cohere HEALTH

Authorization Request Form - Part 2

Myocardial Resection

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: **Coronary Artery Disease, Cardiomyopathies, Ventricular Arrhythmia**

Question 1

Is the patient being considered for any of the following procedures?

- ☐ Left ventricular aneurysm resection
- ☐ Surgical reverse-ventricular remodeling (ventricular reconstruction, Batista procedure, SAVER procedure, Dor procedure)
- ☐ None of the above

Question 2

Does the patient have any of the following surgical risk factors? (additional information)

- ☐ Active bacterial infection
- ☐ Morbid Obesity (BMI greater than 40); refer for weight loss management
- ☐ Primary pulmonary hypertension
- ☐ End Stage Liver Disease
- ☐ Known allergy or hypersensitivity to medication needed for procedure
- ☐ Oxygen-dependent pulmonary disease
- ☐ Active smoking/nicotine use: enroll patient in a smoking cessation program
- ☐ Advanced Renal Disease (creatinine greater than 2)
- ☐ Anemia – Hemoglobin less than 11 (females 11, males 12)
- ☐ Uncontrolled Seizure Disorder
- ☐ Trans Ischemic Attack (TIA) or stroke within past three months
- ☐ Active drug or alcohol abuse
- ☐ Coagulopathy or on anticoagulant therapy
- ☐ Diabetes – HbA1c greater than or equal to 8%
- ☐ History of Malignant Hyperthermia/Heat stroke
- ☐ Obstructive Sleep Apnea – NOT treated with CPAP: Refer the patient for Sleep Apnea Treatment
- ☐ Cardiovascular Disease (any of the following): acute coronary symptoms, uncompensated Congestive Heart Failure (CHF), uncontrolled arrhythmia, uncontrolled hypertension (greater than 180/110 mm Hg), severe valvular disease, percutaneous coronary intervention (PCI) within 1 month
- ☐ None of the above

Fill out the following section ONLY if submitting for any of the following: **Coronary Artery Disease, Cardiomyopathies**

Question 1

Which of the following findings were documented at the most recent encounter?

- ☐ Refractory heart failure or angina
- ☐ Ventricular arrhythmias not amenable to drugs or radiofrequency ablation.
- ☐ Recurrent thromboembolism despite appropriate anticoagulant therapy.
- ☐ Heart Failure With Reduced Ejection Fraction (HFrEF)
- ☐ Refractory heart failure
- ☐ Refractory ventricular arrhythmias
- ☐ None of the above

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

Question 1

Is the patient documented to have any of the following conditions?

- ☐ Refractory heart failure or angina
- ☐ Ventricular arrhythmias not amenable to drugs or radiofrequency ablation.
- ☐ Recurrent thromboembolism despite appropriate anticoagulant therapy.
- ☐ None of the above

Question 2

Is the patient documented to have Heart Failure with reduced Ejection Fraction (HFrEF)?

○ Yes ○ No

Question 3

Has previous testing confirmed any of the following diagnoses?

- ☐ Refractory heart failure or angina
- ☐ Refractory ventricular arrhythmias
- ☐ None of the above

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