

Patient Name: _____ Insurance ID or Claim #: _____

Cardiac Imaging Questionnaire

INSTRUCTIONS FOR COMPLETING QUESTIONNAIRE:

- Answer all of the initial questions (Page 1) and then complete the Clinical Questions in the next section.
- Failure to answer **mandatory** questions in any part of the questionnaire may lead to technical denial regardless of other answers provided.
- Chart notes are not required for questionnaire based reviews
- Follow directions exactly. If the question says “select one” answer, only one is needed. Selecting more than one can lead to technical denial.

INSTRUCTIONAL NOTE FOR WASHINGTON MEDICAID REQUESTS ONLY: You are responsible for verifying eligibility *prior to submitting* requests. Information on when to submit to Qualis Health can be found in the Washington Medicaid Apple Health Medical Provider Guides located on-line at: <http://www.hca.wa.gov/billers-providers/claims-and-billing/professional-rates-and-billing-guides>

INSTRUCTIONAL NOTE: Cardiac imaging criteria are based on the Washington State Health Technology Clinical Committee Technology assessment which can be found at the following link: <http://www.hca.wa.gov/about-hca/health-technology-assessment/health-technology-reviews>.

Initial Questions

(Mandatory) This guideline based review will result in a RECOMMENDATION ONLY to either Washington State Department of Labor and Industries or Washington Medicaid. If the recommendation is to approve, PLEASE NOTE THAT services ARE NOT authorized until final determination is made by the appropriate agency.

Acknowledge

1. **(Mandatory)** Chart notes must be attached or faxed with all cardiac imaging requests to prevent delays in processing if additional information is needed. DO NOT copy and paste into a notes field if you enter this request through the Qualis Health Provider Portal as your request will be voided and you will have to resubmit.

Acknowledge

2. **(Mandatory)** Are you requesting a Cardiac PET scan for a Washington Labor and Industries patient?
 Yes **(STOP: Do not complete the questionnaire.** Full review is required for cardiac PET scans. Please submit chart notes, including all cardiac diagnostic test results for review)
 No OR request is for Medicaid patient. Continue to next question.

3. **(Mandatory)** Please indicate the reason for imaging. **Select one**

- Coronary artery disease (known or suspected)
 Pre-op cardiac clearance

END of INITIAL QUESTIONS – Please complete Clinical Questions on the next page

Patient Name: _____ Insurance ID or Claim #: _____

Cardiac Imaging – Clinical Questions

NOTE: Read the questions and responses carefully. If the answer says “Select One”, selecting more than one answer can lead to technical denial regardless of how other questions are answered.

(Mandatory) DISCLAIMER: I understand that the answers marked on this questionnaire must be supported by the medical records.

Acknowledge

1. **(Mandatory)** Chart notes must be attached or faxed with all cardiac imaging requests to prevent delays in processing if additional information is needed. DO NOT copy and paste into a notes field if you enter this request through the Qualis Health Provider Portal as your request will be voided and you will have to resubmit.

Acknowledge

2. Please indicate the patient’s current cardiac status. **Select one**

- High risk of coronary artery disease (CAD)
 Known CAD
 Low to intermediate risk of CAD
 No known CAD or risk factors for CAD

3. Please select the most appropriate statement regarding an exercise treadmill test (ETT)? **Select one**

- Patient had a normal ETT but is having symptoms of cardiac ischemia/angina
 Patient is not physically capable of performing ETT **answer #4**
 Electrocardiogram abnormalities prevent accurate interpretation of ETT
 Patient has known CAD and is having changing cardiac symptoms
 Patient is at high risk for CAD with no changes in cardiac symptoms at this time
 Patient needs major surgery & requires cardiac clearance with nuclear testing **answer #5**
 None of the above

4. Why is the patient unable to complete an exercise treadmill test (ETT) for this patient. **Select one**

- Orthopedic or musculoskeletal conditions prevent prolonged walking
 Respiratory conditions
 Cardiac conditions such as congestive heart failure or angina
 Inability to follow instructions/cooperate with testing
 Other – Please explain: _____

5. Please indicate the type of surgery for which cardiac clearance is being sought.

Surgery planned: _____

END CLINICAL QUESTIONS FOR CARDIAC IMAGING