Provider Checklist-Outpatient – Imaging

Checklist: Nuclear Stress Test, Thallium/Technetium/Sestamibi
(CPT Code 78451-78454 78469)

Medical Review Note: Per InterQual, if any of the following are present, secondary (physician) medical review is required:

- AAA ≥ 4 cm
- Thoracic aortic aneurysm ≥ 5
- AS < 1.0
- 100% ventricular paced rhythm
- Patient physically unable to exercise or achieve exercise level
- Unstable angina
- LBBB

All Indications [*One has to be present]*

*High CAD (Coronary Artery Disease) risk [One has to be present]*

- Q-waves ≥ 1 mm width and depth by ECG
- Chest pain by Hx and CAD risk factors [Two have to be present]

DM
Family Hx of CAD at age < 60
Dyslipidemia
HTN
Cigarette smoking
Woman age > 55/postmenopausal
Male age > 45
Cocaine abuse

Risk factors for CAD [Three have to be present]

DM
Family Hx of CAD at age < 60
Dyslipidemia
HTN
Cigarette smoking
Woman age > 55/postmenopausal
Male age > 45
Cocaine abuse
*ECG abnormalities/drug effect with CAD risk [**Both have to be present**]

ECG abnormalities/drug effect [One has to be present]

- LVH (Left Ventricular Hypertrophy)
- ST segment depression
- Patient on digoxin

**CAD risk [**One has to be present**]

- Q-waves $\geq$ 1 mm width and depth by
- Chest pain by Hx and CAD risk factors [One has to be present]
  - 1 DM
  - 2 Family Hx of CAD at age $< 60$
  - 3 Dyslipidemia
  - 4 HTN
  - 5 Cigarette smoking
  - 6 Woman age $> 55$/postmenopausal
  - 7 Male age $> 45$
  - 8 Cocaine abuse

Risk factors for CAD [**Two have to be present**]

- 1 DM
- 2 Family Hx of CAD at age $< 60$
- 3 Dyslipidemia
- 4 HTN
- 5 Cigarette smoking
- 6 Woman age $> 55$/postmenopausal
- 7 Male age $> 45$
- 8 Cocaine abuse

*CAD by prior positive stress test/CAD event [**One has to be present**]

- Periodic assessment for ischemia progression
- Progression of anginal class
- Prior to discharge after MI hospitalization
- 6 wks post MI
- Post revascularization and need to stratify rehabilitation
- Angina/anginal equivalent [**One has to be present**]

- New symptoms
- Hx of revascularization
Assess for myocardial ischemia with culprit vessel [Both have to be present]

410 Stenosis > 50% by angiogram
420 Culprit lesion amenable to PCI (Percutaneous Coronary Intervention)

Structural heart disease (SHD) with CAD risk [Both have to be present]

CAD risk [One has to be present]
- Q-waves ≥ 1 mm width and depth by ECG
- Chest pain by Hx and CAD risk factors [One has to be present]
  - 1 DM
  - 2 Family Hx of CAD at age < 60
  - 3 Dyslipidemia
  - 4 HTN
  - 5 Cigarette smoking
  - 6 Woman age > 55/postmenopausal
  - 7 Male age > 45
  - 8 Cocaine abuse

Risk factors for CAD [Two have to be present]
- 1 DM
- 2 Family Hx of CAD at age < 60
- 3 Dyslipidemia
- 4 HTN
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SHD by TTE (Transthoracic Echocardiogram)/TEE (Transesophageal Echocardiogram) [One has to be present have to be present]

521 LVH
522 RVH (Right Ventricular Hypertrophy)
523 EF (Ejection Fraction) ≤ 40%
524 Valvular heart disease [One has to be present]
  - 1 MR (Mitral Regurgitation) 3+/4+
  - 2 AR (Aortic Regurgitation) 3+/4+
  - 3 MS (Mitral Stenosis)
  - 4 AS (Aortic Stenosis) ≥ 1.0 cm²
  - 5 MVP (Mitral Valve Prolapse)

525 Congenital heart disease
*Risk stratification for major surgery [One has to be present]

610 CAD by Hx
620 Canadian Class I/II/III angina
630 NYHA Class I/II/III CHF
640 Renal insufficiency
650 DM

*Presyncope/syncope by Hx [One has to be present]

New presyncope/syncope with SHD/CAD [One has to be present]

SHD by TTE/TEE [One has to be present]

-1 LVH
-2 RVH
-3 EF ≤ 40%
-4 Valvular heart disease [One has to be present]
  A) MR 3+/4
  B) AR 3+/4+
  C) MS
  D) AS ≥ 1.0 cm2

-5 Congenital heart disease

CAD by Hx

New presyncope/syncope with CAD risk [One has to be present]

Q-waves ≥ 1 mm width and depth by ECG
Chest pain by Hx and CAD risk factors [One has to be present]

-1 DM
-2 Family Hx of CAD at age < 60
-3 Dyslipidemia
-4 HTN
-5 Cigarette smoking
-6 Woman age > 55/postmenopausal
-7 Male age > 45
-8 Cocaine abuse
Risk factors for CAD [**Two have to be present**]

- 1 DM
- 2 Family Hx of CAD at age < 60
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- 4 HTN
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New exercise–induced presyncope/syncope

* Nonsustained (≤ 30 secs) V tach by ambulatory electrocardiography/ECG/EP testing [**One has to be present**]

Presyncope by Hx [**One has to be present**]

CAD by Hx
SHD by TTE [**One has to be present**]

- 1 LVH
- 2 RVH
- 3 EF ≤ 40%
- 4 Valvular heart disease [**One has to be present**]
  
  A) MR 3+/4+
  B) AR 3+/4+
  C) MS
  D) AS ≥ 1.0 cm²
  E) MVP
- 5 Congenital heart disease

Syncope by Hx and CAD risk [**One has to be present**]

Q−waves ≥ 1 mm width and depth by ECG
Chest pain by Hx and CAD risk factors [**One has to be present**]

- 1 DM
- 2 Family Hx of CAD at age < 60
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- 4 HTN
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Risk factors for CAD [**Two have to be present**]

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*Newly discovered LV (Left Ventricle) systolic dysfunction [**All have to be present**]

EF ≤ 40% [**One has to be present**]

By TTE
By RVG (Radionuclide Ventriculogram)

No valvular heart
No congenital heart disease

*New onset CHF [**Both have to be present**]

By PE
By CXR