



## Cardiac Nuclear Imaging Request - Rule Out CAD - New LV Dys - Pre Trans Eval

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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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?			
Symptoms are present but stable	Syncope		
New or worsening angina or angina equivalent	Don't know		
New or worsening heart failure (CHF)	None of the above		
New or worsening atypical chest pain	No symptoms (asymptomatic)		
Documented ventricular tachycardia (VT)			
5. 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		
6. If exercise on a treadmill is not possible, please explain why:			N/A
7. Has an ECG been done in the past 60 days?	Yes	No	Don't know
8. 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		

## Clinical Information

9. Is there documentation of Ventricular Tachycardia (VT)?	Yes	No	Don't know
10. Is there new congestive heart failure (CHF) or new Left Ventricular (LV) dysfunction?	Yes	No	Don't know
11. 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		
12. What is the body weight in pounds?	Don't know		
13. What is the height in inches?	Don't know		
14. Which cardiac risk factors does this 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			
15. 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			
16. Is this study being requested because there was a recent abnormal or equivocal Exercise Treadmill Stress Test (ETT)?	Yes	No	Don't know
17. Does this individual have a history of a false positive Exercise Treadmill Stress Test?	Yes	No	Don't know
18. Is there a personal history of cancer?	Yes	No	Don't know
19. 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: