

PET/CT Order Form

Hospital Name _____
 Address _____
 Address _____
 Scheduling (555) 555-5555 Fax (555) 555-5555

Misc use

Patient Name: _____ D.O.B. _____ SS# _____

Diagnosis / Clinical History / Symptoms: _____

Insurance: _____ Pol # _____ Precert# _____ Referral Completed Y N N/A

MEDICARE PATIENTS ONLY (Oncology)

Scan Type: (Please Circle)	Skull Base to Mid Thigh (78815)	Whole Body (78816)	Brain only – Oncologic (78608)												
Initial Treatment Strategy		Subsequent Treatment Strategy													
Cancer Type: _____ Almost all indications are approved by Medicare for Initial Treatment Strategy. CMS does not reimburse PET/CT's in the following instances: <ul style="list-style-type: none"> Adenocarcinoma of the Prostate Characterize a suspicious mass in the breast Initial staging of Cervical Cancer is allowed only after traditional imagery has been completed AND was negative for extra-pelvic mets. PET is NOT allowed if extra-pelvic mets are found on traditional imagery. Evaluate solely and specifically the axial lymph nodes in Breast Cancer (Traditional initial staging for distant mets in Breast Cancer is allowed) Evaluate solely and specifically the sentential lymph nodes in cases of Melanoma (Traditional initial staging in Melanoma is allowed) 		Medicare covers only the following conditions under Subsequent Treatment Strategy: (please mark) <table style="width: 100%; border: none;"> <tr> <td style="width: 50%;"><input type="checkbox"/> Breast</td> <td style="width: 50%;"><input type="checkbox"/> Colorectal</td> </tr> <tr> <td><input type="checkbox"/> Cervical</td> <td><input type="checkbox"/> Esophagus</td> </tr> <tr> <td><input type="checkbox"/> Head & Neck</td> <td><input type="checkbox"/> Lymphoma</td> </tr> <tr> <td><input type="checkbox"/> Melanoma</td> <td><input type="checkbox"/> Myeloma</td> </tr> <tr> <td><input type="checkbox"/> Non-Small Cell Lung</td> <td><input type="checkbox"/> Ovarian</td> </tr> <tr> <td><input type="checkbox"/> Thyroid (after a negative I-131 scan)</td> <td></td> </tr> </table> <ul style="list-style-type: none"> Other cancer types, which are not covered by Medicare may still be covered through the National Oncologic PET Registry (NOPR) NOPR Indication: _____		<input type="checkbox"/> Breast	<input type="checkbox"/> Colorectal	<input type="checkbox"/> Cervical	<input type="checkbox"/> Esophagus	<input type="checkbox"/> Head & Neck	<input type="checkbox"/> Lymphoma	<input type="checkbox"/> Melanoma	<input type="checkbox"/> Myeloma	<input type="checkbox"/> Non-Small Cell Lung	<input type="checkbox"/> Ovarian	<input type="checkbox"/> Thyroid (after a negative I-131 scan)	
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ALL OTHER INSURANCES (Oncology)

Scan Type: (Please Circle)	Skull Base to Mid Thigh (78815)	Whole Body (78816)	Brain only – Oncologic (78608)
Cancer Type: _____		Initial Treatment Strategy	Subsequent Treatment Strategy (Please Circle)
Note: The 11 cancer types listed above are generally covered by most third-party payers. For any cancer not listed above, very careful insurance verification should be completed prior to scheduling to insure reimbursement.			

OTHER PROCEDURES

Type of PET/CT:	Codes (Please Circle)
Brain - Metabolic Evaluation	78608 (Differentiation between Alzheimer's Dementia & Fronto Temporal Dementia)
Cardiac - Myocardial Viability	78459

Ordering Physician (Please Print) _____ Physician Signature _____

Phone # _____ Fax # _____ Contact Name _____