Authorization Request Form - Part 2

Transcatheter Aortic Valve Replacement (TAVR)

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: **Adult Congenital Heart Disease**

Question 1

Is the patient documented to have any of the following?

- ☐ Symptomatic severe Aortic Stenosis
- ☐ Asymptomatic severe Aortic Stenosis with LVEF less than 50%
- ☐ None of the above

Question 2

Is the patient scheduled to have any valve-in-valve procedures for failed prior bioprosthetic valves?

- ◯ Yes
- ◯ No

Question 3

Does the patient have an indication for aortic valve replacement and a high/prohibitive surgical risk?

- ◯ Yes
- ◯ No

Question 4

Does the patient have a predicted post TAVR survival of greater than 12 months?

- ◯ Yes
- ◯ No

Question 5

Does the patient have any of the following?

- ☐ The patient is pregnant.
- ☐ Life expectancy less than 12 months owing to a non-cardiac cause
- ☐ Myocardial infarction within the last thirty days
- ☐ Unicuspid, bicuspid, or noncalcified valve
- ☐ Hypertrophic cardiomyopathy
- ☐ Short distance between the annulus and coronary ostium
- ☐ Echocardiographic evidence of intracardiac mass, thrombus, or unhealed vegetation
- ☐ Native aortic annulus smaller than 18 or larger than 30mm
- ☐ Severe mitral regurgitation
- ☐ Active Endocarditis
- ☐ Significant aortoiliac disease
- ☐ None of the above

Question 6

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

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Transcatheter Aortic Valve Replacement (TAVR)

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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: **Valvular Heart Disease**

Question 1

Is the patient documented to have any of the following?

- ☐ Patient is scheduled for valve-in-valve procedures for failed prior bioprosthetic valves
- ☐ Symptomatic Severe aortic stenosis (AS)
- ☐ Symptomatic Low-flow, low-gradient severe aortic stenosis (AS)
- ☐ Asymptomatic severe aortic stenosis (AS)
- ☐ None of the above

Question 2

Is the patient considered to be low surgical risk?

- ○ Yes, and the patient has left ventricular dysfunction (LVEF less than 50%).
- ○ Yes, and the patient has decreased exercise tolerance on stress testing.
- ○ Yes, and the patient has a fall in systolic blood pressure on stress testing.
- ○ Yes, and the patient has very severe aortic stenosis (AS) (velocity greater than or equal to 5 m/s).
- ○ Yes, but the patient does not have any of the additional conditions listed above.
- ○ No, the patient is not considered to be low surgical risk.

Question 3

Does the patient have any of the following?

- ☐ End-stage renal disease
- ☐ Life expectancy less than 12 months owing to a non-cardiac cause
- ☐ Myocardial infarction within the last thirty days
- ☐ Unicuspid, bicuspid, or noncalcified valve
- ☐ Hypertrophic obstructive cardiomyopathy
- ☐ Short distance between the annulus and coronary ostium
- ☐ Severe pulmonary hypertension with right ventricular dysfunction
- ☐ Echocardiographic evidence of intracardiac mass, thrombus, or unhealed vegetation
- ☐ Native aortic annulus smaller than 18 or larger than 30mm
- ☐ Severe mitral regurgitation
- ☐ Mixed aortic valve disease (concomitant aortic regurgitation)
- ☐ A significant aortoiliac disease that would interfere with delivery and deployment of the stent valve
- ☐ Left ventricular ejection fraction less than 20%
- ☐ None of the above

Question 4

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
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- ☐ 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

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Authorization Request Form - Part 2

Transcatheter Aortic Valve Replacement (TAVR) CT

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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: **Valvular Heart Disease**

Question 1

Is the patient being evaluated for TAVR from the ilio-femoral approach?

◯ Yes ◯ No

Question 2

Does the patient have any of the following?

- ☐ Non-rate controlled (i.e., rapid) atrial fibrillation or other tachyarrhythmias
- ☐ Renal failure if angiographic contrast is needed (eGFR less than 30ml/min)
- ☐ Significant contrast dye allergy
- ☐ Patient is unable to cooperate with breath-holding
- ☐ Current use of metformin
- ☐ Patient is Pregnant
- ☐ None of the above

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