



Cardiovascular Authorization form

Refer to the back of the patient's ID card under the heading Prior Authorization for the appropriate contact information.

Purpose of this form

You can use this form to initiate your precertification request. The form will also help you know what supporting documentation is needed for GEHA to review your request.

Catheter Ablation for Atrial Fibrillation

Medical notes documenting all the following:

- Diagnosis signs and symptoms
- History of present illness
- Results of diagnostic testing treatments tried and failed physician treatment plan

Cardiac Event Monitoring

Medical notes documenting all the following:

- Physician order
- Diagnosis
- The member is high risk for arrhythmias
- Holter monitor or other non-invasive cardiac monitoring are contraindicated or non-revealing
- Episodes of syncope, including test results, cardiac etiology and/or unexplained episodes.

Endovascular Revascularization Procedures (e.g., stents, angioplasty and/or atherectomy)

Medical notes documenting the following, when applicable:

- Diagnosis
- Relevant history and physical to include member symptoms and pertinent findings due ischemia
- Treatments tried, failed and/or contraindicated, including structured exercise program, pharmacologic therapy and smoking cessation, if applicable
- Details of functional disability(ies) interfering with work or activities of daily living
- Documentation of moderate to severe ischemic peripheral artery disease using one of the following:
 - o Ankle-Brachial Index (ABI)
 - o Ankle pressure
 - o Toe-Brachial Index (TBI)
 - o Toe pressure
 - o Transcutaneous Oxygen Pressure

- Diagnostic images (e.g., duplex ultrasound, computed tomography angiography [CTA], magnetic resonance angiography [MRA], or invasive angiography) documenting the location and severity of occlusion

Percutaneous Patent Foramen Ovale (PFO) Closure

Medical notes documenting all the following:

- History and co-morbid medical condition(s)
- Documentation of member's medical symptoms
- Complete report(s) of diagnostic imaging (MRI, CT scan, x-rays)
- Omnibus codes Percutaneous Patent Foramen Ovale (PFO) Closure
 - Results of diagnostic testing performed to rule out other causes including, but not limited to, carotid disease, hypercoagulable states, or atrial fibrillation
 - Documentation of an evaluation by a cardiologist and a neurologist and both agree that the stroke is likely embolic in nature

For us to review your request properly and to avoid delay, you must complete all sections of the form and provide the necessary supporting documentation. If you have questions about the form or need assistance, you can speak with a surgical specialist at 800.821.6136, ext. 3100.

After you have completed the form

Our reviews are completed within 15 days from the time that we receive complete information. Please allow for this time when scheduling the procedure. We are not able to consider a request "urgent" unless waiting the regular time limit for authorization could seriously jeopardize a patient's life, health or ability to regain maximum function.



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Date of request: _____ Anticipated service date: _____
Patient name: _____ Phone: _____
Preferred pronouns: _____ (optional)
ID number: _____ Date of birth: _____
Member address: _____

Physician: _____
Tax ID: _____
Address: _____

Contact: _____
Phone: _____ Ext.: _____ Fax: _____
DX: _____ ICD-10 code: _____

List all proposed CPT/procedure codes: _____

Submit completed form and supporting documents to:

GEHA
P.O. Box 21542
Eagan MN 55121

Fax: 816.257.3255 or
Color photos to secure email:
caremanagementsurgery@geha.com

Questions: Call GEHA at 800.821.6136, ext. 3100

All benefit payments are subject to review for any applicable deductibles, coinsurance, maximums, medical necessity and patient eligibility on the date that the service is provided, or the supply delivered.