



Authorization Request Form - Part 2 Cardiac Catheterization, Other

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: **Pericardial Disorder**

Question 1	<p>Which of the following findings were documented at the most recent encounter?</p> <p><input type="checkbox"/> The patient has pericardial disease, and previous noninvasive tests were inconclusive or discordant with clinical findings.</p> <p><input type="checkbox"/> A suspicion of myocarditis or coronary artery disease (CAD).</p> <p><input type="checkbox"/> Surgical intervention is planned, and supplementary information is needed for risk mitigation and planning.</p> <p><input type="checkbox"/> None of the above</p>
Question 2	<p>Does the patient have any of the following surgical risk factors? (additional information)</p> <p><input type="checkbox"/> Active bacterial infection</p> <p><input type="checkbox"/> Morbid Obesity (BMI greater than 40); refer for weight loss management</p> <p><input type="checkbox"/> Primary pulmonary hypertension</p> <p><input type="checkbox"/> End Stage Liver Disease</p> <p><input type="checkbox"/> Known allergy or hypersensitivity to medication needed for procedure</p> <p><input type="checkbox"/> Oxygen-dependent pulmonary disease</p> <p><input type="checkbox"/> Active smoking/nicotine use: enroll patient in a smoking cessation program</p> <p><input type="checkbox"/> Advanced Renal Disease (creatinine greater than 2)</p> <p><input type="checkbox"/> Anemia – Hemoglobin less than 11 (females 11, males 12)</p> <p><input type="checkbox"/> Uncontrolled Seizure Disorder</p> <p><input type="checkbox"/> Trans Ischemic Attack (TIA) or stroke within past three months</p> <p><input type="checkbox"/> Active drug or alcohol abuse</p> <p><input type="checkbox"/> Coagulopathy or on anticoagulant therapy</p> <p><input type="checkbox"/> Diabetes – HbA1c greater than or equal to 8%</p> <p><input type="checkbox"/> History of Malignant Hyperthermia/Heat stroke</p> <p><input type="checkbox"/> Obstructive Sleep Apnea – NOT treated with CPAP: Refer the patient for Sleep Apnea Treatment</p> <p><input type="checkbox"/> 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</p> <p><input type="checkbox"/> None of the above</p>



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

Question 1	<p>Which of the following findings were documented at the most recent encounter?</p> <table> <tr> <td><input type="checkbox"/> Chest pain that is substernal or retrosternal</td> <td><input type="checkbox"/> Chest pain provoked by exertion or an emotional event</td> </tr> <tr> <td><input type="checkbox"/> Chest pain relieved by rest or nitroglycerin</td> <td><input type="checkbox"/> Dyspnea or shortness of breath with exertion</td> </tr> <tr> <td><input type="checkbox"/> Symptoms believed to be an anginal equivalent</td> <td><input type="checkbox"/> Abnormal non-invasive imaging testing results which are equivocal or non-diagnostic</td> </tr> <tr> <td><input type="checkbox"/> History of unexplained syncope</td> <td><input type="checkbox"/> Infiltrative cardiomyopathy (e.g., sarcoidosis, amyloidosis)</td> </tr> <tr> <td><input type="checkbox"/> None of the above</td> <td></td> </tr> </table>	<input type="checkbox"/> Chest pain that is substernal or retrosternal	<input type="checkbox"/> Chest pain provoked by exertion or an emotional event	<input type="checkbox"/> Chest pain relieved by rest or nitroglycerin	<input type="checkbox"/> Dyspnea or shortness of breath with exertion	<input type="checkbox"/> Symptoms believed to be an anginal equivalent	<input type="checkbox"/> Abnormal non-invasive imaging testing results which are equivocal or non-diagnostic	<input type="checkbox"/> History of unexplained syncope	<input type="checkbox"/> Infiltrative cardiomyopathy (e.g., sarcoidosis, amyloidosis)	<input type="checkbox"/> None of the above																						
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Question 2	<p>Is the patient being considered for any of the following assessments or procedures?</p> <table> <tr> <td><input type="checkbox"/> Intracardiac hemodynamics and coronary anatomy assessment</td> <td><input type="checkbox"/> Endomyocardial biopsy</td> </tr> <tr> <td><input type="checkbox"/> None of the above</td> <td></td> </tr> </table>	<input type="checkbox"/> Intracardiac hemodynamics and coronary anatomy assessment	<input type="checkbox"/> Endomyocardial biopsy	<input type="checkbox"/> None of the above																												
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Question 3	<p>Does the patient have any of the following?</p> <table> <tr> <td><input type="checkbox"/> Ventricular fibrillation or sustained ventricular tachycardia with or without symptoms.</td> <td><input type="checkbox"/> Suspected or clinical uncertainty between constrictive vs. restrictive physiology.</td> </tr> <tr> <td><input type="checkbox"/> Survived sudden cardiac death or potentially life-threatening ventricular arrhythmia.</td> <td><input type="checkbox"/> Suspected cardiomyopathy (LV ejection fraction (LVEF) less than 50%) of unknown etiology with symptoms.</td> </tr> <tr> <td><input type="checkbox"/> None of the above</td> <td></td> </tr> </table>	<input type="checkbox"/> Ventricular fibrillation or sustained ventricular tachycardia with or without symptoms.	<input type="checkbox"/> Suspected or clinical uncertainty between constrictive vs. restrictive physiology.	<input type="checkbox"/> Survived sudden cardiac death or potentially life-threatening ventricular arrhythmia.	<input type="checkbox"/> Suspected cardiomyopathy (LV ejection fraction (LVEF) less than 50%) of unknown etiology with symptoms.	<input type="checkbox"/> None of the above																										
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Question 4	<p>Has the patient had any of the following?</p> <table> <tr> <td><input type="checkbox"/> Normal coronary angiogram or CCTA within the last two years with no stenosis or plaque</td> <td><input type="checkbox"/> Normal stress test within the last year</td> </tr> <tr> <td><input type="checkbox"/> None of the above</td> <td></td> </tr> </table>	<input type="checkbox"/> Normal coronary angiogram or CCTA within the last two years with no stenosis or plaque	<input type="checkbox"/> Normal stress test within the last year	<input type="checkbox"/> None of the above																												
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Fill out the following section if submitting for any of the following: **Adult Congenital Heart Disease**

Question 1	<p>Which of the following findings were documented at the most recent encounter?</p> <p><input type="checkbox"/> Chest pain that is substernal or retrosternal <input type="checkbox"/> Symptoms believed to be an anginal equivalent</p> <p><input type="checkbox"/> Chest pain relieved by rest or nitroglycerin <input type="checkbox"/> History of unexplained syncope</p>
Question 2	<p>If the patient is scheduled for valve surgery, which of the following findings were documented at the most recent encounter?</p> <p><input type="checkbox"/> Symptoms of angina <input type="checkbox"/> Postmenopausal women <input type="checkbox"/> None of the above</p> <p><input type="checkbox"/> Ischemia <input type="checkbox"/> Known Coronary Artery Disease</p> <p><input type="checkbox"/> Decreased ventricular systolic function <input type="checkbox"/> Men greater than 40 years of age</p>
Question 3	<p>Does the patient require cardiac catheterization prior, during, or after any of the following procedures?</p> <p><input type="checkbox"/> Assessment for a heart transplant listing <input type="checkbox"/> During transcatheter Atrial Septal Defect (ASD) closure</p> <p><input type="checkbox"/> Assessment of any shunt inside the heart or lungs <input type="checkbox"/> Tetralogy of Fallot repair</p> <p><input type="checkbox"/> Assessment of suspected partial anomalous pulmonary venous connection <input type="checkbox"/> Right ventricular-pulmonary artery conduit repair</p> <p><input type="checkbox"/> Assessment of suspected obstruction or leak in a Mustard/Senning surgical repair <input type="checkbox"/> Previous Fontan palliation procedure</p> <p><input type="checkbox"/> During initial Fontan surgery or revision of a prior Fontan connection <input type="checkbox"/> None of the above</p>
Question 4	<p>Does the patient have any of the following?</p> <p><input type="checkbox"/> Arrhythmia <input type="checkbox"/> Baffle obstruction</p> <p><input type="checkbox"/> Suspected right ventricular hypertension <input type="checkbox"/> Protein-losing enteropathy or ascites</p> <p><input type="checkbox"/> Cyanosis <input type="checkbox"/> New onset or worsening atrial tachyarrhythmias</p> <p><input type="checkbox"/> Suspected collateral vessels <input type="checkbox"/> Symptomatic and noninvasive testing is insufficient to guide therapy</p> <p><input type="checkbox"/> Imaging that suggests a significant narrowing of a pulmonary artery <input type="checkbox"/> Creation or closure of a fenestration</p> <p><input type="checkbox"/> Heart Failure or decreased ventricular function <input type="checkbox"/> None of the above</p>
Question 5	<p>Does the patient have any of the following surgical risk factors? (additional information)</p> <p><input type="checkbox"/> Active bacterial infection <input type="checkbox"/> Active smoking/nicotine use: enroll patient in a smoking cessation program <input type="checkbox"/> Active drug or alcohol abuse</p> <p><input type="checkbox"/> Morbid Obesity (BMI greater than 40); refer for weight loss management <input type="checkbox"/> Advanced Renal Disease (creatinine greater than 2) <input type="checkbox"/> Coagulopathy or on anticoagulant therapy</p> <p><input type="checkbox"/> Primary pulmonary hypertension <input type="checkbox"/> Anemia – Hemoglobin less than 11 (females 11, males 12) <input type="checkbox"/> Diabetes – HbA1c greater than or equal to 8%</p> <p><input type="checkbox"/> End Stage Liver Disease <input type="checkbox"/> Uncontrolled Seizure Disorder <input type="checkbox"/> History of Malignant Hyperthermia/Heat stroke</p> <p><input type="checkbox"/> Known allergy or hypersensitivity to medication needed for procedure <input type="checkbox"/> Trans Ischemic Attack (TIA) or stroke within past three months <input type="checkbox"/> Obstructive Sleep Apnea – NOT treated with CPAP: Refer the patient for Sleep Apnea Treatment</p> <p><input type="checkbox"/> Oxygen-dependent pulmonary disease <input type="checkbox"/> 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</p> <p><input type="checkbox"/> 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	<p>Does the patient have ANY of the following symptoms?</p> <div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> <p><input type="checkbox"/> The patient has angina at less than ordinary activity AND is on two or more antianginal medications.</p> <p><input type="checkbox"/> Stable Chest pain despite guideline-directed medical treatment (GDMT)</p> <p><input type="checkbox"/> None of the above</p> </div> <div style="width: 48%;"> <p><input type="checkbox"/> The patient has angina at less than ordinary activity AND there is documentation on why the patient is not on two or more antianginal medication (i.e., contraindications or adverse effects)</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> </div> </div>
Question 2	<p>Did the patient have abnormal non-invasive testing that showed Intermediate risk or high-risk findings?</p> <p><input type="radio"/> Yes <input type="radio"/> No</p>
Question 3	<p>Which of the following findings have been documented at a recent encounter?</p> <div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> <p><input type="checkbox"/> Polymorphic premature ventricular contraction (PVCs) (new or increasing burden)</p> <p><input type="checkbox"/> Nonsustained VT in a patient with history or symptoms of CAD</p> <p><input type="checkbox"/> Patient is scheduled for a VT ablation procedure and clinically significant CAD is suspected.</p> <p><input type="checkbox"/> Unexplained sudden cardiac arrest</p> </div> <div style="width: 48%;"> <p><input type="checkbox"/> Microvascular disease (suspected)</p> <p><input type="checkbox"/> Arrhythmogenic Right Ventricular Cardiomyopathy (suspected) if non-invasive studies were inconclusive</p> <p><input type="checkbox"/> None of the above</p> </div> </div>
Question 4	<p>If the patient is scheduled for heart surgery, which of the following findings were documented at a most recent encounter?</p> <div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> <p><input type="checkbox"/> Symptoms of angina</p> <p><input type="checkbox"/> Evidence of Ischemia</p> <p><input type="checkbox"/> Known Coronary Artery Disease</p> </div> <div style="width: 48%;"> <p><input type="checkbox"/> Men greater than 40 years of age</p> <p><input type="checkbox"/> Postmenopausal women</p> <p><input type="checkbox"/> None of the above</p> </div> </div>
Question 5	<p>Does the patient require cardiac catheterization prior to any of the following procedures?</p> <p><input type="checkbox"/> Assessment for a heart transplant listing <input type="checkbox"/> Transcatheter Aortic Valve Replacement (TAVR)</p> <p><input type="checkbox"/> None of the above</p>
Question 6	<p>Does the patient have any of the following surgical risk factors? (additional information)</p> <div style="display: flex; justify-content: space-between;"> <div style="width: 30%;"> <p><input type="checkbox"/> Active bacterial infection</p> <p><input type="checkbox"/> Morbid Obesity (BMI greater than 40); refer for weight loss management</p> <p><input type="checkbox"/> Primary pulmonary hypertension</p> <p><input type="checkbox"/> End Stage Liver Disease</p> <p><input type="checkbox"/> Known allergy or hypersensitivity to medication needed for procedure</p> <p><input type="checkbox"/> Oxygen-dependent pulmonary disease</p> </div> <div style="width: 30%;"> <p>Active smoking/nicotine use:</p> <p><input type="checkbox"/> enroll patient in a smoking cessation program</p> <p><input type="checkbox"/> Advanced Renal Disease (creatinine greater than 2)</p> <p><input type="checkbox"/> Anemia – Hemoglobin less than 11 (females 11, males 12)</p> <p><input type="checkbox"/> Uncontrolled Seizure Disorder</p> <p><input type="checkbox"/> Trans Ischemic Attack (TIA) or stroke within past three months</p> </div> <div style="width: 30%;"> <p><input type="checkbox"/> Active drug or alcohol abuse</p> <p><input type="checkbox"/> Coagulopathy or on anticoagulant therapy</p> <p><input type="checkbox"/> Diabetes – HbA1c greater than or equal to 8%</p> <p><input type="checkbox"/> History of Malignant Hyperthermia/Heat stroke</p> <p><input type="checkbox"/> Obstructive Sleep Apnea – NOT treated with CPAP: Refer the patient for Sleep Apnea Treatment</p> </div> <div style="width: 30%;"> <p><input type="checkbox"/> 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</p> <p><input type="checkbox"/> None of the above</p> </div> </div>