

Frequently Asked Questions and Answers (FAQs) for Electrocardiogram Tests

Questions	Answer for Providers
What is an electrocardiogram?	An electrocardiogram (ECG or EKG from the German spelling Elektrokardiogramm) is a test that records the electrical activity of the heart. It can detect heart problems including heart attacks, arrhythmias and heart failure.
What is the process for ordering an EKG?	There are three options for ordering an EKG. <ul style="list-style-type: none"> Coordinate with the PCP to have the EKG performed. Request an EKG through a Magellan in-network credentialed site (currently MIHS' Comprehensive Healthcare Center). Request a single case agreement for an out-of-network site, if the above options are not feasible.
Where can an in-network EKG be performed?	Magellan has contracted and credentialed four MIHS locations for EKGs. MIHS' Comprehensive Healthcare Center (CHC) is located on the Maricopa Medical Center Campus. EKGs are available by walk-in appointment Monday through Friday from 8am to 3pm. The EKG referral form along with an order can be faxed to the CHC at (602) 344-1233 or brought in by the member. <u>Comprehensive Healthcare Center</u> 2525 E. Roosevelt St., Phoenix, AZ 85008 (602)344-1015 (phone) Magellan has recently contracted with 3 FHCs at the addresses listed below. EKGs at the family health centers are available during the business hours listed below, via appointment only. <u>Family Healthcare Center</u> 59 S Hibbert Mesa, AZ 85210 (480)344-6200 (phone) 8am to 5pm 5141 W Lamar Glendale, AZ 85301 (623)344-6700 (phone) 7am to 8pm 9434 W Hatcher Phoenix, AZ 85021 (602)344-6300 (phone) 8am to 5pm
When will additional locations be added?	Magellan is in the process of contracting with additional MIHS locations. Next steps will be to add two Family Health Center locations with one on the West and one on the East part of the Valley.
Who will read the EKG at the CHC?	One of the board certified cardiologists who have gone through the credentialing process with Magellan will read and interpret the EKG.
How long will it take to receive the results?	The average turn around time for the EKG interpretation is 48 hours.
Is there a pediatric cardiologist available to read and interpret the EKG at the CHC?	Not currently. Pediatric EKGs will still need to be coordinated through the PCP or via a single case agreement.

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What are the signs and symptoms of Congenital Long QT Syndrome (LQTS), where it may be necessary to obtain an EKG before starting certain behavioral health medications?	<p>An EKG is advised before starting antipsychotics, tri-cyclic antidepressants, lithium or stimulants if a member presents with symptoms of Congenital Long QT Syndrome (LQTS).</p> <p>Signs and Symptoms of LQTS</p> <ul style="list-style-type: none">• Palpitations• Seizures• Sudden cardiac arrest• Syncope• Torsade de Pointes (TdP)• Ventricular fibrillation

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When should I order an EKG?	<p>An EKG is not recommended as a routine screening procedure in patients without symptoms who are at low risk for coronary heart disease. Some psychotropic drugs are associated with proarrhythmogenic potential and an EKG may be warranted. The following are general guidelines on when an EKG is suggested:</p> <p>EKG Monitoring Parameters for Antipsychotic Medications</p> <ul style="list-style-type: none"> ▪ Assess member's risk factors using Physical Exam (PE), Past Medical History (PMH), and Family Medical History (FMH)^{1,2} <ul style="list-style-type: none"> ○ Personal history of heart disease or syncope ○ Family history of sudden death under age 40 years old ○ Congenital Long QT Syndrome (LQTS) ▪ Coordinate with PCP/ request baseline EKG if risk factors are present⁴ ▪ Medication Selection^{1,2,3} <ul style="list-style-type: none"> ○ Avoid using Thioridazine, Mesoridazine, or Pimozide if risk factors are present ○ Use caution in prescribing Ziprasidone or Iloperidone if risk factors are present ▪ Refer for EKG if member presents with signs and symptoms of LQTS¹ <p>EKG Monitoring Parameters for Antidepressants</p> <ul style="list-style-type: none"> • TCA's <ul style="list-style-type: none"> ○ Assess member's risk factors using PE, PMH, and FMH ○ Baseline EKG recommended in members with significant risk factors⁴: <ul style="list-style-type: none"> ▪ Personal history of heart disease or syncope ▪ Subclinical sinus node dysfunction or conduction defects ▪ Patients older than 50 years old ○ Follow-up EKG used to identify conduction changes in early TCA use⁴ ○ Monitor heart rate and blood pressure in all patients <ul style="list-style-type: none"> ▪ Refer for EKG if member presents with signs and symptoms of LQTS⁵ ▪ Member can develop arrhythmias even if baseline EKG is normal⁴ • SNRI's <ul style="list-style-type: none"> ○ No baseline EKG recommended⁴ ○ HR and BP assessment should be performed^{4,5} <p>EKG Monitoring Parameters for Lithium</p> <ul style="list-style-type: none"> • No baseline EKG recommended⁶ • Refer for EKG if member presents with signs and symptoms of LQTS⁶ <p>EKG Monitoring Parameters for ADHD Medications</p> <ul style="list-style-type: none"> • EKG is not mandatory for members starting ADHD medications^{7,8} <ul style="list-style-type: none"> ○ Assess member's risk factors using PE, PMH, and FMH^{9,10} <ul style="list-style-type: none"> ▪ Personal history of heart disease, palpitations, seizures, or syncope ▪ Family history of sudden death under age 40 years old ○ Congenital Long QT Syndrome (LQTS) • HR and BP assessment should be performed 1-3 months after initiation, then every 6-12 months • Refer for EKG if member presents with signs and symptoms of LQTS, new cardiac symptoms, or new relevant FH¹¹

References:

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