



Beaufort Memorial HOSPITAL

Pet Scan Orders

General Instructions:

This request for services must accompany the patient at the time of service. All orders **MUST** include an ICD10 code or diagnosis. Test not covered by that code, may be charged to the patient. Please fill in the appropriated code or diagnosis for each test and after **Pre-authorization**, please call the Scheduling Department at (843)522-5015 to schedule and fax to (843)522-5563.

Elective Routine Urgent Emergency within 24 hours

Patient Name: _____
Last, First MI

Patient Acct. #: _____

Address: _____

City: _____ State: _____

DOB: _____

Sex: Male Female

Directions:

All blanks **MUST** be filled in for this to be a valid order. Only boxes that are checked will be executed.

Procedure: _____

Diagnosis: _____

CPT- 4

- 78459 Heart Muscle Imaging (PET) Metabolic Eval
- 78491 Heart (PET) Perfusion single (rest or stress)
- 78492 Heart (PET) Perfusion Mult (rest and stress)
- 78608 Brain Imaging (PET) Metabolic Eval
- 78609 Brain Imaging (PET) Perfusion Eval
- 78811 Tumor Imaging (PET) Limited
- 78812 Tumor Imaging (PET) Skull – Thigh
- 78813 Tumor Imaging (PET) Full Body
- 78814 Tumor Imaging (PET w CT) Limited
- 78815 Tumor Imaging (PET w CT) Skull – Thigh
- 78816 Tumor Imaging (PET w CT) Full Body

<input type="checkbox"/> Initial Scan
<input type="checkbox"/> Follow up Scan

Special Remarks: PRIOR APPROVAL FROM INSURANCE IS REQUIRED PRIOR TO SCHEDULING

AUC Information Please note: For AUC, Vendor Name (G Code) + Modifier are required

Vendor Name (G Code) + Modifier: _____

NPI Number: _____ Decision Support Number: _____ Score: _____

Selected Procedure: _____ Selected Indication: _____

Consultation Results: _____

Pre Authorization Number: _____

Appointment Date: _____

Appointment Time: _____

****Please arrive 15 minutes prior to appointment to the Registration Area****

MD Signature

Date / Time