PET/CT Scan and PET Scan Questionnaire – CarePlanner/iEX
(78811, 78812, 78813, 78814, 78815, 78816)

1. (Mandatory) PA thru QH is not required if PT is eligible for: Take Charge/FPO, Managed Care (MCD), Detox only, if PT has unmet Spend-down, is on Medicaid but, another payer is prime, including Medicare, is receiving svcs in the inpatient setting or the ED.
   ☐Acknowledge

2. Have you confirmed the Medicaid client's eligibility for the planned date of service of this advanced imaging procedure?
   ☐Yes = Go to #3
   ☐No = STOP. Need to confirm eligibility before submitting

3. Is the client's primary medical coverage under ONE of these Medicaid Fee-For-Service eligibility programs: CNP or LCP-MNP, ERSO, GA?
   ☐Yes = **If ERSO go to #4, others go to #5**
   ☐No = Do NOT proceed to submit

4. If client has ERSO coverage, is this advanced imaging to treat cancer?
   ☐Yes = Go to #5
   ☐No = Call Medical Assistance Customer Service Center (MACSC) at 1-800-562-3022

5. Is the client on hospice and is this advanced imaging related to the hospice diagnosis?
   ☐Yes = STOP. PA not required by Medicaid. Paid for under hospice benefit.
   ☐No = Go to #6

6. Has patient had a PET scan for same/similar condition in the last year?
   ☐Yes
   ☐No

7. Do NOT SUBMIT this questionnaire for BRAIN PET scan. Submit BRAIN PET scan under CPT code 78608.

8. (M) PET scan or PET/CT scan indication, select ONE:
   ☐Staging/diagnosis (see 9 & 10)
   ☐Restaging (see 11-13)
   ☐New/worsening symptoms/findings (see 14-16)
   ☐Lymphoma (see 17 & 18)
   ☐Colorectal cancer (see 19-21)
   ☐Thyroid cancer (see 22-24)
   ☐Ovarian cancer (see 25-27)
   ☐Lung/GI tract tumor (see 28 & 29)

9. STAGING/DIAGNOSIS: Other imaging performed (x-rays, CT, MRI, Bone scan, etc.):
   ☐Yes (see 10)
   ☐No

10. Staging/diagnosis: Previous imaging referenced above reported to be non-diagnostic BY A RADIOLOGIST:
    ☐Yes
    ☐No

11. BASELINE SCAN POSITIVE FOR RESTAGING: After chemotherapy/radiation completed:
    ☐Yes (see 12 & 13)
    ☐No

12. Baseline scan positive for restaging: Other imaging (x-rays, CT, MRI, Bone scan, SPECT, etc.) used for diagnosis/staging:
    - ☐ Yes
    - ☐ No

13. Baseline scan positive for restaging: Previous imaging referenced above reported to be non-diagnostic BY A RADIOLOGIST:
    - ☐ Yes
    - ☐ No

14. NEW/WORSENING SYMPTOMS/FINDINGS with known malignancy:
    - ☐ Yes (see 15 & 16)
    - ☐ No

15. Other imaging (x-rays, CT, MRI, Bone scan, etc.) used for diagnosis/staging:
    - ☐ Yes
    - ☐ No

16. Previous imaging referenced above reported to be non-diagnostic BY A RADIOLOGIST:
    - ☐ Yes
    - ☐ No

17. Does patient have LYMPHOMA?
    - ☐ Yes (see 18)
    - ☐ No (see 18)

18. Is patient HIV positive?
    - ☐ Yes
    - ☐ No

19. Suspected Recurrent COLORECTAL CANCER?
    - ☐ Yes (see 20 & 21)
    - ☐ No

20. Other imaging (x-rays, CT, MRI, Bone scan, etc.) is reported to be non-diagnostic BY A RADIOLOGIST:
    - ☐ Yes
    - ☐ No

21. CEA increasing/elevated
    - ☐ Yes
    - ☐ No

22. Suspected Recurrent THYROID CANCER?
    - ☐ Yes (see 23 & 24)
    - ☐ No

23. Other imaging (x-rays, CT, MRI, Bone scan, etc.) is reported to be non-diagnostic BY A RADIOLOGIST:
    - ☐ Yes
    - ☐ No

24. Thyroglobulin > 10ng/ml:
    - ☐ Yes
    - ☐ No

25. Suspected Recurrent OVARIAN CANCER?
    - ☐ Yes (see 26 & 27)
    - ☐ No

26. Other imaging (x-rays, CT, MRI, Bone scan, etc.) is reported to be non-diagnostic BY A RADIOLOGIST:
    - ☐ Yes
    - ☐ No

27. CA-125 increasing/elevated:
    - ☐ Yes
    - ☐ No

28. Suspected LUNG/GI TRACT TUMOR?
    - ☐ Yes (see 29)
    - ☐ No

29. To assist in locating site for technically difficult biopsy or to assist decision-making and potential avoid major surgery (e.g. thoracotomy, laparotomy):
    - ☐ Yes
    - ☐ No