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| Prior Authorization Request Form | | Elective Percutaneous Coronary Intervention (PCI) | |
| BSC Fax: (844) 807-8997 | | BSC Mail: P.O. Box 629005 El Dorado Hills, CA 95762-9005 | |
| Use AuthAccel - Blue Shield's online authorization system - to complete, submit, attach documentation, track status, and receive determinations for both medical and pharmacy authorizations. Visit Provider Connection (www.blueshieldca.com/provider) and click the Authorizations tab to get started. | | | |
| Notice: BSC has a 5 Business Day turn-around time on all Prior Authorization Requests. Failure to complete this form in its entirety may result in delayed processing or an adverse determination for insufficient information. | | | |
| Provider Information | | Patient Information | |
| Referring/Prescribing Physician: <input type="checkbox"/> PCP <input type="checkbox"/> Specialist* Name: *Please identify SPECIALTY: | | Patient's Name: Birth Date: Blue Shield ID Number: | |
| Servicing Provider: <input type="checkbox"/> MD <input type="checkbox"/> Vendor <input type="checkbox"/> Lab <input type="checkbox"/> Facility <input type="checkbox"/> Other Name: Address: Tax ID Number: NPI: | | Place of Service <input type="checkbox"/> Freestanding Ambulatory Surgery Center <input type="checkbox"/> Home Care Agency <input type="checkbox"/> Inpatient Hospital Care <input type="checkbox"/> Long Term Care <input type="checkbox"/> Outpatient Hospital Care <input type="checkbox"/> Patient's Home <input type="checkbox"/> Physician's Office <input type="checkbox"/> Other (explain): Anticipated Date of Service: | |
| Office Information: Contact: Phone: () Fax: () | | | |
| Please enter all codes requested; "by report" codes must have a description of why the code is being used | | | |
| ICD-10 PRIMARY DX CODE: | | | |
| ICD-10 ADDITIONAL DX CODE(S): | | | |
| CPT/HCPCS CODE(S): | | | |
| PATIENT CLINICAL INFORMATION | | | |
| Prior authorization is not required if a diagnostic coronary angiogram, or CTA with FFR, has not been performed. Please check the following boxes to indicate the following documentation is included as part of the PA requirements. Also, please enter the information requested in bold: <div style="margin-left: 40px;"> Completed Blue Shield of California CAD Decision Aid (https://www.blueshieldca.com/provider/authorizations/forms-lists/forms.sp) – see survey below: page 3 Completed CollaborATE survey – see survey below: page 4 </div> | | | |
| NOTE: The above two surveys are to be filled out and signed by the PATIENT and submitted with the documentation below. | | | |
| Please provide the following documentation: <ul style="list-style-type: none"> • History and physical and/or consultation notes including: <ul style="list-style-type: none"> ○ Angina description (Canadian Cardiovascular Society Grading of Angina Pectoris, Class I, II, III or IV) Enter classification: ___ ○ Documentation of 1 or more severe (greater than or equal to 70% diameter) epicardial (non-left main) artery or intermediate (50 to 69% diameter) left main coronary artery stenosis detected by diagnostic coronary angiography, or with a Fractional Flow Reserve (FFR) using | | | |
| For questions: Call BSC Medical Care Solutions | | Phone Number: 1-800-541-6652 | |

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Coronary Computed Tomography Angiography (CCTA) of less than or equal to 0.80

- 2017 “Appropriate Use Criteria for Coronary Revascularization” (AUC) score documented by the requesting physician
 - If the AUC score is 7 – 9 (“appropriate use”), (the cardiologist must document the score and indication in the medical records)
 - If the AUC score is 4 – 6 (“may be appropriate”) or 1 – 3 (“rarely appropriate”), the cardiologist must also include a brief narrative describing the clinical scenario(s) justifying the revascularization procedure. Clinical risk factors which may support the procedure include **one or more** of the following:
 - Unusual location of obstruction(s), unusual coronary anatomy, or unusual flow dynamics noted by the cardiologist
 - Intercurrent cardiac disease (e.g., congestive heart failure, myocardial disease, arrhythmia, valvular disease)
 - Current or recent smoking history (within one year)
 - Cardiologist documentation of difficult-to-control uncontrolled hypertension on maximal therapy or uncontrolled dyslipidemia on maximal therapy
 - Diabetes mellitus with a first or second degree relative with premature coronary artery disease (i.e., age less than 65, MI or coronary intervention)
 - Strong family history of coronary artery disease
 - Prior PCI or CABG procedure
- Pertinent past procedural and surgical history
- Radiology report(s) (i.e., MRI, FFRCT, CCTA)

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Let's Talk

Coronary Artery Disease

One of the most important factors in helping you choose appropriate medical care is your comprehensive understanding of the reasons for treatment, the risks, and the potential benefits. Percutaneous Coronary Intervention (PCI), also known as stenting or angioplasty, is an invasive procedure used to restore the flow of blood to the heart. This is done by inserting a stent into a narrowed or blocked coronary artery caused by the buildup of atherosclerotic plaque. PCI may be used to relieve the symptoms of coronary heart disease, such as stable angina, which is chest pain or discomfort triggered by physical activity or emotional stress. If PCI has been suggested to you as an option for your stable angina, you should carefully weigh the pros and cons, the alternative treatments, and the potential benefits and risks.

Should You Have an Elective PCI?

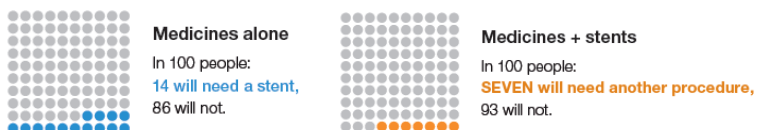
Talk to your doctor and become an active partner in making an informed decision about whether PCI is right for you.

- How will a PCI help me?
- What are my other treatment options?
- What are the risks of each of my options?
- What are the short & long term risks or side effects?
- Why might this treatment not be right for me?
- If I don't have surgery will my condition worsen?

Risks

The Procedure?

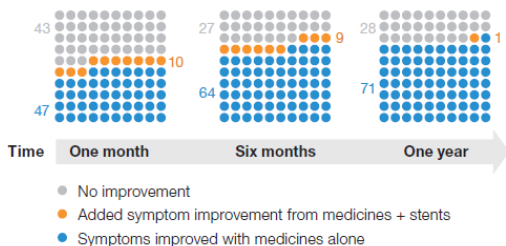
During the 1st year after medications alone or medications + stents: Need for another procedure (another stent or CABG):



Benefits

Prevention of heart attack or death in stable coronary artery disease with medicines + stents compared to medicines alone: **NO DIFFERENCE** in heart attack or death.

How symptoms improve in 100 people with medicines + stents compared to medicines alone:



Your Decision?

PCI and/or medications are used to treat stable angina. Be sure you understand the nature of your condition and how PCI and/or medications would treat it. **(For stable angina, stents may be useful for symptom relief but do not reduce the risk of heart attack or death)**

| Medications Alone or Medications + Stent ¹ | | |
|--|--|---|
| Frequently Asked Questions | Medications Alone | PCI (Stent) + Medications |
| What does the treatment involve? | Taking medication regularly to control your angina. | A catheter (a thin tube) will be inserted into a blood vessel in your leg and moved to your heart. One or more stents (slotted tubes) will be placed in a heart blood vessel to reduce narrowing. You will need to take medication daily for up to a year after the procedure & it will increase your risk of bleeding. |
| What are the risks of the treatment? | Occasionally, medications have side effects, which will vary depending on what you take. | About 1 in 100 people (1%) who have stents have a serious complication, e.g. death, heart attack, stroke, emergency open heart surgery, or kidney failure. About 4 in 100 (4%) have less serious complications, e.g. bleeding, blood vessel or kidney damage. |
| How long will it take to recover? | Does not apply. | Most people are home within a day of having a stent put in. |
| What are the chances of being angina free? | 52 in 100 people (52%) are angina free one year after medical management alone. | 59 in 100 people (59%) are angina free one year after PCI. |
| Will the treatment lower my risk of having a heart attack? | The use of aspirin or of any medications that lower your cholesterol (statins) or improve control of your blood pressure will lower your risk of a heart attack. | PCI will not decrease your risk of heart attack. The use of aspirin or of any medications that lower your cholesterol (statins) or improve control of your blood pressure will lower your risk of heart attack. |
| How well will the treatment work? | It may take a few weeks to find the right medicine to control your angina. About 16 in 100 (16%) people will go on to have a PCI within the first year of treatment. | Relief of angina (chest pain) is usually immediate. It is possible that you will need more than one PCI. About 11 in 100 people (11%) will have a second PCI or heart surgery within a year of their first PCI. |

These websites offer more information:

www.heart.org (American Heart Association) / www.acc.org (American College of Cardiology) / www.shareddecisions.mayoclinic.org (Mayo Clinic)

Shared Decision

Please check each box

- A. Do you understand the options available to you? Yes No
- B. Are you clear about which benefits and side effects matter most to you? Yes No
- C. Do you have enough information to make an informed choice? Yes No
- D. Do you feel comfortable about your decision? Yes No



Your signature ensures you feel confident that you and your doctor have explored all of your options and you

understand everything fully and that together you are making the decision that is best for you. This Decision Aid does not replace the need for a signed

Informed Consent for treatment form that is required by law in many states.

Patient Signature: _____
Date: ____/____/____

Physician Signature: _____
Date: ____/____/____

Thinking about the appointment you have just had ...

1. How much effort was made to help you understand your health issues?

0 1 2 3 4 5 6 7 8 9

No effort was made

Every effort was made

2. How much effort was made to listen to the things that matter most to you about your health issues?

0 1 2 3 4 5 6 7 8 9

No effort was made

Every effort was made

3. How much effort was made to include what matters most to you in choosing what to do next?

0 1 2 3 4 5 6 7 8 9

No effort was made

Every effort was made

Your signature ensures you feel confident that you and your doctor have explored all of your options and you understand everything fully and that together you are making the decision that is best for you.

Patient Signature: _____

Date: ____ / ____ / ____



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