**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 ≥ 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**]

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-3 Dyslipidemia

-4 HTN

-5 Cigarette smoking

-6 Woman age > 55/postmenopausal

-7 Male age > 45 -8 Cocaine abuse

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

-3 Dyslipidemia

-4 HTN

-5 Cigarette smoking

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-7 Male age > 45

-8 Cocaine abuse

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

-3 Dyslipidemia

-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