



Phone: 713.589.5231
Fax: 713 383 9933
www.hmixray.com



PATIENT INFORMATION

Patient Name: _____
Date of Birth: _____
Cell Phone: _____
Authorization #: _____
Referral #: _____
Insurance: _____
Policy ID #: _____ Group: _____
Secondary Insurance: _____
Policy ID #: _____ Group: _____
CD with images STAT Please call Patient

REQUESTING PHYSICIAN INFORMATION

Fax Report: (Fax#): _____
Phone Report: (Phone#): _____
Referring Physician: _____
(Please print)
Referring Physician Signature: _____

Procedures:

- 78608-Q9983 PET CT BRAIN NEURACEQ
- 78608-A9586 PET CT BRAIN AMYVID

ICD-10 national coverage are the following:

- F03.90:** Unspecified dementia without behavioral disturbance
- F03.90 plus F05:** Unspecified dementia without behavioral disturbance and Delirium not superimposed on dementia, so described
- G30.9:** Alzheimer’s disease, unspecified
- G31.01:** Pick’s disease
- G31.9:** Other frontotemporal dementia
- R41.2 or R41.3:** Retrograde amnesia or Other amnesia (amnesia NOS, memory loss NOS)

Medicare contractors shall inform providers to ensure the conditions mentioned in the NCD Manual, section 220.6.13, have been met.

The following requirements must be included in clinical.

- Date of onset of symptoms
- Diagnosis of clinical syndrome (normal aging, mild cognitive impairment or MCI: mild, moderate, or severe dementia)
- Mini mental status exam (MMSE) or similar test score, - Presumptive cause (possible, probably, uncertain AD)
- Any neuropsychological testing performed
- Results of any structural imaging (MRI, CT) performed
- Relevant laboratory tests (B12, thyroid hormone)
- Number and name of prescribed medications.

Locations: 1155 Dairy Ashford Rd. Suite 105 Houston, TX 77079
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