Instructions for submitting a Massachusetts Prior Authorization Form Electronically

For Medical Providers

To submit a Massachusetts prior authorization form electronically, providers must register for access to Cigna’s online prior authorization tool.

To initiate registration for the tool, send an email to PMAC@Cigna.com. Include the following information with your submission:

- Provider or facility name
- Mailing address
- Email address
- Contact name
- Contact telephone number

If you prefer to submit a prior authorization form via fax, please send it to 866.873.8279.

To contact Cigna’s Coverage Review Team, please call the phone number listed on the back of the customer’s ID card or 800.Cigna24 (800.244.6224).
# CARDIAC IMAGING PRIOR AUTHORIZATION FORM

Myocardial Perfusion Imaging (MPI); Stress Echocardiogram; Multiple Gated Acquisition Scan (MUGA); Transthoracic Echocardiogram (TTE); Transesophageal Echocardiogram (TEE)

## SECTION 1. MEMBER DEMOGRAPHICS

<table>
<thead>
<tr>
<th>Patient Name (First, Last):</th>
<th>DOB:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health Plan:</td>
<td>Member ID:</td>
</tr>
<tr>
<td></td>
<td>Group #:</td>
</tr>
</tbody>
</table>

## SECTION 2. ORDERING PROVIDER INFORMATION

| Physician Name (First, Last): | NPI: | Tax ID: |
| Primary Specialty: | Phone #: | Fax #: |
| | Contact Name: |

## SECTION 3. FACILITY INFORMATION

| Facility Name: | Facility Tax ID: | NPI: |
| Address: | City: | State: | Zip: |
| Phone #: | Fax #: | Date of Service: |

## SECTION 4. EXAM REQUEST

- [ ] MPI
- [ ] Stress Echo
- [ ] MUGA
- [ ] TTE
- [ ] TEE
- [ ] Fetal Echo

CPT Code(s):

Description:

ICD Diagnosis Code(s):

Description:

Date of first office visit for this condition with any provider:

Date of most recent office visit for this condition with any provider:

## SECTION 5. SELECT APPLICABLE STUDY AND CHECK REASON(S) FOR EVALUATION (CHECK ALL THAT APPLY)

- [ ] MPI
- [ ] STRESS ECHO
- [ ] MUGA
- [ ] TTE
- [ ] TEE
- [ ] Cardiac MRI
- [ ] Coronary CTA

### Chest Pain or suspected Angina with:

(Check all that apply)

- [ ] Without other symptoms
- [ ] Exacerbated by exercise or relieved by rest
- [ ] Relieved with Nitroglycerin
- [ ] Dyspnea (Shortness of Breath)
- [ ] Jaw Pain
- [ ] Left Arm Pain/Radiating Pain
- [ ] Retrosternal Location

### Associated Conditions:

(Check all that apply)

- [ ] Abnormal EKG
- [ ] Atrial Fibrillation
- [ ] Cardiomyopathy
- [ ] Known CAD
- [ ] New Onset Heart Failure
- [ ] Patient has one or more of the following: heart transplant, aortic aneurysm, and/or carotid narrowing/stenosis

### Other Indications:

(Check all that apply)

- [ ] Abnormal Test Results (Please provide detail in previous test grid below)
- [ ] Anomalous coronary artery
- [ ] Congenital heart disease (known/suspected)
- [ ] Evaluation for myocardial viability
- [ ] Pediatric Acquired Heart Disease
- [ ] Suspected Constrictive Pericarditis
- [ ] Quantification intracardiac shunt
- [ ] Quantification valvular regurgitation

### Risk Factors for Coronary Artery Disease: (Check all that apply)

- [ ] Age greater than 40
- [ ] CAD/MI in a father, brother, son <50 years old
- [ ] CAD/MI in a mother, sister, daughter <60 years old
- [ ] Current Smoker
- [ ] Diabetes
- [ ] Elevated Cholesterol
- [ ] Hypertension
- [ ] Other (describe): ____________

(continued on next page)
## Previous Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Date</th>
<th>Results</th>
</tr>
</thead>
<tbody>
<tr>
<td>Exercise Stress Test</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Myocardial Perfusion Imaging (MPI)</td>
<td></td>
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<tr>
<td>Stress Echocardiogram</td>
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<tr>
<td>Cardiac MRI</td>
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<tr>
<td>Cardiac Catheterization</td>
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<tr>
<td>Coronary CTA</td>
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<tr>
<td>EKG</td>
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<tr>
<td>Other</td>
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</tbody>
</table>

## Reason for Study (Check all that apply)

- Abnormal Test Results (provide details below)
- Acquired Pediatric Heart Disease
- Aortic Disease
- Arrhythmias
- Congenital Heart Disease
- Device Evaluation (Pacemaker, ICD, or CRT)
- Evaluate for cardiomyopathy (known/suspected)
- Known or Suspected Fetal Cardiac Disorder
- Murmur or click
- Pericardial Disease
- Suspected or Known Endocarditis
- Pulmonary Hypertension
- Pre-op
- Post-op
- Suspected Cardiac Mass
- Suspected Cardiac Source of Embolus
- Valvular Disease
- Ventricular Function
- Suspected or Known Endocarditis
- Other (describe): ______________________

## Symptoms with Suspected Cardiac Etiology (Check all that apply)

- Assess for structural heart disease
- Chest Pain
- Dyspnea (Shortness of Breath)
- ADL Limitations (list): ______________________
- Other (describe): ______________________
- Palpitations
- Syncope
- Peripheral Embolic Event
- TIA/Stroke

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<thead>
<tr>
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<td>TEE (Transesophageal Echo)</td>
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<tr>
<td>Fetal Echo</td>
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<tr>
<td>MUGA</td>
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<tr>
<td>Cardiac MRI/CT</td>
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Providers should consult the health plan’s coverage policies, member benefits, and medical necessity guidelines to complete this form. Providers may attach any additional data relevant to medical necessity criteria.