

Please check the box that indicates which product you are submitting for.

☐ PLUVICTO® ☐ LUTATHERA® ☐ LOCAMETZ® ☐ NETSPOT®

## 1 Patient Information

First Name★		Last Name★		Email★		<input type="checkbox"/> Mobile
/ /		Sex for Clinical Use★: <input type="checkbox"/> Male <input type="checkbox"/> Female				<input type="checkbox"/> Home
Date of Birth (MM/DD/YYYY)★						
Address (No PO Box)★						
City★		State★		ZIP★		
I give permission to disclose my personal health information to the following authorized representative (optional):						
Authorized Representative Name				Relationship to Patient		
Authorized Representative Phone Number — We'll keep you updated through non-marketing calls and texts.						

## 2 Patient Authorization and Additional Enrollment Consents

I have read and agree to the Patient Authorization on page 3.

→ **X** / /

**Patient/Authorized Representative Signature★** **Date (MM/DD/YYYY)★**

☐ Check here if signed by an Authorized Representative

### CO-PAY PLUS

☐ I have read and agree to the Co-Pay Plus Terms and Conditions on page 3.

### ONGOING SUPPORT FROM NOVARTIS PATIENT SUPPORT

Based on the product selected, you may also get additional one-on-one support, such as recurring reminders, tips, and other communications, by checking the box below.

☐ I agree to receive marketing calls and texts from and on behalf of Novartis and its affiliates, including calls and texts made with an autodialer or prerecorded voice, at the phone number(s) I provide. I understand that my consent is not required and is not a condition of receiving any goods or services from Novartis.\*

## 3 Insurance Information


Please include copies (front and back) of the patient's medical insurance card(s). Include primary and secondary insurance.★

Check all that apply★: ☐ Primary ☐ Secondary ☐ Patient Is Uninsured

## 4 Prescriber Information

First Name★		Last Name★		Practice Name★	
Address					
City		State		ZIP★	
Provider NPI Number★					
State License Number★					
Tax ID Number★					
Practice Phone Number					
Office Contact Name			Office Contact Phone		
Office Fax★			Office Email		

 **Send Fax**  
1-844-638-7329

 **Questions? Call**  
1-844-638-7222

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
**Patient Name\*** **Date of Birth (MM/DD/YYYY)\***

**5 Referring Provider Information**

First Name*		Last Name*	Practice Name*	
Address*				
City*	State*	ZIP*	Office Contact Name	
Provider NPI Number*			Office Contact Phone	
Tax ID Number*			Office Fax*	Office Email
State License Number*				

**6 Treating Site Information**

☐ Hospital Outpatient ☐ Freestanding/Physician Office

Site Name*		Expected Treatment Date		_____/_____/_____ (MM/DD/YYYY)
Address*		Phone*		
City*	State*	ZIP*	Fax*	
Site NPI Number*		Tax ID Number*		Contact Name
				Contact Phone*

**7 Clinical Information** (Please refer to pages 4-7 for a list of potential ICD-10-CM code options.)

Primary Diagnosis Code: ICD-10 code* _____	Description: _____
Secondary Diagnosis Code (if applicable): ICD-10 code* _____	Description: _____
NETSPOT/LOCAMETZ only (if applicable): CPT Code* _____	

**Provider Attestation**

I certify the above therapy is medically necessary and this information is accurate to the best of my knowledge. I certify I am the provider who has prescribed PLUVICTO, LUTATHERA, LOCAMETZ, or NETSPOT to the patient named on this form. I certify that any medication received from Novartis Pharmaceuticals Corporation, its affiliates and service providers ("Novartis") or the Novartis Patient Assistance Foundation, Inc., and its service providers ("NPAF"), will be used only for the patient named on this form and will not be offered for sale, trade, or barter, returned for credit, or submitted for reimbursement in any form. I acknowledge that NPAF is exclusively for purposes of patient care and not for remuneration of any sort. I understand that Novartis and NPAF may revise, change, or terminate their respective programs at any time.

**I have discussed the Novartis Patient Support Program with my patient, who has authorized me under HIPAA and state law to disclose their information to Novartis for the limited purpose of enrolling in Novartis Patient Support. To complete this enrollment, Novartis may contact the patient by phone, text, and email.**

→ <b>X</b>	_____/_____/_____
<b>Provider Signature*</b>	<b>Provider Name (Print Name)</b> <b>Date (MM/DD/YYYY)</b>

 **Send Fax**  
1-844-638-7329

 **Questions? Call**  
1-844-638-7222

## Patient Authorization

I authorize my healthcare providers, pharmacies and health insurers, and their service providers ("Providers") to disclose information relating to my insurance benefits, medical condition, treatment, and genetic information, including the results of genetic testing and prescription details ("Personal Information") to Novartis Pharmaceuticals Corporation, its affiliates and service providers ("Novartis") and the Novartis Patient Assistance Foundation, Inc., and its service providers ("NPAF") so they can provide the following support services (the "Services"):

- Help coordinate insurance coverage for, access to, and receipt of my medication
- Communicate with me about possible financial assistance, including Novartis copay or NPAF programs, and, if I am enrolled, administer my participation in those programs
- Communicate with me about my medication and treatment, including reminders, health and lifestyle tips, and product and other related information. Communications may be customized based on Personal Information obtained from my Providers
- Conduct quality assurance and other internal business activities and ask for feedback related to the Services or my treatment

In delivering the Services, Novartis and NPAF may share my Personal Information with each other, with my Providers, or with government agencies or other financial assistance programs that might help me pay for my medication. They may combine information collected from me with information collected from other sources and use that information to administer the Services. My pharmacies or other healthcare providers may receive payment from Novartis or NPAF for providing certain Services, such as medication or refill reminders, based on my enrollment or participation. Once I authorize disclosure of my Personal Information, it may no longer be protected by federal health privacy law and applicable state laws.

I understand I do not have to sign this Authorization to get my medication or insurance coverage, that I have a right to a copy, and can cancel this Authorization at any time by calling 1-844-638-7222 or by writing to:

Novartis Patient Support  
Novartis Pharmaceuticals Corporation  
One Health Plaza  
East Hanover, NJ 07936-1080

This Authorization will expire 5 years after I sign it, or earlier if required by state law, unless I cancel it sooner. If I cancel it, I may no longer qualify for Services from Novartis or NPAF, but it will not impact my Provider's treatment or my insurance benefits. I also understand that if a Provider is disclosing my Personal Information to Novartis or NPAF on an authorized, ongoing basis, my cancellation will be effective with respect to that Provider as soon as they receive notice of my cancellation. Cancellation will not affect prior uses or disclosures.

## Co-Pay Plus Terms and Conditions (PLUVICTO and LUTATHERA)

**Co-Pay Plus:** Limitations apply. Valid only for those with private insurance. The Program provides that an eligible patient will be responsible for the first \$25 and then may receive assistance for up to a maximum of \$15,000 over the course of the treatment to cover eligible out-of-pocket costs for the product. Patient is responsible for any costs once limit is reached in a calendar year. Program not valid (i) under Medicare, Medicaid, TRICARE, VA, DoD, or any other federal or state healthcare program, (ii) where patient is not using insurance coverage at all, (iii) where the patient's insurance plan reimburses for the entire cost of the drug, or (iv) where product is not covered by patient's insurance. The value of this Program is exclusively for the benefit of patients and is intended to be credited toward patient out-of-pocket obligations and maximums, including applicable co-payments, coinsurance, and deductibles. Program is not valid where prohibited by law. Patient may not seek reimbursement for the value received from this Program from other parties, including any health insurance program or plan, flexible spending account, or health care savings account. Patient is responsible for complying with any applicable limitations and requirements of their health plan related to the use of the Program. Valid only in the United States and Puerto Rico. This Program is not health insurance. Program may not be combined with any third-party rebate, coupon, or offer. Proof of purchase may be required. Novartis reserves the right to rescind, revoke, or amend the Program and discontinue support at any time without notice.

\*Novartis Patient Support may call and text you at the numbers provided for non-marketing purposes (eg, to help you access and start on PLUVICTO or LUTATHERA). Calls may be autodialed or prerecorded. Message and data rates may apply. You may change your communication preferences at any time by calling 1-844-638-7222.

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## CLINICAL INFORMATION

## ICD-10-CM

The table below lists the ICD-10-CM potential diagnosis codes that you may consider for patient treatment with PLUVICTO® (lutetium Lu 177 vipivotide tetraxetan). (Select 1 or more)

Code	Description	Code	Description
<input type="checkbox"/> C61	Malignant neoplasm of prostate	<input type="checkbox"/> C78.89	Secondary malignant neoplasm of other digestive organs
<input type="checkbox"/> C69.90	Malignant neoplasm of unspecified site of unspecified eye	<input type="checkbox"/> C79	Secondary malignant neoplasm of other and unspecified sites
<input type="checkbox"/> C77	Secondary and unspecified malignant neoplasm of lymph nodes	<input type="checkbox"/> C79.0	Secondary malignant neoplasm of kidney and renal pelvis
<input type="checkbox"/> C77.0	Secondary and unspecified malignant neoplasm of lymph nodes of head, face, and neck	<input type="checkbox"/> C79.00	Secondary malignant neoplasm of unspecified kidney and renal pelvis
<input type="checkbox"/> C77.1	Secondary and unspecified malignant neoplasm of intrathoracic lymph nodes	<input type="checkbox"/> C79.01	Secondary malignant neoplasm of right kidney and renal pelvis
<input type="checkbox"/> C77.2	Secondary and unspecified malignant neoplasm of intra-abdominal lymph nodes	<input type="checkbox"/> C79.02	Secondary malignant neoplasm of left kidney and renal pelvis
<input type="checkbox"/> C77.3	Secondary and unspecified malignant neoplasm of axilla and upper limb lymph nodes	<input type="checkbox"/> C79.1	Secondary malignant neoplasm of bladder and other and unspecified urinary organs
<input type="checkbox"/> C77.4	Secondary and unspecified malignant neoplasm of inguinal and lower limb lymph nodes	<input type="checkbox"/> C79.10	Secondary malignant neoplasm of unspecified urinary organs
<input type="checkbox"/> C77.5	Secondary and unspecified malignant neoplasm of intrapelvic lymph nodes	<input type="checkbox"/> C79.11	Secondary malignant neoplasm of bladder
<input type="checkbox"/> C77.8	Secondary and unspecified malignant neoplasm of lymph nodes of multiple regions	<input type="checkbox"/> C79.19	Secondary malignant neoplasm of other urinary organs
<input type="checkbox"/> C77.9	Secondary and unspecified malignant neoplasm of lymph node, unspecified	<input type="checkbox"/> C79.2	Secondary malignant neoplasm of skin
<input type="checkbox"/> C78	Secondary malignant neoplasm of respiratory and digestive organs	<input type="checkbox"/> C79.3	Secondary malignant neoplasm of brain and cerebral meninges
<input type="checkbox"/> C78.0	Secondary malignant neoplasm of lung	<input type="checkbox"/> C79.31	Secondary malignant neoplasm of brain
<input type="checkbox"/> C78.00	Secondary malignant neoplasm of unspecified lung	<input type="checkbox"/> C79.32	Secondary malignant neoplasm of cerebral meninges
<input type="checkbox"/> C78.01	Secondary malignant neoplasm of right lung	<input type="checkbox"/> C79.4	Secondary malignant neoplasm of other and unspecified parts of nervous system
<input type="checkbox"/> C78.02	Secondary malignant neoplasm of left lung	<input type="checkbox"/> C79.40	Secondary malignant neoplasm of unspecified part of nervous system
<input type="checkbox"/> C78.1	Secondary malignant neoplasm of mediastinum	<input type="checkbox"/> C79.49	Secondary malignant neoplasm of other parts of nervous system
<input type="checkbox"/> C78.2	Secondary malignant neoplasm of pleura	<input type="checkbox"/> C79.5	Secondary malignant neoplasm of bone and bone marrow
<input type="checkbox"/> C78.3	Secondary malignant neoplasm of other and unspecified respiratory organs	<input type="checkbox"/> C79.51	Secondary malignant neoplasm of bone
<input type="checkbox"/> C78.30	Secondary malignant neoplasm of unspecified respiratory organ	<input type="checkbox"/> C79.52	Secondary malignant neoplasm of bone marrow
<input type="checkbox"/> C78.39	Secondary malignant neoplasm of other respiratory organs	<input type="checkbox"/> C79.7	Secondary malignant neoplasm of adrenal gland
<input type="checkbox"/> C78.4	Secondary malignant neoplasm of small intestine	<input type="checkbox"/> C79.70	Secondary malignant neoplasm of unspecified adrenal gland
<input type="checkbox"/> C78.5	Secondary malignant neoplasm of large intestine and rectum	<input type="checkbox"/> C79.71	Secondary malignant neoplasm of right adrenal gland
<input type="checkbox"/> C78.6	Secondary malignant neoplasm of retroperitoneum and peritoneum	<input type="checkbox"/> C79.72	Secondary malignant neoplasm of left adrenal gland
<input type="checkbox"/> C78.7	Secondary malignant neoplasm of liver and intrahepatic bile duct	<input type="checkbox"/> C79.8	Secondary malignant neoplasm of other specified sites
<input type="checkbox"/> C78.8	Secondary malignant neoplasm of other and unspecified digestive organs	<input type="checkbox"/> C79.81	Secondary malignant neoplasm of breast
<input type="checkbox"/> C78.80	Secondary malignant neoplasm of unspecified digestive organ	<input type="checkbox"/> C79.82	Secondary malignant neoplasm of genital organs
		<input type="checkbox"/> C79.89	Secondary malignant neoplasm of other specified sites
		<input type="checkbox"/> C79.9	Secondary malignant neoplasm of unspecified site
		<input type="checkbox"/> Z19.2	Hormone resistant malignancy status

**Disclaimer notice for list of possible codes:** This information is taken from publicly available sources. It is not intended to guarantee, increase, or maximize reimbursement by any payer. It is the provider's responsibility to report the codes that accurately describe the products and services furnished to individual patients. Reimbursement is dynamic. We recommend that providers consult their payer organizations regarding local policies and rates. Laws and regulations regarding reimbursement change frequently and providers are solely responsible for all decisions related to coding and billing including determining, if and under what circumstances, it is appropriate to seek reimbursement for products and services and obtaining preauthorization, if necessary. Novartis makes no representation or warranty regarding this information or its completeness or accuracy and will bear no responsibility for the results or consequences of the use of this information. You should reference the current CPT®, ICD-10-CM, and Healthcare Common Procedure Coding System (HCPCS) manuals and follow the "Documentation Guidelines for Evaluation and Management Services" for the most detailed and up-to-date information. Current Procedural Terminology (CPT®) is a copyright and registered trademark of the 2012 American Medical Association (AMA). All rights reserved.



ICD-10-CM Codes

The table below lists the ICD-10-CM potential diagnosis codes that you may consider for patient treatment with LUTATHERA® (lutetium Lu 177 dotatate).

LUTATHERA

ICD-10-CM CODE	DESCRIPTION
C7A.00	Malignant carcinoid tumor of unspecified site
C7A.010	Malignant carcinoid tumor of the duodenum
C7A.011	Malignant carcinoid tumor of the jejunum
C7A.012	Malignant carcinoid tumor of the ileum
C7A.019	Malignant carcinoid tumor of the small intestine, unspecified portion
C7A.020	Malignant carcinoid tumor of the appendix
C7A.021	Malignant carcinoid tumor of the cecum
C7A.022	Malignant carcinoid tumor of the ascending colon
C7A.023	Malignant carcinoid tumor of the transverse colon
C7A.024	Malignant carcinoid tumor of the descending colon
C7A.025	Malignant carcinoid tumor of the sigmoid colon
C7A.026	Malignant carcinoid tumor of the rectum
C7A.029	Malignant carcinoid tumor of the large intestine, unspecified portion
C7A.092	Malignant carcinoid tumor of the stomach
C7A.094	Malignant carcinoid tumor of the foregut not otherwise specified
C7A.095	Malignant carcinoid tumor of the midgut not otherwise specified
C7A.096	Malignant carcinoid tumor of the hindgut not otherwise specified
C7A.098	Malignant carcinoid tumors of other site
C7A.1	Malignant poorly differentiated neuroendocrine tumors
C7B.00	Secondary carcinoid tumors, unspecified site
C7B.01	Secondary carcinoid tumors of distant lymph nodes
C7B.02	Secondary carcinoid tumors of liver
C7B.04	Secondary carcinoid tumors of peritoneum
C25.0	Malignant neoplasm of head of pancreas
C25.1	Malignant neoplasm of body of pancreas
C25.2	Malignant neoplasm of tail of pancreas
C25.4	Malignant neoplasm of endocrine pancreas
C25.7	Malignant neoplasm of other parts of pancreas
C25.8	Malignant neoplasm of overlapping sites of pancreas
C25.9	Malignant neoplasm of pancreas, unspecified

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## CLINICAL INFORMATION

## ICD-10-CM

The table below lists the ICD-10-CM potential diagnosis codes that you may consider for patient treatment with LOCAMETZ® (kit for the preparation of gallium Ga 68 gozetotide injection). *(Select 1 or more)*

Code	Description	Code	Description
<input type="checkbox"/> C61	Malignant neoplasm of prostate	<input type="checkbox"/> C78.80	Secondary malignant neoplasm of unspecified digestive organ
<input type="checkbox"/> Z85.46	Personal history of malignant neoplasm of prostate	<input type="checkbox"/> C78.89	Secondary malignant neoplasm of other digestive organs
<input type="checkbox"/> R97.21	Rising PSA following treatment for malignant neoplasm of prostate	<input type="checkbox"/> C79	Secondary malignant neoplasm of other and unspecified sites
<input type="checkbox"/> C69.90	Malignant neoplasm of unspecified site of unspecified eye	<input type="checkbox"/> C79.0	Secondary malignant neoplasm of kidney and renal pelvis
<input type="checkbox"/> C77	Secondary and unspecified malignant neoplasm of lymph nodes	<input type="checkbox"/> C79.00	Secondary malignant neoplasm of unspecified kidney and renal pelvis
<input type="checkbox"/> C77.0	Secondary and unspecified malignant neoplasm of lymph nodes of head, face, and neck	<input type="checkbox"/> C79.01	Secondary malignant neoplasm of right kidney and renal pelvis
<input type="checkbox"/> C77.1	Secondary and unspecified malignant neoplasm of intrathoracic lymph nodes	<input type="checkbox"/> C79.02	Secondary malignant neoplasm of left kidney and renal pelvis
<input type="checkbox"/> C77.2	Secondary and unspecified malignant neoplasm of intra-abdominal lymph nodes	<input type="checkbox"/> C79.1	Secondary malignant neoplasm of bladder and other and unspecified urinary organs
<input type="checkbox"/> C77.3	Secondary and unspecified malignant neoplasm of axilla and upper limb lymph nodes	<input type="checkbox"/> C79.10	Secondary malignant neoplasm of unspecified urinary organs
<input type="checkbox"/> C77.4	Secondary and unspecified malignant neoplasm of inguinal and lower limb lymph nodes	<input type="checkbox"/> C79.11	Secondary malignant neoplasm of bladder
<input type="checkbox"/> C77.5	Secondary and unspecified malignant neoplasm of intrapelvic lymph nodes	<input type="checkbox"/> C79.19	Secondary malignant neoplasm of other urinary organs
<input type="checkbox"/> C77.8	Secondary and unspecified malignant neoplasm of lymph nodes of multiple regions	<input type="checkbox"/> C79.2	Secondary malignant neoplasm of skin
<input type="checkbox"/> C77.9	Secondary and unspecified malignant neoplasm of lymph node, unspecified	<input type="checkbox"/> C79.3	Secondary malignant neoplasm of brain and cerebral meninges
<input type="checkbox"/> C78	Secondary malignant neoplasm of respiratory and digestive organs	<input type="checkbox"/> C79.31	Secondary malignant neoplasm of brain
<input type="checkbox"/> C78.0	Secondary malignant neoplasm of lung	<input type="checkbox"/> C79.32	Secondary malignant neoplasm of cerebral meninges
<input type="checkbox"/> C78.00	Secondary malignant neoplasm of unspecified lung	<input type="checkbox"/> C79.4	Secondary malignant neoplasm of other and unspecified parts of nervous system
<input type="checkbox"/> C78.01	Secondary malignant neoplasm of right lung	<input type="checkbox"/> C79.40	Secondary malignant neoplasm of unspecified part of nervous system
<input type="checkbox"/> C78.02	Secondary malignant neoplasm of left lung	<input type="checkbox"/> C79.49	Secondary malignant neoplasm of other parts of nervous system
<input type="checkbox"/> C78.1	Secondary malignant neoplasm of mediastinum	<input type="checkbox"/> C79.5	Secondary malignant neoplasm of bone and bone marrow
<input type="checkbox"/> C78.2	Secondary malignant neoplasm of pleura	<input type="checkbox"/> C79.51	Secondary malignant neoplasm of bone
<input type="checkbox"/> C78.3	Secondary malignant neoplasm of other and unspecified respiratory organs	<input type="checkbox"/> C79.52	Secondary malignant neoplasm of bone marrow
<input type="checkbox"/> C78.30	Secondary malignant neoplasm of unspecified respiratory organ	<input type="checkbox"/> C79.7	Secondary malignant neoplasm of adrenal gland
<input type="checkbox"/> C78.39	Secondary malignant neoplasm of other respiratory organs	<input type="checkbox"/> C79.70	Secondary malignant neoplasm of unspecified adrenal gland
<input type="checkbox"/> C78.4	Secondary malignant neoplasm of small intestine	<input type="checkbox"/> C79.71	Secondary malignant neoplasm of right adrenal gland
<input type="checkbox"/> C78.5	Secondary malignant neoplasm of large intestine and rectum	<input type="checkbox"/> C79.72	Secondary malignant neoplasm of left adrenal gland
<input type="checkbox"/> C78.6	Secondary malignant neoplasm of retroperitoneum and peritoneum	<input type="checkbox"/> C79.8	Secondary malignant neoplasm of other specified sites
<input type="checkbox"/> C78.7	Secondary malignant neoplasm of liver and intrahepatic bile duct	<input type="checkbox"/> C79.81	Secondary malignant neoplasm of breast
<input type="checkbox"/> C78.8	Secondary malignant neoplasm of other and unspecified digestive organs	<input type="checkbox"/> C79.82	Secondary malignant neoplasm of genital organs
		<input type="checkbox"/> C79.89	Secondary malignant neoplasm of other specified sites
		<input type="checkbox"/> C79.9	Secondary malignant neoplasm of unspecified site
		<input type="checkbox"/> Z19.2	Hormone resistant malignancy status

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## CLINICAL INFORMATION

The table below lists ICD-10-CM potential diagnosis codes that you may consider for patient treatment with NETSPOT® (kit for the preparation of gallium Ga 68 dotatate). *(Select 1 or more).*

Code	Description	Code	Description
<input type="checkbox"/> C7A.00	Malignant carcinoid tumor of unspecified site	<input type="checkbox"/> D13.1	Benign neoplasm of stomach
<input type="checkbox"/> C7A.010	Malignant carcinoid tumor of the duodenum	<input type="checkbox"/> D13.2	Benign neoplasm of duodenum
<input type="checkbox"/> C7A.011	Malignant carcinoid tumor of the jejunum	<input type="checkbox"/> D13.30	Benign neoplasm of unspecified part of small intestine
<input type="checkbox"/> C7A.012	Malignant carcinoid tumor of the ileum	<input type="checkbox"/> D13.39	Benign neoplasm of other parts of small intestine
<input type="checkbox"/> C7A.019	Malignant carcinoid tumor of the small intestine, unspecified portion	<input type="checkbox"/> D14.30	Benign neoplasm of unspecified bronchus and lung
<input type="checkbox"/> C7A.020	Malignant carcinoid tumor of the appendix	<input type="checkbox"/> D15.0	Benign neoplasm of thymus
<input type="checkbox"/> C7A.021	Malignant carcinoid tumor of the cecum	<input type="checkbox"/> D30.00	Benign neoplasm of unspecified kidney
<input type="checkbox"/> C7A.022	Malignant carcinoid tumor of the ascending colon	<input type="checkbox"/> D3A.010	Benign carcinoid tumor of the duodenum
<input type="checkbox"/> C7A.023	Malignant carcinoid tumor of the transverse colon	<input type="checkbox"/> D3A.011	Benign carcinoid tumor of the jejunum
<input type="checkbox"/> C7A.024	Malignant carcinoid tumor of the descending colon	<input type="checkbox"/> D3A.012	Benign carcinoid tumor of the ileum
<input type="checkbox"/> C7A.025	Malignant carcinoid tumor of the sigmoid colon	<input type="checkbox"/> D3A.019	Benign carcinoid tumor of the small intestine, unspecified portion
<input type="checkbox"/> C7A.026	Malignant carcinoid tumor of the rectum	<input type="checkbox"/> D3A.020	Benign carcinoid tumor of the appendix
<input type="checkbox"/> C7A.029	Malignant carcinoid tumor of the large intestine, unspecified portion	<input type="checkbox"/> D3A.021	Benign carcinoid tumor of the cecum
<input type="checkbox"/> C7A.090	Malignant carcinoid tumor of the bronchus and lung	<input type="checkbox"/> D3A.022	Benign carcinoid tumor of the ascending colon
<input type="checkbox"/> C7A.091	Malignant carcinoid tumor of the thymus	<input type="checkbox"/> D3A.023	Benign carcinoid tumor of the transverse colon
<input type="checkbox"/> C7A.092	Malignant carcinoid tumor of the stomach	<input type="checkbox"/> D3A.024	Benign carcinoid tumor of the descending colon
<input type="checkbox"/> C7A.093	Malignant carcinoid tumor of the kidney	<input type="checkbox"/> D3A.025	Benign carcinoid tumor of the sigmoid colon
<input type="checkbox"/> C7A.094	Malignant carcinoid tumor of the foregut, unspecified	<input type="checkbox"/> D3A.026	Benign carcinoid tumor of the rectum
<input type="checkbox"/> C7A.095	Malignant carcinoid tumor of the midgut, unspecified	<input type="checkbox"/> D3A.029	Benign carcinoid tumor of the large intestine, unspecified portion
<input type="checkbox"/> C7A.096	Malignant carcinoid tumor of the hindgut, unspecified	<input type="checkbox"/> D3A.090	Benign carcinoid tumor of the bronchus and lung
<input type="checkbox"/> C7A.098	Malignant carcinoid tumors of other sites	<input type="checkbox"/> D3A.091	Benign carcinoid tumor of the thymus
<input type="checkbox"/> C7A.1	Malignant poorly differentiated neuroendocrine tumors	<input type="checkbox"/> D3A.092	Benign carcinoid tumor of the stomach
<input type="checkbox"/> C7B.	Secondary carcinoid tumors, unspecified site	<input type="checkbox"/> D3A.093	Benign carcinoid tumor of the kidney
<input type="checkbox"/> C7B.01	Secondary carcinoid tumors of distant lymph nodes	<input type="checkbox"/> D3A.094	Benign carcinoid tumor of the foregut, unspecified
<input type="checkbox"/> C7B.02	Secondary carcinoid tumors of liver	<input type="checkbox"/> D3A.095	Benign carcinoid tumor of the midgut, unspecified
<input type="checkbox"/> C7B.03	Secondary carcinoid tumors of bone	<input type="checkbox"/> D3A.096	Benign carcinoid tumor of the hindgut, unspecified
<input type="checkbox"/> C7B.04	Secondary carcinoid tumors of peritoneum	<input type="checkbox"/> D49.511	Neoplasm of unspecified behavior of right kidney
<input type="checkbox"/> C25.0	Malignant neoplasm of head of pancreas	<input type="checkbox"/> D49.512	Neoplasm of unspecified behavior of left kidney
<input type="checkbox"/> C25.1	Malignant neoplasm of body of pancreas	<input type="checkbox"/> D49.519	Neoplasm of unspecified behavior of unspecified kidney
<input type="checkbox"/> C25.2	Malignant neoplasm of tail of pancreas	<input type="checkbox"/> Other:	
<input type="checkbox"/> C25.4	Malignant neoplasm of endocrine pancreas		
<input type="checkbox"/> C25.7	Malignant neoplasm of other parts of pancreas		
<input type="checkbox"/> C25.8	Malignant neoplasm of overlapping sites of pancreas		
<input type="checkbox"/> C25.9	Malignant neoplasm of pancreas, unspecified		
<input type="checkbox"/> D12.0	Benign neoplasm of cecum		
<input type="checkbox"/> D12.1	Benign neoplasm of appendix		
<input type="checkbox"/> D12.6	Benign neoplasm of colon, unspecified		
<input type="checkbox"/> D12.7	Benign neoplasm of rectosigmoid junction		
<input type="checkbox"/> D12.8	Benign neoplasm of rectum		
<input type="checkbox"/> D12.9	Benign neoplasm of anus and anal canal		

CPT\* Codes Most Frequently Associated With PET Scan *(Select only 1)*

- ☐ 78811 PET imaging; limited area (eg, chest, head/neck)
- ☐ 78812 PET imaging; skull base to mid-thigh
- ☐ 78813 PET imaging; whole body
- ☐ 78814 PET with concurrently acquired CT for attenuation correction & anatomical localization imaging; limited area (eg, chest, head/neck)
- ☐ 78815 PET with concurrently acquired CT for attenuation correction & anatomical localization imaging; skull base to mid-thigh
- ☐ 78816 PET with concurrently acquired CT for attenuation correction & anatomical localization imaging; whole body
- ☐ Other: \_\_\_\_\_

CT, computed tomography;  
PET, positron emission tomography

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