

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

Note: If your PET scan request is part of IMRT or SBRT, do not submit it to Qualis Health. Instead, submit it with the authorization request for the radiation oncology procedure directly to Washington Medicaid.

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