DeanHealthPlan
Administrative Services
A member of SSM Health

ASO Plans Only
Nuclear (Pharmacologic) Stress Test
Fax completed form to: 608-252-0864

☐ **Pre-Service Non-Urgent (Physician Signature NOT Required)**

☐ **Pre-Service Administratively Urgent (Physician Signature NOT Required)**
(Services which do not meet the definition of Medically Urgent, however, are deemed to be time sensitive by one or more of the affected parties.)

☐ **Pre-Service Medically Urgent (Attending Physician Signature REQUIRED Below)**
(Medically Urgent—In the opinion of the attending physician, there is a risk to the member's life, serious bodily injury or pain that cannot otherwise be managed.)
Attending Physician Signature:_____Date:_____

☐ **Check here if you are requesting services at another Tier for an ASO PPO Member**

PATIENT DEMOGRAPHICS		
Patient Name:		Date of Birth:
Member ID:		Phone Number:
Street Address:		
City:	State:	Zip Code:

REFERRING PROVIDER INFORMATION		
Provider Name:	Provider #	Phone #:
Street Address:		Fax #:
City:	State:	Zip Code:
Provider #:	Specialty:	

REFERRED TO PHYSICIAN/FACILITY/PROVIDER INFORMATION		
Referred To:		Phone #
Street Address:		Fax #
City:	State:	Zip Code:
Specialty:		

REQUEST INFORMATION		
Date (s) of Service:	Diagnosis Code (s):	ICD 10 Code(s):
# of Visits	3rd party liability: ☐ W/C ☐ MVA ☐ Other	
CPT Codes and Description:		

Answering yes to any of the questions below satisfies Dean Health Plan's prior authorization criteria for Nuclear ETT approval.

1. Has the patient had a previous MI or previous cardiac catheterization showing coronary artery disease? ☐ Yes ☐ No
2. Has the patient had a prior abnormal ECG response to exercise during an ETT? ☐ Yes ☐ No
3. Is the patient unable to exercise but still needs an ETT: ☐ Yes ☐ No
4. Does the patient also need assessment of left ventricular function (assumes cardiac echo has **not** recently been done)? ☐ Yes ☐ No

The completed form can be faxed to: 608-252-0864.
If you have any questions regarding the services or form, please contact group's Customer Care Center number located on the ID card or check on the deancare.com/aso Medical Management website.
HMO and EPO plans require an approved prior authorization before obtaining services from non-plan providers.

DeanHealthPlan Administrative Services
A member of SSM Health

ASO Plans Only
Nuclear (Pharmacologic) Stress Test
Fax completed form to: 608-252-0864

5. Does the resting ECG have any of the following abnormalities? ☐ Yes ☐ No

If yes, check all that apply:

- ☐ Electronically paced rhythm
- ☐ Significant Q waves (at least 0.4 mm wide)
- ☐ Left bundle branch block (complete or incomplete)
- ☐ Left ventricular hypertrophy
- ☐ Resting ST depression greater than 1 mm
- ☐ ST depression and patient on digoxin

Form Submitted By:		
Name:	Phone:	Fax:

The completed form can be faxed to: 608-252-0864.
If you have any questions regarding the services or form, please contact group's Customer Care Center number located on the ID card or check on the deancare.com/aso Medical Management website.
HMO and EPO plans require an approved prior authorization before obtaining services from non-plan providers.