

# Mapping between Guidelines, Questionnaire, Prepopulation and Decision

Guidelines	Questionnaire	Prepopulation	Decision
<p>1. Stress echo can be used to evaluate the following conditions:</p> <ul style="list-style-type: none"> <li>a. Dyspnea on exertion (specifically to evaluate pulmonary hypertension)</li> <li>b. Right heart dysfunction</li> <li>c. Valvular heart disease</li> <li>d. Exercise-induced pulmonary hypertension</li> <li>e. Hypertrophic cardiomyopathy</li> </ul>	Assessment of any Cardiac Disease	Evaluation	Evaluation
<p>2. Cardiac imaging is not indicated if the results will not affect patient management decisions. If a decision to perform cardiac catheterization or other angiography has already been made, there is often no need for imaging stress testing.</p>	Is a decision made to perform cardiac catheterization or other angiography ?		StepDecision

<p>3. Clinical evaluation (within 60 days) is required prior to considering advanced imaging, which includes</p> <p>Relevant history and physical examination and appropriate laboratory studies and non-advanced imaging modalities, such as recent ECG (within 60 days), chest x-ray or ECHO/ultrasound, after symptoms started or worsened.</p>	<p>Details of Prior Imaging studies performed</p> <p>Details of Prior Treatment Performed</p>	<p>ImagingHistory</p> <p>ECG</p>	<p>ImagingHistory</p> <p>ECG</p>
<p>4. Vital signs, height and weight</p>		<p>VitalSigns</p>	<p>VitalSigns</p>
<p>5. Assessment of coronary artery disease can be determined by the following</p> <p>Typical angina (definite)</p> <p>Atypical angina (probable)</p> <p>Non-anginal chest pain</p>	<p>Is there substernal chest discomfort (generally described as pressure, heaviness, burning, or tightness) ?</p> <p>Is the chest pain brought on by exertion or emotional stress and relieved by rest?</p> <p>Does the pain radiate to the left arm or jaw ?</p>		<p>QA32</p> <p>QA33</p> <p>QA34</p> <p>TypicalAngina</p> <p>AtypicalAngina</p> <p>NonAnginalChestPain</p>
<p>6. Pre-Test Probability of CAD by Age, Gender, and Symptoms</p>	<p>Is there substernal chest discomfort (generally described as pressure, heaviness, burning, or tightness) ?</p>		<p>CADAssessment</p>

	<p>Is the chest pain brought on by exertion or emotional stress and relieved by rest?</p> <p>Does the pain radiate to the left arm or jaw ?</p>		
<p>7. Necessary components of an ETT include:</p> <p>1. ECG that can be interpreted for ischemia</p> <p>2. Patient capable of exercise on a treadmill or similar device (generally at 4 METs or greater; see functional capacity)</p>	<p>Details of Prior Imaging studies performed</p> <p>Can walk four blocks without stopping ?</p> <p>Can walk up a hill ?</p> <p>Can climb one flights of stairs without stopping ?</p> <p>Can perform heavy work around the house ?</p>	<p>ImagingHistory</p> <p>ECG</p>	<p>ImagingHistory</p> <p>ECG</p> <p>QA41</p> <p>QA42</p> <p>QA43</p> <p>QA44</p> <p>FunctionalCapacity</p>
<p>8. Functional capacity greater than or equal to 4METs equates to the following: 1. Can walk four blocks without stopping 2. Can walk up a hill 3. Can climb one flights of stairs without stopping 4. Can perform heavy work around the house</p>	<p>Can walk four blocks without stopping ?</p> <p>Can walk up a hill ?</p> <p>Can climb one flights of stairs without stopping ?</p> <p>Can perform heavy work around the house ?</p>		<p>QA41</p> <p>QA42</p> <p>QA43</p> <p>QA44</p> <p>FunctionalCapacity</p>
<p>9. Stress Testing with Imaging - Indications</p> <p>High pretest probability (greater than 90% probability of CAD)</p>	<p>Is there substernal chest discomfort (generally described as pressure, heaviness, burning, or tightness) ?</p>		<p>TypicalAngina</p> <p>QA32</p> <p>QA33</p> <p>QA34</p>

	<p>Is the chest pain brought on by exertion or emotional stress and relieved by rest?</p> <p>Does the pain radiate to the left arm or jaw ?</p> <p>Beneficiary's Date Of Birth</p>		
10..A history of CAD based on A history of CABG or PCI	Details of Prior Treatment Performed	PCICABGCodes	PCICABGCodes
11. Evidence or high suspicion of ventricular tachycardia	<p>Diagnosis</p> <p>Relevant Diagnosis</p> <p>Evaluation</p>	VentricularTachycardia	VentricularTachycardia
12.Age 40 years or greater and known diabetes mellitus	<p>Beneficiary's Date Of Birth</p> <p>Diagnosis</p> <p>Relevant Diagnosis</p>	Diabetic	Diabetic
13. Poorly controlled hypertension defined as systolic BP greater than or equal to 180mmhg		HighSystolicPressure	HighSystolicPressure
14. Continuing symptoms in a patient who had a normal or submaximal exercise treadmill test and there is suspicion of a false negative result	<p>Is there chest pain ?</p> <p>Is there arm pain?</p> <p>Is there jaw pain?</p> <p>Details of Prior Imaging studies performed</p>	ETTPerformed	<p>ETTPerformed</p> <p>Symptoms</p> <p>ReviewSymptoms</p> <p>FalseNegativeETT</p>

15. ECG is uninterpretable for ischemia due to any one of the following Complete Left Bundle Branch Block, Ventricular paced rhythm , Pre-excitation pattern such as Wolff-Parkinson-White	Details of Prior Imaging studies performed  Diagnosis  RelevantDiagnosis  Evaluation	UninterpretableECG  ECG	UninterpretableECG  ECG
16.Assessing myocardial viability in patients with significant ischemic ventricular dysfunction (suspected hibernating myocardium) and persistent symptoms or heart failure such that revascularization would be considered.		ImagingConditions	ImagingConditions
17.Asymptomatic patient with an uninterpretable ECG that has never been evaluated or is a new uninterpretable change	Is there chest pain ?  Is there arm pain?  Is there jaw pain?  Details of Prior Imaging studies performed	Symptoms  ETTPerformed	ETTPerformed  Symptoms  ReviewSymptoms  FalseNegativeETT
18.Coronary calcium score	Details of Prior Imaging studies performed	ComputerTomography	ComputerTomography