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Sutter Davis (530) 757-5122 Fax (530) 757-5102

Patient Name: _____ Tele No: _____ MR No: _____

Diagnosis: _____ Onset Date: _____ Date Requested: _____

<u>Risk Stratification Scoring Matrix</u>	<u>Weight</u>	<u>Score</u>	<u>Referral Type:</u>
ICD 9 Code & Dx:			<input type="checkbox"/> Phase II Monitored Cardiac Rehabilitation <input type="checkbox"/> Phase IV Non- Monitored Maintenance & Prevention Exercise Program ESTIMATED START DATE: _____
410.9 Uncomplicated MI	2	---	
410.9 Complicated MI	3	---	
V45.81 CABG	2	---	
413.90 Stable Angina	1	---	
V45.82 PTCA/STENT	1	---	
428.00 CHF	2	---	
424.00 Valve Disease	2	---	
V43.3 Valve Surgery	2	---	
427.5 Cardiac Arrest	2	---	
Other _____	---	---	<u>Exercise RX Parameters</u> <input type="checkbox"/> Target HR: _____ <input type="checkbox"/> 20-30> Resting Heart Rate <input type="checkbox"/> RPE Scale (rate of perceived exertion) ENTRY TREADMILL TEST <input type="checkbox"/> Performed (date: ____/____/____) <input type="checkbox"/> Deferred PRIMARY CARE MD _____ Referring MD _____ MD Signature: _____ Date: _____
Age DOB: _____			
<40 years old	1	---	
40-60 years old	2	---	
>60 years old	3	---	
Risk Factors:			
Family History	2	---	
Smoker	3	---	
Smoker (quit ≤ 6mo)	2	---	
Smoker (quit 6 mos to 1 yr)	1	---	
Metabolic Syndrome	1	---	
DM: Controlled (HbA1c <6.5 or FBS <120)	1	---	
HbA1c = 6.6-7.9% or FBS 120-180	2	---	
HbA1c ≥ 8% or New Onset	3	---	
HTN: Controlled with meds, <120/80	1	---	
Sys BP 120-129 or Dias BP 80-89	2	---	
Sys BP ≥ 140 or Dias BP ≥ 90	3	---	
Height: _____ Weight: _____ BMI _____			
Obesity: Mild (BMI =25 to 27.9)	1	---	
Moderate (BMI =28 to 29.9)	2	---	
Gross (BMI ≥30)	3	---	
Lipids: Controlled with meds	1	---	
LDL = 100-129 or Trig = 100-149	2	---	
LDL ≥ 130, or Trig ≥ 150, or HDL ≤40	3	---	
Sedentary Lifestyle	1	---	
Stress/psychological symptoms	1	---	
EKG Interpretation:			
Controlled Arrhythmia	1	---	
Symptomatic Arrhythmia	2	---	
AICD	2	---	
Pacemaker	1	---	
LV Function:			
EF <40-49%	2	---	
EF <40%	3	---	
Other Factors:			
Claudication/PVD	1	---	
CVA	2	---	
Total Points			<u>Insurance Company Authorization</u> CPT Billing Code No. 93798 for Cardiac Rehab Insurance Company(s): Primary: _____ ID No: _____ Secondary: _____ ID No. _____ Authorization No. _____ No of visits _____ Exp Date: _____ *Risk Stratification based on AACVPR, Guidelines for Cardiac Rehabilitation and Secondary Prevention Program, Fourth Edition. Special Considerations: _____
Risk Stratification: Recommended No. of visits:			
* < 9 pts low (12 visits)	Low	---	
* ≤ 11 pts Moderate (24 visits)	Moderate	---	
* ≥ 12 pts High (36 visits)	High	---	

Contact Person: _____ Telephone No: _____