



Cardiac Nuclear Imaging Request

Post Revascularization - History of CAD without Revascularization - Silent Ischemia

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	No	Don't know
4. Has this individual had a PCI such as a heart stent or angioplasty?	Yes	No	Don't know
5. Is there is a history of a PCI, when was it done?			
No history of PCI	2 years ago or greater		
Less than 1 year ago	Don't know when it was done		
1 to less than 2 years ago			
6. Has this individual had coronary artery bypass surgery (CABG)?	Yes	No	Don't know
7. If there has been a CABG, when was it done?			
No CABG has been done	5 years ago or greater		
Less than 1 year ago	Don't know when it was done		
1 to less than 5 years ago			
8. 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		
9. Has there been a cardiac cath showing a coronary artery stenosis (blockage) of uncertain clinical significance?	Yes	No	Don't know
10. Is there a history of documented silent ischemia?	Yes	No	Don't know
11. 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)			

Clinical Information

12. 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

13. If exercise on a treadmill is not possible, please explain why:

N/A

14. Has an ECG been done in the past 60 days?

Yes

No

Don't know

15. 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

RBBB (Right Bundle Branch Block)

Digoxin effect

T wave inversion in the inferior and /or lateral leads

None of the above

Don't know

16. Is there documentation of Ventricular Tachycardia (VT)?

Yes

No

Don't know

17. 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

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

Yes

No

Don't know

19. Does this individual have a history of a false positive Exercise Treadmill Stress Test?

Yes

No

Don't know

20. Is there a personal history of cancer?

Yes

No

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: