

## CARDIOLOGY TREATMENT REQUEST FORM (CARDIAC AND THORACIC SURGERY)

Phone #: 888-999-7713    Fax #: 702-726-5184

Request Date (mm/dd/yyyy): ____/____/____
Member Name:
DOB (mm/dd/yyyy): ____/____/____
Health Plan ID#:
Service Date:
Standard <input type="checkbox"/> Retro <input type="checkbox"/> Expedited <input type="checkbox"/>

Requesting Provider:
Contact Name:
Phone:
Fax:
Tax ID/ NPI #:
Provider Address:

Servicing Provider:
Contact Name:
Phone:
Fax:
Tax ID/ NPI #:
Provider Address:

Primary Diagnosis Code: _____	Diagnosis Code Description: _____
Site of Service:	
<input type="checkbox"/> Providers office <input type="checkbox"/> Outpatient Hospital _____ <input type="checkbox"/> Inpatient Hospital _____ <input type="checkbox"/> Other _____	
Site of Service Address: _____	
Site of Service TIN#: _____	

This form must be completed in its entirety in order to process your request. Please fax your request to NCH to 877-624-8807. If you have questions regarding your request, call NCH at 888-999-7713, option 1. THIS IS NOT A GUARANTEE OF ELIGIBILITY. PLEASE VERIFY ELIGIBILITY BEFORE PERFORMING SERVICES. All authorizations are valid up to a maximum of 60 days.

**CARDIOLOGY TREATMENT REQUEST FORM  
(CARDIAC AND THORACIC SURGERY)**

Phone #: 888-999-7713 Fax #: 877-624-8807

Patient Name \_\_\_\_\_ Patient ID \_\_\_\_\_ Patient DOB \_\_\_\_\_

**CARDIAC AND GREAT VESSEL THORACIC SURGERY**

- |  |   |
|--|---|
| 1. <input type="checkbox"/> Aortic Valve Replacement 33405   | 3. <input type="checkbox"/> Ascending Aortic Graft 33860  |
| 2. <input type="checkbox"/> Aortocoronary Bypass Surg (Single graft) 33533<br><input type="checkbox"/> 2 grafts 33533 + 33517<br><input type="checkbox"/> 3 grafts 33533 + 33518<br><input type="checkbox"/> 4 grafts 33533 + 33519<br><input type="checkbox"/> 5 grafts 33533 + 33521 | 4. <input type="checkbox"/> Descending Thoracic Aortic Graft 33875<br>5. Mitral Valve Repair (Select one)<br><input type="checkbox"/> 33425 <input type="checkbox"/> 33426 <input type="checkbox"/> 33427<br>6. <input type="checkbox"/> Mitral Valve Replacement 33430 |

**THORACIC SURGERY (CarePlus Dade and Simply only)**

- |  |  |
|--|--|
| 1. <input type="checkbox"/> Thoracotomy Single Lobe Lobectomy 32480                | 5. Thoracoscopy Diag w/ Biopsy Lung: <input type="checkbox"/> 32607 <input type="checkbox"/> 32608 |
| 2. <input type="checkbox"/> Thoractomy w/ Therap Wedge Resection 32505             | 6. <input type="checkbox"/> Thoracoscopy Diagnostic with Biopsy Pleura 32609                       |
| 3. <input type="checkbox"/> Thoracoscopy Diagnostic w/o Biopsy 32601               | 7. <input type="checkbox"/> Thoracoscopy Surgical with Lobectomy (SL) 32663                        |
| 4. <input type="checkbox"/> Thoracoscopy Diagnostic w/ Biopsy<br>Mediastinal 32606 | 8. <input type="checkbox"/> Thoracoscopy Surgical with Wedge Resection 32666                       |

**DEVICE IMPLANTATION (CarePlus Dade and Simply only)**

- |   |   |
|---|---|
| 1. Pacemaker Battery Replacement (Select one)<br><input type="checkbox"/> Single Lead 33227<br><input type="checkbox"/> Dual Leads 33228<br><input type="checkbox"/> Multiple Leads 33229 | 2. Pacemaker Implantation (Select one)<br><input type="checkbox"/> Single Lead 33207<br><input type="checkbox"/> Dual Leads 33208 |
|---|---|

**OTHER SERVICES -include CPT(s) and description(s):**

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