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| **Retrospective authorisation form following percutaneous coronary intervention (PCI)** |

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| **For funding authorisation of a “follow on” PCI procedure following a query proceed angiogram in patients with stable coronary artery disease. All other elective PCI procedures for patients with stable coronary artery disease should be authorised before proceeding using the ‘Pre-authorisation form for prior to elective percutaneous coronary intervention (PCI)’.**  We appreciate that there are instances where it is appropriate to continue with a follow on PCI procedure from a query proceed angiogram. This form is designed to provide Bupa with the information we need to assess eligibility for funding in such cases, after a PCI has been carried out. Bupa only funds treatment covered under a patient’s policy and in line with published evidence-based guidelines and outcome measures.  Please complete all sections of the form. We would appreciate it if the information you provide is typed and not handwritten. Without the information requested, assessment and authorisation for funding may be delayed. We will send you a response about eligibility for Bupa funding usually within two working days.  We may verify the information submitted against a copy of the patient’s full medical notes, which may be requested from you or the patient’s GP, in order to confirm funding eligibility.  **If you have any questions please call the Bupa Cardiac Support Team on: 0845 600 7264** (lines are open 8am to 8pm Monday to Friday, 8am to 1pm Saturday) **or: 0845 755 3333** (lines are open 8am to 6pm Monday to Friday, 8am to 1pm Saturday)\***.** | | | | |
| **About the patient** | | | | |
| Name: | | | | |
| Date of birth: | | | | |
| Bupa Membership Number: | | | | |
| Admission hospital: | | | | |
| **About the consultant** | | | | |
| Name: | | | | |
| Bupa Provider Number: | | | | |
| GMC number: | | | | |
| Telephone number: | | | | |
| **About the patient’s condition** | | | | |
| Were the patient’s symptoms stable? | | | | |
| Yes | No | | | Asymptomatic |
| If no, please explain the patient’s condition: | | | | |
| Had medical therapy been optimised before the PCI? | | | | |
| Yes | | | No | |
| Had a functional test been performed? | | | | |
| Yes | | | No | |
| If yes, please tick all that apply | | | | |
| Exercise (electrocardiogram) ECG | | Stress echocardiogram | | |
| Myocardial perfusion scan | | Stress (magnetic resonance imaging) MRI | | |
| Other, please state: | | | | |
|  | | | | |
| Did the functional test demonstrate evidence of inducible ischaemia? | | | | |
| Yes | | | No | |
| Had a Fractional Flow Reserve (FFR) been performed? | | | | |
| Yes, please specify what the ratio was: | | | | |
| No | | | | |
| If neither functional testing nor FFR was performed, please explain why: | | | | |
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| If the patient had triple vessel disease or a left main stem (LMS) lesion, had the management been discussed during a minuted multidisciplinary team meeting that included a cardiothoracic surgeon? | | | | |
| Yes | | | No | |
| Patient does not have LMS or triple vessel disease | | | | |
| Please provide any other relevant clinical information. | | | | |
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| **Bupa may verify the information submitted in this form against a copy of the patient’s full medical notes, which may be requested from you or the patient’s GP, in order to confirm eligibility for funding.** | | | | |
| Consultant cardiologist’s signature: | | | | |
| Date: | | | | |
| **Please return this form to the Bupa Cardiac Support Team by secure fax: 01784 234 285** | | | | |