

Preauth & Care Plan Tool

Service/Specialty Drug Request Section Input

Outpatient Requests				
Description	Service Type	Place of Service	Code Type	Service Code
Acupuncture	Medical Care	Office	CPT	
Behavioral Health Intensive Outpatient	Behavioral Health Intensive Outpatient	<i>varies by case</i>	UM Service Group	IOP1
Behavioral Health Partial Hospitalization	Behavioral Health Partial Hospitalization	<i>varies by case</i>	UM Service Group	PH01
Chiropractic	Chiropractic	Office	UM Service Group	CHR2 — Chiropractic
Dental	Dental	Office	CPT/CDT	
Dental Anesthesia	Dental Anesthesia	Office	CPT	00170
				41899
Diagnostic Testing	Diagnostic Testing	Independent Laboratory	CPT	N/A
Durable Medical Equipment Purchase	Durable Medical Equipment Purchase	Other Place of Service or Home	HCPC	Add the ordering provider as the requesting provider.
Durable Medical Equipment Rental	Durable Medical Equipment Rental	Durable Medical Equipment Rental	HCPC	Add the ordering provider as the requesting provider.
Enteral Formula	Durable Medical Equipment Purchase	Home	HCPC	Add the ordering provider as the requesting provider.
Home Health Care — Medicaid	Home Health Care	Home	Enter Codes	
Home Health Care				Refer to Therapies
Genetic Testing	Diagnostic Testing	Independent Laboratory	CPT	
Hospice	Hospice	Home	UM Service Group	HOS1 — Hospice
Hyperbaric Oxygen Therapy	Hyperbaric Oxygen Therapy	<i>varies by case</i>	HCPC	G0277
			CPT	99183
Infertility	Infertility	Office	UM Service Group	OPIF
Medical Care	Medical Care	Office	UM Service Group	MD01
Medically Related Transportation	Medically Related Transportation	Ambulance — Land	CPT	A0428 (Basic life support)
				A0426 (Advanced life support)
				A0425 (Mileage)
		Ambulance — Air or Water	CPT	A0430 (Fixed wing)
				A0434 (Specialty care transport)
A0435 (Mileage)				
Occupational Therapy*	Occupational Therapy	Home or Outpatient	UM Service Group	OT02 — Occupational Therapy
Physical Therapy*	Physical Therapy	Home or Outpatient	UM Service Group	PT02 — Physical Therapy
Private Duty Nursing — (PDN) Commercial	Private Duty Nursing	Home	UM Service Group	PD01

*Must be submitted separately from other therapies.

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Service/Specialty Drug Request Section, continued

Outpatient Requests				
Description	Service Type	Place of Service	Code Type	Service Code
Private Duty Nursing — (PDN) Medicaid	Private Duty Nursing	Home	HCPC	Use T-codes
Skilled Nursing Visits (SNV)	Home Health Care	Home	UM Service Group	SN01 — Skilled Nursing
Speech Therapy*	Speech Therapy	Home or Outpatient	UM Service Group	ST02 — Speech Therapy
Surgical	Surgical	Outpatient Hospital	Line 1 — dates Line 2 — codes	Create a stay line. Add all CPT codes.
Transplant	Surgical	Outpatient Hospital	CPT/HCPC	First request for surgical transplant prior to admission. Inpatient Certification will be created after admission.
Inpatient Requests				
Description	Service Type	Place of Service	Code Type	Service Code
Hospice	Hospice	Hospice	UM Service Group	HOS1 Complete date fields.
Hospital — Inpatient	Hospital — Inpatient	Inpatient Hospital	UM Service Group	SU01 Complete date fields.
Long Term Acute Care (LTAC)	Long Term Acute Care	Inpatient Hospital	UM Service Group	MD01
Rehab — Inpatient	Rehabilitation	Comprehensive Inpatient Rehabilitation Facility	UM Service Group	MD01
Skilled Nursing Facility (SNF)	Rehabilitation	Skilled Nursing Facility	UM Service Group	Complete date fields.
Surgical	Surgical	Inpatient Hospital	Line 1 — dates Line 2 — codes	Create a stay line. Add all CPT codes.
Behavioral Health Requests				
Description	Service Type	Place of Service	Code Type	Service Code
Behavioral Health Residential Treatment	Behavioral Health Residential Treatment	Inpatient Hospital	UM Service Group	Complete date fields.
Behavioral Health Social Detox	Behavioral Health Social Detox	Inpatient Hospital	UM Service Group	Complete date fields.
Behavior Health Inpatient	Mental Health	Inpatient Hospital	UM Service Group	Complete date fields.

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