



Ultrasound Carotid 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:	93880				
		93882				
		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 history of Transient Ischemic Attack (TIA) or stroke?		Yes	No	Don't Know
4. Is there a history of known carotid artery disease?				
No known history of carotid artery disease		Other:		
Yes, known carotid artery stenosis of 50% or less		Don't Know		
Yes, known carotid artery stenosis of greater than 50%				
5. When was the carotid artery stenosis (blockage) diagnosed?				
There is no known carotid artery stenosis		2 years to less than 3 years ago		
Less than 1 year ago		3 years ago or longer		
1 year to less than 2 years ago		Don't Know		
6. Has there been an increase in the amount of carotid artery stenosis on follow-up imaging studies?				
No follow-up imaging studies have been done		Yes	No	Don't Know
7. Are any of the following signs or symptoms present? Select all that apply.				
Syncope (passing out)		Tinnitus (ringing in ear)		
Dizziness		Pain with suspicion of dissection of artery		
Neck bruit		Other:		
Pulsatile neck mass		Don't Know		
8. Are any of the following risk factors present? Select all that apply.				
Diabetes		Previous carotid artery surgery (endarterectomy)		
Known peripheral vascular disease		Previous carotid artery stent(s)		
Known aneurysm		Recent neck injury		
Heart surgery is planned		None of the above		
Known renal artery stenosis (blockage)		Don't Know		
9. Has there been a prior imaging procedure for this condition? Choose all that apply.				
No prior imaging		Prior MRA		
Prior Ultrasound or duplex study		Don't Know		
Prior CTA				

Clinical Information

10. When was the most recent prior imaging study for this problem done?

- | | |
|------------------------------------|---------------------------------|
| No prior imaging | 1 year to less than 2 years ago |
| Less than 6 months ago | 2 years ago or longer |
| Six months to less than 1 year ago | Don't Know |

11. Have symptoms or physical exam findings changed, or have new risk factors developed, since the last imaging procedure?

- | | |
|------------------------|-----|
| No prior imaging study | Yes |
| No symptoms present | 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: