, and a means for patients to enter the vehicle without going outside (such as an enclosed canopy or an enclosed corridor). Each host site also must provide the capability for processing the film and maintaining the confidentiality of patient records. A communication system must be provided between the mobile vehicle and each host site to provide for immediate notification of emergency medical situations.
- (f) A mobile PET scanner service shall operate under a contractual agreement that includes the provision of PET services at each host site on a regularly scheduled basis.
- (g) The volume of utilization at each host site shall be reported to the Department by the central service coordinator under the terms of Section 14(1)(d)(iii).
- (2) The agreements and assurances required by this section shall be in the form of a certification authorized by the owner or the governing body of the applicant or its authorized agent.

Section 16. Determination of PET equivalents COMMITMENT AND DOCUMENTATION OF INTACTABLE EPILEPSY DATA

Sec. 16. AN APPLICANT PROPOSING TO USE INTRACTABLE EPILEPSY CASES SHALL DEMONSTRATE ALL OF THE FOLLOWING:

- (1) EACH ENTITY CONTRIBUTING INTRACTABLE EPILEPSY DATA PROVIDES, AS PART OF THE APPLICATION AT THE TIME IT IS SUBMITTED TO THE DEPARTMENT, A SIGNED GOVERNING BODY RESOLUTION THAT IDENTIFIES THE NUMBER OF INTRACTABLE EPILEPSY CASES COMMITTED TO THE APPLICATION AND THAT STATES NO CURRENT OR FUTURE INTRACTABLE EPILEPSY CASE DATA WILL BE USED IN SUPPORT OF ANY OTHER APPLICATION FOR A PET UNIT FOR THE DURATION OF THE PET SERVICE FOR WHICH THE DATA ARE BEING COMMITTED FOR A PERIOD OF FIVE (5) YEARS FROM THE DATE OF START OF OPERATIONS OF THE APPROVED PET SERVICE FOR WHICH DATA ARE BEING COMMITTED. IF THE REQUIRED DOCUMENTATION FOR THIS SUBSECTION IS NOT SUBMITTED WITH THE APPLICATION ON THE DESIGNATED APPLICATION DATE, THE APPLICATION WILL BE DEEMED FILED ON THE FIRST APPLICABLE DESIGNATED APPLICATION DATE AFTER ALL REQUIRED DOCUMENTATION IS RECEIVED BY THE DEPARTMENT.
- (A) FOR FIXED PET SCANNER SERVICES, THE GEOGRAPHIC LOCATION OF EACH ENTITY CONTRIBUTING INTRACTABLE EPILEPSY CASE DATA IS IN THE SAME PLANNING AREA AS THE PROPOSED PET UNIT/SERVICE.
- (B) FOR MOBILE PET SCANNER SERVICES, THE GEOGRAPHIC LOCATION OF EACH ENTITY CONTRIBUTING DIAGNOSIS SPECIFIC NEW CANCER CASE DATA IN THE PLANNING AREA(S) FOR WHICH THE PROPOSED PET SCANNER SERVICE CONTAINS A PROPOSED HOST

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SITE OR WITHIN A 75-MILE RADIUS OF THE PROPOSED HOST SITE FOR RURAL AND
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        MICROPOLITAN STATISTICAL AREA COUNTIES OR 25-MILE RADIUS FOR METROPOLITAN
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        STATISTICAL AREA COUNTIES.
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            (C) NO ENTITY CONTRIBUTING INTRACTABLE EPILEPSY CASE DATA HAS PREVIOUSLY
        COMMITTED OR IS COMMITTING DATA TO ANOTHER SERVICE THAT IS LESS THAN FIVE (5)
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        YEARS FROM THE START OF OPERATIONS OF THAT SERVICE.
            (D) THE INTRACTABLE EPILEPSY CASE DATA IS FROM THE MOST RECENT MICHIGAN
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        INPATIENT DATA BASE (MIDB) AVAILABLE TO THE DEPARTMENT.
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            (2) NO ENTITY CURRENTLY OPERATING OR APPROVED TO OPERATE A SCANNER SHALL
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1091
        CONTRIBUTE INTRACTABLE EPILEPSY CASE DATA.
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            (3) THE DEPARTMENT MAY NOT CONSIDER A WITHDRAWAL OF INTRACTABLE EPILEPSY
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        CASE DATA DURING THE 120-DAY APPLICATION REVIEW CYCLE FOLLOWING THE DATE ON
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        WHICH THE DEPARTMENT REVIEW OF THE APPLICATION COMMENCES OR AFTER A
        PROPOSED DECISION TO APPROVE THE APPLICATION UNLESS THE APPLICATION IS DENIED,
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        WITHDRAWN, OR EXPIRED. THE WITHDRAWAL MUST BE SUBMITTED TO THE DEPARTMENT IN
        THE FORM OF A GOVERNING BODY RESOLUTION THAT CONTAINS THE SPECIFIC CON
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        APPLICATION NUMBER TO WHICH THE DATA WERE ORIGINALLY COMMITTED, THE LEGAL
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        APPLICANT ENTITY, THE COMMITTING ENTITY, THE TYPE OF DATA, THE DATE OF THE
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        MEETING IN WHICH THE GOVERNING BODY AUTHORIZED THE WITHDRAWAL OF THE DATA,
        THE GOVERNING BODY PRESIDENT'S SIGNATURE, AND THE DATE OF THE SIGNATURE.
1102
        For purposes of these standards, PET equivalents shall be calculated as follows:
1103
            (a) Each actual patient visit performed during the time period specified in the applicable section(s)
1104
        of these standards shall be assigned a number of PET equivalents based on the sum of the applicable
1105
1106
        values set forth in subsections (i) through (vii).
             (i) A single patient visit
1107
            (ii) Number of chemically different tracers
1108
                used during a single patient visit.
1109
                1 tracers = 0
1110
1111
                >2 tracers = 0.8
            (iii) Number of tracer injections performed
1112
                during a single patient visit.
1113
                 1 tracer injection = 0
1114
                 2 tracer injections = 0.3
1115
                >3 tracer injections = 0.6
1116
            (iv) Dynamic scan(s) performed during a single
                                                               0.5
1117
                patient visit.
1118
            (v) Number of bed positions used during a single
1119
                patient visit.
1120
1121
                 1 bed position = 0
                >2 bed positions = 0.2 for each additional position
1122
            (vi) Arterial sampling performed during a single
1123
                                                               0.5
                patient visit.
1124
            (vii) Transmission scan
1125
                                                                .1 per bed position
1126
                Total PET Equivalents for a Single Patient Visit
            (b) For each pediatric patient visit, the PET equivalent(s) determined pursuant to subdivision (a)
1127
1128
        shall be multiplied as follows:
                patient < 5 years of age multiply by 4.0
1129
                patient >5<10 years of age multiply by 3.0
1130
1131
                patient >10<17 years of age multiply by 2.0
            (c) For each radiation therapy patient visit, the PET equivalent(s) determined pursuant to
1132
        subdivision (a) shall be multiplied by 1.5.
1133
        (d) The PET equivalents for each patient visit determined pursuant to subdivisions (a), (b) and (c)
1134
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1135 1136	shall be summed to determine the total PET equivalents for the time period specified in the applicable section(s) of these standards.
1137	
1138	Section 17. Methodology for computing the projected number of PET data units
1139	DEPARTMENT INVENTORY OF PET SCANNERS
1140	
1141	Sec. 17. THE DEPARTMENT SHALL MAINTAIN AND PUBLICLY POST ON ITS WEB SITE A LIST
1142	OF PET SCANNER SERVICES ANNUALLY.
1143	The applicant being reviewed under Section 4 shall apply the methodology set forth in this section in
1144	computing the projected number of PET data units.
1145	
1146	(1)(a) Identify the number of diagnosis specific new cancer cases documented in accord with the
1147	requirements of Section 18.
1148	(b) Combine the number of cancer cases for lung (site codes C340-C349), esophagus (site codes
1149	C150-C159), colorectal (site codes C180-C209), lymphoma (morphology codes 9590-9729), melanoma
1150	(morphology codes 8720-8790), and head & neck [site codes C000-C148, C300-C329, C410, C411,
1151	C470 OR C490 excluding C440-C444 (skin of head and neck), and additional codes approved by
1152	National Coverage Determination]. Use the name "combined" for this grouping.
1153	(c) Multiply the number resulting from the calculation in "combined" cancer cases identified in
1154	subsection (1)(b) by 0.8, which is the estimated probability that a "combined" cancer case will require a
1155	PET scan.
1156	(d) Multiply the number resulting from the calculation in subsection (1)(c) by 2.5, which is the
1157	estimated number of PET scans needed for each patient requiring a PET scan.
1158	
1159	(2)(a) Identify the number of diagnosis specific new cancer cases documented in accord with the
1160	requirements of Section 18.
1161	(b) Multiply the number of breast cancer cases (site codes C500-C509) by 0.25, which is the
1162	estimated probability that a breast cancer case will require a PET scan.
1163	(c) Multiply the number resulting from the calculation in subsection (2)(b) by 1.0, which is the
1164	estimated number of PET scans needed for each patient requiring a PET scan.
1165	
1166	(3)(a) Multiply the number of diagnostic cardiac catheterization cases identified in accord with the
1167	requirements of Section 20 by 0.1, which is the estimated probability that a patient having a diagnostic
1168	cardiac catheterization will require a PET scan.
1169	(b) Multiply the number resulting from the calculation in subsection (3)(a) by 1.0, which is the
1170	estimated number of PET scans needed for each patient requiring a PET scan.
1171	
1172	(4)(a)(b) Multiply the number resulting from the calculation in subsection (4)(a) by 1.0, which is the
1173	estimated number of PET scans needed for each patient requiring a PET scan.
1174	στο
1175	(5) Sum the numbers resulting from the calculations in subsections (1) through (4) to determine the
1176	total number of projected PET data units.
1177	
1178	(6) Multiply the result calculated in subsection (5) above by a factor of 3.0 if the applicant is
1179	proposing to serve only Planning Area 6 to determine the total number of projected PET data units.
1180	Frehening in the service of the serv
1181	(7) Multiply the result calculated in subsection (5) above by a factor of 2.0 if the applicant is
1182	proposing to serve only Planning Area 5 to determine the total number of projected PET data units.
1183	The state of the second
1184	
1185	Section 18. Commitment of diagnosis specific new cancer cases COMPARATIVE REVIEWS;
1186	EFFECT ON PRIOR PLANNING POLICIES

Sec. 18. PROPOSED PROJECTS REVIEWED UNDER THESE STANDARDS SHALL NOT BE

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SUBJECT TO COMPARATIVE REVIEW. THESE CON REVIEW STANDARDS SUPERSEDE AND REPLACE THE CON STANDARDS FOR PET SCANNER SERVICES APPROVED BY THE CON COMMISSION ON DECEMBER 12, 2006 AND EFFECTIVE MARCH 8, 2007.

-(1) An applicant proposing to use diagnosis specific new cancer cases shall demonstrate all of the following:

- (a) Only those cancer diagnoses identified in Section 17(1) and 17(2) shall be included.
- (b) Each entity contributing diagnosis specific new cancer case data provides, as part of the application at the time it is submitted to the Department, a signed governing body resolution that identifies the number of diagnosis specific cancer cases being committed to the application and that states no current or future diagnosis specific new cancer case data will be used in support of any other application for a PET unit for a period of five (5) years from the date of start of operations of the approved PET service for which data are being committed. If the required documentation for this subsection is not submitted with the application on the designated application date, the application will be deemed filed on the first applicable designated application date after all required documentation is received by the Department.
- (c) For fixed PET scanner services, the geographic location of each entity contributing diagnosis specific new cancer case data is in the same planning area as the proposed PET service.
- (d) For mobile PET scanner services, the geographic location of each entity contributing diagnosis specific new cancer case data in the planning area(s) for which the proposed PET service contains a proposed host site or within a 75-mile radius of the proposed host site for rural and micropolitan statistical area counties or 25-mile radius for metropolitan statistical area counties.
- (e) No entity contributing diagnosis specific new cancer case data has previously committed or is committing data to another service that is less than five (5) years from the start of operations of that service and is listed on the "Department Inventory of Pet Scanners."
- (2) No entity currently operating or approved to operate a scanner, whether fixed or mobile, listed on the "Department Inventory of PET Scanners" shall contribute diagnosis specific new cancer cases.
- (3)(a) The Department may not consider a withdrawal of diagnosis specific new cancer case data during the 120-day application review cycle following the date on which the Department review of the application commences or after a proposed decision to approve the application has been issued unless the application is denied, withdrawn, or expired.
- (b) The withdrawal must be submitted to the Department in the form of a governing body resolution that contains the specific CON application number to which the data were originally committed, the legal applicant entity, the committing entity, the type of data, the date of the meeting in which the governing body authorized the withdrawal of the data, the governing body president's signature, and the date of the signature.

Section 19. Documentation of diagnosis specific new cancer case data

Sec. 19. (1) An applicant required to document volumes of diagnosis specific new cancer cases shall submit, as part of its application at the time it is submitted to the Department, documentation from the Division for Vital Records and Health Statistics verifying the number of diagnosis specific new cancer cases provided in support of the application for the most recent calendar year for which verifiable data are available from the State Registrar. If the required documentation for this subsection is not submitted with the application on the designated application date, the application will be deemed filed on the first applicable designated application date after all required documentation is received by the Department.

(2) Diagnosis specific new cancer case data supporting an application under these standards shall be submitted to the Division for Vital Records and Health Statistics using a format and media specified in instructions from the Department of Community Health.

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Section 20. Commitment and documentation of diagnostic cardiac catheterization data

Sec. 20. (1) An applicant proposing to use diagnostic cardiac catheterization data shall demonstrate all of the following:

- (a) Each entity contributing diagnostic cardiac catheterization data [pursuant to Section 17(3)(a)] provides, as part of the application at the time it is submitted to the Department, a signed governing body resolution that identifies the number of diagnostic cardiac catheterization cases (sessions) committed to the application and that states no current or future diagnostic cardiac catheterization data will be used in support of any other application for a PET unit for the duration of the PET service for which data are being committed for a period of five (5) years from the date of start of operations of the approved PET service for which data are being committed. If the required documentation for this subsection is not submitted with the application on the designated application date, the application will be deemed filed on the first applicable designated application date after all required documentation is received by the Department.
- (b) For fixed PET scanner services, the geographic location of each entity contributing diagnostic cardiac catheterization data is in the same planning area as the proposed PET unit/service.
- (c) For mobile PET scanner services, the geographic location of each entity contributing diagnosis specific new cancer case data in the planning area(s) for which the proposed PET service contains a proposed host site or within a 75-mile radius of the proposed host site for rural and micropolitan statistical area counties or 25-mile radius for metropolitan statistical area counties.
- (d) No entity contributing diagnostic cardiac catheterization data has previously committed or is committing data to another service that is less than five (5) years from the start of operations of that service and is listed on the "Department Inventory of Pet Scanners."
- (e) The diagnostic cardiac catheterization case data is from the most recently completed report(s) of the "Annual Hospital Statistical Questionnaire" produced by the Department, and the contributing entity has CON Approval to provide diagnostic cardiac catheterization services.
- (2) No entity currently operating or approved to operate a PET scanner, whether fixed or mobile, listed on the "Department Inventory of PET Scanners" shall contribute diagnostic cardiac catheterization case data.
- (3)(a) The Department may not consider a withdrawal of diagnostic cardiac catheterization case data during the 120-day application review cycle following the date on which the Department review of the application commences or after a proposed decision to approve the application has been denied unless the application is denied, withdrawn, or expired.
- (b) The withdrawal must be submitted to the Department in the form of a governing body resolution that contains the specific CON application number to which the data were originally committed, the legal applicant entity, the committing entity, the type of data, the date of the meeting in which the governing body authorized the withdrawal of the data, the governing body president's signature, and the date of the signature.

Section 21. Commitment and documentation of intractable epilepsy data

- Sec. 21. (1) An applicant proposing to use intractable epilepsy cases shall demonstrate all of the following:
- (a) Each entity contributing intractable epilepsy data [pursuant to Section 17(4)(a)] provides, as part of the application at the time it is submitted to the Department, a signed governing body resolution that identifies the number of intractable epilepsy cases committed to the application and that states no current or future intractable epilepsy case data will be used in support of any other application for a PET unit for the duration of the PET service for which the data are being committed for a period of five (5) years from the date of start of operations of the approved PET service for which data are being committed. If the required documentation for this subsection is not submitted with the application on the designated application date, the application will be deemed filed on the first applicable designated application date after all required documentation is received by the Department.

- (b) For fixed PET scanner services, the geographic location of each entity contributing intractable epilepsy case data is in the same planning area as the proposed PET unit/service.
- (c) For mobile PET scanner services, the geographic location of each entity contributing diagnosis specific new cancer case data in the planning area(s) for which the proposed PET service contains a proposed host site or within a 75-mile radius of the proposed host site for rural and micropolitan statistical area counties or 25-mile radius for metropolitan statistical area counties.
- (d) No entity contributing intractable epilepsy case data has previously committed or is committing data to another service that is less than five (5) years from the start of operations of that service and is listed on the "Department Inventory of Pet Scanners."
- (e) The intractable epilepsy case data is from the most recent Michigan Inpatient Data Base (MIDB) available to the Department.
- (2) No entity currently operating or approved to operate a scanner, whether fixed or mobile, listed on the "Department Inventory of Pet Scanners" shall contribute intractable epilepsy case data.
- (3)(a) The Department may not consider a withdrawal of intractable epilepsy case data during the 120-day application review cycle following the date on which the Department review of the application commences or after a proposed decision to approve the application unless the application is denied, withdrawn, or expired.
- (b) The withdrawal must be submitted to the Department in the form of a governing body resolution that contains the specific CON application number to which the data were originally committed, the legal applicant entity, the committing entity, the type of data, the date of the meeting in which the governing body authorized the withdrawal of the data, the governing body president's signature, and the date of the signature.

Sec. 22. Counties assigned to each health service area are as follows:

1324				
1325	HEALTH SERVICE AREA	COUNTIES		
1326				
1327	1	Livingston	Monroe	St. Clair
1328		Macomb	Oakland	Washtenaw
1329		Wayne		
1330				
1331	2	Clinton	Hillsdale	Jackson
1332		Eaton	Ingham	Lenawee
1333				
1334	3	Barry	Calhoun	St. Joseph
1335		Berrien	Cass	Van Buren
1336		Branch	Kalamazoo	
1337				
1338	4	Allegan	Mason	Newaygo
1339		Ionia	Mecosta	Oceana
1340		Kent	Montcalm	Osceola
1341		Lake	Muskegon	Ottawa
1342				
1343	5	Genesee	Lapeer	Shiawassee
1344				
1345	6	Arenac	Huron	Roscommon
1346		Bay	losco	Saginaw
1347		Clare	Isabella	Sanilac
1348		Gladwin	Midland	Tuscola
1349		Gratiot	Ogemaw	
1350				
1351	7	Alcona	Crawford	Missaukee
1352		Alpena	Emmet	Montmorency
1353		Antrim	Gd Traverse	Oscoda
1354		Benzie	Kalkaska	Otsego
1355		Charlevoix	Leelanau	Presque Isle
1356		Cheboygan	Manistee	Wexford
1357				
1358	8	Alger	Gogebic	Mackinac
1359		Baraga	Houghton	Marquette
1360		Chippewa	Iron	Menominee
1361		Delta	Keweenaw	Ontonagon
1362		Dickinson	Luce	Schoolcraft
1363				

Sec. 23.COUNTIES BY Health service areas assigned to each planning area are as follows:

1366	Sec. 23. COUNTIES BY Health service areas assigned to each planning area are as follows				
1367					
1368	PLANNING AREA 1	COUNTIES	COUNTIES		
1369					
1370	HSA 1	Livingston	Monroe	St. Clair	
1371		Macomb	Oakland	Washtenaw	
1372		Wayne			
1373					
1374	PLANNING AREA 2				
1375					
1376	HSA 2	Clinton	Hillsdale	Jackson	
1377		Eaton	Ingham	Lenawee	
1378	HSA 3	Barry	Calhoun	St. Joseph	
1379		Berrien	Cass	Van Buren	
1380		Branch	Kalamazoo		
1381					
1382	PLANNING AREA 3				
1383					
1384	HSA 4	Allegan	Mason	Newaygo	
1385		Ionia	Mecosta	Oceana	
1386		Kent	Montcalm	Osceola	
1387		Lake	Muskegon	Ottawa	
1388					
1389	PLANNING AREA 4				
1390					
1391	HSA 5	Genesee	Lapeer	Shiawassee	
1392	HSA 6	Arenac	Huron	Roscommon	
1393		Bay	losco	Saginaw	
1394		Clare	Isabella	Sanilac	
1395		Gladwin	Midland	Tuscola	
1396		Gratiot	Ogemaw		
1397					
1398	PLANNING AREA 5				
1399					
1400	HSA 7	Alcona	Crawford	Missaukee	
1401		Alpena	Emmet	Montmorency	
1402		Antrim	Gd Traverse	Oscoda	
1403		Benzie	Kalkaska	Otsego	
1404		Charlevoix	Leelanau	Presque Isle	
1405		Cheboygan	Manistee	Wexford	
1406					
1407	PLANNING AREA 6				
1408					
1409	HSA 8	Alger	Gogebic	Mackinac	
1410		Baraga	Houghton	Marquette	
1411		Chippewa	Iron	Menominee	
1412		Delta	Keweenaw	Ontonagon	
1413		Dickinson	Luce	Schoolcraft	
1414					

1415				APPENDIX AC			
1416							
1417		CON REVIEW STANDARDS					
1418	FOR PET SCANNER SERVICES						
1419							
1420	Rural Michigan countie	es are as follows:					
1421							
1422	Alcona	Hillsdale	Ogemaw				
1423	Alger	Huron	Ontonagon				
1424	Antrim	losco	Osceola				
1425	Arenac	Iron	Oscoda				
1426	Baraga	Lake	Otsego				
1427	Charlevoix	Luce	Presque Isle				
1428	Cheboygan	Mackinac	Roscommon				
1429	Clare	Manistee	Sanilac				
1430	Crawford	Mason	Schoolcraft				
1431	Emmet	Montcalm	Tuscola				
1432	Gladwin	Montmorency					
1433	Gogebic	Oceana					
1434	NAC DE CALABORI						
1435	Micropolitan statistical	area Michigan counties are as	follows:				
1436	• "	0	• •				
1437	Allegan	Gratiot	Mecosta				
1438	Alpena	Houghton	Menominee				
1439	Benzie	Isabella	Midland				
1440	Branch	Kalkaska	Missaukee				
1441	Chippewa	Keweenaw	St. Joseph				
1442	Delta	Leelanau	Shiawassee Wexford				
1443	Dickinson Grand Traverse	Lenawee	vvexiora				
1444 1445	Giana Haveise	Marquette					
1446	Matropolitan statistical	area Michigan counties are as	follows:				
1447	Metropolitari statisticai	area michigan counties are as	Tollows.				
1448	Barry	Ionia	Newaygo				
1449	Bay	Jackson	Oakland				
1450	Berrien	Kalamazoo	Ottawa				
1451	Calhoun	Kent	Saginaw				
1452	Cass	Lapeer	St. Clair				
1453	Clinton	Livingston	Van Buren				
1454	Eaton	Macomb	Washtenaw				
1455	Genesee	Monroe	Wayne				
1456	Ingham	Muskegon	ŕ				
1457	· ·	Ũ					
1458	Source:						
1459							
1460	65 F.R., p. 82238 (Dec	cember 27, 2000)					
1461	Statistical Policy Office	•					
1462	Office of Information and Regulatory Affairs						
1463	United States Office of	Management and Budget					
1464							