



MRI Abdomen and Pelvis 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:	MRI Abdomen:	74181	74182	74183	
		MRI Pelvis:	72195	72196	72197	
		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 there a reason to avoid CT contrast (allergy to contrast material or renal failure)?	Yes	No	Don't Know
4. Is a lipoma suspected?	Yes	No	Don't Know
5. Are there unclear findings on previous ultrasound?	Yes	No	Don't Know
6. Is there a current pregnancy?	Yes	No	Don't Know
7. Is this for right lower quadrant pain with associated fever?	Yes	No	Don't Know
8. Is this to evaluate for causes of hematuria?	Yes	No	Don't Know
9. Is pain present?	Yes	No	Don't Know
10. Are there unclear findings in previous CT-Abdomen imaging?	Yes	No	Don't Know
11. Is this for right upper quadrant pain associated with fever?	Yes	No	Don't Know
12. Is jaundice present?	Yes	No	Don't Know
13. Is the AFP elevated?	Yes	No	Don't Know
14. Is the study to evaluate liver lesion?	Yes	No	Don't Know
15. Are there unclear findings in previous CT-Pelvic imaging?	Yes	No	Don't Know
16. Is this for pre or post surgery?	Yes	No	Don't Know
17. Is a UAE planned? (Uterine Artery Embolization is an invasive procedure to treat fibroids)	Yes	No	Don't Know
18. Has a UAE been completed within the last 6 months?	Yes	No	Don't Know
19. Is abnormal uterine or vaginal bleeding present?	Yes	No	Don't Know
20. Has there been a period of conservative treatment (Birth control pills or hormones)?	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: