Information Worksheet for Echo Stress Test.

Use this worksheet to assist you in preparing the information when you request notification/prior authorization for a stress echo procedure. You can submit your request online or by phone.

**Online:** You can submit requests at [UHCprovider.com/cardiology](http://UHCprovider.com/cardiology). Then select the Prior Authorization and Notification app from your Link dashboard.

**Phone:** Call us at 1-866-889-8054.

**Member Information:**
- UnitedHealthcare identification (ID) number
- UnitedHealthcare group number
- Name
- Date of birth
- Telephone number and address (optional)

**Provider Information:**
- National Provider Identifier (NPI) number
- Tax ID number
- Name
- Address
- Area code and telephone number
- Area code and fax number
- Email address (optional)
- Office contact person

**Clinical Information:**
- The cardiac procedures being requested with the CPT®* code(s): 93350, 93351
- The working diagnosis with appropriate ICD-10 code(s):
- Scheduled date of service:

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Please be prepared to answer what best describes the reason for ordering this exam:

- Pre-operative assessment for non-cardiac surgery
- Known coronary artery disease (CAD)
- New diagnosis of congestive heart failure (CHF)
- New diagnosis of cardiomyopathy (CM)
- Suspected coronary artery disease and symptoms
- Screening for coronary artery disease and asymptomatic
- Valvular heart disease
- Other (please describe)

If symptomatic, please be prepared to answer the following:

- Is the chest pain substernal?  
  - Yes
  - No
- Is there arm pain?  
  - Yes
  - No
- Is there jaw pain?  
  - Yes
  - No
- Is the pain relieved with nitroglycerin or rest?  
  - Yes
  - No
- Is there shortness of breath?  
  - Yes
  - No
- Does the pain wake the patient from sleep?  
  - Yes
  - No
- Is the pain worse with inspiration?  
  - Yes
  - No
- Does the pain occur at rest?  
  - Yes
  - No
- Is the pain brought on by exercise or emotional upset?  
  - Yes
  - No

For asymptomatic CAD screening, please be prepared to answer the following:

- Does the patient have diabetes?  
  - Yes
  - No
- Is the patient being treated with medication for hypertension?  
  - Yes
  - No
- Has the patient smoked cigarettes within the last month?  
  - Yes
  - No
- What is the systolic blood pressure?
- What is the total cholesterol?
- What is the HDL cholesterol?