Order request checklist

The following information are needed for most cardiovascular cases.



- Member name, member ID, and date of birth
- Ordering provider name, NPI, and fax number
- Rendering facility name, TIN, and location



- Date of procedure
- Procedure name and procedure code(s)
- Diagnosis code and indication
- Treatment location
- Signs and symptoms
- Medical history and physician exam
- Related imaging and lab results
- Current medications



Order request checklist

The following clinical information is typically required for cardiovascular cases. This list is not exhaustive, and additional information may be necessary for specific cases.

Cardiovascular	Echo Arterial Ultrasound	Cardiac Procedures	Cardiac Devices	Vascular Interventions
Procedure name and code(s)	✓	✓	\checkmark	✓
Diagnosis (established vs suspected)	\checkmark	✓	✓	✓
Indication (reason for request)	✓	✓	✓	✓
Laterality				✓
Operative field (territory)		✓		✓
Signs and symptoms (i.e. stenosis)	✓	✓	✓	✓
Comorbid conditions	✓	✓	\checkmark	✓
Diagnostic tests (i.e. LVEF%)	✓	\checkmark	\checkmark	✓
Conservative therapy (i.e. structured exercise)		✓	✓	✓
Surgical history (i.e. revascularization)	✓	\checkmark	\checkmark	✓
Medication history (i.e. optimal medical therapy)		\checkmark	\checkmark	✓