CARDIAC IMAGING PRIOR AUTHORIZATION FORM

Myocardial Perfusion Imaging (MPI); Stress Echocardiogram; Multiple Gated Acquisition Scan (MUGA); Transthoracic Echocardiogram (TTE); Transesophageal Echocardiogram (TEE)

SECTION 1. MEMBER DEMOGRAPHICS

Patient Name (First, Last):	DOB:

Health Plan:	Member ID:	Group #:

SECTION 2. ORDERING PROVIDER INFORMATION

Physician Name (First, Last):

Primary Specialty:	NPI:	Tax ID:
Phone #:	Fax #:	Contact Name:

SECTION 3. FACILITY INFORMATION

Facility Name:	Facility Tax ID:	NPI:

Address:	City:	State:	Zip:

Phone #:	Fax #:	Date of Service:

SECTION 4. EXAM REQUEST

☐ MPI   ☐ Stress Echo   ☐ MUGA   ☐ TTE   ☐ TEE   ☐ Fetal Echo

CPT Code(s):

Description:

ICD Diagnosis Code(s):

Description:

Date of first office visit for this condition with any provider:

Date of most recent office visit for this condition with any provider:

SECTION 5. SELECT APPLICABLE STUDY AND CHECK REASON(S) FOR EVALUATION *(CHECK ALL THAT APPLY)*

☐ **MPI**   ☐ **STRESS ECHO**   ☐ **MUGA**   ☐ **Cardiac MRI**   ☐ **Coronary CTA**

☐ Preoperative Evaluation   ☐ Post Operative Evaluation   ☐ Evaluation during or Prior to Chemotherapy

☐ Patient has physical limitation to exercise

Chest Pain or suspected Angina with:
(Check all that apply)

- ☐ Without other symptoms
- ☐ Exacerbated by exercise or relieved by rest
- ☐ Relieved with Nitroglycerin
- ☐ Dyspnea (Shortness of Breath)
- ☐ Jaw Pain
- ☐ Left Arm Pain/Radiating Pain
- ☐ Retrosternal Location

Associated Conditions:
(Check all that apply)

- ☐ Abnormal EKG
- ☐ Atrial Fibrillation
- ☐ Cardiomyopathy
- ☐ Known CAD
- ☐ New Onset Heart Failure
- ☐ Patient has one or more of the following: heart transplant, aortic aneurysm, and/or carotid narrowing/stenosis

Other Indications:
(Check all that apply)

- ☐ Abnormal Test Results *(Please provide detail in previous test grid below)*
- ☐ Anomalous coronary artery
- ☐ Congenital heart disease (known/suspected)
- ☐ Evaluation for myocardial viability
- ☐ Pediatric Acquired Heart Disease
- ☐ Suspected Constrictive Pericarditis
- ☐ Quantification intracardiac shunt
- ☐ Quantification valvular regurgitation

Risk Factors for Coronary Artery Disease: *(Check all that apply)*

- ☐ Age greater than 40
- ☐ CAD/MI in a father, brother, son <50 years old
- ☐ CAD/MI in a mother, sister, daughter <60 years old
- ☐ Current Smoker
- ☐ Diabetes
- ☐ Elevated Cholesterol
- ☐ Hypertension
- ☐ Other (describe): _____

Previous Tests	Date	Results
☐ Exercise Stress Test		
☐ Myocardial Perfusion Imaging (MPI) 　☐ PET　　☐ SPECT		
☐ Stress Echocardiogram		
☐ Cardiac MRI		
☐ Cardiac Catheterization		
☐ Coronary CTA		
☐ EKG		
☐ Other		

☐ TTE (Transthoracic Echo)	☐ TEE (Transesophageal Echo)	☐ Fetal Echo
Reason for Study *(Check all that apply)* ☐ Abnormal Test Results (provide details below) ☐ Acquired Pediatric Heart Disease ☐ Aortic Disease ☐ Arrhythmias ☐ Congenital Heart Disease ☐ Device Evaluation (Pacemaker, 　ICD, or CRT)	☐ Evaluate for cardiomyopathy 　(known/suspected) ☐ Known or Suspected Fetal Cardiac Disorder ☐ Murmur or click ☐ Pericardial Disease ☐ Pulmonary Hypertension ☐ Pre-op ☐ Post-op	☐ Suspected Cardiac Mass ☐ Suspected or Known Endocarditis ☐ Valvular Disease ☐ Ventricular Function ☐ Other (describe): _____ _____ _____ _____

Symptoms with Suspected Cardiac Etiology *(Check all that apply)*

☐ Assess for structural heart disease 　　　　　　　　　☐ Suspected Cardiac Source of Embolus

　☐ Chest Pain　　　　　☐ Palpitations　　　　　　　☐ Peripheral Embolic Event

　☐ Dyspnea (Shortness of Breath)　☐ Syncope　　　　☐ TIA /Stroke

☐ ADL Limitations (list): _____

☐ Other (describe): _____

Previous Tests	Date	Results
☐ TTE		
☐ TEE		
☐ Myocardial Perfusion Imaging (MPI)		
☐ MUGA		
☐ Cardiac MRI/CT		
☐ Coronary CTA		
☐ EKG		
☐ Other		

Providers should consult the health plan's coverage policies, member benefits, and medical necessity guidelines to complete this form.
Providers may attach any additional data relevant to medical necessity criteria.