

# INSULINOMA-INITIAL DIAGNOSIS WORKSHEET

**NAME:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**Patient Identifier:** \_\_\_\_\_ **Referring Physician:** \_\_\_\_\_

**RADIOLOGY:**

\_\_\_ NO allergy to IV/Oral iodine confirmed  
 \_\_\_ OctreoScan - 24 planar and spect images and 48 hour planar delayed films  
 \_\_\_ C.T. Abdomen/Pelvis with & without IV contrast (TRIPLE PHASE)  
 \_\_\_ Abdominal MRI with and without Gadolinium contrast.

**LABS:**

\_\_\_ CBC, CMP, PT, PTT

**INSULINOMA LABS:**

\_\_\_ INSULIN  
 \_\_\_ C-PEPTIDE  
 \_\_\_ PROINSULIN

**CPT CODES**

80422  
 80432  
 84206

**TEST FREQUENCY:**

\_\_\_ IMMEDIATELY

**PROVOCATIVE TESTING**

A 72-HOUR SUPERVISED FAST WITH INSULIN/ C-PEPTIDE/GLUCOSE LEVELS STAT WHEN PATIENT BECOMES SYMPTOMATIC.

ICD-9 CODES	Maligant	Benign	Uncertain Behavior	Unspecified
<b>Primary Site</b>	___ 156.2	___ 211.5	___ 235.3	___ 239
Ampulla	___ 152.0	___ 211.2	___ 235.2	___ 239
Duodenum	___ 152.1	___ 211.2	___ 235.2	___ 239
Jejunum	___ 157.1	___ 211.6	___ 235.5	___ 239
Pancreas body	___ 157.0	___ 211.6	___ 235.5	___ 239
Pancreas Head	___ 157.4	___ 211.7	___ 235.5	___ 239
Pancre Islet Cell	___ 157.8	___ 211.6	___ 235.5	___ 239
Pancreas Neck	___ 157.2	___ 211.6	___ 235.5	___ 239
Pancreas Tail	___ 157.9	___ 211.6	___ 235.5	___ 239
Pancreas NOS				

<b>Metastatic Sites:</b>	Supraclavicular	___ 196.0	Liver	___ 197.7
	Abdominal	___ 196.2	Bone	___ 198.5
	Mediastinal	___ 196.1	Lung	___ 197.0
	Retroperitoneal	___ 196.2	Brain	___ 191.9

**Tumor classification/Syndromes:**

MALIGNANT Neoplasm Pancreas produces Insulin Islets of Langerhans  
 BENIGN Neoplasm of pancreas Islets of Langerhans  
 MEN-I

**ICD-9 Codes**

157.4  
 211.7  
 258.01