

Palos Imaging & Diagnostics

PET / CT Order Form

SCHEDULE PET / CT SCANS BY CALLING
CENTRAL SCHEDULING AT 708.226.2562
OR FAXING THIS FORM TO
708.226.2637

Patient Name: _____ Physician: _____

Date of Birth: _____ Age: _____ Sex: _____ Physician Phone: _____

Home Phone: _____ Physician Fax: _____

Authorization may be required. Your office will be contacted by our insurance verifiers if authorization is required by your patient's insurance.

Please check the appropriate CPT code:

- 78815 Tumor Imaging (PET/CT); skull base to mid thigh (*Recommended for all oncology studies except melanoma*)
 78816 Tumor Imaging (PET/CT); whole body (*melanoma only*)
 78814 Tumor Imaging (PET/CT) limited area (*e.g. head/neck*)
 78608 Brain imaging; metabolic evaluation (*e.g. Alzheimer's*)

Please check the appropriate modifier:

- PI modifier for the initial treatment
 PS modifier for the subsequent treatment strategy

Physician Signature _____ Date _____

Diagnosis* _____ ICD-10 Code* _____

**Diagnosis codes must meet medical necessity.*

*** Solitary pulmonary nodule (without biopsy), initial strategy only – use ICD-10 code R91.1 (Solitary pulmonary nodule [without biopsy], or coin lesion, lung)*

THE PATIENT MUST HAVE IMAGES/REPORTS FOR ALL STUDIES PREVIOUSLY PERFORMED FOR THEIR PRESENT CONDITION. IF FUSION IMAGING IS REQUIRED, DICOM IMAGE CD MUST ACCOMPANY THE PATIENT. IF THIS IS NOT AVAILABLE AT THE TIME OF THE SCAN, THE INTERPRETATION/REPORT MAY BE DELAYED.

