

PROCEDURE NOTIFICATION REQUESTED FOR MECHANICAL CIRCULATORY SUPPORT DEVICES:

Ventricular Assist Device (VAD)

Total Artificial Heart (TAH)

Notification Date: _____

1 COMPLETE THIS SECTION.

MEMBER

Member Name:

Date of Birth:

Member ID Number:

Member Phone Number:

Medicare Number (if applicable):

Secondary Insurance Provider / Number:

PERSON COMPLETING FORM

Submitted By:

Fax Number (for reply):

Phone Number:

FACILITY INFORMATION

Facility Name:

Facility TIN:

Financial Coordinator Name:

Financial Coordinator Phone Number:

Diagnosis:

ICD-10 Code:

Procedure/Type of Device:

Procedure Code: ___ / ___ / ___

Procedure Date: ___ / ___ / ___

Admission date: ___ / ___ / ___

Discharge date: ___ / ___ / ___

PHYSICIAN INFORMATION

Servicing Provider Name:

Servicing Provider Phone Number:

Servicing Provider NPI Number:

Submit form by:

- For group numbers that begin with A:
Fax to **(952) 992-2396** or email **hpshealthmanagement@medica.com**.
- For group numbers that begin with IFB or B:
Fax to **(952) 992-2836** or **ifbhealthmanagement@medica.com**.
- For all other group numbers:
Fax to **(952) 992-3556** or email **caremanagement@medica.com**.
- U.S. Mail:
Medica Utilization Management and Clinical Appeals
P.O. Box 9310, CP440
Minneapolis, MN 55440
- For questions, call toll-free **1 (800) 458-5512**.