



Authorization Request Form - Part 2 Cardiac Implanted Device (Defibrillator)

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: **Cardiomyopathies**

Question 1

Is the patient documented to have any of the following, or are they at-risk for any of the following?

- | | |
|--|--|
| <input type="checkbox"/> Ischemic Heart Disease | <input type="checkbox"/> Arrhythmogenic right ventricular cardiomyopathy |
| <input type="checkbox"/> Coronary Artery Disease | <input type="checkbox"/> Hypertrophic cardiomyopathy (HCM) |
| <input type="checkbox"/> Ischemic Cardiomyopathy | <input type="checkbox"/> None of the above |
| <input type="checkbox"/> Non-ischemic Cardiomyopathy | |

Question 2

Is the patient a candidate for a heart transplant or LVAD?

- Yes No

Question 3

Is the patient non-hospitalized and experiencing New York Heart Association (NYHA) class IV symptoms?

- Yes No

Question 4

Do any of the following scenarios relating to ischemic cardiomyopathy apply to the patient?

- | | |
|---|--|
| <input type="checkbox"/> Survived sudden cardiac arrest (SCA) due to ventricular tachycardia/ventricular fibrillation (VT/VF) not due to reversible causes. | <input type="checkbox"/> Unexplained syncope with inducible sustained monomorphic VT on electrophysiological (EP) study. |
| <input type="checkbox"/> Survived sudden cardiac arrest (SCA) due to hemodynamically unstable VT, not due to reversible causes. | <input type="checkbox"/> Non-sustained ventricular tachycardia (NSVT) due to prior MI, LVEF of 40% or less, and inducible sustained VT or VF on an electrophysiological study. |
| <input type="checkbox"/> Survived sudden cardiac arrest (SCA) due to stable sustained VT, not due to reversible causes. | <input type="checkbox"/> None of the above |

Question 5

If the patient is 40 days post-myocardial Infarction (MI) and is at least 90 days post-revascularization (if performed), which of the following scenarios apply?

- LVEF of 30% or less and NYHA class I heart failure, despite maximally tolerated GDMT
- LVEF of 35% or less and NYHA class II or III heart failure, despite maximally tolerated GDMT
- None of the above

Question 6

Do any of the following scenarios relating to Non-ischemic cardiomyopathy apply to the patient?

- | | |
|--|---|
| <input type="checkbox"/> Survived sudden cardiac arrest (SCA) due to ventricular tachycardia/ventricular fibrillation (VT/VF) not due to reversible causes | <input type="checkbox"/> Heart failure (HF) with NYHA class I-III symptoms and an LVEF of 35% or less, despite GDMT |
| <input type="checkbox"/> Survived sudden cardiac arrest (SCA) due to hemodynamically unstable VT, not due to reversible causes | <input type="checkbox"/> A Lamin A/C mutation in a patient with other risk factors |
| <input type="checkbox"/> Survived sudden cardiac arrest (SCA) due to stable sustained VT, not due to reversible causes | <input type="checkbox"/> None of the above |
| <input type="checkbox"/> Unexplained syncope in a patient that does not meet indications for a primary prevention ICD | |

Question 7

Do any of the following scenarios relating to Arrhythmogenic right ventricular cardiomyopathy apply to the patient?

- | | |
|---|--|
| <input type="checkbox"/> The patient survived Sudden Cardiac Arrest | <input type="checkbox"/> Unexplained syncope |
| <input type="checkbox"/> Sustained ventricular tachycardia | <input type="checkbox"/> None of the above |
| <input type="checkbox"/> Significant ventricular dysfunction (RVEF or LVEF less than or equal to 35%) | |



Authorization Request Form - Part 2 Wearable Defibrillator (LifeVest)

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| | | |
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| 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: **Ventricular Arrhythmia**

| | |
|-------------------|---|
| Question 1 | Does the patient have any of the following? <input type="radio"/> The patient had an aborted Sudden Cardiac Arrest, and an ICD is inaccessible or transiently contraindicated <input type="radio"/> ICD requires temporary removal (e.g., device pocket infection, endocarditis) <input type="radio"/> The patient is listed for cardiac transplant. <input type="radio"/> None of the above |
| Question 2 | Does the patient have an EF less than or equal to 35% at least 40 days after recent MI? <input type="radio"/> Yes <input type="radio"/> No |
| Question 3 | Has the patient had a coronary artery bypass or percutaneous coronary intervention with LVEF less than or equal to 40% at least 90 days after the procedure? <input type="radio"/> Yes <input type="radio"/> No |
| Question 4 | Has the patient recently been diagnosed nonischemic cardiomyopathy with LVEF less than or equal to 35%? <input type="radio"/> Yes <input type="radio"/> No |
| Question 5 | Do any of the following apply to the patient? <input type="checkbox"/> Is a Candidate for an implantable cardioverter-defibrillator (ICD) <input type="checkbox"/> Has a terminal disease with a life expectancy of less than one year <input type="checkbox"/> Has VT, which is amendable to catheter ablation <input type="checkbox"/> None of the above |

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Patient Information

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| Member ID | Date of birth (MM/DD/YYYY) |

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

Question 1

Is the patient documented to have any of the following, or are they at-risk for any of the following?

- | | |
|--|--|
| <input type="checkbox"/> Torsades de Pointes | <input type="checkbox"/> Catecholaminergic Polymorphic VT (CPVT) refractory to beta blockers |
| <input type="checkbox"/> VF arrest due to suspected cardiac genetic syndrome | <input type="checkbox"/> Heart transplant patient with severe vasculopathy and LV dysfunction |
| <input type="checkbox"/> Clinical episodes of sustained ventricular tachycardia (VT) with LVEF less than or equal to 35% | <input type="checkbox"/> Congenital heart disease with ventricular fibrillation (VF) or sustained ventricular tachycardia (VT) |
| <input type="checkbox"/> EP study Induced sustained ventricular tachycardia (VT) with LVEF less than or equal to 35% | <input type="checkbox"/> Congenital heart disease with aborted cardiac arrest |
| <input type="checkbox"/> Arrhythmogenic syncope (suspected) | <input type="checkbox"/> None of the above |

Question 2

Is the patient documented to have any of the following, or are they at-risk for any of the following?

- Yes, and VT/VF causing cardiac arrest.
- Yes, and Unexplained syncope.
- Yes, and Left ventricular/septal wall thickness greater than or equal to 3 cm.
- Yes, and Spontaneous nonsustained VT.
- Yes, and history of Sudden Cardiac Death (SCD) in a 1st degree relative with HCM.
- Yes, the patient has hypertrophic cardiomyopathy (HCM), but does NOT have any of the additional conditions listed above.
- No, the patient does NOT have hypertrophic cardiomyopathy (HCM).

Question 3

Is the patient documented to have any of the following, or are they at-risk for any of the following?

- Yes, and EF less than or equal to 35%.
- Yes, and Sustained clinical or induced VT/VF.
- Yes, and Syncope.
- Yes, the patient has cardiac sarcoidosis, but does NOT have any of the additional conditions listed above.
- No, the patient does NOT have cardiac sarcoidosis.

Question 4

Is the patient non-hospitalized and experiencing New York Heart Association (NYHA) class IV symptoms?

- Yes No

Question 5

Do any of the following scenarios relating to ischemic cardiomyopathy apply to the patient?

- Left ventricular dysfunction
- Sustained, symptomatic ventricular tachycardia
- QRS duration greater than 180 ms
- Extensive RV scarring on Cardiac magnetic resonance imaging
- Inducible sustained VT (by EP study)
- None of the above



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

| | | | | | |
|--|---|--|---|--|--|
| Question 6 | <p>Is the patient documented to have any of the following, or are they at-risk for any of the following?</p> <p><input type="checkbox"/> Lifespan less than 12 months</p> <p><input type="checkbox"/> VT, which is amenable to catheter ablation</p> <p><input type="checkbox"/> Incessant, drug-refractory VT or VF</p> <p><input type="checkbox"/> Ventricular arrhythmias due to reversible circumstances (e.g., electrolyte abnormalities, toxic ingestion)</p> <p><input type="checkbox"/> None of the above</p> | | | | |
| Question 7 | <p>Does the patient have any of the following surgical risk factors? (additional information)</p> <table style="width: 100%; border: none;"> <tr> <td style="vertical-align: top; width: 25%;"> <input type="checkbox"/> Active bacterial infection <input type="checkbox"/> *Morbid Obesity (BMI greater than 40); refer for weight loss management <input type="checkbox"/> Primary pulmonary hypertension <input type="checkbox"/> End Stage Liver Disease <input type="checkbox"/> Known allergy or hypersensitivity to medication needed for procedure <input type="checkbox"/> Oxygen-dependent pulmonary disease </td> <td style="vertical-align: top; width: 25%;"> <input type="checkbox"/> Active smoking/nicotine use: enroll patient in a smoking cessation program <input type="checkbox"/> Advanced Renal Disease (creatinine greater than 2) <input type="checkbox"/> Anemia – Hemoglobin less than 11 (females 11, males 12) <input type="checkbox"/> Uncontrolled Seizure Disorder <input type="checkbox"/> Trans Ischemic Attack (TIA) or stroke within past three months </td> <td style="vertical-align: top; width: 25%;"> <input type="checkbox"/> Active drug or alcohol abuse <input type="checkbox"/> Coagulopathy or on anticoagulant therapy <input type="checkbox"/> Diabetes – HbA1c greater than or equal to 8% <input type="checkbox"/> History of Malignant Hyperthermia/Heat stroke <input type="checkbox"/> Obstructive Sleep Apnea – NOT treated with CPAP: Refer the patient for Sleep Apnea Treatment </td> <td style="vertical-align: top; width: 25%;"> <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 <input type="checkbox"/> None of the above </td> </tr> </table> | <input type="checkbox"/> Active bacterial infection <input type="checkbox"/> *Morbid Obesity (BMI greater than 40); refer for weight loss management <input type="checkbox"/> Primary pulmonary hypertension <input type="checkbox"/> End Stage Liver Disease <input type="checkbox"/> Known allergy or hypersensitivity to medication needed for procedure <input type="checkbox"/> Oxygen-dependent pulmonary disease | <input type="checkbox"/> Active smoking/nicotine use: enroll patient in a smoking cessation program <input type="checkbox"/> Advanced Renal Disease (creatinine greater than 2) <input type="checkbox"/> Anemia – Hemoglobin less than 11 (females 11, males 12) <input type="checkbox"/> Uncontrolled Seizure Disorder <input type="checkbox"/> Trans Ischemic Attack (TIA) or stroke within past three months | <input type="checkbox"/> Active drug or alcohol abuse <input type="checkbox"/> Coagulopathy or on anticoagulant therapy <input type="checkbox"/> Diabetes – HbA1c greater than or equal to 8% <input type="checkbox"/> History of Malignant Hyperthermia/Heat stroke <input type="checkbox"/> Obstructive Sleep Apnea – NOT treated with CPAP: Refer the patient for Sleep Apnea Treatment | <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 <input type="checkbox"/> None of the above |
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| | | | | | | | | | | | | | | | | | | | | |
|--|--|---|---|--|---|--|---|--|---|--|---|--|--|--|---|---|---|---|--|--|
| Question 8 | <p>Do any of the following scenarios relating to Hypertrophic cardiomyopathy (HCM) apply to the patient?</p> <table border="0"> <tr> <td><input type="checkbox"/> Survived Sudden Cardiac Arrest due to VT or VF</td> <td><input type="checkbox"/> One or more episodes of unexplained syncope in the past 6 months</td> </tr> <tr> <td><input type="checkbox"/> Spontaneous sustained VT causing syncope or hemodynamic compromise</td> <td><input type="checkbox"/> Spontaneous Non-Sustained Ventricular Tachycardia with exercise</td> </tr> <tr> <td><input type="checkbox"/> Maximum LV wall thickness greater than or equal to 30 mm</td> <td><input type="checkbox"/> Abnormal blood pressure response with exercise</td> </tr> <tr> <td><input type="checkbox"/> Sudden Cardiac Death in one or more first-degree relatives presumably caused by HCM</td> <td><input type="checkbox"/> None of the above</td> </tr> </table> | <input type="checkbox"/> Survived Sudden Cardiac Arrest due to VT or VF | <input type="checkbox"/> One or more episodes of unexplained syncope in the past 6 months | <input type="checkbox"/> Spontaneous sustained VT causing syncope or hemodynamic compromise | <input type="checkbox"/> Spontaneous Non-Sustained Ventricular Tachycardia with exercise | <input type="checkbox"/> Maximum LV wall thickness greater than or equal to 30 mm | <input type="checkbox"/> Abnormal blood pressure response with exercise | <input type="checkbox"/> Sudden Cardiac Death in one or more first-degree relatives presumably caused by HCM | <input type="checkbox"/> None of the above | | | | | | | | | | | |
| <input type="checkbox"/> Survived Sudden Cardiac Arrest due to VT or VF | <input type="checkbox"/> One or more episodes of unexplained syncope in the past 6 months | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Spontaneous sustained VT causing syncope or hemodynamic compromise | <input type="checkbox"/> Spontaneous Non-Sustained Ventricular Tachycardia with exercise | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Maximum LV wall thickness greater than or equal to 30 mm | <input type="checkbox"/> Abnormal blood pressure response with exercise | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Sudden Cardiac Death in one or more first-degree relatives presumably caused by HCM | <input type="checkbox"/> None of the above | | | | | | | | | | | | | | | | | | | |
| Question 9 | <p>Do any of the following scenarios apply to the patient?</p> <table border="0"> <tr> <td><input type="checkbox"/> Giant cell myocarditis with VF treated according to GDMT</td> <td><input type="checkbox"/> Cardiac sarcoidosis in a patient with LVEF of 35% or less</td> </tr> <tr> <td><input type="checkbox"/> Giant cell myocarditis with hemodynamically unstable VT treated according to GDMT</td> <td><input type="checkbox"/> Heart Failure Reduced Ejection Fraction in a patient awaiting a heart transplant and who otherwise would not qualify for an ICD (e.g., NYHA class IV or use of inotropes) with a plan to discharge home.</td> </tr> <tr> <td><input type="checkbox"/> Cardiac sarcoidosis with sustained VT</td> <td><input type="checkbox"/> None of the above</td> </tr> <tr> <td><input type="checkbox"/> Cardiac sarcoidosis after patient survived sudden cardiac arrest</td> <td></td> </tr> </table> | <input type="checkbox"/> Giant cell myocarditis with VF treated according to GDMT | <input type="checkbox"/> Cardiac sarcoidosis in a patient with LVEF of 35% or less | <input type="checkbox"/> Giant cell myocarditis with hemodynamically unstable VT treated according to GDMT | <input type="checkbox"/> Heart Failure Reduced Ejection Fraction in a patient awaiting a heart transplant and who otherwise would not qualify for an ICD (e.g., NYHA class IV or use of inotropes) with a plan to discharge home. | <input type="checkbox"/> Cardiac sarcoidosis with sustained VT | <input type="checkbox"/> None of the above | <input type="checkbox"/> Cardiac sarcoidosis after patient survived sudden cardiac arrest | | | | | | | | | | | | |
| <input type="checkbox"/> Giant cell myocarditis with VF treated according to GDMT | <input type="checkbox"/> Cardiac sarcoidosis in a patient with LVEF of 35% or less | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Giant cell myocarditis with hemodynamically unstable VT treated according to GDMT | <input type="checkbox"/> Heart Failure Reduced Ejection Fraction in a patient awaiting a heart transplant and who otherwise would not qualify for an ICD (e.g., NYHA class IV or use of inotropes) with a plan to discharge home. | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Cardiac sarcoidosis with sustained VT | <input type="checkbox"/> None of the above | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Cardiac sarcoidosis after patient survived sudden cardiac arrest | | | | | | | | | | | | | | | | | | | | |
| Question 10 | <p>Is the patient's expected remaining lifespan (life expectancy) less than 12 months?</p> <p><input type="radio"/> Yes <input type="radio"/> No</p> | | | | | | | | | | | | | | | | | | | |
| Question 11 | <p>Does the patient have ventricular tachycardia that is amenable to catheter ablation?</p> <p><input type="radio"/> Yes <input type="radio"/> No</p> | | | | | | | | | | | | | | | | | | | |
| Question 12 | <p>Does the patient have any of the following surgical risk factors? (additional information)</p> <table border="0"> <tr> <td><input type="checkbox"/> Active bacterial infection</td> <td><input type="checkbox"/> Active smoking/nicotine use: enroll patient in a smoking cessation program</td> <td><input type="checkbox"/> Active drug or alcohol abuse</td> <td rowspan="6"> 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 <input type="checkbox"/> None of the above </td> </tr> <tr> <td><input type="checkbox"/> *Morbid Obesity (BMI greater than 40); refer for weight loss management</td> <td><input type="checkbox"/> Advanced Renal Disease (creatinine greater than 2)</td> <td><input type="checkbox"/> Coagulopathy or on anticoagulant therapy</td> </tr> <tr> <td><input type="checkbox"/> Primary pulmonary hypertension</td> <td><input type="checkbox"/> Anemia – Hemoglobin less than 11 (females 11, males 12)</td> <td><input type="checkbox"/> Diabetes – HbA1c greater than or equal to 8%</td> </tr> <tr> <td><input type="checkbox"/> End Stage Liver Disease</td> <td><input type="checkbox"/> Uncontrolled Seizure Disorder</td> <td><input type="checkbox"/> History of Malignant Hyperthermia/Heat stroke</td> </tr> <tr> <td><input type="checkbox"/> Known allergy or hypersensitivity to medication needed for procedure</td> <td><input type="checkbox"/> Trans Ischemic Attack (TIA) or stroke within past three months</td> <td><input type="checkbox"/> Obstructive Sleep Apnea – NOT treated with CPAP: Refer the patient for Sleep Apnea Treatment</td> </tr> <tr> <td><input type="checkbox"/> Oxygen-dependent pulmonary disease</td> <td></td> <td></td> </tr> </table> | <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 | 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 <input type="checkbox"/> None of the above | <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 | <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% | <input type="checkbox"/> End Stage Liver Disease | <input type="checkbox"/> Uncontrolled Seizure Disorder | <input type="checkbox"/> History of Malignant Hyperthermia/Heat stroke | <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 | <input type="checkbox"/> Oxygen-dependent pulmonary disease | | |
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| <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% | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> End Stage Liver Disease | <input type="checkbox"/> Uncontrolled Seizure Disorder | <input type="checkbox"/> History of Malignant Hyperthermia/Heat stroke | | | | | | | | | | | | | | | | | | |
| <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 | | | | | | | | | | | | | | | | | | |
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