**FLORIDA HEALTH CARE PLANS – PET CT PRIOR AUTHORIZATION FORM**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| Date: |  | | | | | | | | Authorization#: | | |  | | | |
| Patient’s Name: | | | |  | | | | | Date of Birth: | | | |  | | |
| Phone#: | |  | | | | | | | FHCP#: | | | |  | | |
| Requesting Provider Name (First & Last) | | | | | | | |  | | | | | | | |
| Specialty: | | |  | | | | | | Phone#: |  | | | | | |
| Type of Referral: Routine | | | | | | | | | | | | | | | |
| ICD10 Diagnosis Code(s): | | | | | | |  | | | | | | | | |
| Code Description: | | | | |  | | | | | | | | | | |
| **Select Radiotracer that applies:** | | | | | | | | | | | | | | | |
| Standard ***or*** Routine PET ***or*** PET/CT Imaging FDG (2 fluorine 18, fluoro 2 deoxy-d-glucose) Yes | | | | | | | | | | | | | | | |
| PET Bone Scan: Sodium 18F Fluoride PET/CT ***or***  Other (describe) | | | | | | | | | | | | | |  | |
|  | | | | | | | | | | | | | | | |
| **REQUESTED LOCATION IF APPROVED:** | | | | | | | | | | | | | | | |
| **Reason for Study:** | | | | | | | | | | | | | | | |
| Initial Staging  Restaging  Interim PET/CT for Response-Adapted Therapy  Surveillance  Other | | | | | | | | | | | | | | | |
| Currently on Chemotherapy: | | | | | | | Yes No | | | | | | | | |
| Date completed Chemotherapy, if given: | | | | | | |  | | | | | | | | |
| Currently on Radiotherapy: | | | | | | | Yes No | | | | | | | | |
| Date Radiotherapy completed, if given: | | | | | | |  | | | | | | | | |
| Does patient have known cancer spread to other parts of the body beyond primary tumor (Metastatic Disease)? Yes No | | | | | | | | | | | | | | | |
| Is there suspicion of recurrence or progression based on signs, symptoms ***or*** imaging findings? Yes No | | | | | | | | | | | | | | | |
| **COMPLETE THIS FORM AND FAX THE LAST 3 MONTHS OF PROGRESS NOTES TO:**  **FHCP CENTRAL REFERRAL DEPARTMENT**  FAX: 386-238-3253 or 855-442-8398  PHONE: 386-238-3230 or 800-352-9824 | | | | | | | | | | | | | | | |
| \*\*\***This section is for internal use only\*\*\*** | | | | | | | | | | | | | | | |
| DECISION: | | | | APPROVED DENIED | | | | |  | | | | | | |
| SIGNATURE: | | | |  | | | | | | |  | | | DATE: |  | |
| Office notified of approval | | | | | | Date & initials: | |  | | | | | | | |