



Extremity Artery 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 (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: | 93922 | 93923 | 93924 | | |
| | | 93925 | 93926 | 93930 | | |
| | | 93931 | 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. Has there been a prior imaging (Ultrasound, CTA, MRA, etc.) to evaluate this condition? Choose all that apply. | | | | |
| No prior imaging | Prior CTA | | | |
| Prior Ultrasound | Other: | | | |
| Prior MRA | Don't Know | | | |
| 4. Is there calf pain with walking (claudication)? | Yes | No | Don't Know | |
| 5. Is there suspicion of an aneurysm in the arm or leg? | Yes | No | Don't Know | |
| 6. Is there suspicion of popliteal artery entrapment? | Yes | No | Don't Know | |
| 7. Is there a personal history of other vascular disease? | Yes | No | Don't Know | |
| 8. Are there new findings on physical exam of the involved arm(s) or leg(s) such as pain? | | | | |
| No physical exam done | Yes | | | |
| No new symptoms in the involved arm(s) or leg(s) | Don't Know | | | |
| 9. Are there new findings on physical exam of the involved arm(s) or leg(s) such as a change in pulses or worsening of the ABI (Ankle-Brachial Index)? | | | | |
| No physical exam done | Yes | | | |
| No new findings in the involved arm(s) or leg(s) | Don't Know | | | |
| 10. Have any of the following procedures been done in the involved arm(s) or leg(s)? Select all that apply. | | | | |
| No procedure done | Stent(s) | | | |
| Bypass surgery | Other: | | | |
| Angioplasty | Don't Know | | | |
| 11. When was the most recent bypass, angioplasty, or stent(s) in the involved arm(s) or leg(s) done? | | | | |
| No procedure done | Greater than 2 years ago | | | |
| Less than 2 years ago | Don't Know | | | |
| 12. Is this request for the routine follow-up ultrasound after vascular bypass surgery or angioplasty/stent procedure of the involved arm(s) or leg(s)? | | Yes | No | Don't Know |

Clinical Information

13. When was the most recent prior imaging study performed for routine follow-up of the vascular procedure of the involved arm(s) or leg(s)?

- No vascular procedure performed
- No routine follow-up imaging studies have been done
- Less than 1 month ago
- 1 month to less than 3 months ago
- 3 months to less than 6 months ago
- Greater than 6 months ago
- Don't Know

14. How many follow-up imaging studies have been done since the most recent vascular procedure of the involved arm(s) or leg(s)?

- | | |
|------------|----------------|
| None | Three |
| One | Four |
| Two | More than Four |
| 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: