



Stress 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:	93350	93351	93352	Other:
Diagnosis	Diagnosis, if known or rule out:				
	ICD-10 Codes:				
	Retro Date of Service:				

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1. Date of most recent office visit or contact with physician?			
Date (mm/dd/yyyy):	None	Don't know	
2. What type of stress test is being requested?			
Pharmaologic Stress Test (Dobutamine)		Don't know	
Exercise Stress Test			
3. What level of exercise is possible?			
<input type="checkbox"/> Able and willing to exercise on a treadmill <input type="checkbox"/> Able but unwilling to exercise on a treadmill <input type="checkbox"/> Inability to exercise on a treadmill due to neurologic or orthopedic/musculoskeletal limitations (joint pains, reduced mobility). <input type="checkbox"/> Impaired exercise tolerance with inability to walk at least 2 flights of stairs without stopping. <input type="checkbox"/> None of the above <input type="checkbox"/> Don't know			
4. If there was a recent ECG within the last 30 to 60 days, did it show any of the following? Select all that apply.			
<input type="checkbox"/> Normal ECG <input type="checkbox"/> No recent ECG performed (No recent ECG will prevent expedited approval.) <input type="checkbox"/> ST segment depression 1 mm or greater <input type="checkbox"/> Non specific ST/T wave changes <input type="checkbox"/> LBBB/Left Bundle Branch Block <input type="checkbox"/> Ventricular pacemaker <input type="checkbox"/> None of the above <input type="checkbox"/> Don't know (This answer will prevent an expedited approval.)			
5. What cardiac symptoms are present? Select all that apply.			
<input type="checkbox"/> No cardiac symptoms <input type="checkbox"/> Cardiac symptoms are present but stable <input type="checkbox"/> New or worsening angina or angina equivalent <input type="checkbox"/> New or worsening heart failure symptoms (shortness of breath) <input type="checkbox"/> Atypical chest pain <input type="checkbox"/> None of the above <input type="checkbox"/> Don't know			
6. Is there arm pain?	Yes	No	Don't know
7. Is there jaw pain?	Yes	No	Don't know
8. Is the pain relieved with nitroglycerin or rest?	Yes	No	Don't know

Clinical Information

9. Does the pain wake the patient from sleep?	Yes	No	Don't know
10. Is the pain worse with inspiration?	Yes	No	Don't know
11. Does the pain occur at rest?	Yes	No	Don't know
12. Is the pain brought on by exercise or being emotionally upset?	Yes	No	Don't know
13. Is pre-operative evaluation ("pre-op clearance") for major vascular, peripheral vascular or aortic surgery the main reason for the stress test?	Yes	No	Don't know
14. Was there a prior PCI?			
<input type="checkbox"/> Yes, greater than 2 years ago <input type="checkbox"/> Yes, less than 2 years ago <input type="checkbox"/> There is no prior history of PCI			
15. Was there a prior CABG?			
<input type="checkbox"/> Yes, greater than 5 years ago <input type="checkbox"/> Yes, less than 5 years ago <input type="checkbox"/> There is no prior history of CBG			
16. When was the most recent heart stress test?			
<input type="checkbox"/> Within the last 3 months <input type="checkbox"/> Three months to less than 2 years ago <input type="checkbox"/> Two years ago or greater or no known prior stress test <input type="checkbox"/> Don't know			
17. Is this stress echo ordered due to a recent abnormal or equivocal Exercise Treadmill Stress Test?	Yes	No	Don't know
18. Is there a history of heart attack or CAD BEFORE the age of 50 in first degree relatives (parents or siblings)?	Yes	No	Don't know
19. Is diabetes present?	Yes	No	Don't know
20. Is Digoxin, Digitek, Lanoxicaps, Lanoxin a current medication?	Yes	No	Don't know
Please attach additional pages to provide more information or comments.			

Submitter

Who is making this request?	Ordering Physician	Facility	Other:
Print Name:			
Title:	MD	RN	LPN
	PA	NP	Other:
Signature:		Date:	