

## REFERRAL INSTRUCTIONS

The following information is needed in order to schedule a PET scan:

1. PET Myocardial Perfusion Imaging Referral Data Sheet (attached). This form must be completed and signed by the referring physician (Medicare requirement)
2. Patient's demographic and insurance information (copies of cards preferred)
3. Copies of prior SPECT, Cath, ECHO, pertinent labs, and other reports relative to the patient's diagnosis and treatment (as applicable)
4. History and physical (H&P) with up-to-date clinic notes
5. Referring physician's (staff or attending):

Full Name:

Address:

Phone #:

Fax #:

NPI #:

Specialty:

Hospital Affiliation (as it relates to the patient being referred):

**PLEASE FAX THIS INFORMATION TO OUR SCHEDULING DEPT AT (318) 675-4020**

WE CANNOT SCHEDULE YOUR PATIENT UNTIL WE RECEIVE THIS INFORMATION  
THANK YOU!

**PET MYOCARDIAL PERFUSION IMAGING REFERRAL DATA SHEET**  
**Biomedical Research Foundation of Northwest Louisiana**  
**Positron Emission Tomography (P.E.T.) Imaging Center**  
**Scheduling Phone: 318-675-4042 Fax: 318-675-4020**  
**Toll Free: 1-888-685-1152**

**PATIENT NAME:** \_\_\_\_\_  
Print

**PHYSICIAN:** \_\_\_\_\_  
Print Signature of referring physician

**PRIORITY (circle one):**                      **ROUTINE**                      **ASAP**                      **SPECIFIC DATE:** \_\_\_\_\_

**TYPE OF STUDY (circle one):**            **EXERCISE**                      **PHARMACOLOGIC**

**DIAGNOSIS/REASON FOR STUDY:** \_\_\_\_\_

**SYMPTOMS (circle all that apply):** Chest Pain    SOB    Other (specify): \_\_\_\_\_

**PERTINENT HISTORY (circle all that apply):** CAD    Hypertension    Hyperlipidemia    DM    Asthma

Other Cardiac Risk Factors (specify): \_\_\_\_\_

**CARDIAC MEDICATIONS (list):** \_\_\_\_\_

**CARDIAC PROCEDURES IN PAST (circle all that apply):**    PCI    Cath    CABG                      SPECT

Other (specify): \_\_\_\_\_

**PATIENT INFO:**

BMI (specify) \_\_\_\_\_

**Circle all that apply:**

Breast implants

Contrast allergy

Prior inclusive or equivocal SPECT

Mastectomy

Renal dysfunction

Chest deformity

Pleural or Pericardial Effusion

*In order to provide you with the maximum possible information from your patient's PET/CT scan, it is critical that the clinical data on this form be available to the physician at the time of the study. It should be supplemented with copies of an appropriate history and physical or clinical notes, copies of recent diagnostic imaging reports and relevant laboratory data (e.g. troponins). Patients cannot be scheduled without the information on this form being complete and signed by the referring physician (required by CMS (Medicare) and private insurance carriers).*

**Person faxing information:** \_\_\_\_\_                      **Phone #** \_\_\_\_\_

PET Myocardial Perfusion Imaging using Ammonia N-13  
Coverage Summary for Major Insurance Carriers  
Date Prepared: October 17, 2011

**Medicare:**

PET scans performed at rest or stress for the diagnosis and management of patients with known or suspected CAD are covered provided the requirements below are met:

- The PET scan, whether at rest alone, or rest with stress, is performed in place of, but not in addition to a SPECT; or
- The PET scan, whether at rest alone, or rest with stress, is used following a SPECT that was found to be inconclusive. In these cases, the PET scan must have been considered necessary in order to determine what medical or surgical intervention is required to treat the patient. (For the purposes of this requirement, an inconclusive test is a test whose results are equivocal, technically uninterpretable, or discordant with a patient's other clinical data and must be documented in the patient's file).

**Medicaid:**

PET scans not covered.

**Blue Cross Blue Shield of Louisiana:**

Coverage eligibility for the use of PET scanning assessment of myocardial perfusion and diagnosis of CAD will be considered when any of the following are met:

- SPECT study is unavailable or inclusive; or
- Patients who may be prone to artifact, such as severely obese patients (BMI > 35kg/m<sup>2</sup>); or
- Patient who have had breast implants; or
- Conditions associated with high risk for morbidity (e.g. allergy to contrast medium, poor arterial access, renal dysfunction for which angiography increases the likelihood of renal failure).

**CIGNA:**

Covered as medically necessary for EITHER of the following indications:

- Inability to adequately exercise on a treadmill or similar device
- Uninterpretable resting EKG for assessment of ischemia in a standard exercise stress test

When combined with ANY of the following indications:

- Obesity (BMI over 35)
- Woman with large breasts or implants that preclude an accurate myocardial perfusion imaging study
- Inconclusive SPECT

*Note: Contact our Scheduling Coordinator at 318-675-4042 if you have coverage questions about a carrier not listed.*