Authorization Request Form - Part 2

Catheter-based Angiogram & Revascularization

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: **Peripheral Arterial Disease**

Question 1

Has the patient failed to show significant clinical improvement (e.g. improved pain free walking distance) despite compliance with best medical therapy and an exercise program?

- ◯ Yes
- ◯ No

Question 2

Have the patient's symptoms limited their activities of daily living (ADL)?

- ◯ Yes
- ◯ No

Question 3

Has the patient attempted smoking cessation?

- ◯ Not applicable, the patient is not a smoker.
- ◯ Yes, the patient has attempted smoking cessation.
- ◯ No, the patient is an active smoker with no plan to quit.

Question 4

Have other imaging modalities been performed (eg. MRA, CTA) and found to be inadequate or inconclusive?

- ◯ Yes, the patient has had alternative imaging and has achieved diagnostic results
- ◯ Yes, the patient has had alternative imaging but has NOT achieved diagnostic results
- ◯ No, the patient has NOT had alternative imaging

Question 5

Is the patient being considered for revascularization?

- ◯ Yes
- ◯ No

Question 6

Does the patient have any of the following risk factors?

- ☐ Symptoms of acute PAD or critical limb ischemia (e.g., ulcers, rest pain)
- ☐ The patient is pregnant
- ☐ Patient is unwilling to undergo interventional therapy if angiography discovers disease
- ☐ Severe allergy to contrast media
- ☐ Severe renal insufficiency
- ☐ Short distance between the annulus and coronary ostium
- ☐ Known or suspected arterial aneurysm or another significant vascular anomaly (e.g., AV fistula) at or near the planned intervention site
- ☐ Morbid obesity
- ☐ Evidence of occlusion without accompanying clinical symptoms (i.e., claudication)
- ☐ Isolated tibial artery occlusive disease
- ☐ The patient has a fixed contracture of the affected extremity
- ☐ The patient has limited life expectancy due to age or co-morbid conditions
- ☐ The patient is permanently non-ambulatory, OR patient's activity level is severely limited
- ☐ None of the above

Question 7

Does the patient have any of the following surgical risk factors? (additional information)

- ☐ Active bacterial infection
- ☐ *Morbid Obesity (BMI greater than 40); refer for weight loss management
- ☐ Primary pulmonary hypertension
- ☐ End Stage Liver Disease
- ☐ Known allergy or hypersensitivity to medication needed for procedure
- ☐ Oxygen-dependent pulmonary disease
- ☐ Active smoking/nicotine use: enroll patient in a smoking cessation program
- ☐ Advanced Renal Disease (creatinine greater than 2)
- ☐ Anemia – Hemoglobin less than 11 (females 11, males 12)
- ☐ Uncontrolled Seizure Disorder
- ☐ Trans Ischemic Attack (TIA) or stroke within past three months
- ☐ Active drug or alcohol abuse
- ☐ Coagulopathy or on anticoagulant therapy
- ☐ Diabetes – HbA1c greater than or equal to 8%
- ☐ History of Malignant Hyperthermia/Heat stroke
- ☐ Obstructive Sleep Apnea – NOT treated with CPAP: Refer the patient for Sleep Apnea Treatment
- ☐ 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
- ☐ None of the above