

PET/CT	TYPE	REQUIRED DOCUMENTATION
<p>78814, 78815, 78816</p>	Bladder	Trigone, dome, lateral wall, anterior wall, posterior wall, neck, ureteric orifice, urachus, overlapping sites
	Breast	Laterality and quadrant
	Carcinoid Tumor	Must state if Malignant or Benign and specificity site
	Colon (lrg intestine)	Cecum, appendix, ascending, hepatic flexure, transverse, splenic flexure, descending, sigmoid, overlapping sites
	Esophagus	Upper, middle or lower third, overlapping sites
	Hypopharynx	Postcricoid region, aryepiglottic fold (hypopharyngeal aspect), posterior wall, overlapping sites
	Kidney	Laterality
	Lung	Laterality and Upper, middle or lower lobe. Overlapping sites
	Lymphoma	Must provide site. Recommend including type.
	Melanoma	Must provide site and, if applicable, laterality Superior wall, posterior wall, lateral wall, anterior wall, overlapping sites
	Nasopharynx	Lateral wall, posterior wall, branchial cleft, vallecula, anterior surface of epiglottis, overlapping sites
	Oropharynx	Lateral wall, posterior wall, branchial cleft, vallecula, anterior surface of epiglottis, overlapping sites
	Ovarian	Laterality
	Pancreas	Head, body, tail, pancreatic duct, endocrine pancreas, other parts, overlapping sites
Small intestine	Duodenum, jejunum, ileum	
Tongue	Base, dorsal surface, border, ventral surface, lingual tonsil, overlapping sites	
Secondary Site		
	Lung - Secondary	Laterality
	Lymph Nodes - Secondary	Specify site