

# PROVIDER QUICK POINTS

## PROVIDER INFORMATION

November 25, 2020

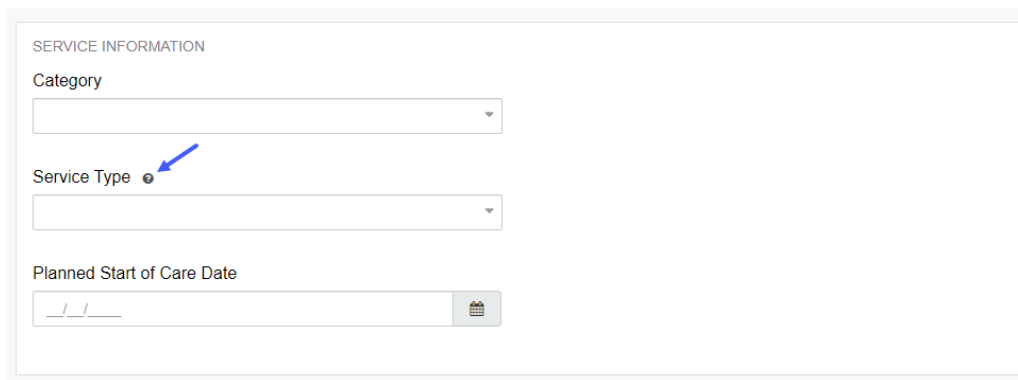
### Reminder: Service Type Selections for Outpatient Authorizations on Availity® Portal

When submitting an authorization request on the Availity® portal, select the value from the Service Type drop down that is **most** applicable to the service/item you are requesting. Using the correct service type ensures the authorization will be reviewed as expeditiously as possible, within the appropriate timeframe.

Prior to creating an authorization, please use the “Is Authorization Required” tool to determine if the service or item requested requires prior approval.

- If authorization is not required, no further action is needed
- If authorization is required, all procedure codes submitted on the request should belong to the same Service Type selection
- If more than one service type applies, please submit a separate request for each type

The Service Type field in the Authorization screen includes help text with additional guidance for certain service types.



The screenshot shows a form titled "SERVICE INFORMATION" with three fields: "Category", "Service Type", and "Planned Start of Care Date". The "Service Type" field is highlighted with a blue arrow pointing to a small circular icon next to the text "Service Type".

These instructions are found in the following table. Not all Service Type options have additional information provided. Please note:

- Home infusion drugs should be submitted with “Injectable Drug” service type
- Chemotherapy drugs should be submitted with “Medical Oncology” service type
- Drug or injection codes that start with J, C or Q should **not** be submitted with “Other Medical Services”

**Injectable drugs, infusion drugs and joint injections should be submitted on Availity with one of the following Service Types:**

<p><b>Injectable Drug</b></p>	<p>Use for all injectable drugs, including Intra-Articular Hyaluronan injections (Synvisc/Synvisc One) and Botulinum Toxin injections, <b>except</b> drugs used for an oncologic indication.</p> <p>Use for all infusion drugs (whether infused in a hospital, clinic or at home) <b>except</b> drugs used for an oncologic indication.</p> <p>For chemotherapy drugs used <u>for an oncologic indication</u> and/or supportive medications given with chemotherapy, use the <b>Medical Oncology</b> service type.</p>
<p><b>Interventional Pain Management</b> (Spine/Joint Injections, Stimulators, Blocks, RF Ablation, etc.)</p>	<p>Use for joint injection <u>procedures</u>, stimulators, blocks, RF ablation, etc. <b>Do not use for injectable drugs (J-, C- or Q- codes).</b></p>
<p><b>Medical Oncology</b> (Primary and Supportive Cancer Treatment Drugs)</p>	<p>Use for primary injectable chemotherapy <u>for an oncologic indication</u> and/or supportive medications given with chemotherapy. For non-cancer diagnosis, use the <b>Injectable Drug</b> service type.</p>

**Surgery should be submitted on Availity with one of the following Service Types:**

<p><b>Surgery - Knee/Hip/Shoulder</b></p>	<p>Use for any surgery related to the Knee, Hip or Shoulder joints. For all other joints, use the service type of <b>Surgery - Other</b>.</p>
<p><b>Spine Surgery</b></p>	<p>Use for any spine surgery.</p>
<p><b>Surgery - Bariatric</b></p>	<p>Use for any bariatric surgery.</p>
<p><b>Transplant</b></p>	<p>Use for all transplants.</p>
<p><b>Surgery - Other</b> (Not Bariatric, Knee/Hip/Shoulder, Spine, or Transplant)</p>	<p>Use for any surgery not specified in another service type. Do not use for <b>knee/hip/shoulder, spine or bariatric</b> surgeries or <b>transplants</b>.</p>

**Durable medical equipment (DME) and supplies should be submitted on Availity with one of the following Service Types:**

<p><b>Durable Medical Equipment (DME) or Supplies Purchase</b> (not related to Sleep Management)</p>	<p>Use this for any DME or supply purchase not related to a sleep disorder diagnosis. For purchase of sleep related DME and supplies, use <b>Sleep Management</b> service type.</p>
<p><b>Durable Medical Equipment (DME) Rental</b> (not related to Sleep Management)</p>	<p>Use this for any DME rental not related to a sleep disorder diagnosis. For rental of sleep related DME, use <b>Sleep Management</b> service type.</p>
<p><b>Sleep Management</b> (Including related DME)</p>	<p>Use this for any test, service, equipment or supplies related to treatment of sleep disorders.</p>

<b>Other Services not specified in other Service Types:</b>	
<b>Other Medical Service</b> (not injectable drug)	Use only as a last resort if the service does not fall into any other specific service type. <b>Do not use for injectable drugs (J-, C- or Q- codes).</b>

**Products Impacted**

This information applies to commercial and Medicare lines of business.

**Questions?**

If you have questions, please contact provider services at **(651) 662-5200** or **1-800-262-0820**.