Cardiac - Transthoracic Echo 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:	☐ 93303	☐ 93307	☐ 93321
	☐ 93304	☐ 93308	☐ 93325
	☐ 93306	☐ 93320	☐ Other:

Diagnosis

Diagnosis, if known or rule out:
ICD-10 Codes:
Retro Date of Service:

Clinical Information

1. Date of the most recent office visit or other documented contact with physician:

Date (mm/dd/yyyy):

- ◯ Less than 30 days
- ◯ More than 30 days
- ◯ Don't know

2. Type of most recent documented contact with physician?

- ◯ Hospital
- ◯ Office visit
- ◯ Phone call with office staff
- ◯ Phone call with physician
- ◯ Email
- ◯ Other (please describe):
- ◯ Don't know

3. What are the reasons for requesting this Echo/TTE? Select all that apply.

- ◯ Murmur
- ◯ Valve disease
- ◯ Hearth failure, no change in clinical status (no new symptoms)
- ◯ Arrhythmias (example: atrial flutter/fibrillation, ventriculartachycardia)
- ◯ Source of embolus
- ◯ Known congenital heart disease
- ◯ Assess results of therapy
- ◯ Routine follow up study
- ◯ Systemic hypertension (high blood pressure)
- ◯ Scout images for stress echo
- ◯ None of the above
- ◯ Don't know

4. When was the most recent prior TransThoracic Echo (TTE) performed?

- ◯ No prior TTE
- ◯ Less than 6 months ago
- ◯ Between 6 months and less than 1 year
- ◯ One year or greater
- ◯ Don't know

Clinical Information

5. What heart-related conditions are new or have worsened? Select all that apply.

- ◯ None
- ◯ Chest pain
- ◯ Leg edema (swelling)
- ◯ Pulmonary hypertension
- ◯ Syncope (fainting), dizziness, TIA (transient ischemic attack) or suspected stroke
- ◯ None of the above
- ◯ 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: