



Cardiac Nuclear Imaging Request (MPI)

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 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:	78451	78454	78469	78481
	78452		78466	78472	78483	78499
	78453		78468	78473	78494	Other:
Diagnosis	Diagnosis, if known or rule out:					
	ICD-10 Codes:					
	Retro Date of Service:					

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1. Date of most recent office visit or other documented contact with physician:				
60 days or less		No documented contact		
More than 60 days		Don't know		
2. Type of most recent documented contact with physician?				
Hospital		None		
Office Visit		Don't know		
Phone call				
3. Is there a documented history of coronary artery disease?		Yes	No	Don't Know
4. What symptoms are present?				
No symptoms (asymptomatic)		Syncope		
Symptoms are present but stable		Documented ventricular tachycardia (VT)		
New or worsening angina or angina equivalent		None of the above		
New or worsening atypical chest pain		Don't know		
New or worsening heart failure (CHF)				
5. Is there arm pain?		Yes	No	Don't Know
6. Is there jaw pain?		Yes	No	Don't Know
7. Is the pain relieved with nitroglycerin or rest?		Yes	No	Don't Know
8. Does the pain wake the patient from sleep?		Yes	No	Don't Know
9. Is the pain worse with inspiration?		Yes	No	Don't Know
10. Does the pain occur at rest?		Yes	No	Don't Know
11. Is the pain brought on by exercise or when emotionally upset?		Yes	No	Don't Know
12. Was there a prior PCI?				
Yes, greater than 2 years ago		No, there is no prior history of PCI		
Yes, less than 2 years ago				
13. Was there a prior CABG?				
Yes, greater than 5 years ago		No, there is no prior history of CABG		
Yes, less than 5 years ago				
14. If exercise on a treadmill is not possible, please explain why:				N/A
15. Has an ECG been done in the past 60 days?		Yes	No	Don't Know

16. What were the results of an ECG done within the last 60 days?

An ECG was not done within the last 60 days	Hemiblock
Normal ECG	Ventricular pacemaker
Nonspecific ST/T wave changes	LVH with early repolarization
Complete LBBB (Left Bundle Branch Block)	WPW/pre-excitation
Complete RBBB (Right Bundle Branch Block)	Digoxin effect
Incomplete RBBB (Right Bundle Branch Block)	None of the above
T wave inversion in the inferior and /or lateral leads	Don't know

17. Is there documentation of Ventricular Tachycardia (VT)? Yes No Don't Know

18. Is there new congestive heart failure (CHF) or new Left Ventricular (LV) dysfunction? Yes No Don't Know

19. What is the resting heart rate?

Less than 50 beats per minute	Greater than 60 beats per minute
50 to 60 beats per minute	Don't know

20. What is the body weight in pounds? Don't know

21. What is the height in inches? Don't know

22. Select all cardiac risk factors that this individual has:

Diabetes	Obesity
High blood pressure	Cerebrovascular disease (TIA, stroke)
Hyperlipidemia (high cholesterol, etc...)	None of the above
Smoker	Don't know
Obstructive Sleep Apnea	

23. Is there a history of heart attack or coronary artery disease (CAD) in a first degree relative such as a parent or sibling?

Yes, before age 50	No
Yes, after age 50	Don't know
Yes, unknown age	

24. Is this study being requested because there was a recent abnormal or equivocal Exercise Treadmill Stress Test (ETT)? Yes No Don't Know

25. Does this individual have a history of a false positive Exercise Treadmill Stress Test? Yes No Don't Know

26. Is there a personal history of cancer? Yes No Don't Know

Clinical Information	27. When was the most recent imaging stress test performed (example: nuclear stress test, stress echo, or stress MRI)?			
	No imaging stress test has ever been done		1 to less than 2 years ago	
	Less than six months ago		2 to 5 years ago	
	Six months to one year ago		More than 5 years ago	
Don't know				
Additional Information/Comments:				
Submitter	Who is making this request?			
	Ordering Physician		Facility	
	Other:			
	Print Name:			
Title:		MD	RN	LPN
		PA	NP	Other:
Signature:		Date:		