
Implantable Cardioverter Defibrillator – ICD funding form



This form is for pre-authorising funding of an implantable cardioverter defibrillator (ICD) for Bupa patients. We'd be grateful if you could:

- **complete every section of this form** as we're unable to assess whether this treatment is eligible for funding under our customers' health insurance schemes without all the information requested. If we need to ask for more information, this is likely to delay our funding decision and the patient's treatment.
- **give us enough time before treatment begins.** We may need to see a copy of the patient's full medical notes, which we'll request from you or the patient's GP, to confirm eligibility for funding. We'll let you know within two working days of receiving your completed form whether the Bupa patient's treatment is eligible for funding.
- **type on the form**, rather than printing it and returning it in writing.

Return complete form to us by secure email: CardiacSupportteam@bupa.com

Please be aware that information you send to this email address may not be secure unless you send us your email through Egress Switch. For more information and to sign up for a free Egress Switch account, go to <https://switch.egress.com/ui/learn>. You won't be charged for sending secure emails to a Bupa email address using the Switch service.

About the patient

Name:

Date of birth:

Bupa Membership Number:

About the consultant

Name:

Bupa Provider Number:

Telephone number:

Essential information about the device fitted

Make and model of device:
Cost of device (£):
Reason for using this specific device:
Proposed implantation date:
Hospital where implantation will take place:

Implantable Cardioverter Defibrillator - ICD

Please indicate whether new device or a replacement device:

New device Replacement device

(if replacement device, please include indication for replacement eg. current device about to expire (please include make/model of current device and when implanted) or clinical concerns about current advice etc)

Left ventricular ejection fraction (%):

Non-sustained VT on Holter monitoring

Inducible VT on electrophysiological testing

NYHA CLASS:

QRS duration (ms):

LBBB RBBB

Previous MI (>4 weeks ago)

Familial condition with high risk SCD Please specify condition:

5-year risk of SCD (ESC HCM score or ESC consensus guidelines) for other conditions:

Undergone surgical repair of congenital heart disease

History of cardiac arrest due to VF or VT

Sustained VT causing syncope or haemodynamic compromise

Sustained VT without syncope or cardiac arrest

LVEF \leq 35% and high risk of sudden cardiac death with imaging evidence of:

significant LV scarring including previous myocardial infarction

previous sustained VT

Euro score \geq 5% over 5 years

Please note: Bupa customers are eligible for funding for **two** routine follow up appointment post ICD implantation. For Bupa funded devices, we ask that the consultant sends a referral letter to their Bupa patients' GP to include: 1. make and model of device, 2. indication(s) for implantation, and 3. follow up requirements. After the initial follow up the patient should make an appointment with their GP to be referred for long term NHS device checks.

I confirm that, to the best of my knowledge, the information contained in this form is accurate

Consultant's signature:

GMC number:

Please complete and return this form, by secure email, to Bupa Cardiac Support Team:

cardiacsupportteam@bupa.com

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