

Review Request for Single Photo Emission Computed Tomography Scans (SPECT) and Scintimammography

Please fax the completed form to **1-800-823-5520**.

If you have questions, call **1-866-902-1689** during regular business hours.

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| Policy Last Review Date: 11/20/08 | Policy Effective Date: 01/14/09 | Provider Tool Effective Date: 8/10/09 |
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|----------------------------------|----------------------|
| Member Name: | Date of Birth: |
| Insurance Identification Number: | Member Phone Number: |

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|---------------------------------------|---------------------|
| Ordering Provider Name and Specialty: | Provider ID Number: |
| Office Address: | |
| Office Phone Number: | Office Fax Number: |

| | |
|--|---------------------|
| Rendering Provider Name and Specialty: | Provider ID Number: |
| Office Address: | |
| Office Phone Number: | Office Fax Number: |

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|-------------------|---------------------|
| Facility Name: | Facility ID Number: |
| Facility Address: | |

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|-----------------------------------|---|
| Date/Date Range of Service: | Place of Service: <input type="checkbox"/> Home <input type="checkbox"/> Inpatient <input type="checkbox"/> Outpatient <input type="checkbox"/> Other: _____ |
| Service Requested (CPT if known): | |
| Diagnosis (ICD-9) if known: | |

Please check all that apply to the member:

Request for evaluation of any of the following:

- Bone and joint conditions – to differentiate between infections - neoplastic, avascular or traumatic process.
- Brain tumors – to differentiate between lymphomas and infections such as toxoplasmosis, particularly in the immunosuppressed, or recurrent tumor vs radiation changes
- Epilepsy – for presurgical detection of a seizure focus
- Ischemic heart disease – (e.g., myocardial infarction, myocardial ischemia) to assess the severity of known or suspected coronary artery disease or to assess myocardial viability in those with known coronary artery disease. (Please provide patient selection information as member must also meet criteria for CG-RAD-16.)
- Unexplained ventricular arrhythmia
- Liver hemangioma – using labeled red blood cells to further define lesions identified by other imaging modalities
- Localization of abscess/infection/inflammation in soft tissues or cases of fever of unknown origin
- Lymphoma – for initial staging and response to chemotherapy
- Parathyroid imaging
- Neuroendocrine tumors (e.g., adenomas, carcinoid, pheochromocytomas, neuroblastoma, vasoactive intestinal peptide (VIP) secreting tumors, thyroid carcinoma, adrenal gland tumors) – using a monoclonal antibody (OctreoScan) or I-131 meta-iodobenzyl-guanidine (MIBG)
- Cerebrovascular accident
- Subarachnoid hemorrhage
- Transient ischemic attack
- Chronic fatigue syndrome
- Neuropsychiatric disorders without evidence of cerebrovascular disease
- Attention deficit and hyperactivity disorder
- Scintimammography for breast cancer
- Colorectal cancer
- Other: _____

This request is being submitted:

- Pre-Claim
- Post-Claim. If checked, please attach the claim or indicate the claim number: _____
- By checking this box, I attest the information provided is true and accurate to the best of my knowledge. I understand that BlueChoice HealthPlan Medicaid may perform a routine audit and request the medical documentation to verify the accuracy of the information reported on this form.

Name and Title of Provider or Provider Representative
Completing Form (Please Print)*

Date

***The attestation fields must be completed by a provider or provider representative in order for the tool to be accepted.**