MEDSOLUTIONS
INTELLIGENT COST MANAGEMENT

Cardiac Nuclear Imaging Request

Rule Out CAD - New LV Dys – Pre Trans Eval

MYOCARDIAL PERFUSION IMAGING- This survey and all data submitted are considered a legal extension of the medical record. Any inconsistencies on this survey compared with the office medical record should be explained in the comments section. Free text comments at page bottom. We encourage you to electronically forward relevant data/notes. MedSolutions reserves the right to request detailed information for the patient. Fax forms *(non-urgent requests only)* to **888.693.3210.**

URGENT (Same Day) REQUESTS ARE ONLY ACCEPTED BY PHONE AT 888.693.3211.

Member

Patient First Name:		Patient Last Name:		
DOB:	Member ID:	Group #:	Health Plan:	
Address:		City:	ST:	Zip:

Physician

Physician First Name:		Physician Last Name:		
Primary Specialty:	NPI:	Tax ID:		
Address:		City:	ST:	Zip:
Phone #:	Fax #:	Contact Email:		

Facility

Facility Name:	NPI:	Facility Tax ID:		
Address:		City:	ST:	Zip:
Phone #:	Fax #:	☐ RETRO Date of Service:		

Clinical

Check all applicable CPT® code(s) (REQUIRED): ☐ 78451 ☐ 78452 ☐ 78453 ☐ 78454 ☐ 78466 ☐ 78468 ☐78469 ☐ 78472 ☐ 78473 ☐ 78481 ☐ 78483 ☐ 78494 ☐ 78496 ☐ 78499 ☐ Other: _____

ICD-9 Code (s) (REQUIRED):

1. Date of most recent office visit or other documented contact with physician:
   - ☐ 60 days or less
   - ☐ More than 60 days
   - ☐ No documented contact
   - ☐ Don't know

2. Type of most recent documented contact with physician?
   - ☐ Hospital
   - ☐ Office visit
   - ☐ Phone call
   - ☐ None
   - ☐ Don't know

3. Is there a documented history of coronary artery disease?
   - ☐ Yes
   - ☐ No
   - ☐ Don't know

4. What symptoms are present?
   - ☐ No symptoms (asymptomatic)
   - ☐ Symptoms are present but stable
   - ☐ New or worsening angina or angina equivalent
   - ☐ New or worsening atypical chest pain
   - ☐ New or worsening heart failure (CHF)
   - ☐ Syncope
   - ☐ Documented ventricular tachycardia (VT)
   - ☐ None of the above
   - ☐ Don't know

5. What level of exercise can this individual do?
   - ☐ Able and willing to exercise on a treadmill
   - ☐ Able but unwilling to exercise on a treadmill
   - ☐ Unable to exercise on a treadmill due to neurologic reason (CVA/stroke)
   - ☐ Unable to exercise on a treadmill due to orthopedic/musculoskeletal limitations
   - ☐ Poor exercise tolerance (unable to walk at least 2 flights of stairs or 4 blocks on level ground without stopping)
   - ☐ Severe COPD such as emphysema
   - ☐ None of the above
   - ☐ Don't know

6. If exercise on a treadmill is not possible, please explain why.
   - ☐ Not applicable
   - ☐ Reason_____

7. Has an ECG been done in the past 60 days?
   - ☐ Yes ☐ No ☐ Don't know

8. What were the results of an ECG done within the last 60 days?
   - ☐ An ECG was not done within the last 60 days
   - ☐ Normal ECG
   - ☐ Nonspecific ST/T wave changes
   - ☐ Complete LBBB (Left Bundle Branch Block)
   - ☐ Complete RBBB (Right Bundle Branch Block)
   - ☐ Incomplete RBBB (Right Bundle Branch Block)
   - ☐ Hemiblock
   - ☐ Ventricular pacemaker
   - ☐ LVH with early repolarization
   - ☐ WPW/pre-excitation
   - ☐ T wave inversion in the inferior and /or lateral leads
   - ☐ Digoxin effect
   - ☐ None of the above
   - ☐ Don't know

9. Is there documentation of Ventricular Tachycardia (VT)?
   - ☐ Yes ☐ No ☐ Don't know

10. Is there new congestive heart failure (CHF) or new Left Ventricular (LV) dysfunction?
    - ☐ Yes
    - ☐ No
    - ☐ Don't know

11. What is the resting heart rate?
    - ☐ Less than 50 beats per minute
    - ☐ 50 to 60 beats per minute
    - ☐ Greater than 60 beats per minute
    - ☐ Don't know

12. What is the body weight in pounds?
    - ☐ Weight in pounds_____
    - ☐ Don't know

13. What is the height in inches?
- ☐ Height in inches_____
- ☐ Don't know

14. Cardiac Risk Factors that this individual has (choose all that apply):
- ☐ Diabetes
- ☐ High blood pressure
- ☐ Hyperlipidemia (high cholesterol, etc…)
- ☐ Smoker
- ☐ Obstructive Sleep Apnea
- ☐ Obesity
- ☐ Cerebrovascular disease (TIA, stroke)
- ☐ None of the above
- ☐ Don't know

15. Is there a history of heart attack or coronary artery disease (CAD) in a first degree relative such as a parent or sibling?
- ☐ Yes, before age 50
- ☐ Yes, after age 50
- ☐ Yes, unknown age
- ☐ No
- ☐ Don't know

16. Is this study being requested because there was a recent abnormal or equivocal Exercise Treadmill Stress Test (ETT)?
☐ Yes ☐ No ☐ Don't know

17. Does this individual have a history of a false positive Exercise Treadmill Stress Test?
☐ Yes ☐ No ☐ Don't know

18. Is there a personal history of cancer?
☐ Yes ☐ No ☐ Don't know

19. When was the most recent imaging stress test performed (example: nuclear stress test, stress echo, or stress MRI)?
- ☐ No imaging stress test has ever been done
- ☐ Less than six months ago
- ☐ Six months to one year ago
- ☐ 1 to less than 2 years ago
- ☐ 2 to 5 years ago
- ☐ More than 5 years ago
- ☐ Don't know

Who will be the responsible contact for additional information, if requested, or questions concerning this request?

Print Name:_____

Additional Information/Comments:

Submitter

Check the appropriate box describing you: ☐ Ordering Physician ☐ Facility ☐ Other _____

Sign and Date Below:

Print Name:_____

Sign Name: _____ ☐ **MD** ☐ **RN** ☐ **LPN** ☐ **PA** ☐ **NP** ☐ **Other**