

# PET/CT SCAN REFERRAL FORM

Patient Name (first, MI, last) \_\_\_\_\_ D.O.B. \_\_\_\_\_

Patient Phone \_\_\_\_\_ Interpreter needed (language) \_\_\_\_\_

Primary Insurance \_\_\_\_\_ (Copy and fax front and back of card)

Secondary Insurance \_\_\_\_\_ (Copy and fax front and back of card)

## Required Documentation

Insurance coverage for PET scans is limited and must typically be pre-authorized by the patient's insurance carrier. Please assist us by providing the following:

- Patient Demographics/Face Sheet
- Copy of insurance cards, both sides
- H & P or chart notes supporting medical necessity
- Reports from previous imaging studies
- Recent labs and pathology (if available)

Gender:  Male  Female      Height (inches) \_\_\_\_\_ Weight (lbs) \_\_\_\_\_  
Diabetic?  No  Yes      If yes, how is diabetes controlled?  Diet  Oral Meds  Insulin  
Claustrophobic?  No  Yes      Incontinence or urinary retention?  No  Yes  
Pregnant, breast feeding, postpartum?  No  Yes - explain \_\_\_\_\_

## Clinical History/Signs & Symptoms REQUIRED

Medicare and other insurers require coding of specific/definitive diagnosis(es), sign(s) or symptom(s) to reflect the "medical necessity" for each test. "Rule out," "possible," or "probable" conditions cannot be coded. For Medicare policy information see the Part B Bulletin or [www.noridian.com/medweb](http://www.noridian.com/medweb)

Diagnosis/reason for exam \_\_\_\_\_ ICD-10 code(s) \_\_\_\_\_

What is the clinical question to be answered? \_\_\_\_\_

## PET/CT Exam

### Whole Body

Skull base to mid-thigh, CPT code 78815 OR Whole Body, CPT code 78816 (determination based on diagnosis and medical history)

Please check if this scan is for:  initial treatment  subsequent treatment

### Brain Scan CPT Code 78608

### Cardiac Viability CPT Code 78459

### NaF-18 Bone Scan CPT Code 78816

### Other \_\_\_\_\_

## Diagnostic CT\*

Contrast at radiologist discretion  No contrast

- Head
- Neck
- Chest
- Abdomen
- Pelvis
- Abdomen & Pelvis
- Other \_\_\_\_\_

\*Please note that a non-diagnostic, non-contrast CT scan is performed as part of **every** oncology PET/CT scan. Choose a Diagnostic CT **only if** a CT with diagnostic quality is desired.

Referring Provider \_\_\_\_\_ Phone Number \_\_\_\_\_

Fax Number \_\_\_\_\_ Office Contact \_\_\_\_\_

PCP Name \_\_\_\_\_

Who should receive this report? \_\_\_\_\_

Referring Provider Signature \_\_\_\_\_

Required for exam

**TRA** Medical Imaging

**Scheduling Phone:**  
(253) 761-4200  
Toll-Free: (866) 761-4200

**Scheduling Fax:**  
(253) 761-4201  
Toll-Free: (866) 761-4200

2502 South Union Ave.  
Tacoma, WA 98405  
[www.tra-minw.com](http://www.tra-minw.com)

## Appointment

Date: \_\_\_\_\_ Check-in: \_\_\_\_\_

If you have questions about your appointment and/or prep instructions, please call a Prior Authorization Specialist at (253) 761-4200, extension 6+7603, or toll-free at (866) 761-4200, extension 6+7603.

## PET/CT Patient Prep Instructions

*\*Please be advised that prep instructions may vary for appointment check-in times after 2pm*

- **NOTHING TO EAT OR DRINK (EXCEPT WATER) AFTER MIDNIGHT**
- You are encouraged to drink water before your exam, but only plain water (*i.e., non-carbonated, no flavor or additives, etc.*). Anything else may adversely effect exam quality.
- All necessary medications, except diabetes medications, steroids and multi-vitamins, may be taken with plain water.
- If you are diabetic, **DO NOT** take your morning diabetes medicine. If you need insulin in the morning, call a TRA Prior Authorization Specialist at least two days before your exam and we will arrange the best schedule for you.
- No coffee, gum, breathmints, cough drops or cough syrup the day of your exam.
- No strenuous exercise before your exam.
- The PET/CT scanner room is air-conditioned; please wear long sleeves. Sweat suits work well.
- No metal such as zippers, metal buttons, etc. You can change into a gown if needed.
- Please bring a list of all medications you currently take.

*The PET Scan is a time sensitive procedure. It is important you are on-time to your check-in. If you must cancel or reschedule please notify us 24 hours in advance so we can cancel the radioactive compound which has been ordered specifically for your exam.*

Please note: the entire visit (check-in to exit) takes from 2 to 2 1/2 hours.



## Directions to clinic

TRA Tacoma - on Union  
2502 S. Union Avenue  
Tacoma, WA 98405

### From North or South I-5

- Take Exit 132 and merge onto Hwy 16 W
- Take the Union Ave exit
- Turn right onto Union Ave
- Turn left into our driveway ( $\approx 0.13$  miles) and an immediate left into our parking lot

### Additional Details:

We are located across the street from the Target shopping center and share a driveway with the 2420 medical building.