

Check Location Requested

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| <input type="checkbox"/> South County Hospital | <input type="checkbox"/> Landmark Medical Center | <input type="checkbox"/> Memorial Hospital @ | <input type="checkbox"/> Kent Hospital |
| <input type="checkbox"/> Our Lady of Fatima | <input type="checkbox"/> Roger Williams Medical Center | 555 Prospect St. Pawtucket | <input type="checkbox"/> Westerly Hospital |

**FDG-PET Brain Imaging for Alzheimer's Disease & Fronto-temporal Dementia
Chart Documentation and Medicare Requirements**

<i>Patient Name</i>	<i>Date of Birth</i>	<i>Patient Telephone #</i>
<i>Referring Physician</i>	<i>Physician Telephone #</i>	
<i>Please fax copy of patient's insurance card or authorization with this order.</i>	<i>Insurance Co.</i>	

In order for a Medicare patient to be eligible for a FDG-PET brain scan certain conditions must be met and verified. Please read these criteria, complete this form in its entirety and provide your written signature at the bottom. The coverage guidelines can be reviewed at http://www.cms.hhs.gov/manuals/pm_trans/R24B4.pdf

Medicare coverage is available beginning September 15, 2004 for FDG-PET scans for the differential diagnosis of fronto-temporal dementia (FTD) and Alzheimer's disease (AD) under specific requirements. An FDG-PET scan is considered reasonable and necessary in patients with a recent diagnosis of dementia and documented cognitive decline of at least 6 months, who meet diagnostic criteria for both AD and FTD.

- The patient's onset, clinical presentation, or course of cognitive impairment is such that FTD is suspected as an alternative neurodegenerative cause of the cognitive decline.
- The patient has had a comprehensive clinical evaluation (as defined by the American Academy of Neurology (AAN)) encompassing a medical history from the patient and a well-acquainted informant (including assessment of activities of daily living), physical and mental status examination (including formal documentation of cognitive decline occurring over at least 6 months) aided by cognitive scales or neuropsychological testing, laboratory tests, and structural imaging such as magnetic resonance imaging (MRI) or computed tomography (CT);
- The evaluation of the patient has been conducted by a physician experienced in the diagnosis and assessment of dementia;
- The evaluation of the patient did not clearly determine a specific neurodegenerative disease or other cause for the clinical symptoms, and information available through FDG-PET is reasonably expected to help clarify the diagnosis between FTD and AD and help guide future treatment;
- A brain SPECT or FDG-PET scan has not been obtained for the same indication. If the results of a prior SPECT or FDG-PET were inconclusive an FDG-PET may be covered after a period of one year.

o Date of onset of symptoms	Date: _____
o Diagnosis of clinical syndrome (e.g. normal aging; mild cognitive impairment or MCI; mild, moderate or severe dementia)	Date: _____ Examiner's name: _____
o Mini mental status exam (MMSE) or similar test score	Score: _____ Date: _____
o Presumptive cause (possible, probable, uncertain AD)	_____
o Any neuropsychological testing performed	In patient chart: <input type="checkbox"/> Yes <input type="checkbox"/> No
o Results of any structural imaging performed	<input type="checkbox"/> MRI <input type="checkbox"/> CT <input type="checkbox"/> Not Indicated _____
o Relevant laboratory tests (B12, thyroid hormone)	In patient chart: <input type="checkbox"/> Yes <input type="checkbox"/> No
o Number and name of prescribed medications	In patient chart: <input type="checkbox"/> Yes <input type="checkbox"/> No

Is Patient Diabetic? Yes No

<i>Referring Physician</i>	<i>Date</i>
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By signing this request form I acknowledge full responsibility for the information that must be completed and maintained in this patient's medical record in my office. I have verified that all conditions described above have been met. Upon request I will make this documentation available to the provider and/or to CMS, its agents or other authorized personnel for review.