



MUGA 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 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:	78472			
78494						
Other:						
Diagnosis	Diagnosis, if known or rule out:					
	ICD-10 Codes:					
	Date of last visit:			Retro date of service:		

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Clinical Information	1. What is the indication of this study?					
	The planned or current use of cardiotoxic drugs (Drugs that can harm the heart, such as herceptin®, adriamycin®, novatron®, etc.) CHF (congestive heart failure) Experimental clinical trial (research trial) Evaluation for implantable cardiac device (AICD, biventricular pacemaker, combined ICD/biventricularpacemaker) None of the above Don't know					
	2. When was the most recent imaging study done to measure left ventricular ejection fraction (LVEF)?					
	No prior imaging study		Greater than six months ago			
	Less than three months ago		Don't know			
	Three to six months ago					
	3. Was the prior study a MUGA (Multi Gated Acquisition Scan)?					
	No prior imaging		Three to six months ago			
	Less than three months ago		Greater than six months ago			
	Don't know					
Clinical Information	4. What was the EF (ejection fraction) result?					
	No prior imaging		31-40%			
	Normal (greater than 50%)		Less than or equal to 30%			
	41-50%		Don't know			
	5. Has a prior echocardiogram (echo) been of poor quality with inadequate images secondary to conditions such as severe emphysema, obesity or severe chest wall deformity?					
	No prior echo		Yes			
	No					
Clinical Information	Additonal information/comments:					
Submitter	Who is making this request?					
	Ordering Physician		Facility	Other:		
	Print Name:					
	Title:	MD	RN	LPN	PA	NP
Submitter	Signature:		Date:			