

Female Pelvic 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:	76830		76856		
		76857				
		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	Other:			
Don't Know				
3. Is there a current pregnancy?		Yes	No	Don't Know
4. Has menopause occurred (including hysterectomy or other surgical menopause)?		Yes	No	Don't Know
5. What is the main reason for this study?				
Pelvic pain	Pain with sexual intercourse (dyspareunia)			
Known pelvic mass	Screening study for ovarian cancer			
Suspected pelvis mass	Amenorrhea (absence of menstruation)			
Abnormal bleeding	Other:			
Don't Know				
6. Has there been a prior Ultrasound, CT or MRI for this condition?				
Prior MRI	Prior transvaginal ultrasound			
Prior Ultrasound	No prior ultrasound, CT or MRI			
Prior CT	Don't Know			
7. What number Ultrasound is this for this condition?				
First	Fourth			
Second	Fifth or greater			
Third	Don't Know			
8. When was the most recent Ultrasound, MRI or CT for this condition?				
No prior Ultrasound, CT or MRI	6 months to less than 1 year ago			
Less than 1 week ago	Greater than 1 year ago			
1 week to less than 6 weeks ago	Don't Know			
6 weeks to less than 6 months ago				

Clinical Information

9. Where is the location of the mass or suspected mass?

There is no mass or suspected mass	Fallopian tube
Uterus	Vagina
Ovary	Bladder
Cervix	Other:
Don't Know	

10. If there is a known OVARIAN lesion mass, has it previously been diagnosed as a simple cyst?

No known ovarian lesion or mass	Lesion diagnosed as solid mass
Yes, diagnosed as simple cyst	Other:
Lesion diagnosed as complex cyst	Don't Know

11. 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)?

Simple ovarian cyst(s)	Leiomyoma
Complex ovarian cyst	Adenomyosis
Ovarian cancer	BRCA-1 or BRCA-2 mutation
Endometrial cancer	Polycystic Ovary Disease
Other type of uterine cancer	Cancer other than ovarian, uterine, breast or non-melanoma skin cancer
Breast cancer	Other:
Endometriosis	None of the above
Don't Know	

12. Is there a family history of any of the following? Select all that apply.

BCRA-1 or BCRA-2 mutation	Relative with premenopausal breast cancer
Lynch Syndrome	None of the above
Multiple relatives with history of ovarian, breast or endometrial cancer	Don't Know

Clinical Information

13. Are any of the following present? Select all that apply.

- | | |
|---------------------------------------|---|
| No signs or symptoms present | Abnormal prolactin levels |
| No abnormal labs present | Abnormal TSH level |
| Fever | Elevated CA-125 |
| Elevated white blood cell count (WBC) | Other elevated tumor markers (Beta hCG, LDH, Inhibin A and B, etc.) |
| Abnormal LH, FSH levels | Other: |
| Don't Know | |

14. Have symptoms, physical exam findings, or abnormal lab tests developed or increased in severity since the prior imaging study? Yes No Don't Know
No prior imaging study

15. What type of treatment has been done for the current condition? Select all that apply.

- | | |
|----------------------|-----------------------------|
| No treatment done | Chemotherapy |
| Pain medication | Radiation therapy |
| Antibiotics | Surgery |
| Hormone therapy | Uterine artery embolization |
| Endometrial ablation | Other: |
| Don't Know | |

16. Has there been improvement with treatment? Yes No Don't Know
No treatment has been done

Additional Information/Comments:

Submitter

Who is making this request? Ordering Physician Facility Other:

Print Name:

Title: MD RN LPN PA NP Other:

Signature:

Date: