

# Supporting Documentation for Medical Order, Chart Order, and Verbal Order

**ZOLL**®

LifeVest®

Condition	What to Document	How to Document
<b>cardiac arrest due to VF or sustained VT</b>	VF or sustained VT episode	Attach the following that identifies and dates the event: <ul style="list-style-type: none"> <li>•H&amp;P, progress note, consult note, or discharge summary</li> <li>•EP study with induced VF or sustained VT</li> <li>•Treatment plan regarding ICD</li> </ul>
<b>familial or inherited SCA risk</b>	evidence of syndrome leading to higher SCA risk	Attach the following that identifies the SCA risk condition: <ul style="list-style-type: none"> <li>•H&amp;P, progress note, consult note, or discharge summary</li> <li>•Treatment plan regarding ICD</li> </ul>
<b>MI, NICM, or other DCM with an EF of ≤35%</b>	MI, NICM, or other DCM	Attach the following that identifies and dates the diagnosis: <ul style="list-style-type: none"> <li>•H&amp;P, progress note, consult note, or discharge summary</li> <li>•Treatment plan regarding ICD</li> </ul>
	EF of ≤35%	Attach the following that dates and reports results of EF testing: <ul style="list-style-type: none"> <li>•H&amp;P, progress note, consult note, or discharge summary</li> <li>•Report from echocardiogram or other test estimating the EF</li> </ul>
<b>ICD explantation</b>	ICD explantation	Attach the following that identifies and dates the explantation: <ul style="list-style-type: none"> <li>•H&amp;P, progress note, consult note, discharge summary, or explant OP report</li> </ul>
<b>other high risk of life-threatening VT/VF</b>	evidence of risk	Attach the following that identifies the risk conditions: <ul style="list-style-type: none"> <li>•H&amp;P, progress note, consult note, or discharge summary</li> <li>•Treatment plan supporting risk condition</li> </ul>



## LifeVest Insurance Coverage

The LifeVest is covered by most health plans in the United States, including commercial, state, and federal plans. This list summarizes the types of patient conditions and situations that are covered. The patient's specific health plan coverage policy should be reviewed to determine coverage for prescribing a LifeVest.

- Primary prevention (EF≤35% and MI, NICM, or other DCM) including:
  - After recent MI (Coverage during the 40 day ICD waiting period)
  - Before and 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
- ICD indications when patient condition delays or prohibits ICD implantation
- ICD explantation

See product datasheet for full prescribing information.

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To order a LifeVest system, you may complete a **Medical Order**, a **Chart Order**, or place a **Verbal Order**. In each case, documentation is required to support the diagnosis and medical necessity of the LifeVest. Specific instructions follow.

## Medical or Chart Order

If placing a Medical Order, obtain the form from your local LifeVest representative or online at <http://lifevest.zoll.com/medical-professionals/ordering-lifevest.asp>

If placing a Chart Order, please include:

- Patient's name (If not already imprinted)
- Date
- Order for a wearable defibrillator "LifeVest"
- Duration of use (# of months)
- VT and VF rate thresholds (or specify defaults:  
VT 150 BPM, VF 200 BPM)
- Energy threshold (or specify default: 150 J)
- Treatment plan regarding ICD
- Physician's signature

### Order Example

LifeVest wearable defibrillator upon discharge, period of 6 months.  
VT rate 180 BPM, VF rate 200 BPM. Energy level 150 joules 5X.  
ICD not recommended due to post-MI 40 day waiting period.  
Evaluate for ICD indications at 40 days.

## Verbal Order

A physician or designee can place an order for the LifeVest by contacting Customer Support at the number below.

To assure prompt service, please have all of the following information available before calling in your Verbal Order:

- Physician's name and NPI Number
- Contact name / phone / fax
- Patient's name & date of birth
- Insurance information, if known
- Name of hospital/room number (if hospitalized)
- Start date (or date of hospital discharge)
- Estimated length of use (# of months)
- 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)
- Treatment plan regarding ICD

## Fax Medical Order or Chart Order to 1-866-567-7615 (toll-free) and include:

- Hospital face sheet (patient demographics and insurance)
- Supporting documentation substantiating diagnosis and medical necessity (see back side of this card)
- Contact name and phone number if additional information is needed

## Call in Verbal Order to Customer Support at 1-800-543-3267 (toll-free)

ZOLL Customer Support will complete a Medical Order form for you and fax it to the prescribing physician for signature.