



Scripps

PET SCAN ORDER FORM

PATIENT NAME _____
 DATE OF BIRTH (DOB) _____
 MEDICAL RECORD NUMBER (MRN) _____
 CSN _____

1. Fax form to 858-554-3324. 2. Call 858-554-3359 to schedule.

Patient Name: _____ Date of Birth _____ MRN _____

Reason for PET Scan: _____

History: _____

Diagnosis Codes (Highest level of detail): _____

Primary site of disease: _____

Have you ever had a pet scan? No Yes Where _____

Please verify coverage and obtain authorization as necessary from insurance carrier with scan CPT and associated charges.

PROCEDURE	SCAN CPT CODE	MEDS/ ASSOCIATED CHARGES
<input type="checkbox"/> PET CT FDG SKULL BASE MIDTHIGH	78815	A9552 X 1 UNIT
<input type="checkbox"/> PET CT MELANOMA WHOLE BODY	78816	A9552 X 1 UNIT
<input type="checkbox"/> PET AXUMIN PROSTATE SCAN	78815	A9588 X 10 UNITS
<input type="checkbox"/> PET GALLIUM DOTATATE SCAN	78815	A9587 X 54 UNITS
<input type="checkbox"/> PET BRAIN FDG	78608	A9552 X 1 UNIT
<input type="checkbox"/> CARDIAC STRESS TEST WITH PET RUBIDIUM IMAGING	78431	A9555 X 2 UNITS 93015 x 1 J2785 X 4 UNITS
<input type="checkbox"/> PET VIABILITY SCAN	78433	A9552 X 1 UNIT A9555 X 1 UNIT
<input type="checkbox"/> PET SARCOID FDG RUBIDIUM	78433	A9552 X 1 UNIT, A9555 X 1 UNIT
<input type="checkbox"/> PET BRAIN AMYVID – Not covered by Medicare	78811	A9586 X 1 UNIT
<input type="checkbox"/> PET CT F18 WHOLE BODY BONE SCAN (SODIUM FLUORIDE) – Not covered by Medicare	78816	A9580 X 1 UNIT
<input type="checkbox"/> PET CT PSMA Prostate	78815	A9595 X 9 UNITS
<input type="checkbox"/> PET CT CERIANNA Breast ER+	78815	A9591 X 6 UNITS
Physician Signature	Printed Name or NPI	Date and Time

