

PROSTATE PET/CT ORDER FORM

SCHEDULING

P: 561.496.6935

F: 561.496.6936

See back for addresses



If faxing an order, please include:

- Demographics • Insurance card • Clinical notes

Appointment date and time		Check-in time	Patient DOB	<input type="radio"/> M <input type="radio"/> F
Patient name (as shown on insurance card)		Primary phone #	Secondary phone #	
Insurance name		Insurance ID #	Authorization #	
<input type="radio"/> Private <input type="radio"/> Government <input type="radio"/> No insurance	Isotope <input type="radio"/> PyLarify PSMA PET/CT <input type="radio"/> IlluCCIX PSMA <input type="radio"/> 1st Available PSMA <input type="radio"/> Axumin <input type="radio"/> FDG	Diagnosis <input type="radio"/> C61 Malignant Neoplasm of Prostate <input type="radio"/> R97.21 Rising PSA <input type="radio"/> Other _____		
(REQUIRED) Written diagnosis/reason/symptom for exam(s). Must include specific clinical indications (such as location, context and severity) to support medical necessity for each test.		Clinical Decision Support (CDS)		
		Required for Medicare Part B		
		Modifier (determination)	G-code (vendor)	
Is the exam/procedure related to an injury? <input type="radio"/> No <input type="radio"/> Yes If yes <input type="radio"/> Initial <input type="radio"/> Subsequent or <input type="radio"/> Sequela				

REQUIREMENTS FOR NEWLY DIAGNOSED PROSTATE CANCER PET/CT

- PSMA isotopes only approved for initial staging: PYLARIFY OR ILLUCCIX
- Patient must be NCCN Guidelines Unfavorable intermediate risk for insurance requirement with a **MINIMUM OF 2 INTERMEDIATE RISK FACTORS**.
- Biopsy results: _____ cores positive out of _____ total cores. **INTERMEDIATE RISK FACTOR is greater than 50% positive.**
- Date of biopsy _____ Please send biopsy results.
- PSA _____ Date _____ **INTERMEDIATE RISK FACTOR is PSA > 10ng/dL**
- Gleason score: _____ + _____. Must be greater than 4 + 3 for insurance approval. **INTERMEDIATE RISK FACTOR is Gleason 4+3.**

REQUIREMENTS FOR RECURRENT DIAGNOSED PROSTATE CANCER PET/CT

- Approximate date of prostate cancer diagnosis _____
- Has the patient completed prostate cancer treatment? ☐ Yes ☐ No If YES, choose type of treatment(s) and proceed. If active surveillance, stop, does not meet study
☐ Surgery ☐ Prostatectomy ☐ Radiation therapy ☐ Chemotherapy ☐ Proton beam ☐ HIFU
- Approximate date treatment was completed _____
- Two most recent PSA **post treatment** dates and levels (most recent is within 3 months)
First recent PSA: _____ Date: _____
Second recent PSA: _____ Date: _____
- Is there a rise between the first most recent and the second most recent PSA? ☐ Yes, proceed ☐ No, **stop, does not meet study criteria**
Most insurances for PSMA do not do a bone scan or CT first. For Axumin it is typically required. Just send requisition, and we will tell you based on insurance plan.
- Is the most recent imaging (CT, MRI, bone scan) negative for metastatic disease? ☐ Yes, proceed ☐ No

PROCESS TO REVIEW WITH THE PATIENT

1. Once all criteria are met and the order and documentation are received, RAYUS Radiology will call the patient to schedule the study.
2. Once scheduled, when appropriate the patient must sign an ABN, a cancellation policy and a consent to charge credit card for the dose deposit. This must be done a minimum of 48 hours prior to the study via fax or onsite at one of our locations.
3. Please contact your insurance company for cost. The dose can only be used once, for this one patient. Credit card, debit and check accepted. Payment plan for no-show is required.
4. The patient must check-in at arrival time to avoid dose decay.
5. The patient must cancel by 12:00 PM the day prior to the study to avoid being charged for the drug. Voicemail cancellation is not sufficient.

Patient consideration <input type="radio"/> Arrange transportation			
REPORTING METHOD <input type="radio"/> Report only via fax _____ <input type="radio"/> Provider portal <input type="radio"/> CD with patient			
Provider name (print)	Provider location City/Zip	Phone #	Fax #
Provider signature (required) Do not use rubber stamp.		NPI # (required for new providers)	Date

BOCA RATON

8142 Glades Rd.
Boca Raton, FL 33434

BOCA RATON WEST

23071 State Rd. 7
Boca Raton, FL 33428

BOYNTON BEACH EAST

1425 Gateway Blvd., Ste 100
Boynton Beach, FL 33426

BOYNTON BEACH WEST

6080 Boynton Beach Blvd., Ste 140
Boynton Beach, FL 33437

DELRAY BEACH

15340 Jog Rd., Ste 160
Delray Beach, FL 33446

PALM BEACH GARDENS

3601 PGA Blvd., Ste 100
Palm Beach Gardens, FL 33410

WELLINGTON

2565 S. State Rd. 7
Wellington, FL 33414

WELLINGTON

WOMEN'S CARE

2863 State Road 7, Ste 400
Wellington, FL 33414

WEST PALM BEACH

1572 Palm Beach Lakes Blvd., Ste 2
West Palm Beach, FL 33401

