

Retroperitoneum Ultrasound Imaging Request

For NON-URGENT requests, please fax this completed document along with medical records, imaging, tests, etc. If there are any inconsistencies with the medical office records, please elaborate in the comment section. Failure to provide all relevant information may delay the determination. Phone and fax numbers can be found on eviCore.com under the Guidelines and Fax Forms section. You may also log into the provider portal located on the site to submit an authorization request. URGENT (same day) REQUESTS MUST BE SUBMITTED BY PHONE.

Patient/Member	First Name:		Middle Initial:	Last Name:				
	DOB (<i>mm/dd/yyyy</i>):		Gender:	Male	Female			
	Street Address:				Apt #:			
	City:			State:	Zip:			
	Home Phone:		Cell Phone:	Cell Phone:		tact: H	lome	Cell
	Health Plan:		Member ID:		Group ID:			
rovider	First Name:			Last Name:				
			TIN:		NPI:			
	Physician Phone:			Physician Fax	hysician Fax:			
g G	Address:			_	Suite #:			
Ordering Provider	City:			State:	Zip:			
	Office Contact:					Ext:		
	Contact Email:							
	First Name:			Last Name:				
ite		ne:		Last Name:				
ty/Site	First Name:		TIN:	Last Name:	NPI:			
cility/Site	First Name: Group/Site Nam		TIN:	Last Name: Site Fax:	NPI:			
Facility/Site	First Name: Group/Site Nam Primary Special		TIN:	 	NPI: Suite #:			
Facility/Site	First Name: Group/Site Nam Primary Special Site Phone:		TIN:	 				
Щ	First Name: Group/Site Nam Primary Special Site Phone: Address: City:			Site Fax:	Suite #:			
Щ	First Name: Group/Site Nam Primary Special Site Phone: Address: City: Check all applicable	lty:		Site Fax:	Suite #:			
Procedure Facility/Site	First Name: Group/Site Nam Primary Special Site Phone: Address: City: Check all	lty: 76770		Site Fax:	Suite #:			
Procedure	First Name: Group/Site Nam Primary Special Site Phone: Address: City: Check all applicable CPT Codes:	76770 76775		Site Fax:	Suite #:			
Щ	First Name: Group/Site Nam Primary Special Site Phone: Address: City: Check all applicable CPT Codes:	76770 76775 Other:		Site Fax:	Suite #:			

CONFIDENTIALITY NOTICE: This fax transmission, and any documents attached to it may contain confidential or privileged information subject to privacy regulations such as the Health Insurance Portability and Accountability Act of 1996 (HIPAA). This information is intended only for the use of the recipient (s) named above. If you are not the intended recipient, or a person responsible for delivering it to the intended recipient, you are hereby notified that any disclosure, copying, distribution or use of any of the information contained in or attached to this transmission is STRICTLY PROHIBITED. If you have received this transmission in error, please immediately notify eviCore healthcare and destroy the original transmission and its attachments without saving them in any manner.

Date of most recent office visit or other contact with phy	rsician: Don't Know					
Type of most recent documented contact with physician?						
Hospital	Phone call with office staff					
Office visit	Phone call with physician					
Email	Don't Know					
Other:						
3. Where is the location of pain?						
There is no pain	Flank					
Upper Abdomen	Other:					
Lower Abdomen	Don't Know					
4. Where is the location or pain of the mass or suspected mass?						
There is no suspected mass	Blood vessel other than aorta, iliac artery or extremity artery vein					
Kidney	Other:					
Lymph nodes	Don't Know					
Bladder						
5. Has there been a prior Ultrasound, CT, or MRI for this conditon?						
Prior MRI	Prior transvaginal Ultrasound					
Prior Ultrasound	No prior Ultrasound, CT or MRI					
Prior CT	Don't Know					
6. When was the most recent Ultrasound, MRI or CT for this condition?						
No prior Ultrasound, CT or MRI	3 months to less than 6 months ago					
Less than 1 month ago	Greater than 6 months ago					
1 month to less than 3 months ago	Don't Know					
7. If there is a known lesion or mass, has it previously been diagnosed as a simple cyst, lipoma, hemangioma, or other benign process?						
No diagnosis	Hemangioma					
Lipoma	Other benign lesion:					
Simple cyst	Don't Know					

	8. Are any of the following present? Select all that apply.							
Clinical Information	No signs or symptoms present	Elevated PSA (Prostate Specific Antigen)						
	Elevated BUN/creatine	Elevated White Blood Cell count (WBC)						
	Hypertension	Don't Know						
	Fever	Other symptoms or abnormal labs:						
	Hematuria (blood in urine)	Other abnormal urine labs						
	9. Have the symptoms, physical exam findings, or abnormal tests developed or increased in severity since the prior imag study?		Yes No prior ima	No aging study	Don't Know			
	10. What type of treatment has been done for the current co	ndition? Selec	<u> </u>					
	No treatment done			<u>, </u>				
	Trial antibiotics have been completed with no imp	rovement						
	Trial antibiotics have been completed and have he							
	· ·	Trial of other medicine has been completed with no improvement						
	Trial of other medicine has been completed and has improved							
	Antibiotics are being given now							
	Trial of other medicine is being done now							
	Other:							
	11. Is this ultrasound being requested to look at the aorta or artery for aneurysms or other vascular problems?	iliac	Yes	No	Don't Know			
	12. Is this ultrasound being requested to look at an artery or the arm or leg?	vein	Yes	No	Don't Know			
	Additonal Information/Comments:							
Submitter	Who is making this request? Ordering Physician	Facility	Other:					
	Print Name:							
	Title: MD RN LPN PA NP Other:							
	Signature:		Date:					