



Appropriate Use Criteria

Based on the 2011 ASE/ACC AUC Guidelines

For quick & easy access to AUC appropriateness determination use our

AUC Analysis Tool at <http://www.iheartecho.com/appropriateusecriteria.html>

-----TRANSTHORACIC ECHOCARDIOGRAPHY AUC-----

- TEE as Initial or Supplemental Test — General Uses - A (8): Use of TEE when there is a high likelihood of a non-diagnostic TTE due to patient characteristics or inadequate visualization of relevant structures
- TEE as Initial or Supplemental Test — General Uses - I (1): Routine use of TEE when a diagnostic TTE is reasonably anticipated to resolve all diagnostic and management concerns
- TEE as Initial or Supplemental Test — General Uses - A (8): Re-evaluation of prior TEE finding for interval change (e.g., resolution of thrombus after anticoagulation, resolution of vegetation after antibiotic therapy) when a change in therapy is anticipated
- TEE as Initial or Supplemental Test — General Uses - I (2): Surveillance of prior TEE finding for interval change (e.g., resolution of thrombus after anticoagulation, resolution of vegetation after antibiotic therapy) when no change in therapy is anticipated
- TEE as Initial or Supplemental Test — General Uses - A (9): Guidance during percutaneous noncoronary cardiac interventions including but not limited to closure device placement, radiofrequency ablation, and percutaneous valve procedures
- TEE as Initial or Supplemental Test — General Uses - A (9): Suspected acute aortic pathology including but not limited to dissection/transsection
- TEE as Initial or Supplemental Test — General Uses - I (3): Routine assessment of pulmonary veins in an asymptomatic patient status post pulmonary vein isolation
- TEE as Initial or Supplemental Test—Valvular Disease - A (9): Evaluation of valvular structure and function to assess suitability for, and assist in planning of, an intervention
- TEE as Initial or Supplemental Test—Valvular Disease - I (3): To diagnose infective endocarditis with a low pretest probability (e.g., transient fever, known alternative source of infection, or negative blood cultures/atypical pathogen for endocarditis)
- TEE as Initial or Supplemental Test—Valvular Disease - A (9): To diagnose infective endocarditis with a moderate or high pretest probability (e.g., staph bacteremia, fungemia, prosthetic heart valve, or intracardiac device)
- TEE as Initial or Supplemental Test—Embollic Event - A (7): Evaluation for cardiovascular source of embolus with no identified noncardiac source
- TEE as Initial or Supplemental Test—Embollic Event - U (5): Evaluation for cardiovascular source of embolus with a previously identified noncardiac source
- TEE as Initial or Supplemental Test—Embollic Event - I (1): Evaluation for cardiovascular source of embolus with a known cardiac source in which a TEE would not change management
- TEE as Initial Test—Atrial Fibrillation/Flutter - A (9): Evaluation to facilitate clinical decision making with regard to anticoagulation, cardioversion, and/or radiofrequency ablation
- TEE as Initial Test—Atrial Fibrillation/Flutter - I (2): Evaluation when a decision has been made to anticoagulate and not to perform cardioversion