

# PET/CT Order Form

Hospital Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 Address \_\_\_\_\_  
 Scheduling (555) 555-5555 Fax (555) 555-5555

Misc use
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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)	Bain 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"> <li>Adenocarcinoma of the Prostate</li> <li>Characterize an unknown mass in the breast</li> <li>Initial staging of Cervical Cancer is only allowed 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.</li> <li>Evaluate solely and specifically the axial lymph nodes in Breast Cancer (Traditional initial staging for distant mets in Breast Cancer is allowed)</li> <li>Evaluate solely and specifically the sentential lymph nodes in cases of Melanoma (Traditional initial staging in Melanoma is allowed)</li> </ul>		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 &amp; 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"> <li>Any cancer type not listed above, will not covered by Medicare</li> <li>ABN must be signed and the patient is self pay</li> </ul> Self Pay 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)	Bain 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 \_\_\_\_\_