

Cardiac Checklist

Please be prepared to provide the **applicable information** from the following list when requesting prior authorization for a cardiac procedure managed by Magellan Healthcare¹:

1. **Medical chart notes** – all notes from patient chart related to the requested procedure, including patient’s current cardiac status/symptoms, cardiac risk 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, arrhythmias, 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 echocardiography, 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, prior catheterization reports (if applicable), etc.
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, description of any murmurs or abnormal rhythm
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:

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- 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