

# Extremity Nonvascular 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](http://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:	76881			
76882						
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 Ultrasound, CT or MRI for this condition?				
No prior ultrasound, CT or MRI	Prior MRI			
Prior Ultrasound	Don't Know			
Prior CT				
4. What part of the extremity is involved?				
Arm	Foot			
Hand	Other:			
Leg	Don't Know			
5. Is this request to evaluate a soft tissue mass or swelling that is POORLY defined on physical exam?		Yes	No	Don't Know
		No physical exam has been done		
6. Is this request to evaluate a soft tissue mass or swelling that is WELL defined on physical exam?		Yes	No	Don't Know
		No physical exam has been done		
7. What is the main reason for this request?				
Pain	Known or suspected Morton's neuroma			
Known or suspected hematoma (collection of blood or blood clot)	Known or suspected ganglion cyst			
Known or suspected Baker's cyst	Known or suspected bone tumor			
Known or suspected tendon injury	Other:			
Don't Know				
8. Is there a personal history of cancer?		Yes	No	Don't Know
9. Has there been a recent trauma or injury involving this extremity?		Yes	No	Don't Know
10. Has plain x-ray been performed to evaluate this conditon?		Yes	No	Don't Know
11. Was the plain x-ray abnormal in the area of the mass, swelling, or pain?		Yes	No	Don't Know
		No X-ray performed		
12. Are any of the request current symptoms or physical findings new or worse since the prior Ultrasound, CT or MRI of this area?		Yes	No	Don't Know
		No prior Ultrasound, CT, or MRI		

**Clinical Information**

Additional Information/Comments:

**Submitter**

Who is making this request?      Ordering Physician      Facility      Other:

Print Name:

Title:    MD    RN    LPN    PA    NP    Other:

Signature:

Date: