



Authorization Request Form - Part 2 Myocardial Perfusion Imaging (MPI-SPECT)

Complete and fax the clinical worksheet immediately following the authorization request fax form, including any substantiating clinical documentation. Your responses enable faster processing of authorization requests and reduces the likelihood we may require you to submit additional clinical documentation to complete our review.

i Please fill in each question option completely ○ → ●

| | | |
|----------------------------|------------|----------------------------|
| Patient Information | First name | Last name |
| | Member ID | Date of birth (MM/DD/YYYY) |

Fill out the following section if submitting for any of the following: **Single Service, Chest Pain, Coronary Artery Disease, Shortness of Breath, Cardiomyopathies, Valvular Heart Disease**

| | | | | | | | | | | | |
|--|--|--|---|---|--|--|--|--|--|---|--|
| Question 1 | <p>Which of the following findings were documented at the most recent encounter?</p> <table> <tr> <td><input type="checkbox"/> Chest pain that is substernal or retrosternal</td> <td><input type="checkbox"/> Unexplained dyspnea on exertion</td> </tr> <tr> <td><input type="checkbox"/> Chest pain provoked by exertion or an emotional event</td> <td><input type="checkbox"/> Unexplained congestive heart failure</td> </tr> <tr> <td><input type="checkbox"/> Chest pain relieved by rest or nitroglycerin</td> <td><input type="checkbox"/> History of presyncope or syncope</td> </tr> <tr> <td><input type="checkbox"/> Unexplained chest pain (or ischemic equivalent)</td> <td><input type="checkbox"/> None of the above</td> </tr> <tr> <td><input type="checkbox"/> Acute chest pain</td> <td></td> </tr> </table> | <input type="checkbox"/> Chest pain that is substernal or retrosternal | <input type="checkbox"/> Unexplained dyspnea on exertion | <input type="checkbox"/> Chest pain provoked by exertion or an emotional event | <input type="checkbox"/> Unexplained congestive heart failure | <input type="checkbox"/> Chest pain relieved by rest or nitroglycerin | <input type="checkbox"/> History of presyncope or syncope | <input type="checkbox"/> Unexplained chest pain (or ischemic equivalent) | <input type="checkbox"/> None of the above | <input type="checkbox"/> Acute chest pain | |
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| Question 2 | <p>Does the patient have any of the following that would interfere with the specificity and diagnosis?</p> <table> <tr> <td><input type="checkbox"/> Inability to achieve the target heart rate with a standard exercise treadmill test (greater than 85% of age predicted maximal HR)</td> <td><input type="checkbox"/> ECG with greater than 1 mm ST depression at rest</td> </tr> <tr> <td><input type="checkbox"/> ECG with ventricular preexcitation (Wolff-Parkinson-White pattern)</td> <td><input type="checkbox"/> Left ventricular hypertrophy with ST-T abnormalities</td> </tr> <tr> <td><input type="checkbox"/> ECG with ventricular paced rhythm</td> <td><input type="checkbox"/> Patient takes digoxin</td> </tr> <tr> <td><input type="checkbox"/> Left bundle branch block (LBBB)</td> <td><input type="checkbox"/> None of the above</td> </tr> </table> | <input type="checkbox"/> Inability to achieve the target heart rate with a standard exercise treadmill test (greater than 85% of age predicted maximal HR) | <input type="checkbox"/> ECG with greater than 1 mm ST depression at rest | <input type="checkbox"/> ECG with ventricular preexcitation (Wolff-Parkinson-White pattern) | <input type="checkbox"/> Left ventricular hypertrophy with ST-T abnormalities | <input type="checkbox"/> ECG with ventricular paced rhythm | <input type="checkbox"/> Patient takes digoxin | <input type="checkbox"/> Left bundle branch block (LBBB) | <input type="checkbox"/> None of the above | | |
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| Question 4 | <p>Does the patient have any of the following results from previous routine stress test or stress echo?</p> <table> <tr> <td><input type="checkbox"/> Non-diagnostic or incomplete findings</td> <td><input type="checkbox"/> No stress echo was performed</td> </tr> <tr> <td><input type="checkbox"/> Technical difficulties with interpretation</td> <td><input type="checkbox"/> None of the above</td> </tr> <tr> <td><input type="checkbox"/> Discordant results with previous clinical data</td> <td></td> </tr> </table> | <input type="checkbox"/> Non-diagnostic or incomplete findings | <input type="checkbox"/> No stress echo was performed | <input type="checkbox"/> Technical difficulties with interpretation | <input type="checkbox"/> None of the above | <input type="checkbox"/> Discordant results with previous clinical data | | | | | |
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| <input type="checkbox"/> Discordant results with previous clinical data | | | | | | | | | | | |
| Question 5 | <p>Which of the following apply to the patient?</p> <table> <tr> <td><input type="checkbox"/> History of CAD with symptoms on optimal guideline-directed medical therapy</td> <td><input type="checkbox"/> History of CAD with documented intolerance to optimal guideline-directed medical therapy</td> </tr> <tr> <td><input type="checkbox"/> History of CAD not on optimal guideline-directed medical therapy</td> <td><input type="checkbox"/> No known history of CAD</td> </tr> <tr> <td><input type="checkbox"/> History of CAD without symptoms</td> <td></td> </tr> </table> | <input type="checkbox"/> History of CAD with symptoms on optimal guideline-directed medical therapy | <input type="checkbox"/> History of CAD with documented intolerance to optimal guideline-directed medical therapy | <input type="checkbox"/> History of CAD not on optimal guideline-directed medical therapy | <input type="checkbox"/> No known history of CAD | <input type="checkbox"/> History of CAD without symptoms | | | | | |
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| Question 6 | <p>Has the patient had any of the following?</p> <table> <tr> <td><input type="checkbox"/> Normal coronary angiogram or CCTA within the last 2 years with no stenosis or plaque</td> <td><input type="checkbox"/> None of the above</td> </tr> <tr> <td><input type="checkbox"/> Normal stress test within the last year</td> <td></td> </tr> </table> | <input type="checkbox"/> Normal coronary angiogram or CCTA within the last 2 years with no stenosis or plaque | <input type="checkbox"/> None of the above | <input type="checkbox"/> Normal stress test within the last year | | | | | | | |
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Fill out the following section if submitting for any of the following: **Adult Congenital Heart Disease**

| | | | | | | | | | | | |
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| Patient Information | First name | Last name | |
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Fill out the following section if submitting for any of the following: **Syncope & Presyncope**

| | |
|-------------------|--|
| Question 1 | Is the patient documented to have Syncope or Presyncope? <input type="radio"/> Yes, the patient presents with Syncope or Presyncope WITH exertion. <input type="radio"/> Yes, the patient presents with Syncope or Presyncope WITHOUT exertion. <input type="radio"/> Yes, the patient presents with Syncope or Presyncope WITH AND WITHOUT exertion. <input type="radio"/> No, the patient is not documented to have Syncope or Presyncope. |
| Question 2 | Is the patient documented to have Syncope or Presyncope? <input type="radio"/> Chest pain that is substernal or retrosternal <input type="radio"/> Chest pain provoked by exertion or an emotional event <input type="radio"/> Chest pain relieved by rest or nitroglycerin <input type="radio"/> Unexplained dyspnea on exertion <input type="radio"/> None of the above |
| Question 3 | Does the patient have any of the following that would interfere with the specificity and diagnosis? <input type="checkbox"/> ECG abnormalities (e.g., ventricular paced rhythm, LBBB, Wolff-Parkinson-White, ST-T abnormalities, the patient takes digoxin) <input type="checkbox"/> Inability to exercise (i.e., breathing or physical limitations) <input type="checkbox"/> Inability to achieve the target heart rate with a standard stress test <input type="checkbox"/> None of the above |
| Question 4 | If the patient had previous stress testing, what were the findings? <input type="checkbox"/> Non-diagnostic or abnormal findings needing further clarification by MPI-SPECT <input type="checkbox"/> Findings discordant with previous clinical or imaging information <input type="checkbox"/> No previous stress testing was performed <input type="checkbox"/> None of the above |
| Question 5 | Does the patient have any of the following? <input type="checkbox"/> The patient has any unstable cardiac or pulmonary conditions. <input type="checkbox"/> Normal coronary angiogram or CCTA within the last two years with no stenosis or plaque <input type="checkbox"/> Normal stress test within the last year <input type="checkbox"/> None of the above |



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Fill out the following section if submitting for any of the following: **Ventricular Arrhythmia, Heart Block, Sinus Node Dysfunction**

| | | | | | | | | | | | |
|---|---|---|--|--|---|---|---|--|--|---|--|
| Question 1 | <p>Which of the following findings were documented at the most recent encounter?</p> <table><tr><td><input type="checkbox"/> Chest pain that is substernal or retrosternal</td><td><input type="checkbox"/> Unexplained dyspnea on exertion</td></tr><tr><td><input type="checkbox"/> Chest pain provoked by exertion or an emotional event</td><td><input type="checkbox"/> Unexplained congestive heart failure</td></tr><tr><td><input type="checkbox"/> Chest pain relieved by rest or nitroglycerin</td><td><input type="checkbox"/> History of presyncope or syncope</td></tr><tr><td><input type="checkbox"/> Unexplained chest pain (or ischemic equivalent)</td><td><input type="checkbox"/> None of the above</td></tr><tr><td><input type="checkbox"/> Acute chest pain</td><td></td></tr></table> | <input type="checkbox"/> Chest pain that is substernal or retrosternal | <input type="checkbox"/> Unexplained dyspnea on exertion | <input type="checkbox"/> Chest pain provoked by exertion or an emotional event | <input type="checkbox"/> Unexplained congestive heart failure | <input type="checkbox"/> Chest pain relieved by rest or nitroglycerin | <input type="checkbox"/> History of presyncope or syncope | <input type="checkbox"/> Unexplained chest pain (or ischemic equivalent) | <input type="checkbox"/> None of the above | <input type="checkbox"/> Acute chest pain | |
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| <input type="checkbox"/> Acute chest pain | | | | | | | | | | | |
| Question 2 | <p>Is the patient suspected to have inducible conduction abnormalities related to ischemia?</p> <p><input type="radio"/> Yes <input type="radio"/> No</p> | | | | | | | | | | |
| Question 3 | <p>Does the patient have any of the following?</p> <table><tr><td><input type="checkbox"/> Normal coronary angiogram or CCTA within the last 2 years with no stenosis or plaque</td><td><input type="checkbox"/> Patient has a contraindication to vasodilators (e.g., adenosine, regadenoson, and dipyridamole)</td></tr><tr><td><input type="checkbox"/> Normal stress test within the last year</td><td><input type="checkbox"/> Pregnancy</td></tr><tr><td><input type="checkbox"/> Unstable cardiac or pulmonary conditions</td><td><input type="checkbox"/> None of the above</td></tr></table> | <input type="checkbox"/> Normal coronary angiogram or CCTA within the last 2 years with no stenosis or plaque | <input type="checkbox"/> Patient has a contraindication to vasodilators (e.g., adenosine, regadenoson, and dipyridamole) | <input type="checkbox"/> Normal stress test within the last year | <input type="checkbox"/> Pregnancy | <input type="checkbox"/> Unstable cardiac or pulmonary conditions | <input type="checkbox"/> None of the above | | | | |
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| <input type="checkbox"/> Normal stress test within the last year | <input type="checkbox"/> Pregnancy | | | | | | | | | | |
| <input type="checkbox"/> Unstable cardiac or pulmonary conditions | <input type="checkbox"/> None of the above | | | | | | | | | | |

Fill out the following section ONLY if submitting for the following: **Ventricular Arrhythmia**

| | |
|-------------------|--|
| Question 1 | <p>Is the patient being evaluated for ischemic triggers for ventricular tachycardia or ventricular fibrillation (VT/VF) in ischemic cardiomyopathy?</p> <p><input type="radio"/> Yes <input type="radio"/> No</p> |
|-------------------|--|