Retroperitoneum 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:	☐ 76770
	☐ 76775
	☐ Other:

Diagnosis

Diagnosis, if known or rule out:
ICD-10 Codes:
Date of last visit:

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
- ◯ Office visit
- ◯ Email
- ◯ Other:
- ◯ Phone call with office staff
- ◯ Phone call with physician
- ◯ Don't Know

3. Where is the location of pain?

- ◯ There is no pain
- ◯ Upper Abdomen
- ◯ Lower Abdomen
- ◯ Flank
- ◯ Other:
- ◯ Don't Know

4. Where is the location or pain of the mass or suspected mass?

- ◯ There is no suspected mass
- ◯ Kidney
- ◯ Lymph nodes
- ◯ Bladder
- ◯ Blood vessel other than aorta, iliac artery or extremity artery vein
- ◯ Other:
- ◯ Don't Know

5. Has there been a prior Ultrasound, CT, or MRI for this conditon?

- ◯ Prior MRI
- ◯ Prior Ultrasound
- ◯ Prior CT
- ◯ Prior transvaginal Ultrasound
- ◯ No prior Ultrasound, CT or MRI
- ◯ Don't Know

6. When was the most recent Ultrasound, MRI or CT for this condition?

- ◯ No prior Ultrasound, CT or MRI
- ◯ 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

7. If there is a known lesion or mass, has it previously been diagnosed as a simple cyst, lipoma, hemangioma, or other benign process?

- ◯ No diagnosis
- ◯ Lipoma
- ◯ Simple cyst
- ◯ Hemangioma
- ◯ Other benign lesion:
- ◯ Don't Know

Clinical Information

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

- ◯ No signs or symptoms present
- ◯ Elevated BUN/creatine
- ◯ Hypertension
- ◯ Fever
- ◯ Hematuria (blood in urine)
- ◯ Elevated PSA (Prostate Specific Antigen)
- ◯ Elevated White Blood Cell count (WBC)
- ◯ Don't Know
- ◯ Other symptoms or abnormal labs:
- ◯ Other abnormal urine labs

9. Have the 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

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

- ◯ No treatment done
- ◯ Trial antibiotics have been completed with no improvement
- ◯ Trial antibiotics have been completed and have helped
- ◯ Trial of other medicine has been completed with no improvement
- ◯ Trial of other medicine has been completed and has improved
- ◯ Antibiotics are being given now
- ◯ Trial of other medicine is being done now
- ◯ Other:

11. Is this ultrasound being requested to look at the aorta or iliac artery for aneurysms or other vascular problems? ◯ Yes ◯ No ◯ Don't Know

12. Is this ultrasound being requested to look at an artery or vein the arm or leg? ◯ Yes ◯ No ◯ Don't Know

Additonal Information/Comments:

Submitter

Who is making this request? ◯ Ordering Physician ◯ Facility ◯ Other:

Print Name:

Title: ◯ MD ◯ RN ◯ LPN ◯ PA ◯ NP ◯ Other:

Signature: Date: