



## Cardiac Nuclear Imaging Request - Pre Transplant (Non-Cardiac)

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:	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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# Clinical Information

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 this request for a transplant for any organ other than the heart?

Yes

Don't know

No

4. What symptoms are present?

Symptoms are present but stable

Syncope

New or worsening angina or angina equivalent

Documented ventricular tachycardia (VT)

New or worsening heart failure (CHF)

None of the above

New or worsening atypical chest pain

No symptoms (asymptomatic)

5. When was the most recent imaging stress test performed? (Ex: 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

6. 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: