



CT Abdomen and Pelvis - General 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 (mm/dd/yyyy):				Gender:		Male Female
	Street Address:					Apt #:	
	City:				State:	Zip:	
	Home Phone:		Cell Phone:			Primary Contact: Home Cell	
	Health Plan:		Member ID:			Group ID:	
Ordering Provider	First Name:				Last Name:		
	Primary Specialty:			TIN:		NPI:	
	Physician Phone:				Physician Fax:		
	Address:					Suite #:	
	City:				State:	Zip:	
	Office Contact:						Ext:
	Contact Email:						
Facility/Site	First Name:				Last Name:		
	Group/Site Name:						
	Primary Specialty:			TIN:		NPI:	
	Site Phone:				Site Fax:		
	Address:					Suite #:	
	City:				State:	Zip:	
Procedure	Check all applicable CPT Codes:	CT ABD:		74150	74160	74170	
		CT PELVIS:		72192	72193	72194	
		CT ABD and PELVIS:		74176	74177	74178	Other:
Diagnosis	Diagnosis, if known or rule out:						
	ICD-10 Codes:						
	Date of last visit:						

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Clinical Information

1. Date of most recent office visit or other contact with physician:	Don't Know
2. 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. Is abdominal or pelvic pain present?	Yes No Don't Know
4. Where is the location of pain?	Does not have pain Don't Know
Above umbilicus (belly button)	Below umbilicus (belly button) Both
5. Is there left lower quadrant pain?	Yes No Don't Know
6. Has there been abdominal or pelvis surgery within the past year?	Yes No Don't Know
7. Is fever present?	Yes No Don't Know
8. Is there an elevated white blood count?	Yes No Don't Know
9. Is this to evaluate a hernia?	Yes No Don't Know
10. Are there unclear findings of previous imaging studies?	Yes No Don't Know
11. Has there been unexplained or unintentional weight loss?	Yes No Don't Know
12. Is there a history of diverticulitis?	Yes No Don't Know
13. Has treatment with antibiotics been done in the past week?	Yes No Don't Know
Additional Information/Comments:	

Submitter

Who is making this request?	Ordering Physician	Facility	Other:
Print Name:			
Title:	MD	RN	LPN PA NP Other:
Signature:		Date:	