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Date of Birth:	REQUESTING PHYSICIAN INFORMATION Fax Report: (Fax#):	
	Authorization #:	(Please print)
	Referral #:	_
Insurance:	_	
	Referring Physician Signature:	
	_ CD with images O STATO Please call Patient O	
Policy ID #: Group:		
Procedures:		
O 78814-Q9983 PET CT BRAIN NEURACEQ O 78814-A9586 PET CT BRAIN AMYVID		
ICD-10 national coverage are the following: O F03.90: Unspecified dementia without behaviors O F03.90 plus F05: Unspecified dementia without dementia, so described	al disturbance behavioral disturbance and Delirium not superimposed on	
○ G30.9: Alzheimer's disease, unspecified○ G31.9: Other frontotemporal dementia		
OR41.2 or R41.3: Retrograde amnesia or Other a	mnesia (amnesia NOS, memory loss NOS)	
G30.0 Alzheimer's disease (AD) with early onse	t	
○ G30.1 Alzheimer's disease (AD) late onset		

The following requirements must be included in clinical.

• Date of onset of symptoms

OG30.8 Other Alzheimer's disease

- 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 previous imaging (MRI, CT) performed
- Current treatments/medications being used for the outlined symptoms

○ G31.84 Mild cognitive impairment of uncertain or unknown etiology

Amyloid PET scan [including, but not limited to, florbetapir F18 (Amyvid), florbetaben F18 (Neuraceq) reasonable and medically necessary for members with a clinical diagnosis of mild cognitive impairment <u>due to Alzheimer</u> <u>disease or mild Alzheimer Dementia who are being considered for enrollment in a clinical trial/registry of</u> Food and Drug Administration (FDA) approved monoclonal antibodies