



Authorization Request Form - Part 2 Cardiac Rehabilitation

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: **Chest Pain, Murmurs, Shortness of Breath, Cardiomyopathies, Adult Congenital Heart Disease, Valvular Heart Disease, Ventricular Arrhythmia, Atrial Fibrillation, Heart Block, Sinus Node Dysfunction, Peripheral Arterial Disease**

Question 1	<p>Which of the following findings were documented within the past 12 months?</p> <ul style="list-style-type: none"><input type="radio"/> Acute myocardial infarction<input type="radio"/> Acute coronary artery syndrome<input type="radio"/> Chronic stable angina<input type="radio"/> Chronic congestive heart failure (NYHA Class I-III, including with LV assist devices)<input type="radio"/> After coronary artery bypass surgery<input type="radio"/> After a percutaneous coronary intervention<input type="radio"/> After valvular surgery<input type="radio"/> Cardiac transplantation<input type="radio"/> Symptomatic peripheral arterial disease<input type="radio"/> Atrial fibrillation<input type="radio"/> Adult Congenital Heart Disease<input type="radio"/> After permanent pacemaker/ICD implantation<input type="radio"/> None of the above
Question 2	<p>Does the patient have any of the following contraindications to cardiac rehabilitation?</p> <ul style="list-style-type: none"><input type="checkbox"/> Active unstable angina<input type="checkbox"/> Decompensated cardiac failure<input type="checkbox"/> Active dangerous or complex arrhythmias<input type="checkbox"/> Dissecting aneurysm<input type="checkbox"/> Myocarditis<input type="checkbox"/> Acute pericarditis<input type="checkbox"/> Severe obstruction of the left ventricular outflow tract<input type="checkbox"/> Severe hypertension<input type="checkbox"/> Exertional hypotension or syncope<input type="checkbox"/> Severe orthopedic limitations<input type="checkbox"/> Recent systemic or pulmonary embolus<input type="checkbox"/> Severe or symptomatic aortic stenosis<input type="checkbox"/> Previous cardiac rehabilitation in the absence of a new cardiac event<input type="checkbox"/> None of the above