Cardiology Checklist for Coventry Health Care of West Virginia/CoventryCares of West Virginia

Please be prepared to provide the following information when requesting prior authorization for a cardiology imaging test:

1. **Member height, weight, and BMI**
2. **Family history of heart problems**
   - Relationship to member
   - Age at diagnosis
   - Event - MI (myocardial infarction), CABG (coronary artery bypass graft), stent, other
3. **Medical history**
   - Diabetes
   - Hypertension
   - Stroke
   - Arrhythmia
   - Other
4. **Cardiac risk factors**
5. **Previous cardiac surgery**
   - CABG (coronary artery bypass graft), PTCA (percutaneous transluminal coronary angioplasty), stent
   - Heart valve surgery
   - Other
6. **Physical examination results related to cardiac conditions**
7. **Medications**
8. **ECG results**
9. **Pacemaker** – if “yes”, paced rhythm?
10. **Previous cardiac testing and findings**
    - Exercise stress test
    - Echocardiography – transthoracic or transesophageal
    - Stress echo
    - Stress MPI
    - Coronary angiography and left ventriculogram
    - Digital images (DICOM files) from previous procedures may be required for some cardiac requests.
11. **Problems with Exercise capacity**
    - Orthopedic, pulmonary, or peripheral vascular disease
    - Distance, heart rate

To initiate an authorization request,
visit [www.RadMD.com](http://www.RadMD.com)
or call: 1-800-424-5675