Facsimile Transmittal Form - Prostacyclin Referral

Listed here is the documentation required for infused and inhaled prostacyclin Medicare claims submissions for patients with pulmonary arterial hypertension (PAH) in accordance with the Medicare Local Coverage Determination (LCD) guidelines. Since many patients with commercial health plan coverage may eventually become Medicare beneficiaries, Accredo reviews all new infused and inhaled prostacyclin patients with respect to the Medicare LCDs. The following documentation would be required.

Accredo also recommends that physician offices provide this documentation for all PAH patients as many patients may eventually end up on an infused or inhaled prostacyclin. This form provides a checklist of Medicare requirements for infused and inhaled prostacyclin referrals.

Name: ____________________________________________________     Phone:_____________________________________________________
Date: _____________________________________________________     Pages sent (including cover sheet): ___________________________

Check the boxes below as items are included in the return fax:

- Completed PAH referral form (go to accredo.com for the most up-to-date referral forms)
- PAH Diagnosis and diagnosis code clearly documented on the referral form
- Clinical documentation
  - H&P (current within the past 6 months)     Date of H&P:____________________________
  - Right heart catheterization report

- Echocardiogram
- Calcium Channel Blocker Attestation with specific supporting clinical documentation
- For Medicare approval, patients with the following disease states will require supportive documentation that the PAH is out of proportion with the disease. Please check the box if the patient has the co-morbidity and if supportive documentation is provided.

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
<th>Are the following items in the right heart catheterization report?</th>
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<tr>
<td></td>
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<td>Mean PA Pressure (or systolic/diastolic) &gt;25 mm Hg at rest or ≥30 mm Hg with exertion</td>
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<td>Cardiac output</td>
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<td>Cardiac index</td>
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<td>Pulmonary vascular resistance</td>
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<td>Pulmonary capillary wedge pressure (or LVEDP) &lt;15 mm Hg</td>
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<td>Vasodilator testing</td>
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- Check this box if Medicare Part B is currently the primary insurance for this referral

Fax Flolan®, Remodulin®, Tyvaso® and Veletri® to: 800.711.3526. Fax Ventavis® to: 866.279.0669.
If you have any questions, call 866.FIGHT.PH (866.344.4874).

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