



Cardiac Checklist

Please be prepared to provide the **applicable information** from the following list when requesting prior authorization for a cardiac procedure managed by National Imaging Associates, Inc. (NIA):

1. **Medical chart notes** – all notes from patient chart related to the requested procedure, including patient’s current cardiac status/symptoms, cardiac 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, arrhythmia, 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.).
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, cardiomyopathy, abnormal rhythm, pulmonary embolus, congenital condition, etc.
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:
 - 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 or call:

- Florida: 1-833-603-2971
- Illinois: 1-833-293-5966
- Kansas: 1-833-816-6623
- Tennessee: 1-800-635-2873
- Michigan: 1-888-864-7237
- Indiana: 1-800-424-4919
- Alabama: 1-800-424-4911