



## Authorization Request Form - Part 2

### Cardiac Computerized Tomography Angiography

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  →

<b>Patient Information</b>	First name	Last name
	Member ID	Date of birth (MM/DD/YYYY)

Fill out the following section if submitting for any of the following: **Syncope and Presyncope**

<b>Question 1</b>	<p>Which of the following findings were documented within the past six months?</p> <p><input type="checkbox"/> Syncope or near syncope with suspected structural heart disease      <input type="checkbox"/> None of the above</p> <p><input type="checkbox"/> Pre-procedural evaluation of cardiac anatomy for permanent pacemaker or ICD implantation</p>
<b>Question 2</b>	<p>Has the patient had previous echocardiography (i.e., TTE, TEE) and achieved diagnostic results?</p> <p><input type="radio"/> Yes, the patient has had previous echocardiography and has achieved diagnostic results.      <input type="radio"/> No, the patient has NOT had previous echocardiography.</p> <p><input type="radio"/> Yes, the patient has had previous echocardiography but has NOT achieved diagnostic results.</p>
<b>Question 3</b>	<p>Did the patient have a recently requested MRI for the same indications?</p> <p><input type="radio"/> Yes      <input type="radio"/> No</p>



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

<b>Question 1</b>	<b>Does the patient have pericardial disease and any of the following findings?</b> <input type="checkbox"/> Loculated pericardial effusion <input type="checkbox"/> Chest abnormality limiting TTE imaging <input type="checkbox"/> Recent chest trauma <input type="checkbox"/> Pericardial mass, malignancy, or cyst <input type="checkbox"/> Congenital pericardial defect <input type="checkbox"/> Concern that patient has tuberculosis <input type="checkbox"/> Hemopericardium or pericardial clot <input type="checkbox"/> None of the above
<b>Question 2</b>	<b>Does the patient have acute pericarditis and any of the following findings?</b> <input type="radio"/> Acute myocardial infarction <input type="radio"/> Concern of malignancy <input type="radio"/> Lung or chest infection <input type="radio"/> Pancreatitis <input type="radio"/> None of the above
<b>Question 3</b>	<b>Is a CT needed for any of the following reasons?</b> <input type="radio"/> The patient's pericardial disease did not respond to anti-inflammatory medication. <input type="radio"/> A prior TTE was inconclusive or discordant with clinical findings. <input type="radio"/> Pre-procedural planning (e.g., cardiovascular surgery or intervention). <input type="radio"/> None of the above
<b>Question 4</b>	<b>Does the patient have any of the following?</b> <input type="radio"/> The patient takes metformin <input type="radio"/> Renal failure <input type="radio"/> Contrast dye allergy <input type="radio"/> None of the above

Fill out the following section if submitting for any of the following: **Adult Congenital Heart Disease**

<b>Question 1</b>	<b>Does the patient have pericardial disease and any of the following findings?</b> <input type="radio"/> The findings of the previous testing were not definitive. <input type="radio"/> The findings of the previous testing showed discordant results. <input type="radio"/> No previous functional testing was performed <input type="radio"/> None of the above
<b>Question 2</b>	<b>Does the patient have pericardial disease and any of the following findings?</b> <input type="checkbox"/> The diameter of the aortic sinuses or ascending aorta is greater than or equal to 4.0 cm <input type="checkbox"/> Partial anomalous pulmonary venous connection <input type="checkbox"/> Asymptomatic complex CHD with no Cardiac CT or Cardiac MRI in the last year <input type="checkbox"/> Prosthetic valve replacement or prior valve repair and suspected valve dysfunction <input type="checkbox"/> Paravalvular infections <input type="checkbox"/> Suspected low-flow, low-gradient severe AS with normal or reduced LVEF <input type="checkbox"/> Pulmonary outflow tract <input type="checkbox"/> Distal pulmonary artery obstruction <input type="checkbox"/> Cardiac mass, tumor, thrombus, or potential cardiac source of emboli <input type="checkbox"/> None of the above
<b>Question 3</b>	<b>Does the patient have any of the following?</b> <input type="radio"/> The patient takes metformin <input type="radio"/> Contrast dye allergy <input type="radio"/> None of the above



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

<b>Question 1</b>	Is the patient being imaged for pre-procedural evaluation of cardiac anatomy to prepare for permanent pacemaker or ICD implantation? <input type="radio"/> Yes <input type="radio"/> No
<b>Question 2</b>	Does the patient have any of the following? <input type="checkbox"/> Non-rate controlled atrial fibrillation <input type="checkbox"/> Significant contrast dye allergy <input type="checkbox"/> Pregnancy <input type="checkbox"/> None of the above <input type="checkbox"/> Renal failure

Fill out the following section if submitting for any of the following: **Sinus Node Dysfunction**

<b>Question 1</b>	Within the context of Sinus Node Dysfunction, which of the following findings were documented within the past six months? <input type="checkbox"/> Sinus node dysfunction and suspected structural heart disease (where previous imaging was inconclusive) <input type="checkbox"/> None of the above <input type="checkbox"/> Need for pre-procedural evaluation of cardiac anatomy before device implantation
<b>Question 2</b>	Does the patient have any of the following? <input type="checkbox"/> Non-rate controlled atrial fibrillation <input type="checkbox"/> Significant contrast dye allergy <input type="checkbox"/> Renal failure <input type="checkbox"/> None of the above



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**i** Please fill in each question option completely ○ → ●

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Fill out the following section if submitting for any of the following: **Valvular Heart Disease**

<b>Question 1</b>	<p>Which of the following findings were documented within the past six months?</p> <p><input type="checkbox"/> Native cardiac valve dysfunction when echocardiographic imaging is inconclusive or discordant with clinical findings</p> <p><input type="checkbox"/> Prosthetic valve replacement or prior valve repair and suspected valve dysfunction</p> <p><input type="checkbox"/> Paravalvular infections when echocardiography is inconclusive or discordant with clinical findings</p> <p><input type="checkbox"/> Suspected low-flow, low-gradient severe AS with normal or reduced LVEF</p> <p><input type="checkbox"/> Pulmonary outflow tract obstruction</p> <p><input type="checkbox"/> Congenital heart disease where echocardiography is inconclusive or discordant with clinical findings</p> <p><input type="checkbox"/> Congenital heart disease before intervention for valve repair or replacement</p> <p><input type="checkbox"/> Cardiac mass, tumor, thrombus, or potential cardiac source of emboli</p> <p><input type="checkbox"/> None of the above</p>
<b>Question 2</b>	<p>The patient has a bicuspid aortic valve and any of the following:</p> <p><input type="checkbox"/> Echocardiography that is inconclusive or discordant with clinical findings</p> <p><input type="checkbox"/> The diameter of the aortic sinuses or ascending aorta is greater than or equal to 4.0cm</p> <p><input type="checkbox"/> None of the above</p>
<b>Question 3</b>	<p>Does the patient have any of the following?</p> <p><input type="checkbox"/> Contrast dye hypersensitivity</p> <p><input type="checkbox"/> Current Pregnancy</p> <p><input type="checkbox"/> Impaired renal function</p> <p><input type="checkbox"/> Current use of metformin</p> <p><input type="checkbox"/> None of the above</p>

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

<b>Question 1</b>	<p>Which category of surgical procedure is the patient undergoing?</p> <p><input type="checkbox"/> Low (&lt;1%) risk (e.g., cataract surgery, breast surgery, rotator cuff repair, laparoscopic appendectomy)</p> <p><input type="checkbox"/> Intermediate (1-5%) risk (e.g., head and neck surgery, prostate surgery, orthopedic surgery)</p> <p><input type="checkbox"/> High (&gt;5%) risk (e.g., major intra-abdominal vascular surgery, open cholecystectomy, open hernia repair)</p> <p><input type="checkbox"/> Emergency surgery</p>
<b>Question 2</b>	<p>Which of the following symptoms or findings were documented at the most recent encounter?</p> <p><input type="checkbox"/> Angina or anginal equivalent symptoms</p> <p><input type="checkbox"/> Unexplained chest pain</p> <p><input type="checkbox"/> New or worsening dyspnea (i.e., shortness of breath) and known or suspected pulmonary disease</p> <p><input type="checkbox"/> Dyspnea (i.e., shortness of breath) not explained by prior testing (e.g., cardiac PET, stress testing, TTE)</p> <p><input type="checkbox"/> Presence of cardiothoracic diseases (e.g., cancer, sarcoidosis, amyloidosis)</p> <p><input type="checkbox"/> History of hypertension</p> <p><input type="checkbox"/> History of hyperlipidemia</p> <p><input type="checkbox"/> History of diabetes</p> <p><input type="checkbox"/> None of the above</p>
<b>Question 3</b>	<p>Does prior testing indicate any of the following abnormal findings (e.g., MRI, stress echo, TTE)?</p> <p><input type="radio"/> Inconclusive or abnormal imaging findings</p> <p><input type="radio"/> Results discordant with prior testing</p> <p><input type="radio"/> Technical difficulties with prior testing</p> <p><input type="radio"/> No previous functional testing was performed</p> <p><input type="radio"/> Testing was completed but none of the above was indicated</p>