

## 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  $\geq$  4 cm
- Thoracic aortic aneurysm  $\geq$  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  $\geq$  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
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\*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  $\geq 1$  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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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)  $\leq 40\%$

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)  $\geq 1.0$  cm<sup>2</sup>
- 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  $\leq$  40%
- 4 Valvular heart disease [**One has to be present**]

- A) MR 3+/4
- B) AR 3+/4+
- C) MS
- D) AS  $\geq$  1.0 cm<sup>2</sup>

- 5 Congenital heart disease

CAD by Hx

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

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

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- 2 Family Hx of CAD at age < 60
- 3 Dyslipidemia
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Risk factors for CAD [**Two have to be present**]

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New exercise-induced presyncope/syncope

\*Nonsustained ( $\leq 30$  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  $\leq 40\%$
- 4 Valvular heart disease [**One has to be present**]

- A) MR 3+/4+
- B) AR 3+/4+
- C) MS
- D) AS  $\geq 1.0$  cm<sup>2</sup>
- E) MVP

- 5 Congenital heart disease

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

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

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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  $\leq$  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