

# Utilization Management Authorization Request Form

## Imaging

Complete this entire treatment plan to avoid delays in processing your request

Fax completed request to: **888-367-7480**

Routine Request       Urgent Request

URGENT / EXPEDITED is defined as: if waiting under the standard timeframe could place the enrollee's life, health, or ability to regain maximum function in serious jeopardy. For Urgent / Expedited requests you may call: **844-865-7864**

Today's date \_\_\_\_\_ Member Name \_\_\_\_\_ Member ID \_\_\_\_\_  
Admit Date \_\_\_\_\_

### PROCEDURE(S) REQUESTED WITH CPT CODE(S)

CPT CODE	Description

### DIAGNOSIS (IF KNOWN OR RULE OUT)

ICD10 Code	Description	Known Diagnosis OR Rule Out

Date of most recent office visit or contact with Physician: \_\_\_\_\_

Clinical Information (Symptoms & History)

Physical Exam Findings:

Past Radiologic studies: (Include dates and results)

Has there been any conservative treatment or physician directed treatment, if applicable? (I.E. Therapy, NSAIDS, Pain Medication, Splinting)

**PET SCAN REQUESTS** (Complete above information and information below for PET Scan Requests)

**REASON FOR STUDY:**

Initial Staging	
Restaging	
Suspected Recurrence	
Surveillance	

Currently on Chemotherapy  YES  NO

Completed Chemotherapy  YES  NO

Currently on Radiation  YES  NO

Completed Radiation  YES  NO

Surgical Intervention ?  YES  NO

If yes, indicate date and type \_\_\_\_\_

Known metastatic disease ?  YES  NO

**PROVIDER INFORMATION:**

Requesting Provider Name: \_\_\_\_\_ ID Number \_\_\_\_\_

Facility: \_\_\_\_\_ ID Number \_\_\_\_\_

Contact Name: \_\_\_\_\_ Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_