PET - PET CT PRIOR AUTHORIZATION FORM

SECTION 1. MEMBER DEMOGRAPHICS					
Patient Name (First, Last):	DC)B:		
Health Plan:	Member ID #:		Group #:		
SECTION 2. ORDERING PROVIDER INFORMATION					
Physician Name (First, Last):					
Primary Specialty:	NPI:		Tax ID:		
Phone #:	Fax #:		Contact Name:		
SECTION 3. FACILITY INFORMATION					
Facility Name:		Facility Tax ID:		NPI:	
Address:	City:		State:		Zip:
Phone #:	Fax #:			Date of	f Service:
SECTION 4. EXAM REQUEST					
CPT Code(s):					
Description:					
ICD Diagnosis Code(s):					
Description:					
Date of first office visit for this condition with any provider:					
Date of most recent office visit for this condition with any provider:					
SECTION 5. COMPLETE ALL APPLICABLE INFORMATION AND CHECK THE ALL BOXES THAT APPLY					
Tumor Type : Date of Diagnosis:					
Select Radiotracer that applies:					
Standard or Routine PET or PET/CT Imaging FDG (2 fluorine 18, fluoro 2 deoxy-d-glucose)					
PET Bone Scan: Sodium 18F Fluoride PET/CT					
Other (describe):					
Does patient have a cancer diagnosis confirmed by biopsy? Yes No					
Patients Treatment History:		Reason for study:			
☐ No treatment for this type of cancer (initial staging)		☐ Initial staging			
☐ Treatment with surgery alone for this type of cancer		Restaging, surveillance			
☐ Treatment other than surgery alone for this cancer		☐ Interim PET/CT for response-adapted therapy			
Currently on chemotherapy: Yes No		Currently on radiotherapy: Yes No			
Completed chemotherapy: Yes No		Completed radiotherapy: Yes No			
Date completed:		Date completed:			
Does patient have known cancer spread to other parts of the body beyond primary tumor (metastatic disease)?: Yes No					
Is there suspicion of recurrence or progression based on signs, symptoms, or imaging findings?: Yes No					
Prior Imaging Results and Dates:					
Additional Information:					

Providers should consult the health plan's coverage policies, member benefits, and medical necessity guidelines to complete this form.

Providers may attach any additional data relevant to medical necessity criteria.