

11.2 CARDIOLOGY REFERRAL GUIDELINES

Contracted Group: Southwest Medical

Please see updated ACC/AHA guidelines for evaluation and management of common cardiac conditions. Optimal Care guidelines are also available for Optum primary care providers for additional reference.

Adult Cardiology Patients (18 Years and Older) Referral Guidelines

For Appointments:

888 S. Rancho
Las Vegas, NV 89109
Phone: (702) 877-8654
Fax: (702) 242-7998

NOTE: A Cardiologist is available during clinic hours to discuss a case and make suggestions regarding work up.

The following diagnostics are needed prior to cardiology consultations:

Chest Pain

- ECG within 30 days
- Chest x-ray
- Lab work: CBC, Chemistry Panel, Lipid and Thyroid Panel, Hemoglobin
- Attach previous Echocardiogram, stress test or angiogram report if available
- Consider referral for Coronary CT Angiogram if appropriate

Heart Failure

- Chest x-ray
- Lab work: CBC, Chemistry Panel, Lipid and Thyroid Panel, BNP CMP and BNP within past 30 days
- EKG
- Echocardiogram within past 6 months

Atrial Fibrillation, Atrial flutter, Tachycardia, Bradycardia & Palpitations

- Documentation of arrhythmia-ECG, Holter, Event Monitor, or telemetry showing arrhythmia or previous Cardiologist Office Note documenting arrhythmia, etc.
- Lab work: CBC, Chemistry Panel, Lipid and Thyroid Panel
- Echocardiogram within past year
- Holter Monitor/Event Recorder-if not previously done

Abnormal EKG:

- Attach any current or prior EKG

Adult Congenital Heart Disease:

- If the patient is established with Children’s Heart Center, refer to pediatric cardiology

Established CAD:

- History of CABG/MI/Cardiac Stent/PTCA/PCI
- Attach records

Dyslipidemia:

- Attach fasting Lipids

Hypertension:

- Refer to Cardiology; if the patient is on or attempted 3 classes of anti-hypertensive medications at maximal dose, at PCP’s discretion; for at least one month and blood pressure is still uncontrolled.

Pacemaker & ICD:

- Obtain last device check and office note from MD/Group that is currently managing device; and attach.

Preoperative evaluation:

- List what type of surgery and reason for request for Evaluation; include Surgeon/Group performing surgery.
- Note: if Surgery is scheduled; list the date

Syncope:

- Attach current EKG and Echocardiogram
- List if patient has had Syncope during exertion or supine; Palpitation at the time of syncope & Family history of sudden death

Valvular Disease:

- History of Valve Replacement or Valve Repair
- Echocardiogram in past year; attach records
- Refer if echo shows moderate or greater regurgitation or any stenosis (Aortic, Mitral, Tricuspid or Pulmonic)

Stress Testing

- Attach EKG, office notes, cardiology records/testing
- Consider referral for coronary CTA when appropriate
- Patients referred for stress test will be seen in a consultation by a cardiology provider to determine appropriate testing modality

Echo Testing Guidelines:

- Indication per Appropriate Use Criteria
 - Chest Pain
 - Shortness of Breath
 - Palpitations
 - Pericardial Disease
 - Cardiac abnormality of CXR
 - MI on EKG

2024 HPN Provider Summary Guide

- Frequent PVCs
 - A-Fib, SVT, VT
 - Syncope, pre-syncope, lightheadedness
 - Pulmonary HTN, evaluate pulmonary pressure
 - Hypoxemia of unclear etiology
 - Valvular Disease
 - Murmur
 - Prosthetic Valve
 - Endocarditis
 - Cardiac Mass
 - TIA/CVA/source of embolism
 - Disease of the Aorta
 - Aneurysm
 - Marfan's Syndrome
 - Hypertension
 - Heart Failure
 - Cardiac Transplant
 - Cardiomyopathy
 - Cardiomegaly
 - Chemotherapy
 - Congenital Heart Disease
 - Edema
- Submit referral if patient meets the criteria listed above.

Event Monitors & Holter Monitors:

- Indication per Appropriate Use Criteria
 - Palpitations
 - Fatigue
 - Shortness of breath
 - Dizziness
 - Lightheadedness
 - Giddiness
- Indicate frequency of symptoms
 - Daily symptoms– recommend ordering Holter monitor
 - Occasionally/Infrequent – recommend 30 day Event monitor