

Date:

ATTN:

SUBJECT: NOTICE OF INTENT TO BILL

To Whom It May Concern:

It is the intention of our facility to begin providing Positron Emission Tomography PET/CT with concurrently acquired CT computed tomography scans at our location. Our facility could possibly be billing you the following codes:

HCPCS:

A9552 Fluorodeoxyglucose (FDG) Per Study dose

CPT:

78814 Tumor imaging, PET with concurrently acquired CT limited area chest, head/neck
78815 Tumor imaging, PET with concurrently acquired CT, skull base to mid-thigh
78816 Tumor imaging, PET with concurrently acquired CT, Whole body
78608 Brain Imaging, PET - Metabolic Evaluation

We request that any provisions of payment (medical necessity guidelines, fee schedule amounts, documentation required, pre-authorization policy, etc.) related to PET/CT scans be forwarded to our office so that we may bill your company correctly including but not limited to any particular documentation required for billing the above codes. We appreciate your assistance in this matter.

Sincerely,

- Provider Name: _____
- Provider #: _____
- Contact Name: _____
- Contact #: _____
- Provider Address: _____