Information Worksheet for Transthoracic Echocardiogram TTE.

Use this worksheet to assist you in preparing the information when you request notification/prior authorization for a Transthoracic Echocardiogram (TTE) 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): 93303, 93304, 93306, 93307, 93308
- The working diagnosis with the appropriate ICD-10 code(s):
- Scheduled date of service:

**Please be prepared to answer the following:**

What is the primary indication for the TTE?

Was a prior TTE performed?  ☐ Yes  ☐ No

Is the patient currently symptomatic?  ☐ Yes  ☐ No

Are there currently new findings on the clinical exam?  ☐ Yes  ☐ No

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