



## Clinical Information Request for Cardiac Implantable Devices

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](http://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:		
Diagnosis		Diagnosis, if known or rule out:			
	ICD-10 Codes:				
	Date of last visit:				
Procedure	<b>What Cardiac Implantable Device is being requested?</b>				
	33206 Single Chamber Atrial Pacemaker: AAI insertion with lead placement  33207 Single Chamber Ventricular Pacemaker: VVI insertion with lead placement				

**CONFIDENTIALITY NOTICE:** This fax transmission, and any documents attached to it may contain confidential or privileged information subject to privacy regulations such as the Health Insurance Portability and Accountability Act of 1996 (HIPAA). This information is intended only for the use of the recipient (s) named above. If you are not the intended recipient, or a person responsible for delivering it to the intended recipient, you are hereby notified that any disclosure, copying, distribution or use of any of the information contained in or attached to this transmission is STRICTLY PROHIBITED. If you have received this transmission in error, please immediately notify eviCore healthcare and destroy the original transmission and its attachments without saving them in any manner.

**What Cardiac Implantable Device is being requested? (cont'd)**

- 33208 Dual Chamber Pacemaker: DDD insertion with lead placement
- 33212 Single Chamber Atrial or Ventricular Pacemaker: AAI/VVI insertion without lead placement
- 33213 Dual Chamber Pacemaker: DDD insertion without lead placement
- 33214 Dual Chamber Pacemaker: DDD Upgrade From Single Chamber Device with lead placement
- 33221 Cardiac Resynchronization Therapy: CRT-P insertion without lead placement
- 33224 Cardiac Resynchronization Therapy: CRT-P/D Upgrade with lead placement
- 33225 & 33208 Cardiac Resynchronization Therapy: CRT-P Insertion with lead placement
- 33225 & 33229 Cardiac Resynchronization Therapy: CRT-P Upgrade from Dual Chamber Pacemaker
- 33225 & 33249 Cardiac Resynchronization Therapy: CRT-D Insertion with lead placement
- 33225 & 33264 Cardiac Resynchronization Therapy: CRT-D Upgrade from Dual Chamber ICD
- 33227 Single Chamber Atrial or Ventricular Pacemaker: AAI/VVI removal & replacement without lead
- 33228 Dual Chamber Pacemaker: DDD removal & replacement without lead placement
- 33229 Cardiac Resynchronization Therapy-P: CRT-P removal & replacement without lead placement
- 33230 Implantable Cardioverter-Defibrillator: ICD insertion without leads-DDD pacemaker
- 33231 Cardiac Resynchronization Therapy-D: CRT-D insertion without lead placement
- 33240 Implantable Cardioverter-Defibrillator: ICD insertion without leads - VVI pacemaker
- 33249 Implantable Cardioverter-Defibrillator: ICD insertion with leads - DDD or VVI pacemaker
- 33262 Implantable Cardioverter-Defibrillator: ICD removal & replacement without leads – VVI pacemaker
- 33263 Implantable Cardioverter-Defibrillator: ICD removal & replacement without leads – DDD pacemaker
- 33264 Cardiac Resynchronization Therapy-D: CRT-D removal & replacement without lead placement

**The clinical information below may be required to process your request.**

- If requested      Electrophysiologic report summary
- If requested      Imaging report documenting left ventricular dysfunction
- If requested      Imaging report documenting the ejection fraction
- If requested      Holter monitor or event monitor summary report
- If requested      Electrocardiogram
- If requested      Office note documenting NYHA heart failure classification and medical management

Additional Information/Comments:

Clinical Information	Additional Information/Comments (cont'd)						
Submitter	Who is making this request?						
	Ordering Physician	Facility	Other:				
	Print Name:						
	Title:	MD	RN	LPN	PA	NP	Other:
	Signature:			Date:			