



Radiology Prior Authorization Request Form

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. Requests may also be submitted via the web at eviCore.com. **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:		
	License Number:			Benefit Code:		
	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:		
	Reference Number:			Benefit Code:		
	Site Phone:			Site Fax:		
	Address:				Suite #:	
	City:			State:	Zip:	
Procedure	Check the appropriate action requested:	CT Scan		CTA Scan		
		PET Scan		Cardiac Nuclear Scan		
		Update/change codes from original PA request		MRI Scan		

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

Clinical Information	1. Service types:
	Outpatient service(s)
	Emergent/Urgent Procedure
	2. Date of request:
	3. Date of service:
	4. Procedure requested:
	5. Clinical documentation supporting medical necessity for a radiology procedure (including treatment history, treatment plan, medications, and previous imaging results):
Additional Information/Comments:	

Submitter	Who is making this request? Ordering Physician Facility Other:
	Print Name:
	Title: MD RN LPN PA NP Other:
	Signature: Date:

<u>eviCore Contact Information</u>	<u>Phone</u>	<u>Fax</u>	<u>eviCore Contact Information</u>	<u>Phone</u>	<u>Fax</u>
Aetna NY/NNJ	866.417.2345	888.622.7369	GEHA	888.693.3211	866.879.8317
Aetna (other than Aetna NY and Aetna NNJ requests)	888.693.3211	844.822.3862	MetroPlus Health Plan	800.875.4902	888.693.3210
Coventry PA	800.755.1135	877.791.4110	Network Health WI	855.727.7444	888.693.3210
Coventry WV	888.348.2966	877.791.4110	Passport Health Plan	877.791.4099	877.693.3210
Cigna	888.693.3297	888.693.3210	SoonerCare	888.693.3281	888.693.3210
TMHP	800.572.2116	800.572.2119			
All Other Clients				888.693.3211	888.693.3210