



“Cardiac Solution” Program Tip Sheet For Prior-Authorization of Cardiac Services

Provider requests for the following cardiac studies are reviewed by National Imaging Associates, Inc. ABIM certified cardiologists:


- **Myocardial Perfusion Imaging (MPI)**
- **Stress Echocardiography (SE)**, often preferred over MPI, due to lower cost and absence of radiation exposure (See separate Tip Sheet for choice of MPI vs. SE)
- **Coronary Computed Tomographic Angiography (CCTA)**
- **Echocardiography**, either transthoracic (TTE) or transesophageal (TEE)
- **Prior-authorization is NOT required for EKG treadmill stress testing without imaging**, which may be more appropriate for certain patient subgroups, as described in the Guideline documents

Important Data when Medical Records are Required for Prior-Authorization:

- **Symptoms** and rationale for visit with cardiologist
- **Functional limitations** and **comorbidities** (COPD, renal, stroke, chemotherapy, etc.)
- **Cardiac risk factors**, lipid levels when available
- **Cardiac history and prior cardiac surgery/intervention**
- **Relevant non-cardiac history**, especially respiratory history and smoking history
- **Medication**, particularly antianginal medication, respiratory medication, and anti-GERD medication, with appropriate emphasis on adequate therapy for BP, angina, respiratory illness, congestive heart failure
- **Vital signs**, including BMI, BP, HR, respiratory rate, and pulse oximetry, and pertinent physical exam findings
- **Any recent cardiac imaging tests** (stress testing, echocardiogram, etc.) **Actual EKG** (rest and any exercise) and pertinent EKG rhythm tracing; troponin and BNP when relevant

Radiation Exposure

MPI: 7 - 24 mSv
SE: 0 mSv
Chest X-Ray: 0.06 mSv
Annual Background: 3 mSv
(For comparison)
Radiation exposure should be limited when possible.



- **Relevant non-cardiac evaluation** results: e.g. in dyspnea cases - chest X-ray, d-dimer, CT scan of chest, PFTs (pulmonary function tests)
- **Provider's diagnostic impressions**, working diagnoses, clinical concerns

Examples of Highly Pertinent Data from the Medical Record:

- **Stress Testing:** Age, description of symptoms, functional limitations, cardiac history, risk factors, comorbidities (COPD, renal, stroke, chemotherapy, etc.), antianginal medication, VS and exam, EKG tracing, troponin
- **Cardiac catheterization:** Recent symptoms, antianginal medication, left ventricular function studies, and stress test results
- **Pacemaker or ICD:** Symptoms of syncope/presyncope, information on structural heart disease, EKG and rhythm data (Holter, event monitor, electrophysiologic study, tilt table testing)
- **CRT (Biventricular pacing):** Congestive heart failure symptoms with associated NYHA functional class, heart failure medications, EKG tracing, and left ventricular ejection fraction studies
- **Echocardiography:** Symptoms or history suggestive of structural heart disease, particularly shortness of breath, chest pain, syncope/presyncope, thromboembolic events, prior myocardial infarction, cardiac surgery, or coronary revascularization without known left ventricular ejection fraction, prominent/loud systolic or any diastolic heart murmurs, rales, lower extremity edema, unexplained hypoxia, EKG changes, arrhythmias, radiographic evidence of congestive heart failure

Pediatric echocardiography guidelines focus on a different spectrum of cardiac pathology:

- **Congenital:** cyanosis, failure to thrive, syncope, chest pain, abnormal murmurs, prior surgery, arrhythmogenic cardiomyopathy, pulmonary hypertension
- **Acquired:** Kawasaki disease, infective endocarditis and sepsis, pericarditis, HIV myocarditis, toxic cardiomyopathy, thromboembolism, rheumatic heart disease