



## Neck (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.**

<b>Patient/Member</b>	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:	
	<b>Ordering Provider</b>	First Name:			Last Name:	
Primary Specialty:		TIN:	NPI:			
Physician Phone:			Physician Fax:			
Address:				Suite #:		
City:			State:	Zip:		
Office Contact:					Ext:	
Contact Email:						
<b>Facility/Site</b>		First Name:			Last Name:	
	Group/Site Name:					
	Primary Specialty:		TIN:	NPI:		
	Site Phone:			Site Fax:		
	Address:				Suite #:	
	City:			State:	Zip:	
<b>Procedure</b>	Check all applicable CPT Codes:	76536				
		Other:				
<b>Diagnosis</b>	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. What is the main reason for this study?				
Pain	Other known or suspected thyroid/parathyroid problem			
Mass	Other:			
Swelling	Don't Know			
4. Has there been any conservative treatment (antibiotics, etc.)?		Yes	No	Don't Know
5. Has there been prior imaging for this condition? Select all that apply.				
No prior imaging	Prior CT			
Prior Ultrasound	Don't Know			
Prior MRI	Other:			
6. Has there been a significant change since prior imaging? Select all that apply.				
No prior imaging	More thyroid nodules have developed			
Pain and/or tenderness have increased	Mass or swelling has increased in size			
Thyroid or parathyroid lab results have become abnormal or worsened	Fever and/or elevated White Blood Count (WBC) have developed			
Signs/symptoms have improved	No change			
Don't Know	Other:			
7. Have these findings persisted despite conservative treatment?		Yes	No	Don't Know
8. For a thyroid nodule, has a Fine Needle Aspiration (FNA) or biopsy been performed?				
There is no thyroid nodule	Yes, with intermediate findings			
Yes, with benign findings	FNA or biopsy has not been performed			
Yes, with malignant (cancer) findings	Don't Know			
9. For a thyroid nodule, when was the most recent ultrasound performed to evaluate the nodule?				
There is no thyroid nodule	No prior ultrasound			
Less than 6 months ago	Don't Know			
6 months or greater				
10. Has there been improvement with treatment?		Yes	No	Don't Know
		No treatment has been done		

Additional Information/Comments:

Empty space for additional information or comments.

**Submitter**

Who is making this request?      Ordering Physician      Facility      Other:

Print Name:

Title:    MD    RN    LPN    PA    NP    Other:

Signature:

Date: