

## CARDIOLOGY TREATMENT REQUEST FORM

**(ELECTROPHYSIOLOGY)** 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: _____
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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 (ELECTROPHYSIOLOGY)

Phone #: 888-999-7713

Fax #: 877-624-8807

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

### ELECTROPHYSIOLOGICAL STUDIES

- |  |   |
|--|---|
| <p>1. <input type="checkbox"/> EPS w/ Arrhythmia Induction 93620+93623</p> <p>2. <input type="checkbox"/> EPS w/ Arrhythmia Induction and AV Node Ablation 93620+93613+93650</p> <p>3. <input type="checkbox"/> EPS w/ Arrhythmia Induction, including left Left Atrial Pacing After IV Drug Infusion and Atrial or Supraventricular Foci Ablation 93653+93613</p> | <p>4. <input type="checkbox"/> EPS w/ Arrhythmia Induction and Transseptal Left Heart Cath w/ VT Ablation 93654+93462</p> <p>5. <input type="checkbox"/> EPS w/ Arrhythmia Induction and Transseptal Heart Cath w/ AF Ablation 93656 +93613</p> |
|--|---|

### DEVICE MONITORING

- |   |   |
|---|---|
| <p>1. AICD Interrogation<br/><input type="checkbox"/> In Person 93289    <input type="checkbox"/> Remote 93295</p> <p>2. <input type="checkbox"/> Device Physiologic CV Data Elements Interrogation (Optivol) In Person 93290</p> | <p>3. Implantable Loop Recorder (ILR) Interrogation<br/><input type="checkbox"/> In Person 93291    <input type="checkbox"/> Remote 93298</p> <p>4. Pacemaker Interrogation<br/><input type="checkbox"/> In Person 93288    <input type="checkbox"/> Remote 93294</p> |
|---|---|

### DEVICE IMPLANTATION / ELECTRICAL CARDIVERSION

- |   |   |
|---|---|
| <p>1. <input type="checkbox"/> AICD Implantation Single or Dual Lead(s): 33249</p> <p>2. <input type="checkbox"/> Cardiac Resynchronization Therapy (CRTD) Single or Dual Lead(s): 33249+33225</p> <p>3. Defibrillator (ICD) Battery Removal &amp; Replacement<br/><input type="checkbox"/> Single Lead: 33262    <input type="checkbox"/> Dual Leads: 33263<br/><input type="checkbox"/> Multiple Leads: 33264</p> <p>4. <input type="checkbox"/> Electrical Cardioversion 92960</p> <p>5. <input type="checkbox"/> Electrical Cardioversion/TEE 92960+93312 93320+93325</p> <p>6. <input type="checkbox"/> Implantation of Loop recorder System 33282</p> | <p>7. Pacemaker Battery Replacement (Select one)<br/><input type="checkbox"/> Single Lead 33227    <input type="checkbox"/> Dual Leads 33228<br/><input type="checkbox"/> Multiple Leads 33229</p> <p>8. Pacemaker Implantation<br/><input type="checkbox"/> Single Lead: 33207    <input type="checkbox"/> Dual Leads: 33208</p> <p>9. <input type="checkbox"/> Upgrade of Pacemaker Conversion Single to Dual 33214</p> <p>10. <input type="checkbox"/> Conversion of Pacemaker to AICD Single or Dual Lead(s): 33233+33249</p> <p>11. <input type="checkbox"/> Conversion of Pacemaker to CRT-D Single RV or Dual RA/RV Lead(s): 33233+33249+33225</p> |
|---|---|

- |                                     |                             |
|-------------------------------------|-----------------------------|
| 1. Microvolt T-Wave Alternans 93025 | 2. Tilt Table Testing 93660 |
|-------------------------------------|-----------------------------|

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

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