Statement of pulmonary arterial hypertension diagnosis

Patient name

Physician name

Diagnosis (Please check one. If secondary pulmonary hypertension, identify the underlying cause.):
- [ ] Idiopathic pulmonary hypertension (defined as Primary PAH by Centers for Medicare & Medicaid Services)
- [ ] Secondary pulmonary hypertension — Medicare-covered
  - [ ] Connective tissue disease (Please specify, e.g., scleroderma, lupus)
  - [ ] Thromboembolic disease of the pulmonary arteries
  - [ ] HIV infection
  - [ ] Anorectic drug therapy
  - [ ] Congenital heart disease — ASD or VSD
  - [ ] Cirrhosis
  - [ ] Other
- [ ] Secondary pulmonary hypertension — non–Medicare-covered
  - [ ] Sleep apnea
  - [ ] Cardiomyopathy
  - [ ] Congenital heart disease — other than ASD or VSD
  - [ ] COPD
  - [ ] Pulmonary fibrosis
  - [ ] Emphysema
  - [ ] Interstitial lung disease
  - [ ] Sarcoidosis of the lung
  - [ ] Left-sided valvular disease
  - [ ] Other

Physician’s signature

Date

Fax completed form to 800.711.3526.