



Northern California PET Imaging Center
3195 Folsom Blvd, Ste. 110, Sacramento, CA 95816
Phone: 916-737-3211 • ncpic.org

Fax this Form To: 916-737-6203

Please complete all sections of this form

Patient Name, Address, Mobile, Insurance, Policy#, Gender, HT, WT, Claustrophobic, DOB

Location: Midtown Sacramento, Rocklin

Person Accompanying Patient, Referring MD, Contact, Phone, CC MD

PET/CT Brain Scan

Metabolic (FDG), Amyloid (Amyvid), Is the patient being considered for lecanemab?

Patient History

ICD-10, Medical necessity statement

Signature of referring physician, Date

FDG-PET Dementia Evaluation Medicare Guidelines

In order for a Medicare patient to be eligible for a FDG-PET brain scan, certain conditions must be met and verified.

Please complete the form and sign on the indicated line below.

Accepted ICD-10 Codes: F03.90, F05, G30.9, G31.01, G31.9, R41.2, R41.3

1. Does the patient have diminished memory and other cognitive deficits which have been present for at least 6 months and which now impair their ability to function as they normally would (professionally, socially, or with respect to activities of daily living)?
 Yes No - (PET scan is NOT covered)

2. Based on history, physical examination, and blood labs, is evidence present for any of the following correctable conditions: Depression; Substance Abuse; Malnourishment; Medication Effects; Cardiopulmonary Compromise; Anemia; Hypoxemia; Infection; Thyroid Dysfunction; Renal or Hepatic Disorder; Glucose or Electrolyte/Calcium Dysregulation?
 Yes No - skip to #4

3. After treatment of the above condition(s), do the deficits still persist?
 Yes No - (PET scan is NOT covered)

4. Does the patient suffer from Alzheimer's disease, in the judgment of a physician experienced in the diagnosis and assessment of dementia who evaluated this patient, aided by: a) cognitive scales or neuropsychological tests, b) corroborating history from a well-acquainted informed caregiver, or c) laboratory tests (including serum B12 and TSH levels) and structural imaging (MRI or CT)?
 Yes - the physician judges the presence of Alzheimer's disease to be certain (PET scan is NOT covered)
 No - the physician judges the absence of Alzheimer's disease to be certain (PET scan is NOT covered)
 Uncertain - the physician judges that it is uncertain whether the patient suffers from Alzheimer's disease

5. Does the patient exhibit symptoms (e.g., early onset or prominence of social disinhibition, awkwardness, difficulties with language, loss of executive function) such that frontotemporal dementia is suspected as an alternative cause of the patient's cognitive deficits?
 Yes No (PET scan is NOT covered)

6. Is it reasonable to expect that information obtained through FDG-PET will help with diagnosis and management of the patient?
 Yes No - (PET scan is NOT covered)

7. Has the patient previously undergone SPECT or FDG-PET for the same indication?
 Yes - the results were conclusive and the patient's condition has not substantially changed (PET scan is NOT covered)
 Yes - but the results were not conclusive and at least a year has elapsed
 Yes - but there have been important changes in scope or severity of the patient's cognitive deficits since then
 No - the patient has not undergone SPECT or FDG-PET scans

CMS suggests the patient should be referred to a facility accredited to operate Nuclear Medicine equipment and the scan should be read by an expert with experience interpreting PET scans for the evaluation of dementia.

Physician Signature _____

Date _____