



## Authorization Request Form - Part 2 Fractional Flow Reserve (FFR)

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: **Chest Pain, Shortness of Breath, Coronary Artery Disease, Cardiomyopathies, Adult Congenital Heart Disease, Valvular Heart Disease, Ventricular Arrhythmia, Heart Block, Sinus Node Dysfunction**

<b>Question 1</b>	Has the patient received a coronary CTA in the last three weeks of good technical quality? <input type="radio"/> Yes <input type="radio"/> No
<b>Question 2</b>	Does the patient have any of the following? <input type="checkbox"/> Coronary CTA lesions that are 40-90% stenosed in a proximal to middle coronary segment <input type="checkbox"/> Multivessel disease <input type="checkbox"/> Multiple lesions in a single vessel <input type="checkbox"/> Low risk of coronary obstruction (less than 40% stenosis) <input type="checkbox"/> Coronary artery stenting or coronary artery bypass surgery <input type="checkbox"/> Complex congenital heart disease <input type="checkbox"/> None of the above
<b>Question 3</b>	Is the patient a suitable candidate for revascularization? <input type="radio"/> Yes <input type="radio"/> No