

# CARDIAC IMAGING

## Myocardial Perfusion Imaging (MPI); Stress Echocardiogram; Multiple Gated Acquisition Scan (MUGA); Transthoracic Echocardiogram (TTE); Transesophageal Echocardiogram (TEE) Prior Authorization Form

| SECTION 1. MEMBER DEMOGRAPHICS   |                                      |  |   |   |                  |
|--|--------------------------------------|--|---|---|------------------|
| Patient Name (First, Last):  |                                      |  |   | DOB:  |                  |
| Member ID:   |                                      | Group #:   |   | Health Plan:  |                  |
| SECTION 2. ORDERING PROVIDER INFORMATION   |                                      |  |   |   |                  |
| Physician Name (First, Last):  |                                      |  |   |   |                  |
| Primary Specialty:   |                                      | NPI:   |   | Tax ID:   |                  |
| Phone #:   |                                      | Fax #:   |   | Contact Name:   |                  |
| SECTION 3. FACILITY INFORMATION  |                                      |  |   |   |                  |
| Facility Name:   |                                      |  | Facility Tax ID:  |   | NPI:             |
| Address:   |                                      | City:  |   | State:  | Zip:             |
| Phone #:   |                                      | Fax #:   |   |   | Date of Service: |
| SECTION 4. EXAM REQUEST  |                                      |  |   |   |                  |
| <input type="checkbox"/> MPI   | <input type="checkbox"/> Stress Echo | <input type="checkbox"/> MUGA                      | <input type="checkbox"/> TTE  | <input type="checkbox"/> TEE                              |                  |
| ICD Diagnosis Code(s):   |                                      |  |   |   |                  |
| Description:   |                                      |  |   |   |                  |
| CPT Code(s):   |                                      |  |   |   |                  |
| Description:   |                                      |  |   |   |                  |
| Date of first office visit for this condition with any provider:   |                                      |  |   |   |                  |
| Date of most recent office visit for this condition with any provider:   |                                      |  |   |   |                  |
| SECTION 5. SELECT APPLICABLE STUDY AND CHECK REASON(S) FOR EVALUATION (CHECK ALL THAT APPLY)   |                                      |  |   |   |                  |
| <input type="checkbox"/> MPI   | <input type="checkbox"/> STRESS ECHO | <input type="checkbox"/> MUGA                      | <input type="checkbox"/> Cardiac MRI  | <input type="checkbox"/> Coronary CTA                     |                  |
| <input type="checkbox"/> Jaw pain<br><input type="checkbox"/> Left arm pain<br><input type="checkbox"/> Chest pain without other symptoms<br><input type="checkbox"/> Chest pain centrally located (retrosternal)<br><input type="checkbox"/> Chest pain with known CAD ( i.e., CAD on prior catheterization, past CBBG/angioplasty, past history MI)<br><input type="checkbox"/> Ischemia/Infarction on EKG or new onset Heart Failure<br><input type="checkbox"/> Evaluation for chemotherapy    |                                      |  | <b>Chest Pain with: (Check all that apply)</b><br><input type="checkbox"/> Shortness of breath <input type="checkbox"/> Cardiomyopathy<br><input type="checkbox"/> Exacerbated by exercise <input type="checkbox"/> Atrial Fibrillation<br><input type="checkbox"/> Relieved by rest or nitroglycerin <input type="checkbox"/> Abnormal EKG<br><input type="checkbox"/> Patient has one or more of the following: heart transplant, aortic aneurysm, and /or carotid narrowing/stenosis<br><input type="checkbox"/> Patient has a physical limitation to exercise |   |                  |
| <b>Risk Factors for Coronary Artery Disease: (Check all that apply)</b><br><input type="checkbox"/> Age greater than 40 <input type="checkbox"/> Diabetes <input type="checkbox"/> Current Smoker<br><input type="checkbox"/> CAD/MI in a father, brother, son <50 years old <input type="checkbox"/> CAD/MI in a mother, sister, daughter <60 years old<br><input type="checkbox"/> Total Cholesterol <input type="checkbox"/> Blood Pressure<br><input type="checkbox"/> Other (describe): _____ |                                      |  |   |   |                  |
| <input type="checkbox"/> Preoperative Evaluation   |                                      | <input type="checkbox"/> Post Operative Evaluation |   | <input type="checkbox"/> Evaluation Prior to Chemotherapy |                  |

| Previous Tests  | Date | Results   |
|---|------|---|
| <input type="checkbox"/> Exercise Stress Test   |      |   |
| <input type="checkbox"/> Myocardial Perfusion Imaging (MPI)<br><input type="checkbox"/> PET<br><input type="checkbox"/> SPECT |      |   |
| <input type="checkbox"/> Stress Echocardiogram  |      |   |
| <input type="checkbox"/> Cardiac MRI  |      |   |
| <input type="checkbox"/> Cardiac Catheterization  |      |   |
| <input type="checkbox"/> Coronary CTA   |      |   |
| <input type="checkbox"/> EKG  |      |   |
| <input type="checkbox"/> Other  |      |   |
| <input type="checkbox"/> TTE (Transthoracic Echo)   |      | <input type="checkbox"/> TTE (Transesophageal Echo) |

**Reason for Study (Check all that apply)**

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Arrhythmias (frequent VPCs, or exercise induced VPCs, sustained or non sustained atrial flutter/fibrillation, SVT or VT) | <input type="checkbox"/> Ventricular Function                          | <input type="checkbox"/> Congenital Heart Disease |
| <input type="checkbox"/> Pericardial Disease  | <input type="checkbox"/> Cardiomyopathies                              | <input type="checkbox"/> Heart Failure            |
| <input type="checkbox"/> Pulmonary Hypertension   | <input type="checkbox"/> Device Evaluation (Pacemaker, ICD, or CRT)    | <input type="checkbox"/> Suspected Cardiac Mass   |
| <input type="checkbox"/> Infective Endocarditis   | <input type="checkbox"/> Aortic Disease                                | <input type="checkbox"/> Valvular Disease         |
| <input type="checkbox"/> Suspected Endocarditis   |  | <input type="checkbox"/> Suspected Bacteremia     |
| <input type="checkbox"/> Murmur or click  |  | <input type="checkbox"/> Pre-op                   |
|   |  | <input type="checkbox"/> Post-op                  |
| <input type="checkbox"/> Suspected Cardiovascular source of embolus   | <input type="checkbox"/> Abnormal Test Results (provide details below) |   |
| <input type="checkbox"/> Other (describe): _____  |  |   |

**Symptoms with Suspected Cardiac Etiology (Check all that apply)**

- |  |  |
|--|--|
| <input type="checkbox"/> Chest Pain                    | <input type="checkbox"/> Shortness of Breath |
| <input type="checkbox"/> Palpitations                  | <input type="checkbox"/> TIA/Stroke          |
| <input type="checkbox"/> Peripheral Embolic Event      | <input type="checkbox"/> Syncope             |
| <input type="checkbox"/> ADL Limitations (List): _____ |  |
| <input type="checkbox"/> Other (describe): _____       |  |

| Previous Tests  | Date | Results |
|---|------|---------|
| <input type="checkbox"/> TTE                                |      |         |
| <input type="checkbox"/> TEE                                |      |         |
| <input type="checkbox"/> Myocardial Perfusion Imaging (MPI) |      |         |
| <input type="checkbox"/> MUGA                               |      |         |
| <input type="checkbox"/> Cardiac MRI/CT                     |      |         |
| <input type="checkbox"/> Coronary CTA                       |      |         |
| <input type="checkbox"/> EKG                                |      |         |
| <input type="checkbox"/> Other                              |      |         |

**Providers should consult the health plan's coverage policies, member benefits, and medical necessity guidelines to complete this form. Providers may attach any additional data relevant to medical necessity criteria.**