



**HOSPICE NOTIFICATION FORM –
ADMINISTRATIVE HOLD**

Member Name:

Member DOB:

Medica Group and ID Number:

Hospice Admission Date:

Hospice Discharge Date:

Hospice Admission Diagnosis Code:

Hospice Agency Name and Phone Number:

(For Internal Use Only)

TYPE OF HOLD:

Member Hold (EP430)

PLAN: MEC (If group # begins with 07) MSP (All other Group #s)

Administrative Hold Reason Code: 35 (If Group # begins with 07, 70, 71 or 74)

Notification Received by: Utilization Management **Date:** _____

Completed by: _____ **Date:** _____

Please fax or mail the completed form to:

Medica
Utilization Management Dept
Mail Route CP440
PO Box 9310
Minneapolis, MN 55440-9310

Fax number: 952-992-3556