



Registration of Coronary Catheterizations Independent Health

CardiacConnections™ includes the registration of coronary catheterizations (*Left Heart, Right Heart and both - all coronary angiograms*) in order to collect information about these procedures and track trends. Data collection can occur by phone or via RadMD.com and a registration number will be provided. There is no medical necessity determination or clinical review.

Please be prepared to answer the following questions when requesting registration of all catheterizations:

1. **Member and Provider:** Information on member, ordering provider and rendering provider are collected just like requests for other imaging authorizations.
2. **Patient age:** We will confirm whether or not the patient is 18 or older before proceeding with the questions. The questions are asked only on catheterizations for those 18 or older. For those under 18, you will be given a “registration number” (which you will need in order for the claim to be paid), but you will not need to answer the remaining questions.
3. **Procedure Requested:** Left Heart Catheterization, Right Heart Catheterization or Both Left and Right Heart Catheterization
4. **Risk Factors:**
 - a. Patient’s Gender (Male, Female, Unknown)
 - b. Patient’s Age
 - c. Patient’s Height (in feet/inches or centimeters)
 - d. Patient’s Weight (in pounds or kilos/grams)
 - e. Total Cholesterol value
 - f. Is the patient a Smoker? (Yes/No/Don’t Know)
 - g. Does the patient have Diabetes? (Yes/No/Don’t Know)
 - h. HDL Level value
 - i. Systolic Blood Pressure value
 - j. If Blood Pressure is being treated? (Yes/No/Don’t Know)
 - k. Does the patient’s father or mother have a diagnosis of Coronary Artery Disease? (Yes,/No/Don’t Know)
5. **Related Medical History:** Indicate if patient has a history of any of the following (Yes/No/Don’t Know)
 - a. Congestive Heart Failure
 - b. Septal Defects
 - c. Valve disease
 - d. Stroke/TIA
 - e. Peripheral Vascular Disease (PVD)
 - f. Previous Cardiac Catheterization/Coronary Angiogram
 - g. Myocardial Infarction (MI)
 - h. CABG (Coronary Artery Bypass Graft)

6. **Reason for this test:** (Required)
 - a. Evaluation of known or suspected Coronary Artery Disease
 - b. Angina evaluation per the Canadian Classification System Grade (Identify if *Grade I, II, III, IV*)
 - c. Hospital admission within the past 30 days for MI
 - d. Pre-op evaluation prior to valve surgery
 - e. Abnormal stress test within past 30 days
 - o If yes, type of test: (ETT, Nuclear Stress/MPI, Cardiac PET, Cardiac CT, Stress Echo).
 - f. Other: (A reason is required, so if none of the above reasons are applicable, please be prepared to state the reason, which will be entered as stated. “Don’t know” responses will not be accepted.)
7. **Intervention plans for catheterization:** Will this catheterization likely include an intervention (e.g., stent)? (Yes/No/Don’t Know)
8. **Nitrate:** Is the patient taking a nitrate? (Yes/No/Don’t Know)

After you have responded to the above questions, a “registration number” will be provided to the requester and written notification generated to the provider. The “registration number” (which looks like an authorization number) is required in order for the claim to be paid.