# PET/CT PRE-SCHEDULING FORM

## PATIENT INFORMATION

| Name: | Date of birth: |

| Phone: Home: | Alternate: |

| Height / Weight: | Male | Female |

## REFERRING INFORMATION

| Referring physician signature: |

| Date: |

| Phone: | Fax: |

| Insurance name / authorization #: |

## PET/CT EXAM REQUESTED*

(*Please note that the CT in PET/CT is not diagnostic. It is for attenuation correction only.)*

- 78815 - PET/CT (skull base to thighs)
- 78816 - PET/CT (scalp to toes)
  (for pedi or melanoma)
- 78814 - PET/CT Brain (tumor related)
- 78608 - PET/CT Brain (dementia/seizure)
- 78816 - PET/CT Bone scan (Medicare NOPR program only - for osseous metastatic evaluation)
- 78459 - PET/CT Myocardial viability evaluation (must provide NM perfusion study)

**Primary diagnosis:**

**ICD code:**

**Reason for study:**

- Initial treatment strategy (diagnosis / initial staging)
- Subsequent treatment strategy (restaging / monitoring / recurrence)

**How many prior PET/CT scans has the patient had?**

**Recent surgery / biopsy:** Specific site, date and where done

**Recent relevant imaging:**

- CT |
- MRI |
- NM |
- PET |

**Chemotherapy:** Type and date of last treatment

**Radiotherapy:** Type and date of last treatment

**Patient diabetic?** Yes | No

**Medications taken:** Oral | Insulin

**Type:**

**Any additional information?**

## CHECK LIST FOR PHYSICIAN'S OFFICE

- Completed pre-scheduling form
- Copies of (non-ARA) CT, MRI, and Nuc Med reports, as well as relevant office notes and path reports
- Copies of all insurance cards

## IMPORTANT

Call the PET scheduler for preparation instructions.

At least 48 hours notice is required to cancel or reschedule the exam.

Second page must be completed if Medicare or any Medicare replacement plan is patient’s primary or secondary insurance.

02/09/2015
Medicare provides conventional coverage for oncologic PET studies performed for certain specific clinical indications. If you have any questions regarding the validity of a referral, contact our PET scheduling department directly at (512) 458-9098.

**Initial Treatment Strategy**
Medicare continues to nationally cover one FDG PET study for beneficiaries who have cancers that are biopsy proven or strongly suspected based on other diagnostic testing when the beneficiary's treating physician determines that the FDG PET study is needed to determine the location and/or extent of the tumor for the following therapeutic purposes related to the initial anti-tumor treatment strategy:
- To determine whether or not the beneficiary is an appropriate candidate for an invasive diagnostic or therapeutic procedure; or
- To determine the optimal anatomic location for an invasive procedure; or
- To determine the anatomic extent of tumor when the recommended anti-tumor treatment reasonably depends on the extent of the tumor.

**Subsequent Treatment Strategy**
Three (per cancer per lifetime) FDG PET scans are nationally covered when used to guide subsequent management of anti-tumor treatment strategy after completion of initial anti-tumor therapy. Coverage of more than three FDG PET scans to guide subsequent management of anti-tumor treatment strategy after completion of initial anti-tumor therapy shall be determined by the local Medicare Administrative Contractors.

Any additional subsequent studies please provide medical necessity letter on company letterhead.

<table>
<thead>
<tr>
<th>Tumor Type</th>
<th>Initial Treatment Strategy (formerly &quot;diagnosis&quot; &amp; &quot;staging&quot;)</th>
<th>Subsequent Treatment Strategy (formerly &quot;restaging&quot; and &quot;monitoring response to treatment&quot;)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Colorectal</td>
<td>Cover</td>
<td>Cover</td>
</tr>
<tr>
<td>Esophagus</td>
<td>Cover</td>
<td>Cover</td>
</tr>
<tr>
<td>Head and neck (not thyroid or CNS)</td>
<td>Cover</td>
<td>Cover</td>
</tr>
<tr>
<td>Lymphoma</td>
<td>Cover</td>
<td>Cover</td>
</tr>
<tr>
<td>Non-small cell lung</td>
<td>Cover</td>
<td>Cover</td>
</tr>
<tr>
<td>Ovary</td>
<td>Cover</td>
<td>Cover</td>
</tr>
<tr>
<td>Brain</td>
<td>Cover</td>
<td>Cover</td>
</tr>
<tr>
<td>Cervix</td>
<td>Cover with exceptions *</td>
<td>Cover</td>
</tr>
<tr>
<td>Small cell lung</td>
<td>Cover</td>
<td>Cover</td>
</tr>
</tbody>
</table>

*Cervix: Nationally non-covered for the initial diagnosis of cervical cancer related to initial anti-tumor treatment strategy. All other indications for initial anti-tumor treatment strategy for cervical cancer are nationally covered.

*Breast: Nationally non-covered for initial diagnosis and/or staging of axillary lymph nodes. Nationally covered for initial staging of metastatic disease. All other indications for initial anti-tumor treatment strategy for breast cancer are nationally covered.

*Melanoma: Nationally non-covered for initial staging of regional lymph nodes. All other indications for initial anti-tumor treatment strategy for melanoma are nationally covered.

Please check the appropriate covered indication for NOPR PET Bone Scan for osseous metastatic evaluation.

- Initial Treatment Strategy
- Subsequent Treatment Strategy

For PET Bone Scan studies, also complete and submit the pre-PET form for National Oncologic PET Registry at http://www.cancerpetregistry.org/pdf/NOPR_NaF-18_Pre-PET_Form_2012.pdf.
INSTRUCTIONS FOR THE PET/CT SCAN

Appointment Date and Time: _________________________________

Morning Appointments

The day prior:
1. You must abstain from carbohydrates and sugars from NOON on the day prior to your scan (please see diet instructions on the back of this page).
2. Do not participate in strenuous activity.
3. A scheduler will call you to confirm your appointment.
4. If you are diabetic or being sedated for your exam, a nurse or paramedic will call you with detailed instructions.

The day of:
1. You must fast after midnight. This means nothing to eat or drink after midnight except water. You can drink water up to your exam time.
2. If you are being sedated for your exam, please follow the instructions given to you by the nurse or paramedic.
3. If you were asked to bring prior films, please remember to do so.

Afternoon Appointments

The day prior:
1. You must abstain from carbohydrates and sugars from NOON on the day prior to your scan (please see diet instructions on the back of this page).
2. Do not participate in strenuous activity.
3. A scheduler will call you to confirm your appointment.
4. If you are diabetic or being sedated for your exam, a nurse or paramedic will call you with detailed instructions.

The day of:
1. You may eat a light breakfast the day of your scan (continue to abstain from carbohydrates and sugars).
2. Breakfast must be finished 6 hours prior to your exam time.
3. You may drink plenty of water the day of your exam.
4. If you are being sedated for your exam, please follow the instructions given to you by the nurse or paramedic.
5. If you were asked to bring prior films, please remember to do so.

IMPORTANT REMINDERS:
1. Tell the scheduler if you are pregnant, a nursing mother, claustrophobic, diabetic or if you have any special needs.
2. Wear comfortable clothing to your appointment. Wear clothes without metal. If necessary, a gown will be provided. Please leave all jewelry at home or you will be asked to remove the jewelry.
3. Your visit will last approximately 2½ hours including check-in, uptake and scan time.
4. You may bring music on a CD to listen to during the imaging phase of your exam.
5. If you will not be able to make your PET/CT scan appointment or if you have any questions about your exam, please notify our Scheduling Department at least 24 hours before your exam at (512)458-9098.

Please see more diet instructions on the back of this page.
PET/CT SCAN PREPARATION INSTRUCTIONS

The day before your PET/CT scan there are certain instructions to follow.

1. During the day, avoid overindulging in sugars or carbohydrates as much as reasonably possible.
2. Avoid strenuous activity. This means no heavy lifting (such as weight lifting), aerobic activity or yard work.

Here are examples of food that must be avoided after NOON the day before your exam:

- Sugars
  - Fruit or fruit juice
  - Soft drinks
  - Jellies
  - Yogurt
  - Desserts
  - Candy
  - Alcohol of any kind

Your evening meal should consist of proteins with no starchy vegetables. No dessert or fruit should be consumed with dinner either.

Here are examples of foods that are allowed for dinner prior to your scan:

- Proteins
  - Fish (tuna or grilled fillets)
  - Chicken (avoid breading or fried chicken)
  - Pork (including bacon and ham)
  - Red meat (all forms)
  - Eggs
  - Cheese
  - Tofu
  - Non-starchy vegetables (no potatoes or corn)
  - Nuts (not honey-roasted)

- Caffeine
  - Coffee
  - Tea
  - Energy drinks

- Starches / Carbohydrates
  - Bread / rolls / cakes / tortillas
  - Rice / pasta / crackers
  - Potatoes / corn / peas
  - Snack chips (corn, potato or popcorn)
  - Pastries
  - Oatmeal
  - Pizza dough
  - Cereals

- Drinks
  - Water
  - Milk

- Vegetables
  - Green beans
  - Spinach
  - Asparagus
  - Broccoli
  - Mushrooms
  - Green salad

There are also instructions to follow the day of your scan. Please see reverse side for instructions.

Suggested diet the day before your PET/CT scan

Follow this high protein or low carbohydrate diet. (Remember: no food 6 hours prior to your scan.) If you are a vegetarian, you may replace the suggested meat products with high protein or low carbohydrate meat substitutes.

<table>
<thead>
<tr>
<th>BREAKFAST</th>
<th>LUNCH</th>
<th>DINNER</th>
</tr>
</thead>
</table>
| 2 eggs, any style  
Bacon, sausage or meat substitute  
Water  
No juice  
No toast  
No potatoes | Entrees (choose one)  
8 oz. grilled steak  
8 oz. grilled salmon fillet  
Half a chicken, baked or broiled  
Side items (choose one)  
Asparagus, grilled or steamed  
Broccoli, grilled or steamed  
Mushrooms, sautéed  
Any green vegetable salad | Entrees (choose one)  
8 oz. grilled steak  
8 oz. grilled salmon fillet  
Half a chicken, baked or broiled  
Side items (choose one)  
Asparagus, grilled or steamed  
Broccoli, grilled or steamed  
Mushrooms, sautéed  
Any green vegetable salad |

FOODS TO AVOID: Refined sugar, all fruits, raisins, beets, carrots, corn, kidney beans, peas, yams, cereal, rice cakes, all breads, muffins, tortillas, potatoes, pretzels, chips, rice, granola, oatmeal, pasta, all sodas and all fruit juices.

DIABETIC PET/CT INSTRUCTIONS

If you are on insulin, schedule your PET/CT appointment in the afternoon. Please take your insulin with breakfast, and then have water only until your PET/CT exam. If you are on oral medication for diabetes and are scheduled for a morning appointment, please do not take your medication. Bring your medication with you. The technologist or paramedic will check your blood sugar and will then determine if you should take your medication or not. If you are scheduled in the afternoon, please take your oral medication with breakfast.

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