



Authorization Request Form - Part 2 Ventricular Assist Device (VAD)

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.

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: **Coronary Artery Disease, Cardiomyopathies**

Question 1	<p>Which type of device is the patient being considered for?</p> <p><input type="radio"/> Short-term or temporary device <input type="radio"/> Long-term device <input type="radio"/> None of the above</p>																					
Question 2	<p>Does the patient have any of the following?</p> <table border="0"> <tr> <td><input type="checkbox"/> The patient needs adjunct treatment for high-risk percutaneous coronary intervention</td> <td><input type="checkbox"/> Heart failure with reduced ejection fraction and persistence of severe (Stage D) symptoms despite optimal medical and device therapy</td> </tr> <tr> <td><input type="checkbox"/> Cardiogenic shock</td> <td><input type="checkbox"/> The patient does not have severe right ventricular dysfunction and/or severe tricuspid regurgitation</td> </tr> <tr> <td><input type="checkbox"/> Ischemic mitral regurgitation</td> <td><input type="checkbox"/> Left ventricular ejection fraction less than 25% and unable to exercise for Heart Failure</td> </tr> <tr> <td><input type="checkbox"/> Acute reversible cardiomyopathies (myocarditis, stress cardiomyopathy, peripartum cardiomyopathy)</td> <td><input type="checkbox"/> Peak VO2 less than 12 mL/kg/min or less than 50% of predicted value on cardiopulmonary exercise testing</td> </tr> <tr> <td><input type="checkbox"/> Primary cardiac transplant allograft failure due to rejection</td> <td><input type="checkbox"/> More than 3 Heart Failure hospitalizations in the previous 12 months without an obvious precipitating cause</td> </tr> <tr> <td><input type="checkbox"/> Post-transplant RV failure</td> <td><input type="checkbox"/> Dependence on I.V. inotropic therapy or temporary mechanical circulatory support</td> </tr> <tr> <td><input type="checkbox"/> Patients slow to wean from cardiopulmonary bypass following heart surgery</td> <td><input type="checkbox"/> Refractory arrhythmias</td> </tr> <tr> <td><input type="checkbox"/> Progressive end-organ dysfunction due to reduced perfusion and not to inadequately low ventricular filling pressure (PCWP > 20 mmHg and SBP < 90 mmHg or cardiac index < 2 L/min/m2).</td> <td><input type="checkbox"/> None of the above</td> </tr> </table>	<input type="checkbox"/> The patient needs adjunct treatment for high-risk percutaneous coronary intervention	<input type="checkbox"/> Heart failure with reduced ejection fraction and persistence of severe (Stage D) symptoms despite optimal medical and device therapy	<input type="checkbox"/> Cardiogenic shock	<input type="checkbox"/> The patient does not have severe right ventricular dysfunction and/or severe tricuspid regurgitation	<input type="checkbox"/> Ischemic mitral regurgitation	<input type="checkbox"/> Left ventricular ejection fraction less than 25% and unable to exercise for Heart Failure	<input type="checkbox"/> Acute reversible cardiomyopathies (myocarditis, stress cardiomyopathy, peripartum cardiomyopathy)	<input type="checkbox"/> Peak VO2 less than 12 mL/kg/min or less than 50% of predicted value on cardiopulmonary exercise testing	<input type="checkbox"/> Primary cardiac transplant allograft failure due to rejection	<input type="checkbox"/> More than 3 Heart Failure hospitalizations in the previous 12 months without an obvious precipitating cause	<input type="checkbox"/> Post-transplant RV failure	<input type="checkbox"/> Dependence on I.V. inotropic therapy or temporary mechanical circulatory support	<input type="checkbox"/> Patients slow to wean from cardiopulmonary bypass following heart surgery	<input type="checkbox"/> Refractory arrhythmias	<input type="checkbox"/> Progressive end-organ dysfunction due to reduced perfusion and not to inadequately low ventricular filling pressure (PCWP > 20 mmHg and SBP < 90 mmHg or cardiac index < 2 L/min/m2).	<input type="checkbox"/> None of the above					
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Fill out the following section if submitting for any of the following: **Valvular Heart Disease**

Question 1	<p>Which type of device is the patient being considered for?</p> <p><input type="radio"/> Short-term or temporary device <input type="radio"/> Long-term device <input type="radio"/> None of the above</p>																			
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Fill out the following section if submitting for any of the following: **Ventricular Arrhythmia**

Question 1	Which type of device is the patient being considered for? <input type="radio"/> Short-term or temporary device <input type="radio"/> Long-term device
Question 2	Which of the following findings were documented at the most recent encounter? <input type="checkbox"/> The patient needs adjunct treatment for high-risk percutaneous coronary intervention <input type="checkbox"/> Cardiogenic shock <input type="checkbox"/> Ischemic mitral regurgitation <input type="checkbox"/> Acute reversible cardiomyopathies (myocarditis, stress cardiomyopathy, peripartum cardiomyopathy) <input type="checkbox"/> Primary cardiac transplant allograft failure due to rejection <input type="checkbox"/> Post-transplant RV failure <input type="checkbox"/> Patients slow to wean from cardiopulmonary bypass following heart surgery <input type="checkbox"/> Refractory arrhythmias <input type="checkbox"/> None of the above
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