



Authorization Request Form - Part 2

Left Cardiac Catheterization

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)	

Use this form for the following procedure codes: 93454, 93455, 93458, 93459

Fill out the following section if submitting for any of the following: **Chest Pain, Shortness of Breath, Coronary Artery Disease**

Question 1	<p>Does the patient have ANY of the following symptoms or findings?</p> <p><input type="checkbox"/> Worsening or limiting symptoms (e.g., chest pain, Chest tightness, Chest burning, Shoulder pain, Left arm pain, Jaw pain, Shortness of Breath)</p> <p><input type="checkbox"/> Chest pain despite guideline-directed medical treatment (GDMT)</p> <p><input type="checkbox"/> Chest pain that is substernal or retrosternal</p> <p><input type="checkbox"/> Chest pain provoked by exertion or an emotional event</p> <p><input type="checkbox"/> Chest pain relieved by rest or nitroglycerin</p> <p><input type="checkbox"/> Dyspnea with exertion</p> <p><input type="checkbox"/> New ECG abnormalities (does not need to be activity related)</p> <p><input type="checkbox"/> Syncope or presyncope</p> <p><input type="checkbox"/> None of the above</p>
Question 2	<p>Has this patient undergone previous bypass surgery (CABG)?</p> <p><input type="radio"/> Yes, the patient previously had bypass surgery (CABG). <input type="radio"/> No, the patient did not have bypass surgery (CABG).</p>
Question 3	<p>If the patient had stress testing within the past twelve months, what were the findings?</p> <p><input type="checkbox"/> Test results were discordant, equivocal or uninterpretable.</p> <p><input type="checkbox"/> ECG findings (Duke treadmill score 4 to -10 or 5% to 10%)</p> <p><input type="checkbox"/> 5%-10% Ischemic myocardium on imaging</p> <p><input type="checkbox"/> Stress-induced wall motion abnormality in a single segment on imaging</p> <p><input type="checkbox"/> Left Ventricular systolic dysfunction (i.e., LVEF 41% to 49%) with an unknown etiology</p> <p><input type="checkbox"/> Regional wall motion abnormality (RWMA) with an unknown etiology</p> <p><input type="checkbox"/> Lesion of greater than or equal to 50% or lesion of unclear severity</p> <p><input type="checkbox"/> Indeterminate or nondiagnostic stress test</p> <p><input type="checkbox"/> No abnormal findings</p> <p><input type="checkbox"/> Not applicable, the patient has not undergone noninvasive testing.</p> <p><input type="checkbox"/> None of the above</p>
Question 4	<p>Which of the following medications is the patient taking? Please check all that apply.</p> <p><input type="checkbox"/> Beta-blocker (metoprolol, carvedilol, bisoprolol, nebivolol, atenolol, etc.)</p> <p><input type="checkbox"/> Long-acting nitrate preparation (isosorbide, nitroglycerin patch or paste, etc.)</p> <p><input type="checkbox"/> Ranolazine (Ranexa)</p> <p><input type="checkbox"/> Calcium channel blocker (amlodipine, nifedipine, diltiazem, or verapamil)</p> <p><input type="checkbox"/> There is documentation provided on why the patient is not on two or more of the antianginal medications listed above (i.e., contraindications, intolerances, adverse effects, etc.)</p> <p><input type="checkbox"/> None of the above</p>
Question 5	<p>Which activity level best describes the patient's symptoms of chest pain, angina, or ischemic equivalent (shoulder pain, left arm pain, jaw pain, shortness of breath, or diaphoresis)?</p> <p><input type="radio"/> Ordinary physical activity (walking or climbing stairs) does not cause symptoms. Symptoms occur with strenuous, rapid, or prolonged exertion at work or recreation. (Canadian Cardiovascular Society Class I angina)</p> <p><input type="radio"/> Marked limitation of ordinary physical activity. Symptoms occur on walking one or two blocks on level ground and climbing one flight of stairs at normal pace/under normal conditions. (Canadian Cardiovascular Society Class III angina)</p> <p><input type="radio"/> The patient does not have chest pain, angina, or an ischemic equivalent</p> <p><input type="radio"/> Slight limitation of ordinary activity. Symptoms occur on walking more than two blocks on level ground and climbing more than one flight of ordinary stairs at a normal pace/under normal conditions. (Canadian Cardiovascular Society Class II angina)</p> <p><input type="radio"/> Severe limitation of physical activity. Inability to carry on any physical activity without discomfort. Symptoms may be present at rest. (Canadian Cardiovascular Society Class IV angina)</p> <p><input type="radio"/> No activity level was documented</p>



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Question 6 Which of the following is the primary reason for ordering a cardiac catheterization?

<input type="checkbox"/> Preoperative assessment before valvular surgery	<input type="checkbox"/> Non-invasive evaluation suggests catheterization is needed for preoperative assessment before a planned surgery
<input type="checkbox"/> Pre-heart transplant evaluation	<input type="checkbox"/> Further investigation of severe cardiac symptoms
<input type="checkbox"/> Post-heart transplant surveillance	<input type="checkbox"/> Treatment of underlying cardiac condition in an asymptomatic patient
<input type="checkbox"/> Left ventricular dysfunction is out of proportion to the severity of valvular disease	<input type="checkbox"/> Other
<input type="checkbox"/> Suspected cardiomyopathy (LVEF less than 40%) of unknown etiology with symptoms	

Question 7 Has the patient had any of the following?

Normal stress test within the last year

None of the above

Question 8 Does the physician have privileges at an Ambulatory Surgical Center?

Yes No

Question 9 Does the patient have any of the following medical problems?

<input type="checkbox"/> Decompensated CHF (NYHA class 3-4)	<input type="checkbox"/> Severe pulmonary hypertension or disease (advanced COPD or patients on supplemental oxygen)
<input type="checkbox"/> Recent TIA/stroke (<8 weeks)	<input type="checkbox"/> Unprotected left main stenosis or three-vessel CAD
<input type="checkbox"/> Left ventricular ejection fraction <30%	<input type="checkbox"/> Any cardiac or noncardiac signs of clinical instability
<input type="checkbox"/> Chronic kidney disease with an estimated glomerular filtration rate < 45 ml/min/1.73 m ²	<input type="checkbox"/> Significant PAD limiting femoral and radial access
<input type="checkbox"/> Anemia (Hgb < 9 g/dl) or coagulopathy (eg, INR >1.5 or platelet count <100 K)	<input type="checkbox"/> Severe aortic stenosis
<input type="checkbox"/> Acute coronary syndrome	<input type="checkbox"/> Severe contrast allergy
<input type="checkbox"/> None of the above	<input type="checkbox"/> Other medical problems (operator may use judgment)

Question 10 Does the patient have any of the following coronary artery lesion characteristics?

<input type="checkbox"/> Bifurcation lesions with significant side branch involvement	<input type="checkbox"/> Other vessel characteristics that the operator judges would impede stent deployment
<input type="checkbox"/> Severe lesion calcification	<input type="checkbox"/> Thrombus in target vessel or lesion
<input type="checkbox"/> Extremely angulated segment or excessive proximal tortuosity	<input type="checkbox"/> Unprotected left main lesions
<input type="checkbox"/> Bypass graft lesions	<input type="checkbox"/> Last remaining conduit
<input type="checkbox"/> Chronic total occlusions	<input type="checkbox"/> Possible need for upfront mechanical circulatory support
	<input type="checkbox"/> None of the above