

**PATIENT INFORMATION**

Patient Name: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_  
Authorization #: \_\_\_\_\_  
Referral #: \_\_\_\_\_  
Insurance: \_\_\_\_\_  
Policy ID #: \_\_\_\_\_ Group: \_\_\_\_\_  
Secondary Insurance: \_\_\_\_\_  
Policy ID #: \_\_\_\_\_ Group: \_\_\_\_\_

**REQUESTING PHYSICIAN INFORMATION**

Fax Report: (Fax#): \_\_\_\_\_  
Phone Report: (Phone#): \_\_\_\_\_  
Referring Physician: \_\_\_\_\_  
(Please print)  
Referring Physician Signature: \_\_\_\_\_  
CD with images  STAT  Please call Patient

**Procedures:**

- 78815 PET CT PROSTATE PSMA Locametz [Ga-68 Gozetotide] Isotope CPT Code A9800
- 78815 PET CT PROSTATE PSMA Pylarify [Piflufolastat F18] Isotope CPT Code A9595

**2023 ICD-10 Coding Guidelines Associated with PET/CT Scans of the Prostate**

- C61 Malignant neoplasm of prostate
- C79.82 Secondary malignant neoplasm of genital organs must be billed accompanied by C61
- Z19.1 Hormone sensitive malignancy
- Z19.2 Hormone resistant malignancy
- Z85.46 Personal history of malignant neoplasm of prostate
- R97.21 Rising PSA following treatment for malignant neoplasm of prostate

Note: ICD-10 code Z85.46 (Personal history of malignant neoplasm of prostate) is not sufficient

**NCCN guidelines for PI (initial staging)**

**If referring doctors can document the following in their patient history for initial staging patients:**

1. if patient is risk group unfavorable intermediate risk or high risk.
2. Gleason grade group 3 that is score 7 but only for (4+3) or ≥50% biopsy cores positive (e.g., ≥6 of 12 cores) or PSA= 10-20 with Gleason score 7.
3. High risk or very high risk with Gleason grade group more than 4 or 5 that is score 8, 9 or 10
4. document that is Hormone sensitive or hormone resistance malignancy

**There are appropriate diagnosis for Medicare Part B plus the appropriate clinical indications.**

- C61 Malignant neoplasm of prostate
- Z19.1 Hormone sensitive malignancy status
- Z19.2 Hormone resistant malignancy status

## Restaging/Recurrence

Men who were previously treated (typically with radiation therapy or prostatectomy), but who have developed biochemical recurrence as shown by a rising PSA (prostate specific antigen).

- Indications to order PET PSMA
  - a. Non-metastatic prostate cancer previously treated with prostatectomy, radiation therapy, ablation, hormonal therapy or chemotherapy and any one of the following:
    - Clinical suspicion of relapse/recurrence
    - PSA fails to become undetectable post prostatectomy
    - Palpable anastomotic recurrence
    - PSA rises above post-treatment baseline to >0.2 ng/mL but <0.5 ng/mL on two consecutive measurements
  - b. Non-metastatic prostate cancer previously treated with prostatectomy or radiation therapy, and all of the following are met:
    - PSA rises on two consecutive measurements above post-treatment baseline and
    - PSA  $\geq$ 1 ng/mL and
    - Recent CT scan and bone scan are negative for metastatic disease and
    - Individual is a candidate for salvage local therapy

## Surveillance/Follow-up For Treated Prostate Cancer

Current active surveillance guidelines suggest the following protocol:

- PSA every 6 months
- Digital Rectal Exam (DRE) every 12 months
- Repeat prostate biopsy every 12 months
- Repeat mpMRI (CPT® 72195 or CPT® 72197) no more often than every 12 months

Indication	Imaging Study
Routine monitoring on active surveillance protocol	<ul style="list-style-type: none"> <li>• MRI Pelvis without (CPT® 72195) or without and with contrast (CPT® 72197) at initiation of active surveillance, and every 12 months thereafter.</li> </ul>
<b>For ANY or the following:</b> <ul style="list-style-type: none"> <li>• Progression is suspected based on DRE changes or rising PSA and a recent TRUST biopsy was negative</li> <li>• Repeat TRUST biopsy shows progression to a higher Gleason score</li> </ul>	<ul style="list-style-type: none"> <li>• MRI Pelvis without (CPT® 72195) or MRI Pelvis without and with contrast (CPT® 72197)</li> </ul>
<b>ANY or the following:</b> <ul style="list-style-type: none"> <li>• Asymptomatic or stable chronic symptoms</li> <li>• Stable DRE findings</li> <li>• Stable PSA levels</li> </ul>	<ul style="list-style-type: none"> <li>• Advanced imaging is not routinely indicated for surveillance</li> </ul>