

## Cardiac Checklist

To expedite the process, please have the following information ready before logging on to <https://www.RadMD.com> or calling the Evolent (formerly National Imaging Associates, Inc. "NIA") Utilization Management staff. Medical necessity determinations are based on Evolent Clinical Guidelines. Evolent Clinical Guidelines are available on RadMD.com.

*Clinical information must be documented in office visit notes or other medical record documentation, such as x-ray results, diagnostic imaging or testing reports, or other physician referral documentation. Handwritten notes on cover sheets, telephone calls, or other fax pages that are not reflected in office visit notes or other objective documents will be noted as such- "handwritten note on cover sheet (telephone call, etc.) without confirmation in office visit note"- but will not constitute actionable information for clinical decision making. Please be prepared to upload or fax medical records supporting the required information on the checklist.*

1. **Medical chart notes** – all notes from patient chart related to the requested procedure, including patient's current cardiac status/symptoms, cardiac risk 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, arrhythmias, 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.).
  - a. For pacemaker or Implantable Cardioverter Defibrillator (ICD) requests, include EKG and/or telemetry strips showing bradycardia, EKG showing conduction abnormalities, EP study report, and/or tilt table test report, if applicable.
  - b. For cardiac resynchronization therapy requests, include left ventricular function test report indicating LVEF, documentation of CHF symptoms and NYHA class and/or 12-Lead EKG showing QRS width, if applicable.
  - c. For cardiac catheterization requests, include EKG results showing relevant changes, left ventricular function test reports, documentation of recent ejection fraction, prior catheterization reports (if applicable), 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, description of any murmurs or abnormal rhythm
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 <https://www.radmd.com>