

## MRA and CTA Head Imaging Request

For NON-URGENT requests, please fax this completed document along with medical records, imaging, tests, etc. to 888.693.3210. 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. Requests may also be submitted via the web at [eviCore.com](http://eviCore.com). **URGENT (same day) REQUESTS MUST BE SUBMITTED BY PHONE TO 800.440.5071.**

<b>Patient/Member</b>	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:			
<b>Ordering Provider</b>	First Name:		Last Name:		Medicaid ID:	
	Primary Specialty:		TIN:	NPI:		
	Physician Phone:			Physician Fax:		
	Address:				Suite #:	
	City:			State:	Zip:	
	Office Contact:				Ext:	
	Contact Email:					
<b>Facility/Site</b>	First Name:			Last Name:		
	Group/Site Name:			Medicaid ID:		
	Primary Specialty:		TIN:	NPI:		
	Site Phone:			Site Fax:		
	Address:				Suite #:	
	City:			State:	Zip:	
<b>Procedure</b>	Check all applicable CPT Codes:	MRA HEAD:	70544	70545	70546	
		CTA HEAD:	70496			
		Other:				
<b>Diagnosis</b>	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 there previous head imaging for this problem within the past three years?	Yes	No	Don't Know
4. Date of previous head imaging?	None		Don't Know
5. Has there been recent onset of hemiplegia?	Yes	No	Don't Know
6. Is Dementia or Alzheimer's disease suspected?			
Dementia	Both		
Alzheimer's	Neither		
Don't Know			
7. Has there been a new onset of epileptic seizure?	Yes	No	Don't Know
8. Is there a history of migranes?	Yes	No	Don't Know
9. Has there been persistent unresponsive vertigo despite several days of treatment?	Yes	No	Don't Know
10. Has a trial of physician-directed treatment been completed?	Yes	No	Don't Know
11. Has physician-directed treatment been completed?	Yes	No	Don't Know
12. When did treatment start?			
Less than 1 month ago	No Treatment		
More than 1 month ago	Does Not Apply		
Don't Know			
13. Can the patient walk normally?	Yes	No	Don't Know
14. Is there a known brain tumor?	Yes	No	Don't Know
15. Has there been a known (not suspected) recent stroke or TIA?	Yes	No	Don't Know
16. Is there a family history of 1st degree relatives with a brain aneurysm?	Yes	No	Don't Know
17. Is there a previous MRI or CT head imaging for this problem?	Yes	No	Don't Know
18. Has there been a recent evaluation by a neurologist or neurosurgeon?	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: