



## Brain Injury Checklist for **Medical Eligibility**

**Mi Via** Brain Injury Hotline • **1-888-292-7415**

To complete the medical eligibility process, you will need to complete the steps below.

**AS YOU COMPLETE EACH STEP, CHECK IT OFF.**

**Note:** The Freedom of Choice form you signed and returned to the Resource Center was faxed to Lovelace. They will contact you to set up an in-home Level of Care Assessment, which will be completed by one of their assessors. In the meantime, make an appointment with the **physician who understands your case best**; do not use a psychologist.

### Steps regarding your doctor:

- I have made an appointment with my physician and scheduled it in my Day Planner.
- I have made a folder labeled “Mi Via Medical Eligibility.”
- I have put the following items in my “Mi Via Medical Eligibility” folder:
  - Pink ICD-9 Code form
  - ISD-379 “Long Term Care Assessment Abstract”
  - Envelope addressed to Lovelace
- I have taken my “Mi Via Medical Eligibility” folder to my physician.  
(Physician is to fill out the pink ICD-9 Code form and ISD-379 “Long Term Care Assessment Abstract” and provide a current History and Physical. Qualifying codes for Mi Via are on the back of the ICD-9 code form. **INFORM YOUR PHYSICIAN THAT AT LEAST ONE OF THESE CODES MUST BE USED TO QUALIFY YOU FOR MI VIA.**)
- My doctor has completed, signed and returned to me (or faxed to Lovelace) the:
  - Pink ICD-9 Code form
  - ISD-379 “Long Term Care Assessment Abstract”
  - A current History and Physical (If it is too long, your doctor can fax it to Lovelace at 505-816-6686. If you opt to have your doctor fax any of the above documents, you will need to **follow up daily with your physician’s office**, until they have done so.)

**- CONTINUE ON OTHER SIDE -**

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### Steps regarding your doctor *(continued)*:

- I have made copies of all forms completed and signed by my doctor and put them, with the originals, in my “Mi Via Medical Eligibility” folder.
- I have enclosed the originals of the following forms in the Lovelace envelope (or faxed them):
  - Pink ICD-9 Code form
  - ISD-379 “Long Term Care Assessment Abstract”
  - History and Physical
- I have put postage on the envelope to Lovelace and mailed it to:  
  
**Lovelace Healthcare Plan**  
**ATTN: Mi Via TPA**  
**4101 Indian School Rd NE**  
**Albuquerque, NM 87110**
- I have put my Medical Eligibility folder (with my copies of all the forms) in a safe place.

### Steps regarding Lovelace and Consultant Contractor Agency:

(You will hear from Lovelace **only after** they have received all forms filled out by your physician.)

- Lovelace has called to schedule an in-home Level of Care Assessment.
- I have recorded my appointment with the Lovelace assessor in my Day Planner.
- I have kept my appointment with the Lovelace assessor and participated in the in-home assessment.
- I have been notified by the Consultant Contractor Agency (Consumer Direct Personal Care) that I am medically and financially eligible for Mi Via!