Authorization Request Form - Part 2
Transthoracic Echocardiogram (TTE)

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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: **Chest Pain, Coronary Artery Disease**

Question 1

Which of the following findings were documented at the most recent encounter? [Required, Multi Select]

- ☐ Chest pain that is substernal or retrosternal
- ☐ Chest pain provoked by exertion or an emotional event
- ☐ Chest pain relieved by rest or nitroglycerin
- ☐ Unexplained chest pain (or ischemic equivalent)
- ☐ Acute chest pain
- ☐ Unexplained dyspnea on exertion
- ☐ Unexplained congestive heart failure
- ☐ History of presyncope or syncope
- ☐ None of the above

Question 2

Which of the following findings were documented within the past 3 months? [Required, Multi Select]

- ☐ Shortness of breath
- ☐ Abnormal ECG
- ☐ Palpitations
- ☐ TIA
- ☐ Stroke
- ☐ Peripheral embolic event
- ☐ None of the above

Question 3

Does testing indicate any of the following abnormal findings (testing includes but is not limited to chest X-ray, EKG, or cardiac biomarkers)? [Required, Multi Select]

- ☐ Abnormal cardiac enzymes
- ☐ Abnormal baseline imaging findings (e.g. chest X-ray, EKG)
- ☐ Hypertensive heart disease
- ☐ Testing was not completed
- ☐ Testing was completed but none of the above was indicated

Question 4

Does the patient have one of the following suspected conditions? [Required, Multi Select]

- ☐ Symptomatic valvular disease
- ☐ Symptomatic pericardial disease
- ☐ Symptomatic primary myocardial disease
- ☐ None of the above

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

Question 1

Has the patient had a previous echo?

- ☐ No
- ☐ Yes, but less than or equal to 3 years ago
- ☐ Yes, but greater than 3 years ago

Question 2

Will the results of the echo have the potential for meaningful impact on patient care?

- ☐ Yes
- ☐ No

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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: **Atrial Flutter**

Question 1

What kind of request is this?

- ◯ This is the patient's first request for a TTE
- ◯ This is a subsequent request for TTE.

Question 2

Does the patient have one of the following suspected conditions?

- ☐ Significant valvular heart disease
- ☐ Pericardial disease
- ☐ Specific cardiomyopathy (e.g., ischemic cardiomyopathy, hypertrophic cardiomyopathy)
- ☐ Hypertensive heart disease
- ☐ Structural heart disease (e.g., atrial septal defect, ventricular septal defect, heart transplant)
- ☐ None of the above

Question 3

Is Left Ventricular function less than 50%?

- ◯ Yes
- ◯ No

Question 4

When was the patient's last TTE?

- ◯ Less than three months
- ◯ Greater than or equal to three months
- ◯ Not applicable; this is the patient's first TTE.

Question 5

If there has been another request for a TTE within the last 12 months, has the patient had any of the following events?

- ☐ Medication change
- ☐ A new or significant change in clinical status (chest pain, shortness of breath, abnormal ECG, palpitations, TIA, stroke, or peripheral embolic event).
- ☐ Rehospitalization
- ☐ Unrelated surgical planning (e.g., clearance for surgery needs to be performed)
- ☐ None of the above

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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: **Pericardial Disease**

Question 1

Which of the following conditions are known or suspected?

- ☐ Pericardial disease
- ☐ Pericardial effusion
- ☐ Cardiac tamponade
- ☐ Constrictive pericarditis
- ☐ Pericardial disease due to mass, malignancy, thrombus, or diverticulum
- ☐ The patient had a recent cardiovascular surgery or intervention, and a complication is suspected
- ☐ None of the above

Question 2

Is a TTE required for visualization during a scheduled pericardiocentesis (i.e., fluid removal from the pericardium)?

- ◯ Yes
- ◯ No

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

Question 1

Which of the following symptoms or findings were documented at the most recent encounter?

- ☐ Low-flow, low-gradient aortic stenosis with a need for further imaging to specify a diagnosis
- ☐ Aortic stenosis (moderate or asymptomatic severe)
- ☐ Mitral regurgitation (moderate or severe)
- ☐ Mitral valve disease with a discrepancy between clinical symptoms and resting echocardiogram findings
- ☐ Aortic Regurgitation (moderate or severe)
- ☐ Valvular Heart Disease in a female patient who is considering pregnancy
- ☐ None of the above

Question 2

Does the patient have any of the following conditions?

- ☐ Acute pericarditis or Myocarditis
- ☐ Severe symptomatic valvular aortic stenosis
- ☐ Uncontrolled arrhythmias causing symptoms or instability
- ☐ Symptomatic congestive heart failure
- ☐ Severe hypertension (greater than 180/100mm Hg)
- ☐ Technical limitations that would limit the quality of diagnostic Stress Echo (e.g., obesity, severely underweight, chest wall deformity, the patient cannot be in an appropriate position)
- ☐ None of the above

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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: **Cardiomyopathies**

Question 1

What kind of request is this?

- ◯ This is the patient's first request for a TTE
- ◯ This is a subsequent or follow-up request for TTE

Question 2

Does the patient have confirmed cardiomyopathy?

- ◯ Yes
- ◯ No

Question 3

If the patient has confirmed cardiomyopathy, do any of the following apply to their diagnosis?

- ◯ 1st degree relative of an index case of hypertrophic cardiomyopathy.
- ◯ Genotype positive, phenotype negative hypertrophic cardiomyopathy.
- ◯ Dilated cardiomyopathy (ischemic or nonischemic)
- ◯ None of the above applies to the confirmed cardiomyopathy diagnosis.
- ◯ None of the above, the patient's cardiomyopathy has not been confirmed.

Question 4

Which of the following findings were documented within the past three months?

- ☐ Worsening symptoms of confirmed cardiomyopathy
- ☐ New signs or symptoms of confirmed cardiomyopathy
- ☐ Suspected Cardiac arrhythmia
- ☐ Supraventricular tachycardia
- ☐ Atrial fibrillation
- ☐ Palpitations
- ☐ Syncope, near syncope
- ☐ None of the above

Question 5

If the patient has had previous non-invasive testing, what were the findings (e.g., chest radiography, ECG, or cardiac biomarkers)?

- ☐ Suspected but not confirmed Cardiomyopathy
- ☐ Non-diagnostic or incomplete findings
- ☐ Technical difficulties with interpretation
- ☐ Discordant results with previous clinical data
- ☐ No other non-invasive tests were performed
- ☐ None of the above

Question 6

Is the patient being considered for any of the following?

- ☐ Guided medical therapy
- ☐ Cardiac resynchronization therapy
- ☐ Listing for transplant
- ☐ None of the above

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Please fill in each question option completely ⬭ → ⬬

Patient Information

First name	Last name
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Fill out the following section if submitting for any of the following: **Palpitations**

Question 1

Which of the following findings were documented within the past 3 months?

- ☐ Shortness of breath
- ☐ Chest Pain
- ☐ TIA
- ☐ Stroke
- ☐ Peripheral embolic event
- ☐ Dizziness/syncope
- ☐ None of the above

Question 2

Does testing indicate any of the following abnormal findings (testing includes but is not limited to chest X-ray, EKG, or cardiac biomarkers)?

- ☐ Abnormal cardiac enzymes
- ☐ Abnormal imaging findings
- ☐ Abnormal EKG
- ☐ Testing was not completed
- ☐ Testing was completed, but none of the above was indicated

Question 3

Does the patient have one of the following suspected conditions?

- ☐ Valvular disease
- ☐ Pericardial disease
- ☐ Primary myocardial disease
- ☐ Hypertensive heart disease
- ☐ Structural heart disease (e.g., atrial septal defect, ventricular septal defect, heart transplant)
- ☐ None of the above

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

Question 1

Is the patient documented to have a heart murmur with a concern of any of the following?

- ☐ Valvular heart disease
- ☐ Pericardial disease
- ☐ Cardiomyopathy
- ☐ Congenital heart disease
- ☐ Heart failure
- ☐ None of the above

Question 2

Is the patient documented to have a heart murmur with any of the following findings documented within the past three months?

- ☐ Shortness of breath
- ☐ Chest pain
- ☐ Syncope
- ☐ Neurologic symptoms
- ☐ Peripheral embolic event
- ☐ None of the above

Question 3

Is the patient documented to have an asymptomatic heart murmur that needs further evaluation via TTE?

- ◯ Yes
- ◯ No

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Please fill in each question option completely ⬭ → ⬬

Patient Information

First name	Last name
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Fill out the following section if submitting for any of the following: **Preoperative Evaluation**

Question 1

Which category of surgical procedure is the patient undergoing?

- ◯ Low (<1%) risk (e.g., cataract surgery, breast surgery, rotator cuff repair, laparoscopic appendectomy)
- ◯ Intermediate (1-5%) risk (e.g., head and neck surgery, prostate surgery, orthopedic surgery)
- ◯ High (>5%) risk (e.g., major intra-abdominal vascular surgery, open cholecystectomy, open hernia repair)
- ◯ Emergency surgery

Question 2

Which of the following symptoms or findings were documented at the most recent encounter?

- ☐ Moderate or severe valvular heart disease with no prior echo in the past year
- ☐ Valvular heart disease
- ☐ Left ventricular (LV) dysfunction
- ☐ History of hypertension
- ☐ History of hyperlipidemia
- ☐ History of diabetes
- ☐ None of the above

Question 3

Does the patient have new or recent worsening signs or symptoms (e.g., new murmur, ECG change, arrhythmias) of suspected cardiac origin?

- ◯ Yes
- ◯ No

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

Question 1

Is the TTE being performed for any of the following reasons?

- ☐ "To monitor suspected or known structural heart disease in the presence of ventricular arrhythmias.
- ☐ For pre-procedural evaluation of heart function.
- ☐ None of the above.

Question 2

Has the patient been documented to have a thickened chest wall or overcrowded ribs?

- ☐ Yes, a thickened chest wall.
- ☐ Yes, overcrowded ribs.
- ☐ None of the above.

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

Question 1

Is the TTE being performed for any of the following reasons?

- ☐ Evaluation of any initial documented episode of SVT
- ☐ Evaluation of cardiac structure and function to exclude arrhythmia-induced cardiomyopathy
- ☐ None of the above

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Please fill in each question option completely ⬭ → ⬬

Patient Information

First name	Last name
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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) [Required, Single Select]

- ◯ Yes
- ◯ No

Question 2

Does the patient have any of the following? [Required, Multi Select]

- ☐ Coronary artery disease (CAD)
- ☐ History of heart attack (myocardial infarction)
- ☐ Palpitations
- ☐ Abnormal cardiac test results (e.g., ECG, chest radiography, or stress test)
- ☐ TIA, stroke, or peripheral embolic event
- ☐ Pericardial disease
- ☐ Primary myocardial disease (cardiomyopathy)
- ☐ Hypertensive heart disease
- ☐ Valvular heart disease or heart murmur
- ☐ Previous heart surgery
- ☐ None of the above

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

Question 1

Has the patient had a recent stroke? [Required, Single Select]

- ◯ Yes
- ◯ No

Question 2

Does the patient have one of the following suspected conditions? [Required, Multi Select]

- ☐ Suspected cardiovascular source of embolus
- ☐ Symptoms or conditions potentially related to cardiac etiology, including but not limited to stroke or TIA
- ☐ None of the above

Fill out the following section if submitting for any of the following: **Syncope or Presyncope**

Question 1

Is the syncope due to a known or suspected cardiac cause?

- ◯ Yes
- ◯ No

Question 2

Does the patient have any of the following symptoms or findings?

- ☐ Chest pain
- ☐ Shortness of breath
- ☐ Palpitations
- ☐ Abnormal cardiac test results (e.g., ECG, chest X-ray, or stress test)
- ☐ History of heart disease (e.g., Heart murmur/valvular heart disease, myocardial infarction or heart attack, prior heart surgery, cardiomyopathies, pericardial disease, or hypertensive heart disease).
- ☐ TIA or stroke
- ☐ None of the above

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Please fill in each question option completely ⬭ → ⬬

Patient Information	First name	Last name
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Fill out the following section if submitting for any of the following: **Sinus Node Dysfunction**

Question 1

What kind of request is this?

- ◯ This is the patient's first request for a TTE
- ◯ This is a subsequent request for TTE.

Question 2

Does the patient have one of the following suspected conditions?

- ☐ Valvular heart disease
- ☐ Pericardial disease
- ☐ A specific cardiomyopathy (e.g., ischemic cardiomyopathy, hypertrophic cardiomyopathy)
- ☐ Hypertensive heart disease
- ☐ Clinical evidence of congestive heart failure
- ☐ Other structural heart disease (e.g., congenital heart lesions, heart transplant, infiltrative myocardial disease)
- ☐ None of the above

Question 3

Does the patient require follow-up evaluation for left ventricular dysfunction after treatment?

- ◯ Yes
- ◯ No

Question 4

When was the patient's last TTE?

- ◯ Less than three months
- ◯ Greater than three months
- ◯ Not applicable; this is the patient's first TTE

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

Question 1

What kind of request is this?

- ◯ This is the patient's first request for a TTE
- ◯ This is a subsequent request for TTE.

Question 2

Does the patient have one of the following suspected conditions?

- ☐ Valvular heart disease
- ☐ Pericardial disease
- ☐ Specific cardiomyopathy (e.g., ischemic cardiomyopathy, hypertrophic cardiomyopathy)
- ☐ AV block with suspicion of reduced ventricular function
- ☐ AV Block with abnormal findings (including chest X-ray, ECG, or physical exam) suggesting structural heart disease
- ☐ AV block and a history of a congenital heart disease
- ☐ Conduction disease and an additional sign or symptom (including chest pain, shortness of breath, palpitations, TIA, stroke, or peripheral embolic event)
- ☐ None of the above

Question 3

Does the patient require follow-up evaluation for left ventricular dysfunction after treatment?

- ☐ Yes
- ☐ No

Question 4

When was the patient's last TTE?

- ◯ Less than three months
- ◯ Greater than three months
- ◯ Not applicable; this is the patient's first TTE

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Please fill in each question option completely ⬭ → ⬬

Patient Information	First name	Last name
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Fill out the following section if submitting for any of the following: **Adult Congenital Heart Disease**

Question 1

What kind of request is this?

- ◯ This is the patient's first request for a TTE
- ◯ This is a subsequent request for TTE.

Question 2

Does the patient have one of the following conditions?

- ☐ Congenital heart disease (suspected)
- ☐ Mild severity and/or minimally progressive congenital heart disease
- ☐ Moderate severity and/or moderately progressive congenital heart disease
- ☐ Severe and/or rapidly progressive congenital heart disease
- ☐ Cardiac vegetation, tumor, thrombus, or cardiac source of embolus (suspected)
- ☐ Pericardial disease
- ☐ Cardiomyopathy (e.g., ischemic cardiomyopathy, hypertrophic cardiomyopathy)
- ☐ Hypertensive heart disease
- ☐ Congestive heart failure
- ☐ Other structural heart disease (e.g., Williams syndrome, supravalvular aortic stenosis)
- ☐ The patient is being assessed for surgery or a planned intervention
- ☐ Assessment of baffle leak in patients with d-TGA with atrial switch
- ☐ None of the above

Question 3

Does the patient have a family history of first-degree relatives with bicuspid aortic valve or enlargement of the thoracic aorta?

- ◯ Yes
- ◯ No

Question 4

If the patient has confirmed cardiomyopathy, do any of the following apply to their diagnosis?

- ◯ Greater than one year
- ◯ Greater than two years
- ◯ Greater than three years
- ◯ Not applicable; this is the patient's first TTE

Question 5

If there has been another request for a TTE within the last 12 months, has the patient had any of the following events?

- ☐ Medication change
- ☐ New symptoms
- ☐ Rehospitalization
- ☐ Need for follow-up after a valve intervention
- ☐ Unrelated surgical planning (e.g., clearance for surgery needs to be performed)
- ☐ None of the above

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Please fill in each question option completely ⬭ → ⬬

Patient Information

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

Question 1

What kind of request is this? [Required, Single Select]

- ◯ This is the patient's first request for a TTE
- ◯ This is a subsequent request for TTE

Question 2

Which of the following findings were documented within the past three months? [Required, Multi Select]

- ☐ Paroxysmal atrial fibrillation
- ☐ Persistent atrial fibrillation
- ☐ Permanent atrial fibrillation
- ☐ Significant valvular heart disease
- ☐ Structural heart disease (e.g., atrial septal defect, ventricular septal defect, heart transplant)
- ☐ Hypertensive heart disease
- ☐ Pericardial disease
- ☐ A specific cardiomyopathy (e.g., ischemic cardiomyopathy, hypertrophic cardiomyopathy)
- ☐ None of the above

Question 3

Which of the following findings were documented within the past 12 months? [Required, Single Select]

- ◯ Permanent atrial fibrillation
- ◯ Persistent atrial fibrillation
- ◯ Paroxysmal atrial fibrillation
- ◯ None of the above

Question 4

Is Left Ventricular function less than 50%? [Required, Single Select]

- ◯ Yes
- ◯ No

Question 5

When was the patient's last TTE? [Required, Single Select]

- ◯ Less than 3 months prior
- ◯ Greater than or equal to 3 months prior
- ◯ Not applicable; this is the patient's first TTE

Question 6

Has the patient had any of the following in the last three months? [Required, Single Select]

- ☐ Medication change
- ☐ "New or significant change in clinical status (chest pain, shortness of breath, abnormal ECG, palpitations, TIA, stroke, or peripheral embolic event).
- ☐ Rehospitalization
- ☐ Unrelated surgical planning (e.g., clearance for surgery needs to be performed)
- ☐ None of the above