

# PET/CT PROCEDURE QUICK GUIDE

PROCEDURE/CPT CODE	PATIENT PREP/DURATION	COMMON INDICATIONS
<p><b>SKULL BASE TO MID-THIGH PET/CT</b>  <b>-78815</b> PET CT fusion skull to thigh  <b>-A9552</b> Injection radiopharm F-18</p>	<ul style="list-style-type: none"> <li>- PLEASE EAT A LOW CARBOHYDRATE MEAL THE NIGHT PRIOR TO THE EXAM. STAY AWAY FROM:               <ul style="list-style-type: none"> <li>○ DESSERTS/SWEETS</li> <li>○ SODAS</li> <li>○ PASTAS</li> <li>○ BREADS</li> <li>○ POTATOES</li> </ul> </li> <li>- NPO AFTER MIDNIGHT, OTHER THAN H2O (this includes mints, gum, coffee, etc.)</li> <li>- NO INSULIN OR ORAL DIABETES MEDS AFTER MIDNIGHT</li> <li>- MORNING MEDS THAT DO NOT REQUIRE FOOD, AND ARE NOT FOR DIABETES, MAY BE TAKEN WITH WATER ONLY</li> <li>- NO STRENUOUS EXERCISE 24 HRS. PRIOR</li> <li>- WEAR WARM CLOTHING WITHOUT METAL SNAPS, ZIPPERS, OR BUTTONS</li> <li>- NO ENSURE, ENSURE PLUS, ENSURE CLEAR, GLUCERNA, BOOST, SLIM-FAST OR ANY OTHER MEAL REPLACEMENT /PROTEIN SHAKE AT LEAST 12 HOURS PRIOR TO EXAM.</li> <li>- NOTHING PER FEEDING TUBE AT LEAST 12 HOURS PRIOR TO EXAM. FEEDING TUBE SHOULD ALSO BE RINSED.</li> <li>- PROCEDURE TIME: 1.5-2 HOURS</li> </ul> <p style="text-align: center;"><b>**USE PET/CT QUESTIONNAIRE AND CANCER HISTORY FORM**</b></p>	<ul style="list-style-type: none"> <li>- BREAST CA</li> <li>- CERVICAL CA</li> <li>- COLORECTAL CA</li> <li>- ESOPHAGEAL CA</li> <li>- LUNG CA</li> <li>- OVARIAN CA</li> <li>- TESTICULAR CA</li> <li>- HEAD/NECK CA</li> <li>- LYMPHOMA</li> </ul>
<p style="text-align: center;"><b>LIMITED PET/CT</b>  <b>-78814</b> PET CT limited  <b>-A9552</b> Injection radiopharm F-18</p>	<ul style="list-style-type: none"> <li>- WEAR WARM CLOTHING WITHOUT METAL SNAPS, ZIPPERS, OR BUTTONS</li> <li>- NO ENSURE, ENSURE PLUS, ENSURE CLEAR, GLUCERNA, BOOST, SLIM-FAST OR ANY OTHER MEAL REPLACEMENT /PROTEIN SHAKE AT LEAST 12 HOURS PRIOR TO EXAM.</li> <li>- NOTHING PER FEEDING TUBE AT LEAST 12 HOURS PRIOR TO EXAM. FEEDING TUBE SHOULD ALSO BE RINSED.</li> <li>- PROCEDURE TIME: 1.5-2 HOURS</li> </ul>	<ul style="list-style-type: none"> <li>- INFLAMMATION/INFECTION OF LIMITED AREA</li> </ul>
<p style="text-align: center;"><b>QUESTIONS OR CONCERNS AFTER 4 PM? CALL 574-364-2604 AND THE PET TECHNOLOGIST CAN BE PAGED AT HOME TO ANSWER YOUR QUESTIONS.</b></p>		

REVISED 04/2023

# PET/CT PROCEDURE QUICK GUIDE

PROCEDURE/CPT CODE	PATIENT PREP/DURATION	COMMON INDICATIONS
<p><b>WHOLE BODY PET/CT</b>  <b>-78816</b> PET CT fusion whole body  <b>-A9552</b> Injection radiopharm F-18</p> <p><b>QUESTIONS OR CONCERNS AFTER 4 PM? CALL 574-364-2604 AND THE PET TECHNOLOGIST CAN BE PAGED AT HOME TO ANSWER YOUR QUESTIONS.</b></p>	<ul style="list-style-type: none"> <li>- PLEASE EAT A LOW CARBOHYDRATE MEAL THE NIGHT PRIOR TO THE EXAM. STAY AWAY FROM:               <ul style="list-style-type: none"> <li>○ DESSERTS/SWEETS</li> <li>○ SODAS</li> <li>○ PASTAS</li> <li>○ BREADS</li> <li>○ POTATOES</li> </ul> </li> <li>- NPO AFTER MIDNIGHT, OTHER THAN H2O (this includes mints, gum, coffee, etc.)</li> <li>- NO INSULIN OR ORAL DIABETES MEDS AFTER MIDNIGHT</li> <li>- MORNING MEDS THAT DO NOT REQUIRE FOOD, AND ARE NOT FOR DIABETES, MAY BE TAKEN WITH WATER ONLY</li> <li>- NO STRENUOUS EXERCISE 24 HRS. PRIOR</li> <li>- WEAR WARM CLOTHING WITHOUT METAL SNAPS, ZIPPERS, OR BUTTONS</li> <li>- NO ENSURE, ENSURE PLUS, ENSURE CLEAR, GLUCERNA, BOOST, SLIM-FAST OR ANY OTHER MEAL REPLACEMENT /PROTEIN SHAKE AT LEAST 12 HOURS PRIOR TO EXAM.</li> <li>- NOTHING PER FEEDING TUBE AT LEAST 12 HOURS PRIOR TO EXAM. FEEDING TUBE SHOULD ALSO BE RINSED.</li> <li>- PROCEDURE TIME: 1.5-2 HOURS</li> </ul> <p><b>**USE PET/CT QUESTIONNAIRE AND CANCER HISTORY FORM**</b></p>	<ul style="list-style-type: none"> <li>- MELANOMA</li> <li>- SARCOMA</li> <li>- LYMPHOMA (IF LOWER EXTREMITIES ARE INVOLVED)</li> <li>- MULTIPLE MYELOMA</li> <li>- INFECTION/INFLAMMATION</li> </ul>

REVISED 04/2023

# PET/CT PROCEDURE QUICK GUIDE

PROCEDURE/CPT CODE	PATIENT PREP/DURATION	COMMON INDICATIONS
<p><b>PSMA (PYLARIFY) F-18 SKULL BASE TO MID-THIGH PET/CT</b>  <b>-78815</b> PET CT fusion skull to thigh  <b>-A9595</b> F-18 PSMA OR <b>-A9596</b> Illucix Gallium-68 PSMA-1 (Either are used depending on availability)</p> <p><b>**ONCE SCHEDULED, EMAIL BRYAN SO THAT A DOSE GETS ORDERED**</b></p> <p><b>QUESTIONS OR CONCERNS AFTER 4 PM? CALL 574-364-2604 AND THE PET TECHNOLOGIST CAN BE PAGED AT HOME TO ANSWER YOUR QUESTIONS.</b></p>	<ul style="list-style-type: none"> <li>- NO PREP REQUIRED</li> <li>- WEAR WARM, COMFORTABLE CLOTHING, PREFERABLY WITHOUT METAL SNAPS, BUTTONS, BELTS, ETC.</li> <li>- PROCEDURE TIME: 1.5-2 HOURS</li> </ul> <p><b>** USE PSMA QUESTIONNAIRE AND CANCER HISTORY FORM**</b></p> <p><b>**MUST HAVE PSA, CLINIC NOTES, AND GLEASON SCORE**</b></p>	<ul style="list-style-type: none"> <li>- PROSTATE CANCER</li> </ul>
<p><b>PET/CT</b>  <b>CU-64 DOTATATE SCAN</b>  <b>-78815</b> PET CT fusion skull to thigh  <b>-A9592</b> Injection Cu 64 Detectnet</p> <p><b>**THIS PROCEDURE MUST BE SCHEDULED WITH PET/CT TECHNOLOGIST**</b></p> <p><b>QUESTIONS OR CONCERNS AFTER 4 PM? CALL 574-364-2604 AND THE PET TECHNOLOGIST CAN BE PAGED AT HOME TO ANSWER YOUR QUESTIONS.</b></p>	<ul style="list-style-type: none"> <li>- NPO AFTER MIDNIGHT, OTHER THAN WATER</li> <li>- HYDRATE WITH 24-32 OZ. WATER THE EVENING BEFORE THE EXAM</li> <li>- WEAR COMFORTABLE CLOTHING, PREFERABLY WITHOUT METAL SNAPS, BUTTONS, BELTS, ETC.</li> <li>- PROCEDURE TIME: 1.5-2 HOURS</li> </ul>	<ul style="list-style-type: none"> <li>- NEUROENDOCRINE TUMORS</li> </ul>
<p><b>PET/CT VIABILITY</b>  <b>-78459</b> PET CT viability study  <b>-A9552</b> Injection radiopharm F-18  <b>-78451</b> NM rest or str myo perf SPECT  <b>-A9502</b> Isotope Diagnostic Myoview</p> <p><b>**THIS PROCEDURE MUST BE SCHEDULED WITH PET/CT**</b></p> <p><b>QUESTIONS OR CONCERNS? CALL 574-364-2604 AND THE TECHNOLOGIST CAN BE PAGED</b></p>	<ul style="list-style-type: none"> <li>- INSTRUCT PATIENT THAT PET TECHNOLOGIST WILL CALL AHEAD WITH DETAILED PREP INSTRUCTIONS. IT IS A MULTI-DAY PREP AND IMAGING IN TWO MODALITIES</li> </ul>	<ul style="list-style-type: none"> <li>- SARCOIDOSIS</li> </ul>

REVISED 04/2023

# PET/CT PROCEDURE QUICK GUIDE

---

## SPECIAL CONSIDERATIONS

**\*\*CHECK SCHEDULE AFTER 12PM. ALL NEXT DAY ADD-ONS, CANCELLATIONS, OR TIME CHANGES MUST BE CONVEYED TO PET/CT TECHNOLOGIST, SO THAT ISOTOPES MAY BE ORDERED OR CANCELLED, AS APPROPRIATE.**

**\*\*CLINIC NOTES MUST BE PULLED ON ALL PET/CT PATIENTS**

**\*\*CONTACT PET/CT TO SCHEDULE SEDATIONS**

## SCHEDULING FOR PET/CT

**5:45** SKULLBASE TO THIGH ONLY, CPT CODE #78815

**6:30** SKULLBASE TO THIGH **OR** PET DOTATATE SCAN FOR NEUROENDORINE TUMORS, CPT CODE #78815. IF PET DOTATATE IS SCHEDULED, EMAIL BRYAN TO ORDER DOSE.

**7:15** SKULLBASE TO THIGH **OR** PET DOTATATE SCAN FOR NEUROENDORINE TUMORS, CPT CODE #78815. IF PET DOTATATE IS SCHEDULED, EMAIL BRYAN TO ORDER DOSE.

**8:00** WHOLE BODY(MELANOMA) #78816, **OR** PET/CT W/SIM, **OR** PET/CT WITH DIAGNOSTIC CT, **OR** ANY EXAM REQUIRING SEDATION.

**8:45** PSMA PET/CT. WHEN SCHEDULED, EMAIL BRYAN TO ORDER DOSE.

**9:30** PSMA PET/CT. WHEN SCHEDULED, EMAIL BRYAN TO ORDER DOSE.