



## Cardiac Nuclear Imaging Request - Pre-Op Cardiac Evaluation

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	78452	78453	78454
78468			78469	78472	78473	78481
78483			78494	78496	78499	Other:
Diagnosis	Diagnosis, if known or rule out:					
	ICD-10 Codes:					
	Date of last visit:			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

Don't know

No

4. 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

2 to 5 years ago

Less than 1 year ago

More than 5 years ago

1 to less than 2 years ago

Don't know

5. What type of surgery is going to be performed?

Open carotid endarterectomy (not stenting)

Open (not endovascular) surgery on the aorta, major open vascular surgery, or open peripheral vascular surgery

Breast surgery

Open (not laparoscopic or thoracoscopic) surgery in the abdomen or chest

Head and neck surgery

Open (not arthroscopic) orthopedic surgery

Open (not robotic or laparoscopic) prostate surgery

Procedure using endoscopy

Superficial/skin procedure

Cataract surgery

Ambulatory (outpatient or same day ) surgery

Laparoscopic, endovascular, or robotic surgery

Don't know

## 6. 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	

## 7. What level of exercise can this individual do?

Able and willing to exercise on a treadmill
Able but unwilling to exercise on a treadmill
Unable to exercise on a treadmill due to neurologic reason (CVA/stroke)
Unable to exercise on a treadmill due to orthopedic/musculoskeletal limitations
Poor exercise tolerance (unable to walk at least 2 flights of stairs or 4 blocks on level ground without stopping)
Severe COPD such as emphysema
None of the above
Don't know

## 8. If exercise on a treadmill is not possible, please explain why: N/A

## 9. Had an ECG been done in the last 60 days?

Yes	Don't know
No	

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

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

## Clinical Information

11. Which cardiac risk factors does the individual have? Select all that apply.

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

12. Which clinical risk factors relating to surgical risk does the individual have? Select all that apply.

History of coronary artery disease (CAD)	Cerebrovascular disease (TIA, stroke)
History of congestive heart failure (CHF)	None of the above
Diabetes	Don't know
Chronic renal insufficiency with a creatinine greater than 2.0 mg/dl	

13. Is this study being requested because there was a recent abnormal or equivocal Exercise Treadmill Stress Test (ETT)?

Yes	Don't know
No	

14. Does this individual have a history of a false positive Exercise Treadmill stress Test?

Yes	Don't know
No	

15. Is there a personal history of cancer?

Yes	Don't know
No	

Additonal information/comments:

## Submitter

Who is making this request?      Ordering Physician      Facility      Other:

Print Name:

Title:      MD      RN      LPN      PA      NP      Other:

Signature:

Date: