



Authorization Request Form - Part 2 Transesophageal Echocardiogram (TEE)

Complete and fax the clinical worksheet immediately following the authorization request fax form, including any supporting 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 ○ → ●

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Fill out the following section if submitting for any of the following: **Murmurs**

Question 1	If the patient had a previous TTE, what were the documented findings? <input type="checkbox"/> Non-diagnostic or incomplete findings <input type="checkbox"/> Findings discordant with previous clinical or imaging information <input type="checkbox"/> Abnormal findings needing further clarification by TEE <input type="checkbox"/> No TTE was performed <input type="checkbox"/> None of the above
Question 2	Which of the following were documented within the past three months? <input type="checkbox"/> A cardiac interventional procedure (surgical or transcatheter) is planned <input type="checkbox"/> Systemic embolization has occurred, and a cardiac source (such as an ASD or PFO) is suspected <input type="checkbox"/> Systemic embolization has occurred, and patient has a history of atrial fibrillation <input type="checkbox"/> The patient is to have direct cardioversion and a CHA2DS2-VASc score greater than 1 <input type="checkbox"/> The patient is to have an ablation/pulmonary vein isolation procedure. <input type="checkbox"/> None of the above
Question 3	Does the patient have a history of any of the following? <input type="checkbox"/> Another imaging modality (CT or MRI) is being requested simultaneously <input type="checkbox"/> Esophageal stricture or malignancy <input type="checkbox"/> Recent surgery of the esophagus <input type="checkbox"/> Active GI bleeding <input type="checkbox"/> None of the above

Fill out the following section if submitting for any of the following: **Shortness of Breath**

Question 1	Is the shortness of breath believed to be due to a cardiac condition? (e.g., CAD, cardiomyopathy, valvular abnormality) <input type="radio"/> Yes <input type="radio"/> No
Question 2	Does the patient have any of the following? <input type="checkbox"/> Coronary artery disease (CAD) <input type="checkbox"/> History of heart attack (myocardial infarction) <input type="checkbox"/> Palpitations <input type="checkbox"/> Abnormal cardiac test results (e.g., ECG, chest radiography, or stress test) <input type="checkbox"/> TIA, stroke, or peripheral embolic event <input type="checkbox"/> Pericardial disease <input type="checkbox"/> Primary myocardial disease (cardiomyopathy) <input type="checkbox"/> Hypertensive heart disease <input type="checkbox"/> Valvular heart disease or heart murmur <input type="checkbox"/> Previous heart surgery <input type="checkbox"/> None of the above



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Fill out the following section if submitting for any of the following: **Atrial Flutter**

Question 1	<p>Which of the following findings were documented within the past three months?</p> <p><input type="checkbox"/> Persistent atrial flutter of 48 hours or longer and a CHA2DS2-VASc score greater than 1</p> <p><input type="checkbox"/> History of left atrial appendage thrombus</p> <p><input type="checkbox"/> Intracardiac thrombus or evidence of left atrial stasis with at least four weeks of therapeutic anticoagulation</p> <p><input type="checkbox"/> CHA2DS2-VASc score greater than or equal to 2 (high-risk for thromboembolism)</p> <p><input type="checkbox"/> None of the above</p>
Question 2	<p>Is the patient planned for any of the following?</p> <p><input type="checkbox"/> Cardioversion</p> <p><input type="checkbox"/> Left atrial appendage occlusion</p> <p><input type="checkbox"/> Left atrial appendage obliteration</p> <p><input type="checkbox"/> Catheter ablation</p> <p><input type="checkbox"/> None of the above</p>
Question 3	<p>Is the TEE to be used for any of the following?</p> <p><input type="checkbox"/> Visualization of atrial anatomy during catheter or surgical procedure</p> <p><input type="checkbox"/> Visualization of atrial anatomy 45 days following catheter or surgical procedure</p> <p><input type="checkbox"/> None of the above</p>
Question 4	<p>Does the patient have any of the following suspected conditions?</p> <p><input type="checkbox"/> Atrioesophageal fistula</p> <p><input type="checkbox"/> Esophageal stricture</p> <p><input type="checkbox"/> Varices</p> <p><input type="checkbox"/> Malignancy</p> <p><input type="checkbox"/> Prior surgery</p> <p><input type="checkbox"/> Recent surgery of the esophagus</p> <p><input type="checkbox"/> None of the above</p>

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

Question 1	<p>Has the patient had a previous TTE?</p> <p><input type="radio"/> Yes, the results were non-diagnostic or provided incomplete information. <input type="radio"/> No, prior TTE has not been completed</p> <p><input type="radio"/> Yes, and the results were diagnostic</p>
Question 2	<p>Does the patient require imaging to rule out intracardiac thrombus before a VT ablation?</p> <p><input type="radio"/> Yes, due to diminished ventricular function <input type="radio"/> None of the above</p> <p><input type="radio"/> Yes, due to dilated cardiomyopathy</p>
Question 3	<p>Has prior imaging yielded any of the following concerns?</p> <p><input type="checkbox"/> Intracardiac thrombus <input type="checkbox"/> No, prior imaging has not been completed</p> <p><input type="checkbox"/> Left atrial stasis/smoke (spontaneous contrast)</p>
Question 4	<p>Has the patient had a minimum of 4 weeks of anticoagulant therapy?</p> <p><input type="radio"/> Yes <input type="radio"/> No</p>
Question 5	<p>Will the patient undergo any other imaging to evaluate for intracardiac thrombus simultaneous to the TEE?</p> <p><input type="radio"/> Yes <input type="radio"/> No</p>
Question 6	<p>Does the patient have one of the following confirmed or suspected conditions?</p> <p><input type="checkbox"/> Esophageal pathology (stricture, fistula, diverticulum, or laceration) <input type="checkbox"/> Perforated viscus</p> <p><input type="checkbox"/> Esophageal malignancy <input type="checkbox"/> Active upper gastrointestinal GI bleeding</p> <p><input type="checkbox"/> Recent surgery of the esophagus <input type="checkbox"/> None of the above</p>

Fill out the following section if submitting for any of the following: **Supraventricular Tachycardia**

Question 1	<p>Is TEE being performed for any of the following reasons?</p> <p><input type="radio"/> For better visualization of cardiac structures that may affect atrial arrhythmias <input type="radio"/> None of the above</p> <p><input type="radio"/> For visualization of the atrial septum to allow transeptal puncture during a left-sided ablation</p>
Question 2	<p>Has an MRI or CT been requested to evaluate intracardiac thrombus?</p> <p><input type="radio"/> Yes <input type="radio"/> No</p>
Question 3	<p>Does the patient have one of the following confirmed or suspected conditions?</p> <p><input type="checkbox"/> Esophageal pathology (stricture, fistula, diverticulum, or laceration) <input type="checkbox"/> Perforated viscus</p> <p><input type="checkbox"/> Esophageal malignancy <input type="checkbox"/> Active upper gastrointestinal GI bleeding</p> <p><input type="checkbox"/> Recent surgery of the esophagus <input type="checkbox"/> None of the above</p>

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Fill out the following section if submitting for any of the following: **Valvular Heart Disease**

Question 1	<p>Is further or repeat cardiac imaging needed for any of the following scenarios?</p> <p><input type="checkbox"/> Valvular heart disease (known or suspected) when previous TTE provides insufficient or discordant information</p> <p><input type="checkbox"/> Imaging needed before mitral valve intervention</p> <p><input type="checkbox"/> Imaging needed before TAVR intervention</p> <p><input type="checkbox"/> Suspected prosthetic valve dysfunction (initial or repeat evaluation)</p> <p><input type="checkbox"/> Rule out the presence of intracardiac mass, thrombus, or vegetation after recent (within three days) Mitral Valve intervention</p> <p><input type="checkbox"/> None of the above</p>
Question 2	<p>Is the TEE being ordered for intraprocedural guidance for any of the following valve interventions?</p> <p><input type="checkbox"/> Valve surgery for Infectious Endocarditis</p> <p><input type="checkbox"/> Transcatheter Aortic Valve Replacement (TAVR)</p> <p><input type="checkbox"/> Mitral valve intervention (MitraClip)</p> <p><input type="checkbox"/> None of the above</p>
Question 3	<p>Which of the following findings were documented within the past three months?</p> <p><input type="checkbox"/> Suspected cardiac mass, tumor, thrombus, or cardiac source of embolization</p> <p><input type="checkbox"/> History of staphylococcus aureus bacteremia (MRSA)</p> <p><input type="checkbox"/> Prosthetic valve obstruction (known or suspected)</p> <p><input type="checkbox"/> Staphylococcus aureus bacteremia</p> <p><input type="checkbox"/> None of the above</p>
Question 4	<p>Is the patient known or suspected to have Infectious Endocarditis?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
Question 5	<p>Does the patient have a history of any of the following findings or conditions?</p> <p><input type="checkbox"/> Nondiagnostic TTE results</p> <p><input type="checkbox"/> Intracardiac device leads are present</p> <p><input type="checkbox"/> Change in clinical signs or symptoms (eg, new murmur, embolism, persistent fever, HF, abscess, or atrioventricular heart block)</p> <p><input type="checkbox"/> High-risk of complications (e.g., extensive infected tissue, large vegetation on initial echocardiogram, or staphylococcal, enterococcal, or fungal infections)</p> <p><input type="checkbox"/> The patient is being considered for an early change to oral antibiotic therapy for the treatment of Infectious Endocarditis</p> <p><input type="checkbox"/> Prosthetic valve in the presence of persistent fever without bacteremia or a new murmur</p> <p><input type="checkbox"/> None of the above</p>
Question 6	<p>Does the patient have one of the following suspected conditions?</p> <p><input type="checkbox"/> Esophageal pathology (stricture, fistula, diverticulum, or laceration)</p> <p><input type="checkbox"/> Esophageal malignancy</p> <p><input type="checkbox"/> Recent surgery of the esophagus</p> <p><input type="checkbox"/> Perforated viscus</p> <p><input type="checkbox"/> Active upper gastrointestinal (GI) bleed</p> <p><input type="checkbox"/> None of the above</p>



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Fill out the following section if submitting for any of the following: **Pericardial Disorder**

Question 1	Which of the following conditions are known or suspected? <input type="checkbox"/> Pericardial constriction <input type="checkbox"/> Pericardial disease due to mass, malignancy, thrombus, or embolus <input type="checkbox"/> Cardiac compression by a pericardial hematoma <input type="checkbox"/> Pericardial thickening inadequately defined by TTE <input type="checkbox"/> The patient had a recent cardiovascular surgery or intervention, and a complication is suspected <input type="checkbox"/> None of the above
Question 2	Is a TEE required for visualization during a scheduled pericardial window procedure (i.e., surgical removal of pericardial tissue)? <input type="radio"/> Yes <input type="radio"/> No
Question 3	Does the patient have a pericardial effusion? <input type="radio"/> Yes <input type="radio"/> No
Question 4	Does the patient have any of the following findings from previous cardiac imaging? <input type="checkbox"/> Dissection of the aorta involving the aortic root <input type="checkbox"/> Endocarditis <input type="checkbox"/> TTE was inconclusive or discordant with clinical findings <input type="checkbox"/> None of the above
Question 5	Does the patient have one of the following suspected conditions? <input type="checkbox"/> Recent operation of the esophagus <input type="checkbox"/> Esophageal stricture or malignancy <input type="checkbox"/> Active upper gastrointestinal bleeding <input type="checkbox"/> History of dysphagia <input type="checkbox"/> Esophageal varices <input type="checkbox"/> None of the above

Fill out the following section if submitting for any of the following: **Adult Congenital Heart Disease**

Question 1	Which of the following findings were documented at the most recent encounter? <input type="checkbox"/> Infectious Endocarditis (known or suspected) <input type="checkbox"/> Concern for a baffle leak <input type="checkbox"/> Atrial septal defect (ASD) <input type="checkbox"/> Williams syndrome <input type="checkbox"/> Supravalvular aortic stenosis (suspected) <input type="checkbox"/> Prosthetic valve dysfunction (suspected) <input type="checkbox"/> Suspicion of a cardiac mass, tumor, thrombus, or cardiac source of embolus <input type="checkbox"/> None of the above
Question 2	Does the patient require imaging for surgical planning or during a cardiac procedure? <input type="radio"/> Yes <input type="radio"/> No
Question 3	Has the patient undergone a previous TTE? <input type="radio"/> Yes, the results were non-diagnostic or provided incomplete information. <input type="radio"/> Yes, and the results were diagnostic. <input type="radio"/> No, prior TTE has not been completed.
Question 4	Does the patient have one of the following suspected conditions? <input type="checkbox"/> Esophageal pathology (stricture, fistula, diverticulum, or laceration) <input type="checkbox"/> Esophageal malignancy <input type="checkbox"/> Recent surgery of the esophagus <input type="checkbox"/> Perforated viscus <input type="checkbox"/> Active upper gastrointestinal (GI) bleed <input type="checkbox"/> None of the above



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Fill out the following section if submitting for any of the following: **Pericardial Disorder**

Question 1	Which of the following conditions are known or suspected? <input type="checkbox"/> Pericardial constriction <input type="checkbox"/> Pericardial disease due to mass, malignancy, thrombus, or embolus <input type="checkbox"/> Cardiac compression by a pericardial hematoma <input type="checkbox"/> Pericardial thickening inadequately defined by TTE <input type="checkbox"/> The patient had a recent cardiovascular surgery or intervention, and a complication is suspected <input type="checkbox"/> None of the above
Question 2	Is a TEE required for visualization during a scheduled pericardial window procedure (i.e., surgical removal of pericardial tissue)? <input type="radio"/> Yes <input type="radio"/> No
Question 3	Does the patient have a pericardial effusion? <input type="radio"/> Yes <input type="radio"/> No
Question 4	Does the patient have any of the following findings from previous cardiac imaging? <input type="checkbox"/> Dissection of the aorta involving the aortic root <input type="checkbox"/> Endocarditis <input type="checkbox"/> TTE was inconclusive or discordant with clinical findings <input type="checkbox"/> None of the above
Question 5	Does the patient have one of the following suspected conditions? <input type="checkbox"/> Recent operation of the esophagus <input type="checkbox"/> Esophageal stricture or malignancy <input type="checkbox"/> Active upper gastrointestinal bleeding <input type="checkbox"/> History of dysphagia <input type="checkbox"/> Esophageal varices <input type="checkbox"/> None of the above

Fill out the following section if submitting for any of the following: **Adult Congenital Heart Disease**

Question 1	Which of the following findings were documented at the most recent encounter? <input type="checkbox"/> Infectious Endocarditis (known or suspected) <input type="checkbox"/> Concern for a baffle leak <input type="checkbox"/> Atrial septal defect (ASD) <input type="checkbox"/> Williams syndrome <input type="checkbox"/> Supravalvular aortic stenosis (suspected) <input type="checkbox"/> Prosthetic valve dysfunction (suspected) <input type="checkbox"/> Suspicion of a cardiac mass, tumor, thrombus, or cardiac source of embolus <input type="checkbox"/> None of the above
Question 2	Does the patient require imaging for surgical planning or during a cardiac procedure? <input type="radio"/> Yes <input type="radio"/> No
Question 3	Has the patient undergone a previous TTE? <input type="radio"/> Yes, the results were non-diagnostic or provided incomplete information. <input type="radio"/> Yes, and the results were diagnostic. <input type="radio"/> No, prior TTE has not been completed.
Question 4	Does the patient have one of the following suspected conditions? <input type="checkbox"/> Esophageal pathology (stricture, fistula, diverticulum, or laceration) <input type="checkbox"/> Esophageal malignancy <input type="checkbox"/> Recent surgery of the esophagus <input type="checkbox"/> Perforated viscus <input type="checkbox"/> Active upper gastrointestinal (GI) bleed <input type="checkbox"/> None of the above



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Fill out the following section if submitting for any of the following: **Atrial Fibrillation**

Question 1	<p>Is the patient scheduled for any of the following procedures?</p> <p> <input type="radio"/> Cardioversion (only) <input type="radio"/> Left atrial appendage obliteration or occlusion (TEE to be used as imaging modality) <input type="radio"/> TEE with Cardioversion <input type="radio"/> None of the above <input type="radio"/> Catheter ablation </p>
Question 2	<p>Is the TEE to be used for any of the following?</p> <p> <input type="checkbox"/> Visualization of atrial anatomy during catheter or surgical procedure <input type="checkbox"/> None of the above <input type="checkbox"/> Visualization of atrial anatomy 45 days following catheter or surgical procedure </p>
Question 3	<p>What is the patient's CHA2DS2-Vasc score? ("1", "2", "3", etc.)</p>
Question 4	<p>Has the patient had atrial fibrillation 48 hours or longer?</p> <p> <input type="radio"/> Yes <input type="radio"/> No </p>
Question 5	<p>Has the patient had a minimum of 3-4 weeks of therapeutic anticoagulant therapy?</p> <p> <input type="radio"/> Yes <input type="radio"/> No </p>
Question 6	<p>Which of the following findings were documented within the past three months?</p> <p> <input type="checkbox"/> Paroxysmal atrial fibrillation <input type="checkbox"/> History of Left appendage thrombus (without recent imaging) <input type="checkbox"/> Persistent atrial fibrillation <input type="checkbox"/> None of the above <input type="checkbox"/> History of Left atrial thrombus (without recent imaging) </p>
Question 7	<p>Does testing indicate any of the following abnormal findings?</p> <p> <input type="checkbox"/> Other Intracardiac thrombus (left ventricle, right ventricle, etc.) <input type="checkbox"/> Testing was not completed <input type="checkbox"/> Evidence of left atrial stasis <input type="checkbox"/> Testing was completed, but none of the above was indicated </p>
Question 8	<p>Will the results of the TEE be used to modify the patient's treatment plan?</p> <p> <input type="radio"/> Yes <input type="radio"/> No </p>
Question 9	<p>Will the results of the TEE be used to modify the patient's treatment plan?</p> <p> <input type="checkbox"/> Esophageal pathology (stricture, fistula, diverticulum, or laceration) <input type="checkbox"/> Perforated viscus <input type="checkbox"/> Esophageal malignancy <input type="checkbox"/> Active upper gastrointestinal (GI) bleed <input type="checkbox"/> Recent surgery of esophagus <input type="checkbox"/> None of the above </p>



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Fill out the following section if submitting for any of the following: **Stroke**

Question 1	Is this an initial request for a TEE? <input type="radio"/> Yes <input type="radio"/> No
Question 2	Which of the following findings were documented at the most recent encounter? <input type="radio"/> Known or suspected cardiovascular source of embolus with no identified noncardiac source. <input type="radio"/> History of Left appendage thrombus (without recent imaging). <input type="radio"/> Risk factors for embolic stroke and no pertinent abnormality are detected on transthoracic echocardiography. <input type="radio"/> None of the above <input type="radio"/> History of Left atrial thrombus (without recent imaging).
Question 3	Has the patient been documented to have atrial fibrillation or atrial flutter? <input type="radio"/> Yes <input type="radio"/> No
Question 4	Is the TEE ordered for evaluation to facilitate clinical decision making with regard to anticoagulation, cardioversion, or radiofrequency ablation? <input type="radio"/> Yes <input type="radio"/> No
Question 5	Does previous imaging indicate any of the following abnormal findings? <input type="radio"/> Other Intracardiac thrombus (left ventricle, right ventricle, etc.). <input type="radio"/> Testing was not completed. <input type="radio"/> Evidence of left atrial stasis. <input type="radio"/> Testing was completed, but none of the above was indicated.
Question 6	Will the results of the TEE be used to modify the patient's treatment plan? <input type="radio"/> Yes <input type="radio"/> No
Question 7	Has the patient had a minimum of 3-4 weeks of therapeutic anticoagulant therapy? <input type="radio"/> Yes <input type="radio"/> No
Question 8	Will the results of the TEE be used to modify the patient's treatment plan? <input type="checkbox"/> Esophageal pathology (stricture, fistula, diverticulum, or laceration) <input type="checkbox"/> Perforated viscus <input type="checkbox"/> Esophageal malignancy <input type="checkbox"/> Active upper gastrointestinal (GI) bleed <input type="checkbox"/> Recent surgery of esophagus <input type="checkbox"/> None of the above