

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: <i>(Check all that apply)</i> ☐ 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: <i>(Check all that apply)</i> ☐ 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: <i>(Check all that apply)</i> ☐ Abnormal Test Results <i>(Please provide detail in previous test grid below)</i> ☐ 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	☐ Peripheral Embolic Event
☐ Dyspnea (Shortness of Breath)	☐ TIA /Stroke
☐ Palpitations	
☐ Syncope	

☐ 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.**