

PET – PET CT PRIOR AUTHORIZATION FORM

SECTION 1. MEMBER DEMOGRAPHICS				
Patient Name (First, Last):			DOB:	
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 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.