



Cardiac Rhythm Implantable Device

Primary or secondary prevention in a client with reduced left ventricular ejection fraction, LVEF, requiring CRT-D

For NON-URGENT requests, please fax this completed document along with medical records, imaging, tests, etc. If there are any inconsistencies with the medical office records, please elaborate in the comment section. Failure to provide all relevant information may delay the determination. Phone and fax numbers can be found on eviCore.com under the Guidelines and Fax Forms section. You may also log into the provider portal located on the site to submit an authorization request. **URGENT (same day) REQUESTS MUST BE SUBMITTED BY PHONE.**

Patient/Member	First Name:		Middle Initial:		Last Name:	
	DOB (mm/dd/yyyy):				Gender: Male Female	
	Street Address:				Apt #:	
	City:		State:		Zip:	
	Home Phone:		Cell Phone:		Primary Contact: Home Cell	
	Health Plan:		Member ID:		Group ID:	
Ordering Provider	First Name:			Last Name:		
	Primary Specialty:		TIN:		NPI:	
	Physician Phone:			Physician Fax:		
	Address:				Suite #:	
	City:		State:		Zip:	
	Office Contact:					Ext:
	Contact Email:					
Facility/Site	First Name:			Last Name:		
	Group/Site Name:					
	Primary Specialty:		TIN:		NPI:	
	Site Phone:			Site Fax:		
	Address:				Suite #:	
	City:		State:		Zip:	
Procedure	Check all applicable CPT Codes:	33206	33207	33208	33212	33213
		33214	33221	33224	33225	33227
		33228	33229	33230	33231	33240
		33249	33262	33263	33264	Other:
Diagnosis	Diagnosis, if known or rule out:					
	ICD-10 Codes:					
	Date of last visit:			Retro Date of Service:		

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Please note: if this procedure is approved and is being performed in an inpatient setting contact the patient's health plan directly to have the inpatient admission approved after the authorization is issued.

1. Which of the following heart failure medications have been used in the last three months?

Beta Blockers (Commonly used: Betapace (sotalol), Blocadren (timolol), Brevibloc (esomol), Cartrol (carteolol), Coreg (carvedilol), Corgard (nadolol), Inderal-LA (propranolol), Kerlone (betaxolol), Levatol (penbutolol), Lopressor (metoprolol), Normodyne (labetalol), Sectral (acebutolol), Tenormin (atenolol), Toprol-XL (metoprolol), Trandate (labetalol), Visken (pindolol), Zebeta (bisoprolol))

ACE Inhibitors or ARB (Commonly used: Lotensin (benazepril), Capoten (captopril), Zestril (lisinopril), Prinivil (lisinopril), Accupril (quinapril), Altace (ramipril), Vasotec (enalapril), Monopril, (fosinopril), Univasc (moexipril), Aceon, (Perindopril), Mavik (Trandolapril)) (List of common ARBs: Losartan (Anzar, Arbloc, Angisartan, Hartzar, Pharex, Neosartan, Hyperthree, Getzar, Kenzar, Lozaris, Qzar, Normoten, Ecozar, Lifezar, Cozaar), Olmesartan (Olmezar, Olmetec), Telmisartan (Micardis, Pritor), Candesartan (Blopress), Valsartan (Diovan), Eprosartan (Teveten))

Diuretics (Commonly used: Aquatensen (methyclothiazide), Diucardin (hydroflumethiazide), Diulo (metolazone), Diuril (chlorothiazide), Enduron (methyclothiazide), Esidrix (hydrochlorothiazide), Hydro-chlor (hydrochlorothiazide), Hydro-D (hydrochlorothiazide), HydroDIURIL (hydrochlorothiazide), Hydromox (quinethazone), Hygroton (chlorthalidone), Metahydrin (trichlormethiazide), Microzide (hydrochlorothiazide), Mykrox (metolazone), Naqua (trichlormethiazide), Naturetin (bendroflumethiazide), Oretic (hydrochlorothiazide), Renese (polythiazide), Saluron (hydroflumethiazide), Thalitone (chlorthalidone), Trichlorex (trichlormethiazide), Zaroxolyn (metolazone))

Other:

2. Is the LVEF less than or equal to 35%?

Yes	No	Don't know
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3. Is the LVEF less than or equal to 30%?

Yes	No	Don't know
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4. Has there been a heart attack (MI) in the last 40 days?

Yes	No	Don't know
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5. Has there been any of the following in the past three months?

Coronary Artery Bypass Graft (CABG)
Angioplasty or Stent (PCI)
Don't know

6. Is there a left bundle branch block (LBBB)?

Yes	No	Don't know
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7. Is a dual-chamber permanent pacemaker needed?

Yes	No	Don't know
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Clinical Information	8. Is there NYHA function class I or class II heart failure symptoms? (NYHA = New York Heart Association; Class I: No symptoms and no limitation in ordinary physical activity, e.g. shortness of breath when walking, climbing stairs etc.; Class II: Mild symptoms (mild shortness of breath and/or angina) and slight limitation during ordinary activity.					
	Yes		No		Don't know	
	9. Is there NYHA function class III or class IV heart failure symptoms? (NYHA = New York Heart Association; Class III: Marked limitation in activity due to symptoms, even during less-than-ordinary activity, e.g. walking short distances (20–100 m) comfortable only at rest; Class IV: Severe limitations. Experiences symptoms even while at rest. Mostly bedbound patients)					
	Yes		No		Don't know	
	10. Is life expectancy greater than 1 year?					
	Yes		No		Don't know	
	11. Is routine follow-up possible?					
	Yes		No		Don't know	
	12. Is this for a replacement device?					
	Yes		No		Don't know	
	Additional Information/Comments:					
Submitter	Who is making this request?					
	Ordering Physician		Facility		Other:	
	Print Name:					
	Title:	MD	RN	LPN	PA	NP
Signature:						Date: