

## Non-Emergent Left Heart Cardiac Catheterization Preauthorization Request Form

**Fax this form and required clinical files to 1-877-203-9401**

Member Name:	Diagnosis:
Member ID number:	Diagnosis Code:
DOB:	Date of Procedure:
Requesting physician:	Tax ID or NPI #:
Physician performing procedure:	
Phone #:	Fax #:
Name of office contact:	
Facility procedure to be performed at:	
Procedure code (s) requested:  <div style="text-align: center;"> <input type="checkbox"/> 93452      <input type="checkbox"/> 93458      <input type="checkbox"/> 93462         </div>	

**Possible diagnosis codes:**

**Acute MI**

410.01	410.51
410.02	410.52
410.11	410.61
410.12	410.62
410.21	410.71
410.22	410.72
410.31	410.81
410.32	410.82
410.41	410.91
410.42	410.92

**Other:**

396.9
413.9
414.00
423.2
427.0
428.0
429.0
746.9

**Associated records should include:**

- Last office Note(s)
- Last Consultation note(s)
- Related Non-Invasive test results
  
- **If an URGENT cardiac catheterization is performed, notification and request to the Plan must be made within 24 to 48 hours post procedure.**

**Please note:**

- **We will not accept clinical information by telephone; the records indicated above will be required.**
- **We will perform a post service clinical review for member contracts that do not require preauthorization. Courtesy preauthorization will be available, if requested.**