



# Detailed Order Request Checklists for Cardiology

---

## Getting ready to place an order

Knowing what information you'll need for each order saves time. Our cardiology order request checklists can help you identify and collect the information you need to have available when entering an order request. We recommend that you print a copy or save it to your computer to keep it handy when you're preparing to submit an order.

### INFORMATION YOU'LL NEED FOR CARDIOLOGY ORDER REQUESTS

For ALL cardiology order requests, you will need:

- ☐ Patient first and last name, date of birth, member number
- ☐ Ordering provider first and last name
- ☐ CPT code and the name of the exam you're requesting
- ☐ Diagnostic code (ICD code) or name of your patient's diagnosis
- ☐ The name and location of the facility where the exam will be performed

For MOST cardiology order requests, you may also need:

- ☐ Any previous cardiac exams and testing, the date, and the results
- ☐ Reason or indication for ordering this exam
- ☐ Physician's plan for the patient.  
For example: surgery, pacemaker insertion, ablation, surveillance, etc.
- ☐ New, stable, or worsening signs or symptoms. Specific characteristics of chest pain: location, exacerbation, and relief.
- ☐ Smoking status
- ☐ Blood pressure
- ☐ Cholesterol level
- ☐ Patient's pertinent medical history. For example: coronary artery disease, arrhythmia, heart attack, diabetes, hypertension, stroke, aneurysm, cardiomyopathy (type), congenital heart disease, renal failure, etc.
- ☐ Prior cardiac history including any surgeries or procedures. For example: cardiac catheterization reports, PCI or CABG, and valve replacement or repair (type of valve).

### Looking for a specific exam?

The following pages list the information that is typically required for specific cardiology exams and associated diagnoses. Not all information is needed for every exam, and sometimes additional information is required, however to be thoroughly prepared it is suggested to gather this information from or have access to the patient's chart prior to starting your order request.

---

## Contents

Getting ready to place an order .....	2
INFORMATION YOU'LL NEED FOR CARDIOLOGY ORDER REQUESTS .....	2
Arterial Ultrasound.....	5
DUPLEX ULTRASOUND IMAGING OF THE EXTRACRANIAL ARTERIES.....	5
DUPLEX ULTRASOUND IMAGING OF THE AORTA, INFERIOR VENA CAVA, and ILIAC VESSELS .....	5
DUPLEX ULTRASOUND IMAGING OF THE ARTERIES OF THE LOWER EXTREMITIES .....	5
DUPLEX ULTRASOUND IMAGING OF THE ARTERIES OF THE UPPER EXTREMITIES.....	5
Cardiac Blood Pool Imaging (MUGA).....	5
CORONARY ARTERY DISEASE (CAD) .....	5
CONGENITAL HEART DISEASE .....	6
LEFT VENTRICULAR (LV) DYSFUNCTION.....	6
RIGHT VENTRICULAR (RV) DYSFUNCTION .....	6
VALVULAR HEART DISEASE.....	6
Cardiac Catheterization .....	6
DIAGNOSTIC CARDIAC CATHETERIZATION.....	6
Cardiac CT Structure.....	7
AORTIC DISEASE .....	7
CORONARY ARTERY DISEASE (CAD) .....	7
CARDIOMYOPATHY .....	7
CONGENITAL HEART DISEASE .....	7
MASSES AND TUMORS .....	7
PERICARDIAL DISEASE .....	7
VENOUS ANATOMY .....	7
VALVULAR DISEASE .....	7
Cardiac MRI .....	8
AORTIC DISEASE .....	8
CARDIOMYOPATHY .....	8
CONGENITAL CORONARY ANOMALIES .....	8
CONGENITAL HEART DISEASE .....	8
CORONARY ARTERY DISEASE (CAD) .....	8
MASSES AND TUMORS .....	8
MYOCARDITIS.....	8
PERICARDIAL DISEASE .....	8
VALVULAR DISEASE .....	8
VENOUS ANATOMY .....	9
Cardiac PET .....	9
CARDIAC PET METABOLIC .....	9
CARDIAC PET PERFUSION .....	9
CT Coronary Arteries (CCTA) .....	10
CORONARY ARTERY DISEASE (CAD) .....	10
CONGENITAL CORONARY ANOMALY .....	10
LEFT VENTRICULAR (LV) DYSFUNCTION CHF CARDIOMYOPATHY .....	10
PRIOR IMAGING.....	10
PRIOR TO NONCORONARY CARDIAC SURGERY .....	10
Myocardial Infarct Scan .....	10
Myocardial Perfusion Imaging (MPI) and Stress Echocardiogram (SE) .....	10

ARRHYTHMIA .....	Error! Bookmark not defined.
CORONARY ARTERY DISEASE (CAD) .....	10
LEFT VENTRICULAR (LV) DYSFUNCTION.....	10
PREOPERATIVE.....	11
PRIOR CARDIAC TESTING .....	11
TRANSPLANT .....	11
VIABILITY .....	11
Percutaneous Coronary Intervention (PCI) .....	11
Physiologic Testing for Peripheral Arterial Disease of the Upper and Lower Extremities .....	11
Stress Echocardiogram (Specific) .....	11
HYPERTROPHIC OBSTRUCTIVE CARDIOMYOPATHY (HOCM).....	11
PULMONARY HYPERTENSION.....	12
VALVULAR DISEASE .....	12
Transesophageal Echocardiogram.....	12
Transthoracic Echocardiogram .....	12
AORTIC DISEASE .....	12
ARRHYTHMIA .....	12
CORONARY ARTERY DISEASE (CAD) .....	12
CARDIAC MASS, THROMBUS.....	12
CONGENITAL HEART DISEASE .....	12
ESTABLISHED VALVULAR DISEASE .....	13
LEFT VENTRICULAR (LV) DYSFUNCTION.....	13
PERICARDIAL DISEASE .....	13
PULMONARY EMBOLUS.....	14
PULMONARY HYPERTENSION.....	14
SUSPECTED VALVULAR DISEASE .....	14

---

## Arterial Ultrasound

### DUPLEX ULTRASOUND IMAGING OF THE EXTRACRANIAL ARTERIES

- ☐ Diagnosis established or suspected
- ☐ *Specific* neurological or extracranial symptoms (new, worsening, or none)
- ☐ Carotid bruit present
- ☐ Results and date of most recent imaging study
- ☐ Level of stenosis found in most recent imaging study (%)
- ☐ Candidate for revascularization
- ☐ History of catheter-based or surgical intervention and date
- ☐ Prior imaging since previous intervention
- ☐ Other diagnoses (Hollenhorst plaque, Steal syndrome, or carotid dissection)

### DUPLEX ULTRASOUND IMAGING OF THE AORTA, INFERIOR VENA CAVA, and ILIAC VESSELS

- ☐ *Specific* symptoms (new, worsening, or none)
- ☐ *Specific* results and dates of prior imaging exams
- ☐ Vessels being imaged
- ☐ Screening exam? If yes, first time screening for abdominal aortic aneurysm (AAA)?
- ☐ Established aortic or iliac disease
- ☐ Reason for exam
- ☐ Family history for AAA
- ☐ Prior repair surgeries (open, endograft, or stent)

### DUPLEX ULTRASOUND IMAGING OF THE ARTERIES OF THE LOWER EXTREMITIES

- ☐ Established peripheral arterial disease (PAD) lower extremities
- ☐ *Specific* symptoms (new, worsening, or none)
- ☐ *Specific* results and date of most recent ankle brachial index (ABI)
- ☐ Reason for exam
- ☐ Date of most recent procedure and type of procedure (surgical or catheter based revascularization)
- ☐ Imaging since intervention or surgery

### DUPLEX ULTRASOUND IMAGING OF THE ARTERIES OF THE UPPER EXTREMITIES

- ☐ Established peripheral arterial disease (PAD) upper extremities
- ☐ *Specific* symptoms (new, worsening, or none)
- ☐ Reason for exam
- ☐ Date of most recent procedure and type of procedure (surgical or catheter based revascularization)
- ☐ Imaging since intervention or surgery
- ☐ *Specific* results and date of prior physiologic study (volume plethysmography, transcutaneous oxygen tension, or inconclusive)
- ☐ *Specific* results and date of prior Duplex imaging
- ☐ Conservative treatment

---

## Cardiac Blood Pool Imaging (MUGA)

### CORONARY ARTERY DISEASE (CAD)

- ☐ New, stable, or worsening signs or symptoms
- ☐ Dates and results of prior cardiac imaging
- ☐ Heart attack or chest pain and when
- ☐ Plans for cardiac device insertion

### CONGENITAL HEART DISEASE

- ☐ What is the patient's congenital disease?
- ☐ Reason for exam

### LEFT VENTRICULAR (LV) DYSFUNCTION

- ☐ New, stable, or worsening signs or symptoms
- ☐ Results of left ventricular function testing ( $\leq 55\%$ )
- ☐ Treatment with cardiotoxic drugs (if applicable for request)
- ☐ Cardiomyopathy, family history, and treatment
- ☐ Myocarditis or heart transplant
- ☐ Cardiac device
- ☐ All cardiac imaging and dates
- ☐ EKG result

### RIGHT VENTRICULAR (RV) DYSFUNCTION

- ☐ New or worsening signs or symptoms
- ☐ Suspected or confirmed (established) RV dysfunction
- ☐ Known medical conditions

### VALVULAR HEART DISEASE

- ☐ New or worsening signs or symptoms
- ☐ Suspected or confirmed (established) valvular disease
- ☐ Severity of aortic regurgitation from resting echo
- ☐ Preoperative valve replacement

---

## Cardiac Catheterization

### DIAGNOSTIC CARDIAC CATHETERIZATION

- ☐ *Specific* symptoms (new, worsening, or none)
- ☐ Dates and results of prior cardiac imaging (MPI or SE [type of defect], TTE, STRESS EKG)
- ☐ *Specific* results of CCTA
- ☐ Heart attack and date
- ☐ Chest pain or type of angina (Class I, II, III, IV, or typical or atypical)
- ☐ Reason for cardiac catheterization

---

## Cardiac CT Structure

### AORTIC DISEASE

- ☐ New, stable, or worsening signs or symptoms
- ☐ Trauma or TAVI/TAVR (transaortic valve implantation/replacement)
- ☐ Suspected or confirmed (established) aortic aneurysm or dissection
- ☐ Date of aortic imaging
- ☐ Preoperative or postoperative date

### CORONARY ARTERY DISEASE (CAD)

- ☐ History of coronary artery bypass grafting (CABG)
- ☐ Repeat coronary artery bypass grafting (CABG)

### CARDIOMYOPATHY

- ☐ Suspected arrhythmogenic right ventricular dysplasia (ARVD)
- ☐ Results of TEE (transesophageal echocardiogram), TTE (resting echocardiogram), Cardiac MRI, and MUGA (all are needed)

### CONGENITAL HEART DISEASE

- ☐ New, stable, or worsening signs or symptoms
- ☐ Complex or non-complex congenital heart disease
- ☐ Date and results of resting echocardiogram and cardiac CT/cardiac MRI
- ☐ Planning or already had surgery and date
- ☐ New diagnosis of complex congenital heart disease

### MASSES AND TUMORS

- ☐ New, stable, or worsening signs or symptoms
- ☐ Type and date of prior cardiac imaging
- ☐ Treatment for cardiac mass or tumor

### PERICARDIAL DISEASE

- ☐ Reason for exam
- ☐ Results of resting echocardiogram done in past 60 days

### VENOUS ANATOMY

- ☐ For ablation to treat atrial fibrillation or flutter
- ☐ For pacemaker insertion

### VALVULAR DISEASE

- ☐ Results of TEE (transesophageal echocardiogram), TTE (resting echocardiogram), and Cardiac MRI (all are needed)

---

## Cardiac MRI

### AORTIC DISEASE

- ☐ New, stable, or worsening signs or symptoms
- ☐ Trauma or TAVI/TAVR (transaortic valve implantation/replacement)
- ☐ Suspected or confirmed (established) aortic aneurysm or dissection
- ☐ Date of aortic imaging
- ☐ Preoperative or postoperative date

### CARDIOMYOPATHY

- ☐ New, stable, or worsening signs or symptoms
- ☐ Suspected arrhythmogenic right ventricular dysplasia (ARVD)
- ☐ Dates and results of other cardiac imaging
- ☐ Suspected or confirmed (established) cardiomyopathy
- ☐ Type of cardiomyopathy

### CONGENITAL CORONARY ANOMALIES

- ☐ Suspected or confirmed (established) congenital coronary anomalies

### CONGENITAL HEART DISEASE

- ☐ New, stable, or worsening signs or symptoms
- ☐ Complex or non-complex congenital heart disease
- ☐ Date and results of resting echocardiogram and cardiac CT/cardiac MRI
- ☐ Preoperative or postoperative date
- ☐ New diagnosis of complex congenital heart disease

### CORONARY ARTERY DISEASE (CAD)

- ☐ Heart attack
- ☐ Checking for viability or left ventricular (LV) function
- ☐ Resting echocardiogram, MPI, or stress echocardiogram within past 60 days and results
- ☐ Other cardiac imaging dates and results

### MASSES AND TUMORS

- ☐ New, stable, or worsening signs or symptoms
- ☐ Type and date of prior cardiac imaging
- ☐ Treatment for cardiac mass or tumor

### MYOCARDITIS

- ☐ Suspected or confirmed (established) myocarditis
- ☐ Results of resting echocardiogram done in past 60 days

### PERICARDIAL DISEASE

- ☐ Reason for exam
- ☐ Results of resting echocardiogram done in past 60 days

### VALVULAR DISEASE

- ☐ Suspected or confirmed (established) valvular disease
- ☐ Resting echocardiogram within 60 days and result
- ☐ Other cardiac study and result
- ☐ Type of valvular disease and degree of disease



## VENOUS ANATOMY

- ☐ For ablation to treat atrial fibrillation or flutter
- ☐ For pacemaker insertion

---

## Cardiac PET

### CARDIAC PET METABOLIC

- ☐ Confirmed (established) coronary artery disease (CAD)
- ☐ Suspected or confirmed (established) sarcoidosis
- ☐ Confirmed (established) left ventricular (LV) dysfunction (~~<55%~~)
- ☐ Planning coronary bypass grafting (CABG) or revascularization

### CARDIAC PET PERFUSION

- ☐ BMI
- ☐ Confirmed (established) or suspected coronary artery disease (CAD)
- ☐ Prior imaging dates and results
- ☐ MPI and/or stress echocardiogram within 60 days and results
- ☐ Current smoker, BP, total cholesterol
- ☐ Contraindications to MPI or SE
- ☐ Medical history and occupation
- ☐ Type of cardiac symptoms, precipitating factors, and relieving factors
- ☐ Able to walk on a treadmill (not because of obesity)
- ☐ EKG results
- ☐ Prior revascularization, type, and date
- ☐ Note from percutaneous intervention procedure if applicable
- ☐ Onset of arrhythmia, date, and name of cardiac testing
- ☐ Name of arrhythmia
- ☐ Left ventricular (LV) dysfunction
- ☐ Type and date of prior cardiac testing
- ☐ Preoperative
- ☐ New, stable, or worsening signs or symptoms
- ☐ Transplant
- ☐ Prior cardiac transplant or awaiting solid organ transplant
- ☐ Cardiac symptoms

---

## CT Coronary Arteries (CCTA)

### CORONARY ARTERY DISEASE (CAD)

- ☐ Suspected or confirmed (established) coronary artery disease (CAD)
- ☐ MPI and/or stress echocardiogram within 60 days and results
- ☐ Diabetes

### CONGENITAL CORONARY ANOMALY

- ☐ Suspected or confirmed (established) congenital coronary anomalies

### LEFT VENTRICULAR (LV) DYSFUNCTION CHF CARDIOMYOPATHY

- ☐ Confirmed (established) left ventricular (LV) dysfunction

### PRIOR IMAGING

- ☐ Suspected or confirmed (established) coronary artery disease (CAD)
- ☐ MPI and/or stress echocardiogram within 60 days and results
- ☐ Diabetes

### PRIOR TO NONCORONARY CARDIAC SURGERY

- ☐ Diabetes
- 

## Myocardial Infarct Scan

- ☐ Date of heart attack
  - ☐ Recent chest trauma, cardioversion, or surgical procedure
  - ☐ Any chest pain
- 

## Myocardial Perfusion Imaging (MPI) and Stress Echocardiogram (SE)

### ARRHYTHMIA

- ☐ Onset of arrhythmia, date, and name of cardiac testing
- ☐ Name of arrhythmia
- ☐ Suspected or confirmed (established) coronary artery disease (CAD)
- ☐ Diabetes

### CORONARY ARTERY DISEASE (CAD)

- ☐ Suspected or confirmed (established) coronary artery disease (CAD)
- ☐ Diabetes
- ☐ New, stable, or worsening signs of symptoms
- ☐ All cardiac testing and dates
- ☐ Medical history and occupation
- ☐ Type of cardiac symptoms, precipitating factors, and relieving factors
- ☐ Able to walk on a treadmill (not because of obesity)
- ☐ EKG results
- ☐ Prior revascularization, type, and date
- ☐ Note from percutaneous intervention procedure if applicable

### LEFT VENTRICULAR (LV) DYSFUNCTION

- ☐ Type and date of cardiac testing

#### PREOPERATIVE

- ☐ Unstable cardiac condition
- ☐ Type of surgery
- ☐ Medical history
- ☐ Cardiac testing and dates
- ☐ Prior revascularization, type, and date

#### PRIOR CARDIAC TESTING

- ☐ Abnormal or inconclusive cardiac testing and dates
- ☐ EKG results
- ☐ New, stable, or worsening signs or symptoms

#### TRANSPLANT

- ☐ Prior cardiac transplant or awaiting solid organ transplant
- ☐ Cardiac symptoms
- ☐ Type and date of cardiac testing

#### VIABILITY

- ☐ Suspected or confirmed (established) coronary artery disease (CAD)
- ☐ Confirmed (established) left ventricular (LV) dysfunction
- ☐ MPI, stress echocardiogram, or cardiac PET in past 60 days and results
- ☐ Planning revascularization or surgery

---

### Percutaneous Coronary Intervention (PCI)

- ☐ Reason for exam
- ☐ Results and date of noninvasive testing (Duke treadmill score, MPI or SE), vascular bed involvement
- ☐ Left ventricular function %
- ☐ Date and results of fractional flow reserve (FFR) or intravascular ultrasound (IVUS)
- ☐ SYNTAX Score
- ☐ Current treatment (anti-ischemic medication)
- ☐ *Specific* result of most recent cardiac catheterization (affected vessel(s) and percentage of stenosis)
- ☐ Prior history of coronary artery bypass surgery (CABG)
- ☐ Cardiac catheterization results post CABG (native vessel[s] or grafted vessel[s])

---

### Physiologic Testing for Peripheral Arterial Disease of the Upper and Lower Extremities

- ☐ Established peripheral arterial disease (PAD) upper or lower extremities
- ☐ *Specific* symptoms (new, or worsening, or none)
- ☐ Reason for exam
- ☐ Date of most recent procedure and type of procedure (surgical or catheter based revascularization)
- ☐ *Specific* results and date of prior physiologic study
- ☐ Imaging since intervention or surgery

---

## Stress Echocardiogram (Specific)

### HYPERTROPHIC OBSTRUCTIVE CARDIOMYOPATHY (HOCM)

- ☐ Suspected or confirmed (established) hypertrophic cardiomyopathy
- ☐ Resting left ventricular outflow tract (LVOT) gradient

### PULMONARY HYPERTENSION

- ☐ Suspected or confirmed (established) pulmonary hypertension

### VALVULAR DISEASE

- ☐ New, stable, or worsening signs or symptoms
- ☐ Mitral or aortic stenosis or regurgitation

---

## Transesophageal Echocardiogram

- ☐ Reason for exam
- ☐ Results of TTE done within 60 days
- ☐ Suspected embolus or endocarditis
- ☐ Prior history of chest trauma, abnormality, or burns
- ☐ Valve replacement
- ☐ Post device implantation fever

---

## Transthoracic Echocardiogram

### AORTIC DISEASE

- ☐ Suspected or confirmed (established) aortic aneurysm or dissection
- ☐ New, stable, or worsening signs or symptoms
- ☐ Echocardiogram within past one year
- ☐ Suspected or confirmed (established) Marfan syndrome, Ehlers-Danlos syndrome, or family history

### ARRHYTHMIA

- ☐ Name of arrhythmia

### CORONARY ARTERY DISEASE (CAD)

- ☐ Suspected or confirmed (established) Kawasaki disease
- ☐ Prior coronary imaging results and dates
- ☐ Date of diagnosis
- ☐ Atheromatous coronary artery disease:
- ☐ Suspected or confirmed (established) coronary artery disease (CAD)
- ☐ Reason for study
- ☐ Any acute coronary syndrome and date of onset
- ☐ Congestive heart failure
- ☐ Plans for cardiac device insertion
- ☐ Suspected or confirmed (established) anomalous coronary arteries or coronary fistula

### CARDIAC MASS, THROMBUS

- ☐ Other imaging study done to diagnose cardiac mass
- ☐ Pre or post treatment of cardiac mass
- ☐ Suspected or confirmed (established) systemic embolic event

**CONGENITAL HEART DISEASE**

- ☐ Suspected or confirmed (established) congenital heart disease
- ☐ Clinical or genetic suspicion of heart disease
- ☐ Complex congenital heart disease or unknown
- ☐ Surveillance, surgical planning, surgical date, type of surgery
- ☐ New, stable, or worsening signs or symptoms
- ☐ Date of last resting echocardiogram and result

**ESTABLISHED VALVULAR DISEASE**

- ☐ New, stable, or worsening signs or symptoms, evidence of heart failure
- ☐ Date of last resting echocardiogram and result
- ☐ Degree and type of valvular disease
- ☐ Bicuspid aortic valve
- ☐ With aortic dilation or normal aorta
- ☐ Pregnant
- ☐ Prior valve replacement or repair and date
- ☐ Mechanical or bioprosthetic and name of valve

**LEFT VENTRICULAR (LV) DYSFUNCTION**

- ☐ Confirmed (established) ventricular dysfunction, cardiomyopathy, or hypertrophic obstructive cardiomyopathy (HOCM)
- ☐ Date of last resting echocardiogram and result
- ☐ New, stable, or worsening signs or symptoms, congestive heart failure
- ☐ Implanted cardiac device
- ☐ Suspected ventricular dysfunction, cardiomyopathy, or hypertrophic obstructive cardiomyopathy (HOCM)
- ☐ Date of last resting echocardiogram date and result
- ☐ Family history of cardiomyopathy
- ☐ Clinical or genetic HOCM
- ☐ Medical history, new onset of hypertension
- ☐ Other testing
- ☐ Last evaluation of LV function, CXR or B-type natriuretic peptide (BNP)
- ☐ EKG result
- ☐ Chemotherapy, myocarditis, heart transplant

**PERICARDIAL DISEASE**

- ☐ Suspected or confirmed (established) pericardial disease
- ☐ Effusion or other disease
- ☐ Stable or unstable

**PULMONARY EMBOLUS**

- ☐ Suspected or confirmed (established) pulmonary embolus
- ☐ Resting echocardiogram since diagnosis
- ☐ Normal right ventricular function and pulmonary artery pressure on last resting echocardiogram

**PULMONARY HYPERTENSION**

- ☐ Suspected or confirmed (established) pulmonary hypertension
- ☐ Reason for exam
- ☐ New, stable, or worsening signs or symptoms
- ☐ Surveillance
- ☐ Medical treatment response
- ☐ Date of last resting echocardiogram and result

**SUSPECTED VALVULAR DISEASE**

- ☐ Physical exam for murmur
- ☐ Date of last resting echocardiogram and result
- ☐ Signs or symptoms of mitral valve prolapse, prior evaluation
- ☐ Family history of bicuspid aortic valve
- ☐ Prior evaluation for bicuspid aortic valve