



## Authorization Request Form - Part 2 External Wearable Device

Complete and fax the clinical worksheet immediately following the authorization request fax form, including any substantiating clinical documentation. Your responses enable faster processing of authorization requests and reduces the likelihood we may require you to submit additional clinical documentation to complete our review.

Please fill in each question option completely  →

<b>Patient Information</b>	First name	Last name	
	Member ID	Date of birth (MM/DD/YYYY)	

Fill out the following section if submitting for any of the following: **Syncope and Presyncope, Ventricular Arrhythmia, Supraventricular Tachycardia, Atrial Flutter, Atrial Fibrillation, Heart Block, Sinus Node Dysfunction, Stroke**

<b>Question 1</b>	Is this the first request for an external wearable device for this patient? <input type="radio"/> Yes <input type="radio"/> No, this is an additional request for an external wearable device.
<b>Question 2</b>	If the patient has already used an external device from a previous request, did the patient experience palpitations within the last 21 days while using the device? <input type="radio"/> Yes, and the event was captured by the device. <input type="radio"/> No, there was not an event in the last 21 days. <input type="radio"/> Yes, but the device did not capture the event. <input type="radio"/> No, this is an initial request for an external wearable device.
<b>Question 3</b>	What type of external wearable device is requested? (Single Select) <input type="radio"/> Holter monitor <input type="radio"/> Cardiac mobile telemetry <input type="radio"/> 30-day loop recorder with an auto-trigger <input type="radio"/> Extended-wear patch device <input type="radio"/> 30-day loop recorder without an auto-trigger <input type="radio"/> Other
<b>Question 4</b>	Does the patient have an implantable cardiac device capable of acquiring similar clinical information? <input type="radio"/> Yes <input type="radio"/> No
<b>Question 5</b>	Has the patient had three or more external wearable devices in the last six months? <input type="radio"/> Yes <input type="radio"/> No

Fill out the following section if submitting for any of the following: **Syncope and Presyncope, Palpitations, Ventricular Arrhythmia, Supraventricular Tachycardia, Atrial Flutter, Atrial Fibrillation, Sinus Node Dysfunction**

<b>Question 1</b>	Is there reasonable evidence that the patient will experience symptoms (syncope/near syncope, palpitations, dizziness, Atrial flutter, suspected SVT) within 21 days? <input type="radio"/> Yes <input type="radio"/> No
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Fill out the following section ONLY if submitting for any of the following: **Syncope and Presyncope, Palpitations, Ventricular Arrhythmia, Atrial Fibrillation, Stroke**

<b>Question 1</b>	Does the patient have superseding symptoms of a more urgent cardiac condition that ambulatory cardiac monitoring would delay? <input type="radio"/> Yes, symptoms suggest angina. <input type="radio"/> Yes, symptoms suggest a cardiac condition other than the two listed above. <input type="radio"/> Yes, symptoms suggest a clinically significant coronary artery obstruction. <input type="radio"/> No, the patient does not have any symptoms suggesting a more urgent cardiac condition.
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Fill out the following section ONLY if submitting for any of the following: **Syncope and Presyncope**

<b>Question 1</b>	Is there suspicion of arrhythmia as the cause of syncope? <input type="radio"/> Yes <input type="radio"/> No
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Fill out the following section ONLY if submitting for any of the following: **Ventricular Arrhythmia**

<b>Question 1</b>	Does the patient require diagnostic surveillance of premature ventricular beat burden? <input type="radio"/> Yes <input type="radio"/> No
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Fill out the following section ONLY if submitting for any of the following: **Atrial Fibrillation**

<b>Question 1</b>	Which clinical condition below needs evaluation? <input type="checkbox"/> Atrial fibrillation which requires frequency and duration quantification <input type="checkbox"/> Atrial fibrillation with possible other rhythm abnormalities (e.g., sinus node dysfunction, atrial flutter) <input type="checkbox"/> Recurrence of atrial fibrillation after ablation <input type="checkbox"/> None of the above
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Fill out the following section ONLY if submitting for any of the following: **Heart Block**

<b>Question 1</b>	Is there reasonable evidence that the patient will experience symptoms suspicious for high-grade AV block within 21 days? <input type="radio"/> Yes <input type="radio"/> No
<b>Question 2</b>	Is this request for diagnostic surveillance of AV block with a high-risk of progression? <input type="radio"/> Yes <input type="radio"/> No



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<b>Patient Information</b>	First name	Last name	
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Fill out the following section if submitting for any of the following: **Cardiomyopathies, Adult Congenital Heart Disease**

<b>Question 1</b>	Is this the first request for an external wearable device for this patient? <input type="radio"/> Yes <input type="radio"/> No, this is an additional request for an external wearable device.
<b>Question 2</b>	Is there reasonable evidence that the patient will experience symptoms (syncope/near syncope, palpitations, dizziness) within 21 days? <input type="radio"/> Yes <input type="radio"/> No
<b>Question 3</b>	If the patient has already used an external device from a previous request, did the patient experience symptoms within the last 21 days while using the device? <input type="radio"/> Yes, and the event was captured by the device. <input type="radio"/> No, there was not an event in the last 21 days. <input type="radio"/> Yes, but the device did not capture the event. <input type="radio"/> No, this is an initial request for an external wearable device.
<b>Question 4</b>	What type of external wearable device is being requested? (can select up to two devices) <input type="checkbox"/> Holter monitor <input type="checkbox"/> Cardiac mobile telemetry <input type="checkbox"/> 30-day loop recorder with an auto-trigger <input type="checkbox"/> Extended-wear patch device <input type="checkbox"/> 30-day loop recorder without an auto-trigger <input type="checkbox"/> Other
<b>Question 5</b>	Does the patient have an implantable cardiac device capable of acquiring similar clinical information regarding the patient's symptoms? <input type="radio"/> Yes <input type="radio"/> No
<b>Question 6</b>	Has the patient had three or more external wearable devices in the last six months? <input type="radio"/> Yes <input type="radio"/> No
<b>Question 7</b>	The patient does not have superseding symptoms of a more urgent cardiac condition that ambulatory cardiac monitoring would delay. <input type="radio"/> Yes <input type="radio"/> No

Fill out the following section ONLY if submitting for any of the following: **Cardiomyopathies**

<b>Question 1</b>	Does the patient have Hypertrophic cardiomyopathy? <input type="radio"/> Yes <input type="radio"/> No
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Fill out the following section ONLY if submitting for any of the following: **Adult Congenital Heart Disease**

<b>Question 1</b>	Does the patient have any of the following? <input type="radio"/> Significant bradycardia or conduction abnormalities on a 12-lead ECG <input type="radio"/> Palpitations <input type="radio"/> Syncope <input type="radio"/> None of the above <input type="radio"/> Atrial switch or Fontan operation with progressive bradycardia or lack of AV synchrony <input type="radio"/> Repaired Tetralogy of Fallot with QRS duration of greater than or equal to 180 msec, or spontaneous ventricular ectopy <input type="radio"/> d-TGA with atrial switch or Fontan operation if treated with beta-blockers or other rate-slowing agents
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<b>Patient Information</b>	First name	Last name	
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Fill out the following section if submitting for any of the following: **Palpitations**

<b>Question 1</b>	<b>Is this the first request for an external wearable device for this patient?</b> <input type="radio"/> Yes <input type="radio"/> No, this is an additional request for an external wearable device.
<b>Question 2</b>	<b>Is there reasonable evidence that the patient will experience syncope symptoms within 28 days?</b> <input type="radio"/> Yes <input type="radio"/> No
<b>Question 3</b>	<b>Is there suspicion of arrhythmia as the cause of syncope?</b> <input type="radio"/> Yes <input type="radio"/> No
<b>Question 4</b>	<b>If the patient already has an external device from a previous request, did the patient experience syncope symptoms within the last 28 days of device use?</b> <input type="radio"/> Yes, and the event was captured by the device. <input type="radio"/> No, there was not an event in the last 28 days. <input type="radio"/> Yes, but the device did not capture the event. <input type="radio"/> No, this is an initial request for an external wearable device.
<b>Question 5</b>	<b>What type of external wearable device is requested? (Single Select)</b> <input type="radio"/> Holter monitor <input type="radio"/> Cardiac mobile telemetry <input type="radio"/> 30-day loop recorder with an auto-trigger <input type="radio"/> Extended-wear patch device <input type="radio"/> 30-day loop recorder without an auto-trigger <input type="radio"/> Other
<b>Question 6</b>	<b>Does the patient have superseding symptoms of a more urgent cardiac condition that ambulatory cardiac monitoring would delay?</b> <input type="radio"/> Yes, symptoms suggest angina. <input type="radio"/> Yes, symptoms suggest a cardiac condition other than the two listed above. <input type="radio"/> Yes, symptoms suggest a clinically significant coronary artery obstruction. <input type="radio"/> No, the patient does not have any symptoms suggesting a more urgent cardiac condition.
<b>Question 7</b>	<b>Does the patient have an implantable cardiac device capable of acquiring similar clinical information?</b> <input type="radio"/> Yes <input type="radio"/> No
<b>Question 8</b>	<b>Has the patient had three or more external wearable devices in the last six months?</b> <input type="radio"/> Yes <input type="radio"/> No



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Fill out the following section if submitting for any of the following: **Valvular Heart Disease**

<b>Question 1</b>	Does the patient have known or suspected valvular heart disease? <input type="radio"/> Yes <input type="radio"/> No
<b>Question 2</b>	Does the patient present symptoms of any of the following? <input type="checkbox"/> Palpitations <input type="checkbox"/> Paroxysmal atrial fibrillation <input type="checkbox"/> Syncope <input type="checkbox"/> None of the above
<b>Question 3</b>	Is there reasonable evidence that the patient will experience symptoms due to a cardiac arrhythmia within 21 days? <input type="radio"/> Yes <input type="radio"/> No
<b>Question 4</b>	Does the patient have superseding symptoms of a more urgent cardiac condition? <input type="radio"/> Yes <input type="radio"/> No
<b>Question 5</b>	Does the patient have an implantable cardiac device that would have the capability of acquiring similar clinical information regarding the patient's symptoms? <input type="radio"/> Yes <input type="radio"/> No
<b>Question 6</b>	If the patient is being considered for mobile cardiac telemetry, has the patient worn an event monitor or completed at least 21 days of monitoring without diagnostic findings? <input type="radio"/> Yes, the patient is being considered for mobile cardiac telemetry and completed monitoring without diagnostic findings <input type="radio"/> No, the patient is being considered for mobile cardiac telemetry and did not complete monitoring <input type="radio"/> No, the patient is being considered for mobile telemetry but already had diagnostic results from previous testing <input type="radio"/> Not applicable, the patient is not being considered for mobile cardiac telemetry
<b>Question 7</b>	Has the patient had three (3) or more external wearable devices in the last six (6) months? <input type="radio"/> Yes <input type="radio"/> No