



## Cardiac - Diagnostic Heart Catheterization 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.**

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:	
	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:	
	Site Phone:			Site Fax:		
	Address:				Suite #:	
	City:			State:	Zip:	
Procedure	Check all applicable CPT Codes:	93451	93452	93453	93454	93455
		93456	93457	93458	93459	93461
		93531	93532	93533	Other:	
Diagnosis	Diagnosis, if known or rule out:					
	ICD-10 Codes:					
	Date of last visit:			Retro date of service:		

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1. Prior authorization is required for stable cardiac conditions in the outpatient setting. Published guidelines recommend hospitalization for unstable angina. Is unstable angina the primary reason for this request?	Yes	No	Don't know
2. Date of most recent office visit or contact with physician?			
Date (mm/dd/yyyy):	None	Don't know	
3. Which of the following is the main reason for this request?			
<p>Stable angina (chest pain or discomfort that typically occurs with activity or stress)</p> <p>Progressive angina with known CAD despite attempts at increased cardiac medication (Maximum Medical Therapy)</p> <p>Severe or critical valvular heart disease (Severe aortic stenosis or insufficiency; severe mitral stenosis or insufficiency)</p> <p>Severe CHF (Congestive Heart Failure)</p> <p>Complex congenital heart disease OR, assessment of previously repaired congenital heart disease</p> <p>Severe proximal coronary stenosis suggested on CTCA (Computed Tomography Coronary Angiography)</p> <p>Planned/ staged PCI (Planned or staged coronary angioplasty or coronary stent of a recently diagnosed coronary blockage based upon a recent heart catheterization/coronary angiogram)</p> <p>Abnormal stress test with exercise duration of less than 5 minutes, AND abnormal ECG response or abnormal cardiac stress imaging</p> <p>Abnormal stress test with a large reversible ischemic zone by imaging stress test</p> <p>None of the above</p> <p>Don't know</p>			
4. Select all of the following heart procedures that have been performed:			
<p>None</p> <p>PCI (coronary angioplasty or coronary stent)</p> <p>CABG (Coronary Bypass Surgery)</p> <p>Valve surgery</p> <p>Other:</p> <p>Don't know (this answer will prevent expedited approval)</p>			
5. What cardiac symptoms are present? Select all that apply. (Continued on next page).			
<p>No cardiac symptoms are present</p> <p>Cardiac symptoms are present but stable</p> <p>New or worsening angina or angina equivalent</p> <p>New or worsening heart failure symptoms (shortness of breath)</p>			