



Authorization Request Form - Part 2 Internal Loop Recorder

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 →

| | | |
|----------------------------|------------|----------------------------|
| Patient Information | 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**

| | |
|-------------------|---|
| Question 1 | Are syncope/presyncope symptoms infrequent enough that extended monitoring is needed to achieve diagnosis? <input type="radio"/> Yes <input type="radio"/> No |
| Question 2 | Has the patient had noninvasive monitoring methods (e.g., external loop recorder, mobile cardiac telemetry), and if yes, have they achieved diagnostic conclusions? <input type="radio"/> Yes, the patient had non-invasive monitoring and achieved diagnostic results. <input type="radio"/> No, the patient has NOT had non-invasive monitoring. <input type="radio"/> Yes, the patient had non-invasive monitoring but did NOT achieve diagnostic results. |
| Question 3 | Does the patient have an implantable cardiac device that can detect, record, and transmit data to a physician/cardiologist? <input type="radio"/> Yes <input type="radio"/> No |
| Question 4 | Does the patient have an active systemic infection or non-reversible bleeding disorder? <input type="radio"/> Yes <input type="radio"/> No |

Fill out the following section if submitting for any of the following: **Palpitations, Atrial Flutter, Atrial Fibrillation**

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| Question 1 | Are syncope/presyncope symptoms infrequent enough that extended monitoring is needed to achieve diagnosis? <input type="checkbox"/> Shortness of breath <input type="checkbox"/> Stroke <input type="checkbox"/> Abnormal EKG <input type="checkbox"/> Peripheral embolic event <input type="checkbox"/> Palpitations <input type="checkbox"/> Syncope <input type="checkbox"/> TIA <input type="checkbox"/> None of the above |
| Question 2 | Has the patient had noninvasive monitoring methods (e.g., external loop recorder, mobile cardiac telemetry), and if yes, have they achieved diagnostic conclusions? <input type="radio"/> Yes, the patient had non-invasive monitoring and achieved diagnostic results. <input type="radio"/> No, the patient has NOT had non-invasive monitoring. <input type="radio"/> Yes, the patient had non-invasive monitoring but did NOT achieve diagnostic results. |
| Question 3 | Does the patient have an implantable cardiac device that can detect, record, and transmit data to a physician/cardiologist? <input type="radio"/> Yes <input type="radio"/> No |
| Question 4 | Does the patient have an active systemic infection or non-reversible bleeding disorder? <input type="radio"/> Yes <input type="radio"/> No |



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Internal Loop Recorder

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i Please fill in each question option completely →

| | | | |
|----------------------------|------------|-----------|----------------------------|
| Patient Information | First name | Last name | |
| | Member ID | | Date of birth (MM/DD/YYYY) |

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

| | |
|-------------------|--|
| Question 1 | <p>Which of the following findings were documented within the past six months?</p> <p> <input type="radio"/> Palpitations <input type="radio"/> Stroke <input type="radio"/> None of the above <input type="radio"/> TIA <input type="radio"/> Peripheral embolic event </p> |
| Question 2 | <p>Has the patient had non-invasive monitoring methods (e.g., holter/event monitor, external loop recorder, mobile cardiac telemetry), and if yes, have they achieved diagnostic conclusions?</p> <p> <input type="radio"/> Yes, the patient had non-invasive monitoring and achieved diagnostic results. <input type="radio"/> No, the patient has NOT had non-invasive monitoring. <input type="radio"/> Yes, the patient had non-invasive monitoring but did NOT achieve diagnostic results. </p> |
| Question 3 | <p>How many attempts of non-invasive monitoring (e.g., holter/event monitor, external loop recorder, mobile cardiac telemetry) have been performed? (e.g., "0", "1", "2", "3")</p> |
| Question 4 | <p>Does the patient have an implantable cardiac device that can detect, record, and transmit data to a physician or cardiologist?</p> <p> <input type="radio"/> Yes <input type="radio"/> No </p> |
| Question 5 | <p>Does the patient have an active systemic infection or nonreversible bleeding disorder?</p> <p> <input type="radio"/> Yes <input type="radio"/> No </p> |

Fill out the following section if submitting for any of the following: **Ventricular Arrhythmia, Supraventricular Tachycardia, Heart Block, Sinus Node Dysfunction**

| | |
|-------------------|---|
| Question 1 | <p>Are syncope/presyncope symptoms infrequent enough that extended monitoring is needed to achieve diagnosis?</p> <p> <input type="checkbox"/> Shortness of breath <input type="checkbox"/> Peripheral embolic event <input type="checkbox"/> Hemodynamic collapse <input type="checkbox"/> Bibasilar rales on lung auscultation <input type="checkbox"/> Abnormal EKG <input type="checkbox"/> Syncope or near syncope <input type="checkbox"/> Cool or pale extremities <input type="checkbox"/> None of the above <input type="checkbox"/> Palpitations <input type="checkbox"/> Irregular heartbeat <input type="checkbox"/> Generalized listless affect or signs of mental confusion <input type="checkbox"/> Transient ischemic attack (TIA) <input type="checkbox"/> Dizziness <input type="checkbox"/> Irregular size or rate of jugular venous pulsations <input type="checkbox"/> Stroke <input type="checkbox"/> Chest discomfort <input type="checkbox"/> Palpable liver enlargement </p> |
| Question 2 | <p>Has the patient had noninvasive monitoring methods (e.g., external loop recorder, mobile cardiac telemetry), and if yes, have they achieved diagnostic conclusions?</p> <p> <input type="radio"/> Yes, the patient had non-invasive monitoring and achieved diagnostic results. <input type="radio"/> No, the patient has NOT had non-invasive monitoring. <input type="radio"/> Yes, the patient had non-invasive monitoring but did NOT achieve diagnostic results. </p> |
| Question 3 | <p>Does the patient have an implantable cardiac device that can detect, record, and transmit data to a physician/cardiologist?</p> <p> <input type="radio"/> Yes <input type="radio"/> No </p> |
| Question 4 | <p>Does the patient have an active systemic infection or non-reversible bleeding disorder?</p> <p> <input type="radio"/> Yes <input type="radio"/> No </p> |