

PET/CT SCHEDULING ORDER

Order Date: _____

Patient Name: (First) _____ (MI) _____ (Last) _____ DOB: _____

Home Phone: _____ Alternate Phone: _____

Insurance: Primary: _____ Secondary: _____

Insurance Authorization #: _____

Provider Name: _____ Signature: (required) _____

Report: Routine
 STAT FAX _____ (Fax #)
 Call STAT Physician: _____ (Cell/Pager)

Who should receive this report? _____

Written Diagnosis / Reason / Symptom for Exam(s) REQUIRED	<input type="checkbox"/> STAT <input type="checkbox"/> ASAP <input type="checkbox"/> Routine <input type="checkbox"/> Expected Date _____
Area of Concern: _____ ICD-10 code(s): _____ <small>Medicare and other insurers require coding of specific/definitive diagnosis(es), signs(s) or symptom(s) to reflect the "medical necessity" for each test. "Rule out", "possible", or "probable conditions" cannot be coded. For Medicare Policy Information see the Part B Bulletin or www.noridian.com/medweb</small>	

EXAM REQUESTED	
<input type="checkbox"/> PET/CT Limited Area <small>(specify) _____</small>	<input type="checkbox"/> PET/CT Brain
<input type="checkbox"/> PET/CT Skull Base Thigh	<input type="checkbox"/> PET/CT Dotatate
<input type="checkbox"/> PET/CT Whole Body	<input type="checkbox"/> PET/CT Cerianna

PLEASE SPECIFY
<input type="checkbox"/> Diagnosis
<input type="checkbox"/> Initial Staging
<input type="checkbox"/> Re-Staging
<input type="checkbox"/> Treatment Planning

New CMS Order Requirements effective January 2023
 CMS mandates use of Clinical Decision Support for all CT, MRI, Nuclear Medicine, and PET/CT Exams.

Required elements

Decision Support Number: _____

NPI: _____

Selective Service: _____

Selected Indication(s): _____

Appropriateness Score: _____

Consultation Results: _____

HCPCS G-Code: _____

MCPCS Modifier: _____

CLINICAL HISTORY	
▪ Patient's Height: _____	Weight: _____
▪ Is the patient claustrophobic? <input type="checkbox"/> Yes <input type="checkbox"/> No <small>(If "Yes", please prescribe medication)</small>	
▪ Is pain adequately controlled? <input type="checkbox"/> Yes <input type="checkbox"/> No <small>(If "No", please prescribe adequate pain medication)</small>	
▪ Is patient diabetic? <input type="checkbox"/> Yes <input type="checkbox"/> No <small>(If "Yes" how is it controlled? <input type="checkbox"/> Oral Med <input type="checkbox"/> Insulin <input type="checkbox"/> Diet)</small>	
<i>*Please include Glucose Values: _____ Date measured: _____</i>	
▪ Is patient able to lie on back for one hour? <input type="checkbox"/> Yes <input type="checkbox"/> No	
▪ Incontinence or urinary retention? <input type="checkbox"/> Yes <input type="checkbox"/> No	
▪ Any Surgeries in the last 6 weeks? <input type="checkbox"/> Yes <input type="checkbox"/> No <small>(If "Yes", what type/when: _____)</small>	
▪ Allergies: _____	
Can Patient Ambulate <input type="checkbox"/> Yes <input type="checkbox"/> No Uses wheelchair, walker, etc? _____	

REQUIRED DOCUMENTATION

Insurance coverage for PET/CT scans is limited and must be pre-authorized by the patient's insurance carrier. MultiCare Medical Imaging will coordinate this process, including scheduling with the patient.

To schedule at MultiCare Good Samaritan Hospital or Allenmore Medical Center, Building C, please call: 253-792-6220

Please assist us by faxing this form and the following items to 253-792-6230

- ✓ Copy of insurance cards (both sides) & current patient demographic/face sheet
- ✓ H & P or chart notes supporting medical necessity
- ✓ Reports from previous PET, CT, MRI, Nuclear Medicine, Pathology, Ultrasound, X-Ray, etc., which support primary diagnosis and medical necessity



Note: To ensure correct and appropriate patient care and comply with federal rules and regulations, MultiCare Medical Imaging's policy is to require written referral from the treating Physician. The referral (order) must include both a diagnosis (narrative and ICD-9) code, signs or symptoms pertinent to the exam, and the type of exam requested. This fax is intended only for the use of the individual or entity to which it is addressed and may contain information that is privileged, confidential, and exempt from disclosure under law. If you have received this fax in error, you are hereby notified that we do not consent to any reading, distribution, or copying of this information. If you have received this fax in error, please immediately notify the sender by fax or telephone, and destroy printout thereof.

Allenmore Hospital - Building C • 3124 S 19th St. • Tacoma, WA 98405
Good Samaritan Hospital – Dr. Richard C. Ostenson Cancer Center • 400 15th Ave. SE • Puyallup, WA 98372
 Scheduling Phone: 253-792-6220 • Toll Free: 866-268-7223 • Fax: 253-792-6230

Imaging Decision Support Information

HCPCS MODIFIERS

HCPCS modifiers have been established for placement on the same line as the CPT code for the advanced diagnostic imaging service:

MA - Ordering professional is not required to consult a clinical decision support mechanism due to service being rendered to a patient with a suspected or confirmed emergency medical condition

ME - The order for this service adheres to the appropriate use criteria in the clinical decision support mechanism consulted by the ordering professional

MF - The order for this service does not adhere to the appropriate use criteria in the qualified clinical decision support mechanism consulted by the ordering professional

OMB - Ordering professional is not required to consult a clinical decision support mechanism due to the significant hardship exception of insufficient internet access.

MC - Ordering professional is not required to consult a clinical decision support mechanism due to the significant hardship exception of electronic health record or clinical decision support mechanism vendor issues.

MD - Ordering professional is not required to consult a clinical decision support mechanism due to the significant hardship exception of extreme and uncontrollable circumstances.

MG - The order for this service does not have appropriate use criteria in the clinical decision support mechanism consulted by the ordering professional.

MH - Unknown if ordering professional consulted a clinical decision support mechanism for this service, related information was not provided to the furnishing professional or provider

QQ - Ordering professional consulted a qualified clinical decision support mechanism for this service and the related data

G-CODES

Claims that report HCPCS modifier ME, MF, or MG should additionally contain a G-Code (on a separate claim line) to report which qualified CDSM was consulted. Multiple G-Codes on a single claim is acceptable:

G1000 - CDSM Applied Pathways, as defined by the Medicare Appropriate Use Criteria Program

G1001 - CDSM eviCore, as defined by the Medicare Appropriate Use Criteria Program

G1002 - CDSM MedCurrent, as defined by the Medicare Appropriate Use Criteria Program

G1003 - CDSM Medicalis, as defined by the Medicare Appropriate Use Criteria Program

G1004 - CDSM National Decision Support Company, as defined by the Medicare Appropriate Use Criteria Program

G1005 - CDSM National Imaging Associates, as defined by the Medicare Appropriate Use Criteria Program

G1006 - CDSM Test Appropriate, as defined by the Medicare Appropriate Use Criteria Program

G1007 - CDSM AIM Specialty Health, as defined by the Medicare Appropriate Use Criteria Program

G1008 - CDSM Cranberry Peak, as defined by the Medicare Appropriate Use Criteria Program

G1009 - CDSM Sage Health Management Solutions, as defined by the Medicare Appropriate Use Criteria Program

G1010 - CDSM Stanson, as defined by the Medicare Appropriate Use Criteria Program

G1011 - CDSM, qualified tool not otherwise specified, as defined by the Medicare Appropriate Use Criteria Program