

CARDIOLOGY TREATMENT REQUEST FORM (VASCULAR 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 (VASCULAR AND THORACIC SURGERY)

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

Patient Name _____ Patient ID _____ Patient DOB _____

VASCULAR SURGERY

- | | |
|---|---|
| <p>1. <input type="checkbox"/> Abdominal Aortic Aneurysm Open Repair 35081</p> <p>2. <input type="checkbox"/> Carotid Endarterectomy (CEA) 35301</p> <p>3. Central Venous Access Procedures: (select one)
 <input type="checkbox"/> 36561 <input type="checkbox"/> 36563 <input type="checkbox"/> 36590 <input type="checkbox"/> 36800</p> <p>4. Hemodialysis Access Creation and related (Select one)
 <input type="checkbox"/> 36818 AV Anast Upper Arm Cephalic Vein
 <input type="checkbox"/> 36819 AV Anast Upper Arm Basilic Vein
 <input type="checkbox"/> 36820 AV Anast Forearm Vein</p> | <p>5. <input type="checkbox"/> Introduction of Inferior Vena Cava Filter 37191</p> <p>6. Lower Ext Venous Sclerotherapy (select one)
 <input type="checkbox"/> Single Vein 36470 <input type="checkbox"/> Multiple Veins 36471</p> <p>7. <input type="checkbox"/> Lower Ext Venous Ligation/Stripping 37722</p> <p>8. <input type="checkbox"/> Lower Ext Venous Phlebectomy 37765</p> <p>9. Lower Extremity Endovenous Ablation (RF) (select one)
 <input type="checkbox"/> Single Vein 36475 <input type="checkbox"/> Multiple Veins 36476</p> <p>10. Femoral Popliteal Bypass Surgery (Select one)
 <input type="checkbox"/> 35572 +35556 or <input type="checkbox"/> 35656</p> |
|---|---|

VASCULAR RADIOLOGY

- | | |
|--|---|
| <p>1. <input type="checkbox"/> Aortogram w/runoff 36245 +75630</p> <p>2. Carotid Artery Stenting: <input type="checkbox"/> 37215 or <input type="checkbox"/> 37216</p> <p>3. <input type="checkbox"/> Catheter Based Carotid DSA 36222</p> <p>4. <input type="checkbox"/> Iliac Artery PTA 37220</p> | <p>5. <input type="checkbox"/> Iliac Artery Stenting 37221</p> <p>6. <input type="checkbox"/> Femoropopliteal Artery PTA 37224</p> <p>7. <input type="checkbox"/> Femoropopliteal Artery Stenting 37226</p> <p>8. <input type="checkbox"/> Tibioperoneal Artery PTA 37228</p> |
|--|---|

THORACIC SURGERY

- | | |
|--|--|
| <p>1. <input type="checkbox"/> Thoracotomy Single Lobe Lobectomy 32480</p> <p>2. <input type="checkbox"/> Thoractomy w/ Therap Wedge Resection 32505</p> <p>3. <input type="checkbox"/> Thoracoscopy Diagnostic without Biopsy 32601</p> <p>4. <input type="checkbox"/> Thoracoscopy Diagnostic w/ Biopsy
 Mediastinal 32606</p> | <p>5. Thoracoscopy Diag w/ Biopsy Lung: <input type="checkbox"/> 32607 <input type="checkbox"/> 32608</p> <p>6. <input type="checkbox"/> Thoracoscopy Diagnostic with Biopsy Pleura 32609</p> <p>7. <input type="checkbox"/> Thoracoscopy Surgical with Lobectomy (SL) 32663</p> <p>8. <input type="checkbox"/> Thoracoscopy Surgical with Wedge Resection 32666</p> |
|--|--|

DEVICE IMPLANTATION

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

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

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