Cardiac Solution Procedure Request Tip Sheet

National Imaging Associates\(^1\) (NIA) Cardiac Solution

This Tip Sheet is intended to highlight considerations related to Cardiac Solution authorization requests and does not include clinical criteria; please refer to NIA’s Clinical Guidelines for criteria that determine medical necessity for each cardiac procedure.

Cardiac Solution

- **The following cardiac tests require prior authorization:** requests are reviewed by board certified cardiologists and often include the review of pertinent medical records.
  - Myocardial Profusion Imaging (MPI)
  - Stress Echocardiography (SE)
  - Coronary Computed Tomographic Angiography (CCTA)
  - Cardiac PET, MR, CT and EBCT may be included in a Radiology Benefits Management Program or considered part of a Cardiac Solution
  - Transthoracic and Transesophageal Echocardiography (TTE and TEE)

- **Exercise Treadmill Test (or ECG)** does not require prior auth and can be considered an appropriate first step in evaluating potential heart disease for patients who can exercise.

- **Stress Echo is an alternative to MPI** because it results in less radiation exposure for patients who do not have any contraindications to physical activity.
  - See “NIA MPI vs SE Tip Sheet” which gives details on each test and the appropriate clinical scenarios for each,

- **Medical Records may be requested for review** on selected cardiac procedures; records should be submitted as quickly as possible and contain all information pertinent to the request. Include the following information (See the “Cardiac Checklist” for more detail).

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a. **Medical chart notes** including patient’s current cardiac status/symptoms, cardiac factors and indications.

b. **Relevant patient information**, such as age, BMI, family/medical history, risk factors, previous treatments/interventions, and problems with exercise capacity.

c. **Results of exam and previous tests** (exercise stress test, echocardiography, stress echo, MPI, coronary angiography, etc.).

d. **For pediatric patients**, provide all pertinent clinical information supporting the relevant condition, such as:
   i. **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.
   ii. **Acquired heart disease**, such as Kawasaki disease, endocarditis, pericarditis, HIV carditis, exposure to cardio toxic drugs, newly acquired hypertension, etc.
   iii. **Non-cardiac diseases**, such as pulmonary hypertension, in-dwelling catheters, sepsis, thromboembolic events, etc.
   iv. **Arrhythmias**, with possibly underlying structural heart disease.

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**Choosing Wisely** related to MPI:
1) Do not perform MPI in patients without cardiac symptoms unless high risk markers are present.
2) Do not perform MPI in patients who are at low risk for cardiac events.
3) Do not perform MPI for routine follow-up of asymptomatic patients.
4) Do not perform MPI as pre-op assessment in asymptomatic patients undergoing low or intermediate risk non-cardiac surgery.

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**Transthoracic and Transesophageal Echocardiography (TTE/TEE)**

- Since indications for transthoracic echocardiography are broad, this test can be overused. Providers should become familiar with the clinical criteria.
- TTE provides a great deal of information with no risk and little discomfort to the patient when patients have:
  - symptoms suspected to be due to heart disease, such as chest pain, shortness of breath, palpitations, lightheadedness or syncope, cerebrovascular events thought to be due to embolism, etc.
  - abnormal tests suggesting heart disease, such as abnormal chest x-rays, ECG, etc.
  - physical findings suggesting heart disease, such as heart murmurs, pulmonary rales, peripheral edema, etc.
- TTE is very commonly used as a first-line evaluation technique for the pediatric patient suspected of having a cardiac issue.
Providers who serve a pediatric population should become familiar with the pediatric section of the NIA clinical guideline and be prepared to provide documentation in support of the request for authorization.