

Beneficiary Full Name: _____ Sponsor's SSN: _____ - _____ - _____

Date of Birth: _____ Beneficiary State of Residence: _____

Dear Provider,

Please complete the letter of attestation below and return as indicated on the additional information request letter.

SECTION I

The beneficiary needs a computed tomography (CT) angiography of the heart using CPT® procedure codes 75571-75574 to evaluate for: **(Check all that apply):**

- Heart failure of unknown origin, when invasive coronary angiography/percutaneous coronary intervention (PCI) is not planned, cannot be performed or is equivocal.
- Acute chest pain in an emergency department setting and the beneficiary has no other evidence of cardiac disease.
- Acute chest pain or unstable angina and a coronary angiography or a PCI cannot be performed or is equivocal.
- Anomalous native coronary arteries in symptomatic patients when conventional angiography is unsuccessful or equivocal and when results would impact treatment.
- An equivocal stress study prior to kidney or liver transplantation.
- Complex congenital anomaly of coronary circulation or the great vessels.
- Pre-surgical condition prior to biventricular pacemaker placement or electrophysiologic procedure to isolate pulmonary veins for radiofrequency ablation of arrhythmia focus (circle which procedure is planned).
- Coronary anatomy prior to surgery (valve replacement or repair, or repair of aortic aneurysm or dissection).
- Chronic stable angina and chest pain of uncertain etiology or other cardiac findings prompting evaluation for coronary artery disease (CAD). **Please also complete Section II below.**
- A condition not listed above. **Please also complete Section III.**

SECTION II

Please complete this section if the beneficiary has chronic stable angina and chest pain of uncertain etiology or other cardiac findings prompting evaluation for CAD **(Check all that apply).**

- Invasive coronary angiography or PCI is not planned, cannot be performed or is equivocal; and
- an exercise stress test cannot be performed or is equivocal; and
- at least one of the following non-invasive tests were attempted and results could not be interpreted, were equivocal or none of the following tests could be performed:
 - Exercise stress echocardiography.
 - Exercise stress echo with dobutamine.
 - Exercise myocardial perfusion (single photon emission computed tomography (SPECT)).
 - Pharmacologic myocardial perfusion.

SECTION III

Please complete this section only if you were unable to make selections in Sections I and II above. Indicate the reason for requesting a CT angiography. Attach clinical information or medical necessity justification specific to the need for this procedure along with this form.

Reason for CT angiography of the heart:

I attest the information provided is true and accurate to the best of my knowledge. I understand Health Net Federal Services, LLC or designee may perform a routine audit and request the medical documentation to verify the accuracy of the information reported on this form.

Additional information: _____

Physician's printed name and title: _____

TIN: _____ Signature: _____ Date: _____

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