

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

Provider requests for the following cardiac studies are reviewed by board-certified internists with specialized cardiac training and board-certified cardiologists:

- **Myocardial Perfusion Imaging (MPI)**
- **Stress Echocardiography (SE)**, often preferred over MPI due to absence of radiation exposure (see separate Tip Sheet for choice of MPI vs. SE)
- **Coronary Computed Tomographic Angiography (CCTA)**
- **Cardiac positron emission tomography (PET), magnetic resonance imaging (MRI), computerized tomography (CT) and electron beam computed tomography (EBCT) scans** may be considered part of a Cardiac Solution or alternatively included in a Radiology Benefits Management Program
- Left heart **cardiac catheterization** and/or selective **coronary arteriography**. **We do not approve right heart catheterization as a stand-alone study; however, right heart catheterization can be done as part of a left heart catheterization**
- **Echocardiography**, either transthoracic (TTE) or transesophageal (TEE)
- **Cardiac Implantable Electrical Devices (CIEDs)**: implantable cardioverter defibrillator (ICD), pacemaker, or cardiac resynchronization therapy or biventricular pacemaker (CRT) implantation
- **Prior authorization is not required for electrocardiogram (EKG) treadmill stress testing without imaging**, which may be more appropriate for certain member 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** (chronic obstructive pulmonary disease [COPD], renal, stroke, chemotherapy, etc.) as documented in the notes
- **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-gastroesophageal reflux disease (GERD) medication, with appropriate emphasis on adequate therapy for blood pressure, angina, respiratory illness and congestive heart failure
- **Vital signs**, including body mass index (BMI), blood pressure, heart rate, respiratory rate, pulse oximetry and pertinent physical exam findings

#### Radiation Exposure

MPI: 7 - 24 mSv

Spine CT: 0 mSv

Chest X-Ray: 0.06 mSv

Annual Background: 3 mSv



**Radiation exposure should be limited when possible.**

- **Any recent cardiac imaging tests** (stress testing, echocardiogram, etc.). **Actual EKG tracing or official interpretation by a cardiologist** (rest and any exercise) and pertinent EKG rhythm tracing; troponin and B-type natriuretic peptide (BNP) when relevant
- **Relevant non-cardiac evaluation** results: e.g., in dyspnea cases - chest X-ray, d-dimer, CT scan of chest, pulmonary function tests (PFTs)
- **Provider's diagnostic impressions**, working diagnoses and 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, vital signs and exam, EKG tracing and troponin
- **Cardiac catheterization:** Recent symptoms with concern for unstable angina documented in notes, 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 and tilt table testing)
- **CRT (Biventricular pacing):** Congestive heart failure symptoms with associated New York Heart Association (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, unexplained hypoxia, EKG changes, arrhythmias, or 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 or pulmonary hypertension
- **Acquired:** Kawasaki disease, infective endocarditis and sepsis, pericarditis, HIV myocarditis, toxic cardiomyopathy, thromboembolism, or rheumatic heart disease