

# National Imaging Associates, Inc.

## Medical Specialty Solutions


### “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**
- **Stress echocardiography**, 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**
- **Cardiac PET, MRI, CT and EBCT** may be considered part of a cardiac solution, or alternatively, included in a radiology benefits management program.
- **Echocardiography**, either transthoracic (TTE) or transesophageal (TEE)
- **Prior authorization isn't required for 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** (COPD, renal, stroke, chemotherapy, etc.)
- **Cardiac risk factors**, lipid levels when available
- **Cardiac history and prior cardiac surgery or intervention**
- **Relevant noncardiac 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

**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.**

- **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
- **Relevant non-cardiac evaluation** results: for example, in dyspnea cases — chest X-ray, d-dimer, CT scan of chest, 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.
- **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.