



## **CARDIOLOGY CHECKLIST For Coventry Health Care of Illinois**

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
  - Echo – transthoracic or transesophageal
  - Stress echo
  - Stress MPI
  - Coronary angiography and left ventriculogram
- 11. Problems with Exercise capacity?**
  - Orthopedic, pulmonary, or peripheral vascular disease
  - Distance, heart rate

**To initiate an authorization request,  
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