



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 PHON9"**

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. Are any of the following present?

- Cardiac Sarcoidosis
- Chagas disease
- Giant cell myocarditis
- None of the above
- Don't know

(Cardiac Sarcoidosis: An inflammatory disease that causes granular clumps of cells similar to scar tissue to proliferate; Chagas Disease: An illness spread by the reduvid bug. Cardiomyopathy is a common sign of Chagas disease; Giant Cell Myocarditis: A rare cardiovascular disease where giant multi-nucleate cells form in the heart)

2. Is there evidence of any of the following?

- Long-QT syndrome and a history of unexplained fainting?
- Ventricular Tachycardia (VT) while receiving beta-blockers
- Other risk factors for sudden death
- None of the above
- Don't know

("Other risk factors" may include family history of sudden death; Long-QT syndrome = A congenital disorder characterized by a prolongation of the QT interval on ECG and a tendency to ventricular tachyarrhythmias, which may lead to syncope, cardiac arrest, or sudden death, For Long-QT, time interval must be > 500 msec OR Long QT 2 or 3; "Fainting" = Syncope. List of common beta blockers: 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))

3. Is there Brugada syndrome and a history of unexplained syncope? (Brugada syndrome is a genetic disorder that can cause ventricular tachyarrhythmias that lead to syncope, cardiac arrest or sudden cardiac death)

Yes	No	Don't know
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4. Is there HCM, and one risk factor for sudden death? (HCM = Hypertrophic Cardiomyopathy. HCM is a disease of the heart muscle where a portion of the heart thickens without any obvious reason. Risk factors for sudden death include: sudden fainting (unheralded syncope); family history of sudden death; septal wall thickness of greater than or equal to 30 mm; abnormal Blood Pressure from exercising –i.e. flat response/failure to augment; rise then fall during exercise.)

Yes	No	Don't know
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5. Is there ARVC and one risk factor for sudden death? (ARVC = Arrhythmogenic Right Ventricular Cardiomyopathy. Risk factors for sudden death include: induction of VT during electrophysiological testing; detection of non-sustained VT on noninvasive Monitoring; male gender; severe right ventricular dilation; extensive right ventricular involvement; left ventricular involvement; or Unexplained syncope.)

Yes	No	Don't know
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Clinical Information

6. Is there one of the following?

CPVT with fainting

Documented sustained VT while receiving beta blockers

Don't know

7. Is there familial cardiomyopathy associated with sudden death?

Yes

No

Don't know

8. Is life expectancy greater than 1 year?

Yes

No

Don't know

9. Is routine follow-up possible?

Yes

No

Don't know

10. 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

Other:

Signature:

Date: