HEALTHHELP®
A WNS COMPANY

Humana.

Wearable Cardiac Device Clinical Information Fax

Wearable Cardiac Device (WCD) is an external wearable defibrillator (i.e., Zoll LifeVest®).

To initiate the Consult process for preauthorization, complete this form, attach additional clinical information, and fax to: **(888) 863-4464.** HealthHelp representatives and physicians are available Monday-Friday 7am-7pm and Saturday 7am-4pm (Central Time). Preauthorization requests may be processed faster online: https://portal.healthhelp.com/humana.

Urgent Request is a medically necessary request that requires IMMEDIATE HANDLING due to an unforeseen illness, injury, or condition that could impact the patient's condition. A **phone call to (866) 825-1550** is the fastest way to process your urgent request. If you choose to fax your urgent request, please ensure that legible contact information is included for the ordering physician and/or his/her designee stating how they may be reached within the next 24 hours in case additional clinical information is needed to complete the review. An urgent request may be **faxed to: (800) 519-9935**.

Date:	Time:	Contact Name:
Contact Email:		Contact Phone Number:
Member Name:		Member ID Number:
Member DOB:		Group ID:
Member Contact Number:		Date of Service (Wearable Use): Please indicate if this is for initial request or subsequent:
Ordering Physician Information		
Physician Name:		Ordering Physician NPI:
Practice Name: Address: City:	State: ZIP:	Phone: Fax: Email:
Rendering Facility Information (☐ same as Ordering Physician)		
Facility Name: Facility Tax ID:		Facility Type: ☐ Outpatient ☐ Ambulatory Surgery Center ☐ Inpatient; No. of days _____
Address: City:	State: ZIP:	Phone: Fax: Email:
Procedure Information (include procedure code: 93745, K0606, K0607, K0608, K0609)		
Procedure Code:		Diagnosis:

Clinical Information (choose **only one** indication)

- ☐ CABG or PCI (Post Cardiac Intervention)
- ☐ Cardiac Rhythm or Cardiac Arrest
- ☐ Cardiomyopathy, Ischemic Type with Documented Ventricular Fibrillation or Ventricular Tachycardia
- ☐ Cardiomyopathy, Ischemic Type without Documented Ventricular Fibrillation or Ventricular Tachycardia
- ☐ Cardiomyopathy, Non-Ischemic Dilated (NIDCM)
- ☐ ICD Failure or Local Infection and Re-implantation after Temporary Waiting Period
- ☐ Myocardial Infarction, Recent Event
- ☐ Sudden Cardiac Death, High Risk, Familial (Documented ARVD, Long QT Syndrome, HOCM, Brugada Syndrome)
- ☐ Other (Requires HealthHelp Clinical Review) _____

Additional Clinical Information (History, Continuum of Care, Condition that Delays WCD, Comorbidities, etc.):