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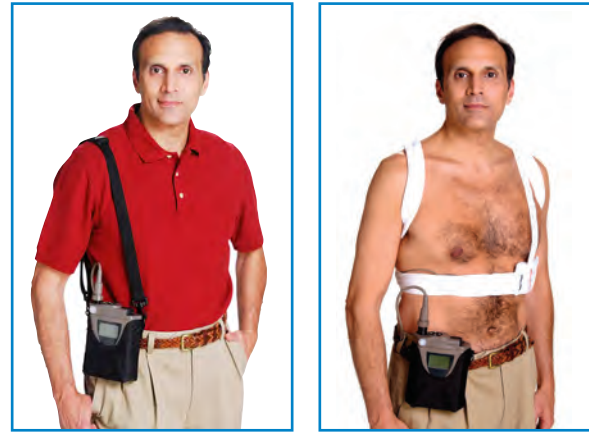
3.5"

3.5"

6"

Supporting Documentation for Chart Order, Medical Order or Verbal Order		
Condition	What to document	How to document
cardiac arrest due to VF or sustained VT	VF or sustained VT episode	Attach one of the following that identifies and dates the event: • H&P, progress note, consult note, or discharge summary • ECG/rhythm strip showing VF or sustained VT • EP study with induced VF or sustained VT
familial or inherited SCA risk	evidence of syndrome leading to higher SCA risk	Attach one of the following that identifies the SCA risk condition: • H&P, progress note, consult note, or discharge summary • ECG strip showing long QT or other abnormality
MI or NICM with an EF of ≤35%	MI or NICM	Attach one of the following that identifies and dates the diagnosis: • H&P, progress note, consult note, or discharge summary • ECG strip or other lab evidence of infarction
	EF ≤35%	Attach one of the following that dates and reports results of EF testing: • H&P, progress note, consult note, or discharge summary • Report from echocardiogram or other test estimating the EF
ICD explantation	ICD explantation	Attach one of the following that identifies and dates the explantation: • H&P, progress note, consult note, or discharge summary
other high risk of life-threatening VT/VF	evidence of risk	Attach one of the following that identifies the risk condition: • H&P, progress note, consult note, or discharge summary • Test report supporting risk condition

LifeVest®



LifeVest Coverage

LifeVest is covered by Medicare and many other providers for the following indications:

- Primary prevention (EF≤35% and either MI or NICM) including:
 - Immediately after MI (Coverage during the 40 day ICD waiting period)
 - Before and immediately after CABG or PTCA (Coverage during the 90 day ICD waiting period)
 - Listed for cardiac transplant
 - Recently diagnosed nonischemic cardiomyopathy (Coverage during the 3 to 9 month ICD waiting period)
 - NYHA class IV heart failure
 - Terminal disease with life expectancy of less than 1 year
- VF and sustained VT (spontaneous or induced) if it occurs >48 hours post MI
- All ICD indications are covered
- Any ICD explantation



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Side 1

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To order a LifeVest system, you have the choice of using a **Chart Order**, placing a **Medical Order**, or placing a **Verbal Order**. In each case, documentation is required to support the diagnosis and medical necessity of the LifeVest. Specific instructions are provided below.

Chart Order

How to place a chart order

- What to include on the order:
- patient's name (if not already imprinted)
 - date
 - order for a "wearable defibrillator" or "LifeVest"
 - duration of use
 - VT and VF rate thresholds (or specify defaults: VT 150 BPM, VF 200 BPM)
 - energy threshold (or specify default: 150 J)
 - physician's signature

Fax to 1-866-567-7615 (toll free)

- physician order sheet (see above)
- hospital face sheet (patient demographics and insurance)
- supporting documentation substantiating diagnosis and medical necessity (see other side of this card)
- contact name and phone number if additional information is needed

Example

LifeVest wearable defibrillator upon discharge, period of 3 to 6 months. VT rate 180 BPM, VF rate 200 BPM. Energy level 150 joules 5X.

Medical Order

How to place a medical order

Complete the Medical Order form and fax it to ZOLL LifeCor. Medical Order forms are available from your local LifeVest Representative or online at <http://www.lifecor.com/order.asp>

Verbal Order

How to place a verbal order

A physician or designee can place an order for the LifeVest by contacting Customer Support at 1-800-543-3267.

The following details will be needed.

- physician's name and NPI number
- contact name / phone/fax
- patient's name
- insurance information, if known
- name of hospital/room number (if hospitalized)
- start date (or date of hospital discharge)
- estimated length of LifeVest use
- VT and VF rate thresholds (or specify to use defaults)
- energy thresholds (or specify to use defaults)
- reason for the LifeVest (diagnosis)
- discharge to location (home / SNF / rehab)

Fax to 1-866-567-7615 (toll-free)

- hospital face sheet (includes patient address, DOB, phone, and insurance details)
- supporting documentation substantiating diagnosis and medical necessity (see opposite page)
- we will complete a Medical Order form and fax to physician for signature

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Side 2

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Two sided pocket card.
 Flat 7" x 6"
 Fold to 3.5" x 6"
 Full color (cmyk)