Cardiac Checklist (Health Plan)

Please be prepared to provide the applicable information from the following list when requesting prior authorization for a cardiac procedure managed by NIA:

1. **Medical chart notes** – all notes from patient chart related to the requested procedure, including patient’s current cardiac status/symptoms, cardiac factors and indications.

2. **Relevant patient information**, including:
   a. **Patient age, height, weight, and BMI.**
   b. **Family history of heart problems** (including relationship to member, age at diagnosis, type of event, etc.).
   c. **Medical history** (e.g. diabetes, hypertension, stroke, arrhythmia, etc.).
   d. **Cardiac risk factors.**
   e. **Previous cardiac treatments, surgeries or interventions** (medications, CABG, PTCA, stent, heart valve surgery, pacemaker/defibrillator insertion, surgery for congenital heart disease, etc.).
   f. **Problems with exercise capacity** (orthopedic, pulmonary, or peripheral vascular disease: distance, heart rate).

3. **Diagnostic or imaging reports from previous tests** (exercise stress test, echocardiography, stress echo, MPI, coronary angiography, etc.).
   a. For pacemaker or Implantable Cardioverter Defibrillator (ICD) requests, include EKG and/or telemetry strips showing bradycardia, EKG showing conduction abnormalities, EP study report, and/or tilt table test report, if applicable.
   b. For cardiac resynchronization therapy requests, include left ventricular function test report indicating LVEF, documentation of CHF symptoms and NYHA class and/or 12-Lead EKG showing QRS width, if applicable.
   c. For cardiac catheterization requests, include EKG results showing relevant changes, left ventricular function test reports, documentation of recent ejection fraction, etc.
   d. Cardiac catheterization requests also require the submission of digital images (e.g. DICOM files) from previous procedures. The digital image from a previous MPI, Stress Echo, Heart PET or other cardiac catheterization is considered to be relevant and necessary clinical information.

4. **Symptom history** (onset, course, new or changing symptoms) related to all pertinent cardiac conditions, such as heart muscle/valvular disease, structural abnormality, infection, exposure to toxins/chemotherapy, etc.

5. **Examination results**, including evaluation of hypertension, heart failure, cardiomyopathy, abnormal rhythm, pulmonary embolus, congenital condition, etc.

6. **Any other documentation that supports the need for the procedure.**

7. **For pediatric patients**, provide all pertinent clinical information supporting the relevant condition, such as:
   a. **Congenital heart disease**, such as cyanosis, failure to thrive, syncope, chest pain, abnormal murmurs, etc.; include documentation related to any prior surgery for congenital heart disease.
   b. **Acquired heart disease**, such as Kawasaki disease, endocarditis, pericarditis, HIV carditis, exposure to cardio toxic drugs, newly acquired hypertension, etc.
   c. **Non-cardiac diseases**, such as pulmonary hypertension, in-dwelling catheters, sepsis, thromboembolic events, etc.
   d. **Arrhythmias**, with possibly underlying structural heart disease.

To initiate an authorization request, visit [www.RadMD.com](http://www.RadMD.com) or call: