

BRAIN PET Scan Questionnaire – CarePlanner/iEX
(78608)

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. (M) PET scan indication, select ONE:
 Staging/diagnosis (see 8 & 9)
 Restaging (see 10-12)
 New/worsening symptoms/findings (see 13-15)
 Refractory seizures/epilepsy (see 16 & 17)
8. STAGING/DIAGNOSIS: Other imaging performed (x-rays, CT, MRI, Bone scan, etc.):
 Yes (see 9)
 No
9. Staging/diagnosis: Previous imaging referenced above reported to be non-diagnostic BY A RADIOLOGIST:
 Yes
 No
10. BASELINE SCAN POSITIVE FOR RESTAGING: After chemotherapy/radiation completed:
 Yes (see 11 & 12)
 No
11. Baseline scan positive for restaging: Other imaging (x-rays, CT, MRI, Bone scan, SPECT, etc.) used for diagnosis/staging:
 Yes
 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: Previous imaging reference above reported to be non-diagnostic BY A RADIOLOGIST:
 Yes
 No
13. NEW/WORSENING SYMPTOMS/FINDINGS with known malignancy:
 Yes (see 14 & 15)
 No
14. Other imaging (x-rays, CT, MRI, Bone scan, etc.) used for diagnosis/staging:
 Yes
 No
15. Previous imaging reference above reported to be non-diagnostic BY A RADIOLOGIST:
 Yes
 No
16. REFRACTORY SEIZURES/EPILEPSY: Patient has failed conservative medical therapy?
 Yes (see 17)
 No
17. Pre-surgical evaluation to locate foci of seizure activity:
 Yes
 No