HEALTH ECONOMICS & REIMBURSEMENT

CardioMEMS™ HF System Clinical Checklist

This form is intended to be used by the treating physician as a guide to help gather information in connection to a heart failure diagnosis. The documentation referenced below may be submitted to the insurance company prior to procedure being performed.

HEALTHCARE PROVIDER INSTRUCTIONS

DO NOT INCLUDE THIS INSTRUCTION PAGE IN YOUR SUBMISSION

1. The Physician completes the CardioMEMS HF System Clinical Checklist, sign and date.
2. The documents below may be submitted to the insurance company for prior authorization.

- ☐ CardioMEMS HF System Clinical Checklist
- ☐ 3-6 months of treatment notes, with documented challenges managing patient's heart failure (ex. CKD)
- ☐ Echocardiogram report
- ☐ Hospitalizations for heart failure including discharge summaries
- ☐ Elevated BNP lab values and reports

For questions on the CardioMEMS HF System Clinical Checklist, please contact the Patient Therapy Access Team at PTA_cardiac@abbott.com or the Health Economics Team at heartfailureeconomics@abbott.com.

Rx Only
Brief Summary: Prior to using these devices, please review the Instructions for Use for a complete listing of indications, contraindications, warnings, precautions, potential adverse events and directions for use.

CardioMEMS™ HF System Indications and Usage: The CardioMEMS HF System is indicated for wirelessly measuring and monitoring pulmonary artery pressure and heart rate in NYHA Class II or III heart failure patients who either have been hospitalized for heart failure in the previous year and/or have elevated natriuretic peptides. The hemodynamic data are used by physicians for heart failure management with the goal of controlling pulmonary artery pressures and reducing heart failure hospitalizations.

CardioMEMS™ HF System Contraindications: The CardioMEMS™ HF System is contraindicated for patients with an inability to take dual antiplatelet or anticoagulants for one month post implant.

CardioMEMS™ HF System Potential Adverse Events: Potential adverse events associated with the implantation procedure include, but are not limited to, the following: air embolism, allergic reaction, infection, delayed wound healing, arrhythmias, bleeding, hemoptysis, hematoma, nausea, cerebrovascular accident, thrombus, cardiovascular injury, myocardial infarction, death, embolization, thermal burn, cardiac perforation, pneumothorax, thoracic duct injury and hemothorax.

Reference
2022 AHA/ACC/HFSA Guideline for the Management of Heart Failure: A Report of the American College of Cardiology/American Heart Association Joint Committee on Clinical Practice Guidelines. https://www.ahajournals.org/doi/full/10.1161/CIR.0000000000001063

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PHYSICIAN USE ONLY

Patient Name: _____ Date of Birth: Click or tap to enter a date.

Guideline Directed Medical Therapy

On maximally tolerated GDMT (with optimal device therapy if applicable) per the 2022 ACC/AHA/HFSA/CHF guidelines base on the patient's ejection fraction.

LIST CURRENT MEDICATION(S):

☐	Contradictions to Medications		☐ Beta blocker	
☐	ACE/ARB/ARNi		☐ Diuretic	
☐	SGLT2i		☐ Other	
☐	MRA			

☐ For EF ≤ 40%: On beta blockers for 3 months, on diuretics, SGLT2i, MRA, ACEi/ARB/ARNi for more than one month or (documented intolerance)

☐ For EF 41-49%: On diuretic, SGLT2i, MRA, ACEi/ARB/ARNi, beta clockers for more than one month (or documented intolerance)

☐ For EF greater than or equal to 50% on diuretic, SGLT2i, MRA, ACEi/ARB/ARNi for more than one month or none if intolerant

CHF Classification in Class II or III with marked limitation on physical activity, in which less than ordinary activity results in

NYHA CLASS ☐ II ☐ III

☐ Fatigue ☐ Palpitation ☐ Dyspnea ☐ Comfortable at rest

Pro-NT BNP lab value: _____

Ejection Fraction: _____

BMI ≤ 35 ☐ YES ☐ NO

If no, Chest circumference measured at axillary level: _____

In the 12 months has been hospitalized for CHF: ☐ YES ☐ NO

☐ Dates of admission(s) _____

CARDIAC RESYNCHRONIZATION THERAPY (CRT)

CRT Indicated for patient ☐ YES ☐ NO

If yes, does patient have implanted CRT device? ☐ YES ☐ NO

Details of hemodynamic plan:

_____

_____

_____

_____

PATIENT HISTORY

- ☐ Active Infection
- ☐ Recurrent deep vein thrombosis (DVT)
- ☐ Pulmonary embolism (PE)
- ☐ History of congenital heart disease
- ☐ Mechanical right heart valve
- ☐ Implantation of CRT-D
- ☐ Patient can tolerate right heart catheterization
- ☐ Estimated glomerular filtration rate is <30 ml/min
- ☐ Responsive to diuretic Therapy
- ☐ On Chronic renal dialysis
- ☐ Consented to intensive monitoring
- ☐ Documented plan for hemodynamic monitoring

DIAGNOSIS

- ☐ I50.1 Left ventricular failure
- ☐ I50.20 Unspecified systolic (congestive) heart failure
- ☐ I50.22 Chronic systolic (congestive) heart failure
- ☐ I50.23 Acute on chronic systolic (congestive) heart failure
- ☐ I50.30 Unspecified diastolic (congestive) heart failure
- ☐ I50.32 Chronic diastolic (congestive) heart failure
- ☐ I50.40 Unspecified combined systolic (congestive) and diastolic (congestive) heart failure
- ☐ I50.42 Chronic combined systolic (congestive) and diastolic (congestive) heart failure
- ☐ I50.43 Acute on chronic combined systolic (congestive) and diastolic (congestive) heart failure
- ☐ I50.9 Heart failure, unspecified

☐ Other: _____

Heathcare Provider Signature: _____

Healthcare Provider Name (Printed): _____

Date: Click or tap to enter a date.