



Cardiac Rhythm Implantable Device

Secondary prevention in a survivor of cardiac arrest due to VT or VF without CRT, requiring an ICD

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
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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Clinical Information

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. Is there a reversible cause of VT or VF? (Reversible causes of VT and VF include abnormal thyroid function or electrolyte balance, digoxin or antiarrhythmic toxicity, idiopathic VT or VF amenable to ablation)

Yes

No

Don't know

2. Is life expectancy greater than 1 year?

Yes

No

Don't know

3. Is routine follow-up possible?

Yes

No

Don't know

4. 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: