

# AUTHORIZATION SUBMISSION – INPATIENT AND OUTPATIENT

Availity to Predictal AAH UM Hub

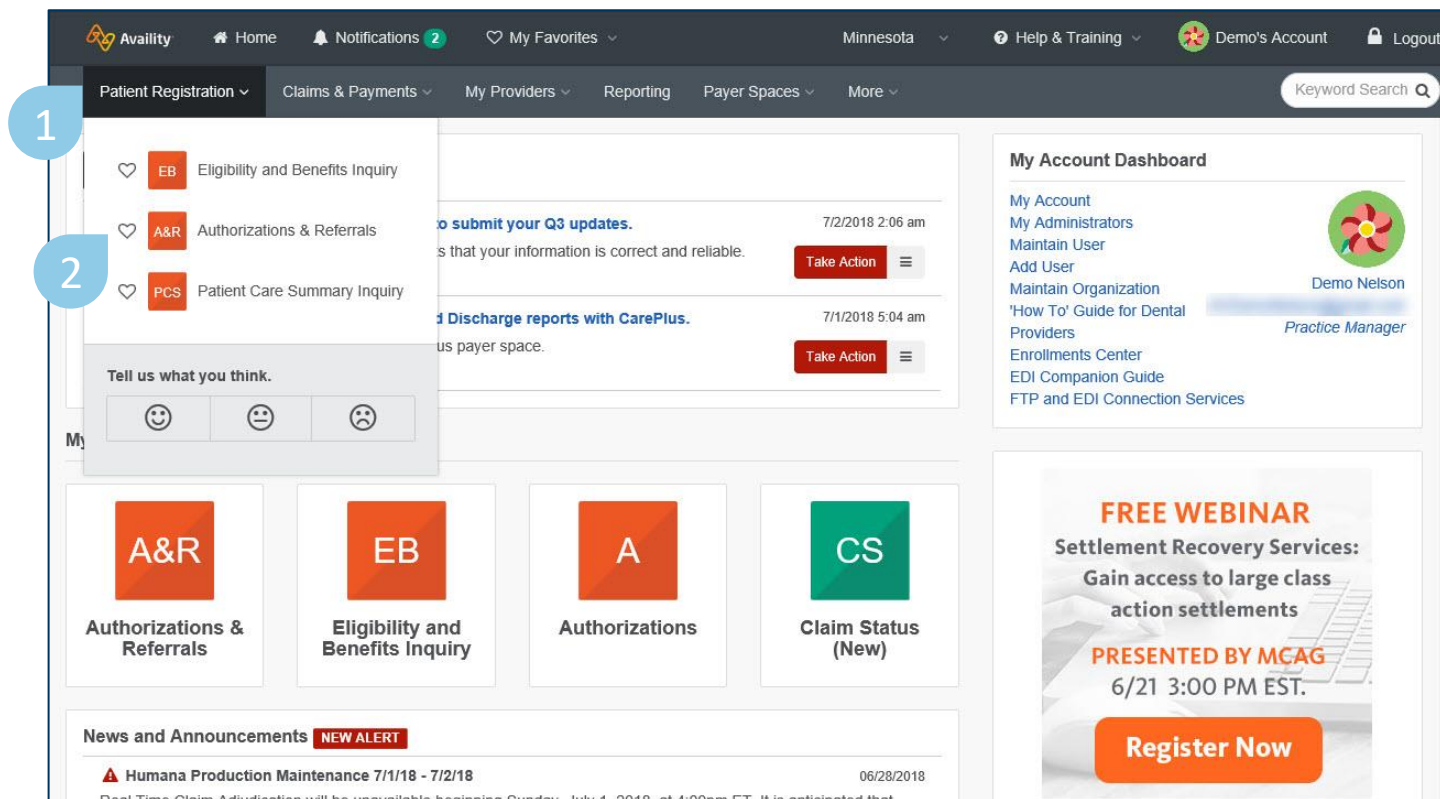
Accessed through Availity Essentials

# AUTHORIZATION – ACCESS

To start the process, from the navigation bar select:

1. Patient Registration
2. Authorizations & Referrals

**Tip:** If more information is needed, click **Help & Training | Find Help**. Ask your organization administrator for help if you do not find the application in your menu options.



The screenshot displays the Availity web application interface. The top navigation bar includes 'Availity', 'Home', 'Notifications 2', 'My Favorites', 'Minnesota', 'Help & Training', 'Demo's Account', and 'Logout'. Below the navigation bar, a dropdown menu is open, showing 'Patient Registration' (highlighted with a blue circle and the number '1'), 'Claims & Payments', 'My Providers', 'Reporting', 'Payer Spaces', and 'More'. The main content area features a sidebar with 'EB Eligibility and Benefits Inquiry', 'A&R Authorizations & Referrals' (highlighted with a blue circle and the number '2'), and 'PCS Patient Care Summary Inquiry'. The main content area displays a 'Tell us what you think.' feedback form and a grid of application tiles: 'A&R Authorizations & Referrals', 'EB Eligibility and Benefits Inquiry', 'A Authorizations', and 'CS Claim Status (New)'. A 'News and Announcements' section at the bottom shows a 'NEW ALERT' for 'Humana Production Maintenance 7/1/18 - 7/2/18'. On the right, a 'My Account Dashboard' is visible, showing 'Demo Nelson' as the 'Practice Manager' and a 'FREE WEBINAR' for 'Settlement Recovery Services' on 6/21 3:00 PM EST, with a 'Register Now' button.



# AUTHORIZATION SUBMISSIONS



[Home](#) > Authorizations & Referrals



## Authorizations & Referrals



To continue select:  
3. Authorizations

Multi-Payer Authorizations and Referrals

 Auth/Referral Inquiry   
[View Payers](#)

 Authorization Request   
[View Payers](#)

 Referral Request   
[View Payers](#)

 Auth/Referral Dashboard 

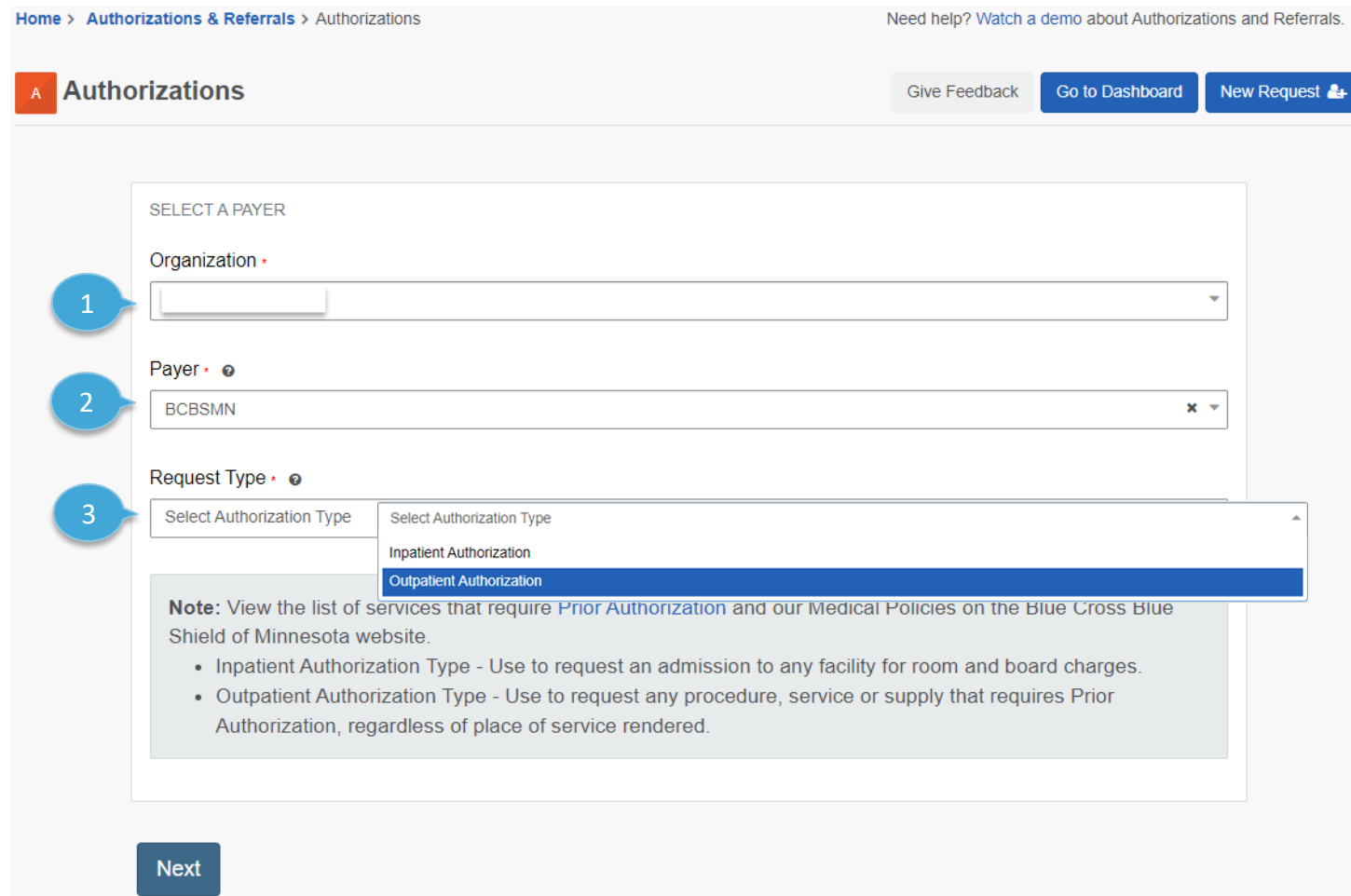
**3**

**Tip:** Contact your organization administrator if you do not have this tool. Click **My Administrators** on your **My Account** Dashboard on the home page to find your administrator's contact information.


# AUTHORIZATION SUBMISSION

1. If you are connected to multiple organization, select the organization you want from the list.
2. Select BCBSMN as the Payer.
3. Select the Authorization Type of Authorization being submitted.
4. Click **Next**.
5. Outpatient Authorizations will be directed to the Is Auth Required Tool prior to advancing to the start of the submission process.

**Tip:** From the top right of any page in the authorization process, you can give feedback on the application, go directly to the Auth/Referral Dashboard, or start a new authorization request.




Home > Authorizations & Referrals > Authorizations Need help? [Watch a demo](#) about Authorizations and Referrals.

**A** Authorizations Give Feedback Go to Dashboard New Request 


SELECT A PAYER

Organization \*

1

Payer \* 

2  x v

Request Type \* 

3  Select Authorization Type

- Inpatient Authorization
- Outpatient Authorization**

**Note:** View the list of services that require [Prior Authorization](#) and our Medical Policies on the [Blue Cross Blue Shield of Minnesota](#) website.

- Inpatient Authorization Type - Use to request an admission to any facility for room and board charges.
- Outpatient Authorization Type - Use to request any procedure, service or supply that requires Prior Authorization, regardless of place of service rendered.

**Next**


# OUTPATIENT AUTHORIZATION – IS AUTH REQUIRED TOOL

The first step for Outpatient submission is determining if the service or supplies require authorization using the Is Auth Required tool.

There is an option to skip this step and start the submission.


Please use the “Is Auth Required Tool” instruction guide for step-by-step process and guidance on use of this tool.

Home > Authorizations & Referrals > Authorizations Need help? [Watch a demo](#) about Authorizations and Referrals.


**A** Authorizations Give Feedback Go to Dashboard New Request 


Transaction Type Outpatient Authorization	Organization BCBSMN ALL DATA	Payer BCBSMN	<b>BlueCross BlueShield of Minnesota</b>
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LET'S DO A QUICK CHECK TO SEE IF AN AUTH IS REQUIRED


Member Group Number 


Please enter a valid group number, if the group number is unknown send an E&B inquiry to obtain.

Service From Date 

Procedure Code 

Type 


 Add another procedure code

**Note:** This is a tool to assist in determining if an authorization is required to be submitted, and not an authorization submission.


# AUTHORIZATION SUBMISSION – MEMBER INFORMATION


1. Select a Patient from the drop-down list. This is available based on recent Eligibility & Benefit inquiries. This will auto populate the Member ID, Relationship to Subscriber and Patient Date of Birth fields.
2. Or manually enter the patient's Member ID, including the three-digit prefix.
3. Select the relationship to the subscriber. Self if the default.
4. Enter the patient's date of birth
5. Enter the start date of service. The date will auto populate to the date of submission.


**1**  
Start an Authorization


Transaction Type Authorization	Organization	Payer BCBSMN	
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
PATIENT INFORMATION

Select a Patient  (Enter one or more to search: patient name (first or last), DOB, or Member ID.)

Member ID \* 

Relationship to Subscriber \* 

Patient Date of Birth \*  

Date of Service  

# AUTHORIZATION SUBMISSION– PROVIDER SEARCH

1. Enter the Admitting/Attending Provider’s Individual NPI, not the NPI of the Clinic/Facility where services are being rendered
  - a. If the Ordering/Requesting provider’s individual NPI is unknown, select **I don’t know the Provider’s NPI**. You can then search by first and last name.

ORDERING/REQUESTING PROVIDER

NPI • ⓘ

1

Retrieve Provider Info

2

I don't know the Provider's NPI

2. Click **Retrieve Provider Info**. The address displayed will be the primary credentialed locations.
3. Click **Select** next to the provider and location that applies to the request.

PROVIDER SEARCH RESULTS

Provider Name	Identifiers	Address	Contact Information	
Joe Family	NPI 3234567899	1234 W Healthy St Ste 321	5555555555	<div style="background-color: #0070c0; color: white; padding: 2px 5px; border-radius: 3px;">Select</div>
ABC Providers Group		Minneapolis, MN 55416		

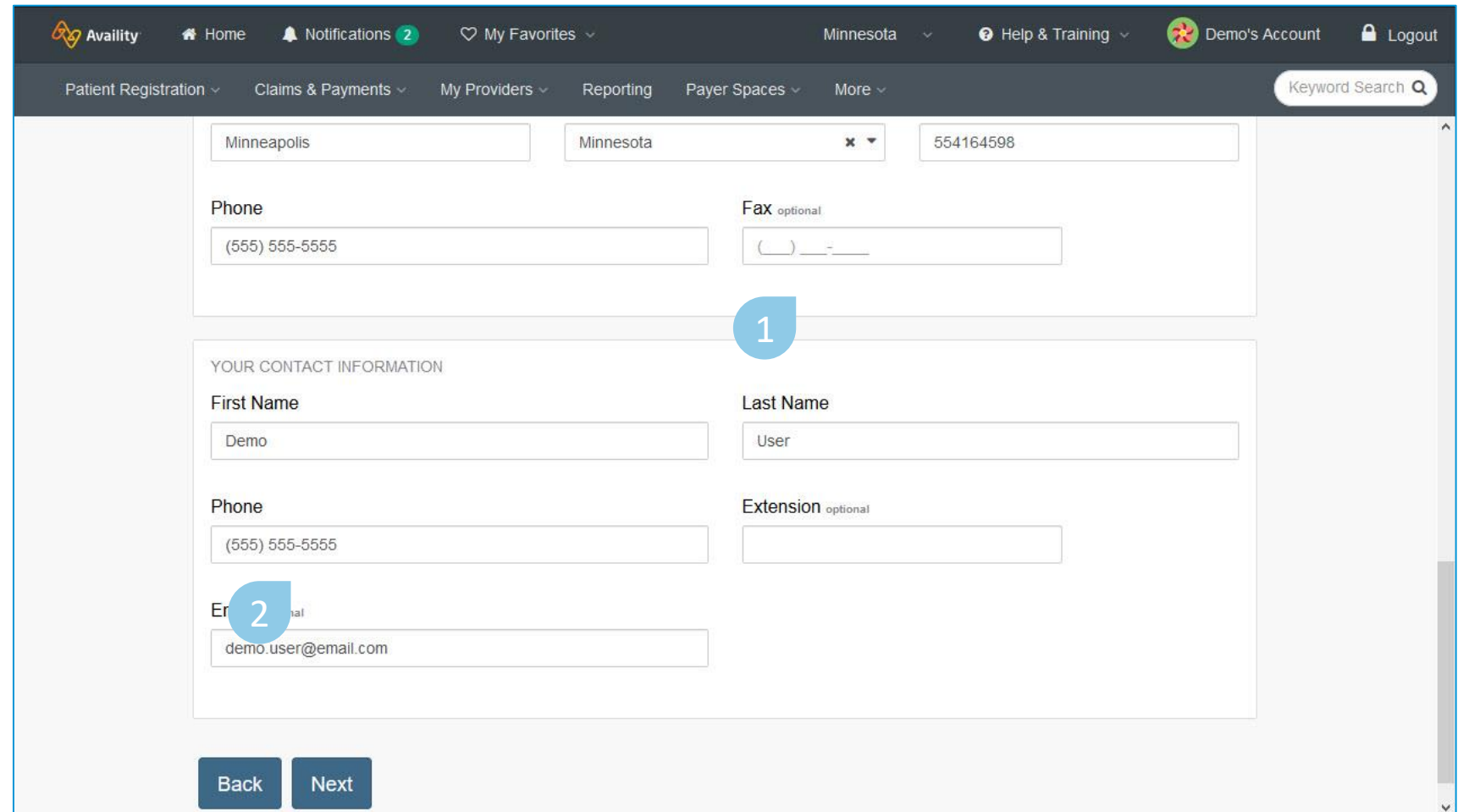
Results 1 - 1 of 1

3

# AUTHORIZATION SUBMISSION – CONTACT INFORMATION

1. A fax number is required for the Admitting/Attending Provider.
2. Your contact information will be auto-populated based on your Availity user account information.

You will need to manually enter your contact phone number. Click **Next** to continue.



The screenshot shows the Availity web application interface. The top navigation bar includes the Availity logo, Home, Notifications (2), My Favorites, Minnesota, Help & Training, Demo's Account, and Logout. Below the navigation bar are tabs for Patient Registration, Claims & Payments, My Providers, Reporting, Payer Spaces, and More. A search bar is located on the right side of the navigation bar. The main content area displays a form for entering contact information. The form is titled "YOUR CONTACT INFORMATION" and contains the following fields: First Name (Demo), Last Name (User), Phone ((555) 555-5555), Extension (optional), and Email (demo.user@email.com). A blue circle with the number "1" highlights the Phone field, and another blue circle with the number "2" highlights the Email field. At the bottom of the form are two buttons: "Back" and "Next".



# SINGLE SIGN ON (SSO)

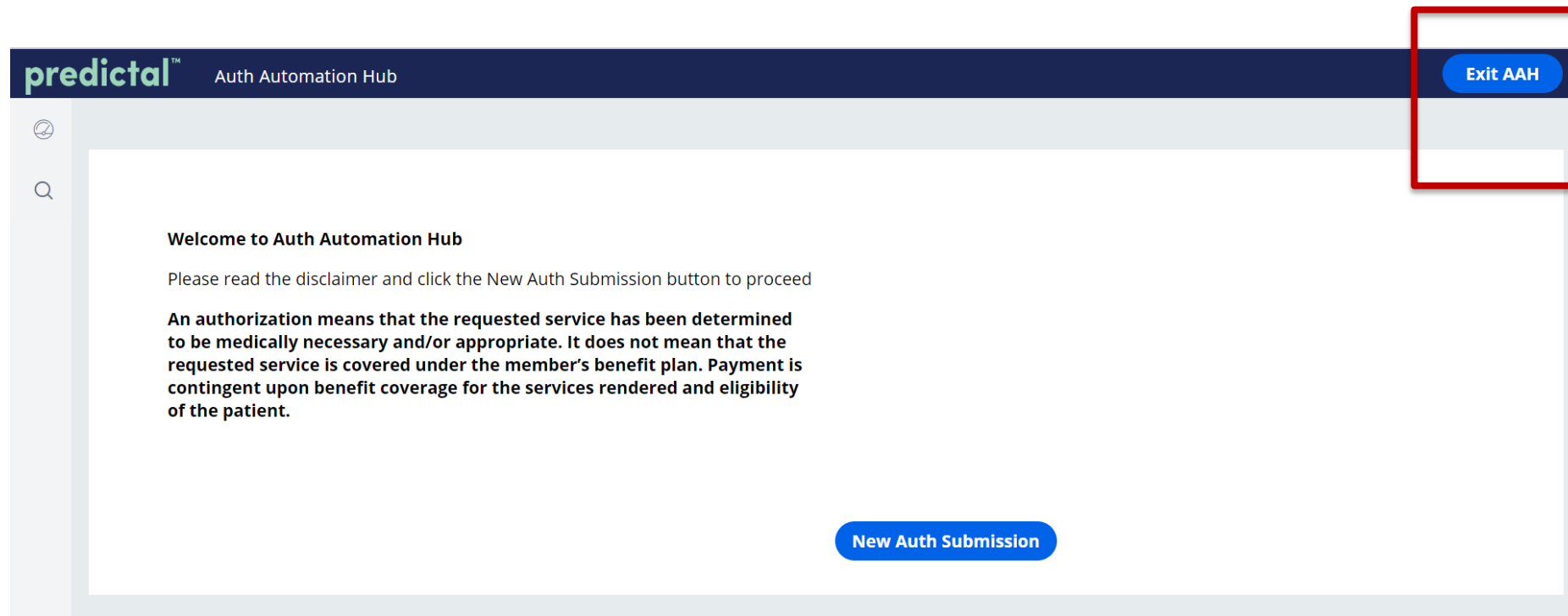
From Availity the user will be Single Signed On into a new tab to the Predictal Auth Automation Hub.

Click “New Auth Submission” to be the submission process.

**\*\*IMPORTANT\*\***

The blue box in the upper right-hand corner “Exit AAH” must be used to close the session.

Clicking the X to close the tab will not close the session and will cause system issues for further authorization submissions.



**predictal™** Auth Automation Hub

**Exit AAH**

**Welcome to Auth Automation Hub**

Please read the disclaimer and click the New Auth Submission button to proceed

**An authorization means that the requested service has been determined to be medically necessary and/or appropriate. It does not mean that the requested service is covered under the member's benefit plan. Payment is contingent upon benefit coverage for the services rendered and eligibility of the patient.**

**New Auth Submission**

# PAGE 1 - AUTHORIZATION DETAILS

The member information, start date of care, and Requesting/Admitting provider will be carried forward from Availity.

The case received and start of care date are a locked fields in Predictal.

All required fields are noted with a red star.

Commercial and Medicare will have different Urgency naming configuration

**\*\*IMPORTANT\*\***

The blue box in the upper right-hand corner “Exit AAH” must be used to close the session. Clicking the X to close the tab will not close the session and will cause system issues for further authorization submissions.

1. Authorization Details
2. Enter Provider
3. Review Authorization
4. Confirmation
Commercial

**Case Information**

Authorization Type \*

Medical-Inpatient

Medical-Outpatient

Behavioral-Inpatient

Behavioral-Outpatient

Case Type

\_\_\_\_\_

Urgency \*

Urgent

Non-Urgent

**Request information**

Case Received \*

Start of Care Date \*

1. Authorization Details
2. Enter Provider
3. Review Authorization
4. Confirmation
Medicare

**Case Information**

Authorization Type \*

Medical-Inpatient

Medical-Outpatient

Behavioral-Inpatient

Behavioral-Outpatient

Case Type

\_\_\_\_\_

Urgency \*

Expedited Org Determ

Standard Org Determ

**Request information**

Case Received \*

Start of Care Date \*

# PAGE 1 - AUTHORIZATION DETAILS CONT.

After selecting an Authorization Type at the top of Page 1, the Place of Service and Service Type drop downs will populate.

Each Authorization Type has a different set of Place of Service and Service Type combinations to select. See Appendix A for a list of each.

Multiple codes can be entered by clicking the Add button. The decimal point will need to be used when typing the number. Search can be done with key word.

Multiple CPT/HCPCS codes can be entered. Search can be done with key word.

**\*Note – CPT/HCPCS codes are only to be entered on Outpatient authorization submissions.**

Update the From and Through date, Requested unit, and Unit Type for each CPT/HCPCS code.

\*Number of days will auto populate.

“Please enter any additional information” box will populate on select authorizations; one character can be used if there are no additional notes that would be missing for the clinicals.

Click Submit to advance to the next page.

### Detail Information

Place of Service \*

Service Type \*

### Diagnosis Information

Code Set Type*	Code*	Description*	
ICD 10 ▾	<input type="text" value="Enter Code/Description"/>	—	Remove
<a href="#" style="color: #0070c0;">Add</a>			

### Procedure Information

[Add](#)

### Indicate Location of Clinical Information

[Add](#)

### Submitter Contact Information

Contact Name \*

Phone Number \*

Ext.

Please enter any additional information \*

If clinical documentation is not added as an attachment, please include the relevant clinical documentation here.  
If clinical documentation is added as an attachment, please indicate so here.

Remaining: 8000 characters

[Exit](#)

Save
Submit

# PAGE 2 - ENTER PROVIDER – ORDERING/ATTENDING/REQUESTING PROVIDER

The Enter Provider page is broken down into three sections:

1. Ordering/Attending Provider – Inpatient or Ordering/Requesting Provider - Outpatient

2. Servicing Facility/Vendor


3. Performing Provider

The Ordering/Requesting or Ordering/Attending Provider information is pre-populated from the information entered in Availity.

If that same provider is the Performing Provider, click 'Copy as Performing Provider' to auto populate the lower section on this page.

Otherwise, a search can be done to select the Performing Provider.

1. Authorization Details    2. Enter Provider    3. Review Authorization    4. Confirmation

 To select a provider, click on the search results table to expand the facility/vendor and then highlight the correct address to select.

**Provider Details**  
**Ordering/Attending Provider**  
1 match found

Practice Group NPI	Practice Group Name	Practitioner NPI	Practitioner Name	Practitioner City	Prac. State	Prac. Zip Code
▶ 1922074434	MAYO CLINIC	1225002744	ANN ANDERSON	ROCHESTER	MN	55905

[Copy as Servicing Facility/Vendor](#)    [Copy as Performing Provider](#)

# PAGE 2 - ENTER PROVIDER – SERVICING FACILITY/VENDOR

The search for the Servicing Facility/Vendor can be done by NPI or Name (BSID is an internal MN number).

In this example, the search was done using Name, “United”.

The search results will return all results that meet the search criteria entered.

In this example, the results show all providers with the word “United” in their name.

### Servicing Facility/Vendor

Search for

Facility / Vendor

Search by

Provider ID  Name

Search for

NPI or BSID

NPI or BSID \*

Facility / Vendor NPI	Facility / Vendor Name	Facility / Vendor Address	Facility / Vendor City	State	Zip code
	AFF UNITED HEALTHCARE OF THE MID-ATLANTIC INC	3535 BLUE CROSS ROAD	EAGAN	MN	55122
▶ 1457319485	ALLINA HEALTH UNITED HOSPITAL HASTINGS REGINA CAMPUS	1175 NININGER RD	HASTINGS	MN	55033
▶ 1942264270	ALLINA HEALTH UNITED PHARMACY	333 SMITH AVE N	SAINT PAUL	MN	55102
▶ 1376002469	BVA UNITED LLC	STE 100	TOMBALL	TX	77375
▶ 1114922598	CENTRAL OKLAHOMA UNITED METHODIST RETIREMENT FACILITY INC	14901 N PENNSYLVANIA AVE	OKLAHOMA CITY	OK	73134
▶ 1174581151	COURAGE KENNY REHAB INSTITUTES ACUTE INPATIENT UNIT AT UNITED	333 SMITH AVE N	SAINT PAUL	MN	55102
▶ 1437509411	DMBA UNITED LLC	5900 JOHNSON ST	HOLLYWOOD	FL	33021
▶ 1457538100	DME UNITED INC	9618 UTICA RD	BLOOMINGTON	MN	55437
▶ 1457538100	DME UNITED INC	2102 CLOVER CT	CHANHASSEN	MN	55317
▶ 1609869825	FLORIDA UNITED PRESBYTERIAN HOMES INC	909 LAKESIDE AVE	LAKELAND	FL	33803

# PAGE 2 - ENTER PROVIDER – SERVICING FACILITY/VENDOR CONT.



From the results list, select the line that with the provider for this specific authorization request.

The line will highlight blue to indicate that is the selected provider and the drop down will open with all available addresses for the selected provider.

Click on the specific address for the authorization.

The line will highlight blue to indicate that this is the selected address/location for selected provider.

If the address needed is not available, please click on an address line, and then click edit to manually update the necessary fields.

The next slide shows the fields that can be edited.

Facility / Vendor NPI	Facility / Vendor Name	Facility / Vendor Address	Facility / Vendor City	State	Zip code
	AFF UNITED HEALTHCARE OF THE MID-ATLANTIC INC	3535 BLUE CROSS ROAD	EAGAN	MN	55122
1457319485	ALLINA HEALTH UNITED HOSPITAL HASTINGS REGINA CAMPUS	1175 NININGER RD	HASTINGS	MN	55033

**Addresses**

Tax ID \*\*\*\*\*0932      BSID 004978161

Address type	Facility / Vendor Address	Facility / Vendor City	State	Zip code	Contact Details
Main	1175 NININGER RD	HASTINGS	MN	55033	Phone (651) 480-4100 Primary <a href="#">Edit</a>
Mailing	PO BOX 9345 NW 8670	MINNEAPOLIS	MN	55440	<a href="#">Edit</a>

ALLINA HEALTH UNITED

# PAGE 2 - ENTER PROVIDER – SERVICING FACILITY/VENDOR CONT.

**Required** - Add Fax number Under Contacts.

Click Add to open a secondary Contacts line.

Select Fax as Contact Type and enter a fax number for receipt of determination communication.

Fields with a red star are required.

Editing items on this page will only be applied to the specific authorization being submitted.

Please click Save and Exit once edits are complete.

## Provider Info

Provider type

Select... ▾

International Provider

NPI

1457319485

Tax ID

626330932

BSID

004978161

## Contacts

Contact type\*

Phone ▾

Number / Details\*

(651) 480-4100

Ext.



This is a primary contact

Add

Contact type\*

Fax ▾

Number / Details\*

(###) ###-####



This is a primary contact

Add

Exit

## Address

Address type\*

Main ▾

Address Line 1\*

1175 NININGER RD

Address Line 2

Address Line 3

Zip code\*

55033

City\*

HASTINGS

State\*

MN ▾

Clear

Save

# PAGE 2 - ENTER PROVIDER PERFORMING PROVIDER

If the Ordering/Attending or Ordering/Requesting provider was copied as the Performing Provider from the top of the page, then no further search is required.

The last required field on this page is to select from the dropdown the “Authorization Request Submitted By”. The dropdown will contain each provider entered on Enter Provider page.

Click Submit

**Performing Provider**

Search for  
 Practitioner     Practice Group

Search by  
 Provider ID     Name

NPI or BSID \*

1 match found

Practice Group NPI	Practice Group Name	Practitioner NPI	Practitioner Name	Practitioner City	Prac. State	Prac. Zip Code
▶ 1679859912	SANFORD CLINIC WORTHINGTON	1821088725	LORETTA KRAHN	MAPLE GROVE	MN	55369

Authorization Request Submitted By \*

[Back](#)



# ADDING ATTACHMENTS

Attachments are Required on every Authorization Submission and can be added at any point prior to final submission.

Click the plus sign to open drop down and select Attach File.

Drag and drop files or Click Select file(s), select the file, and once loaded click Attach. The file will now be visible in Recent Attachments card.

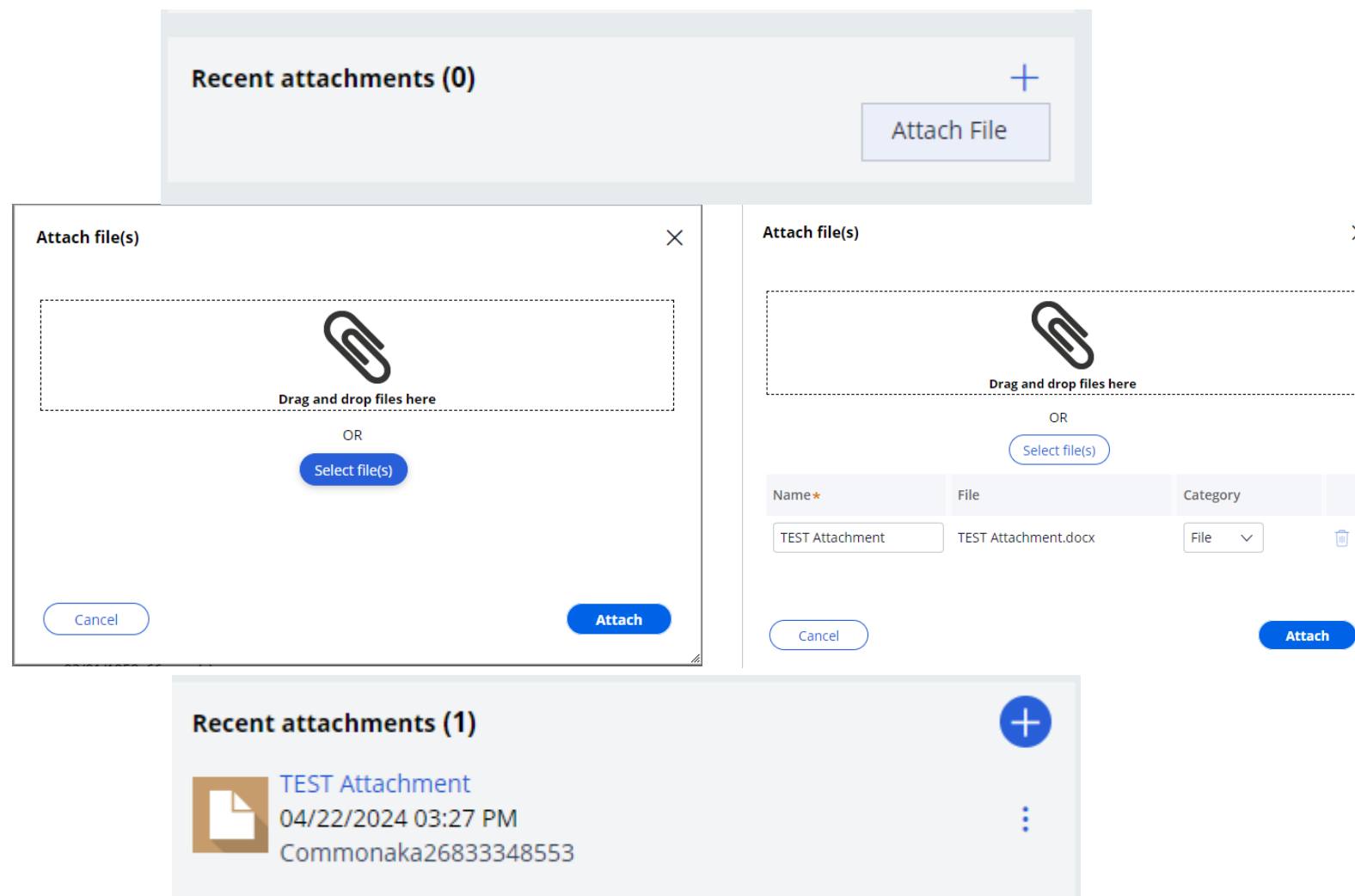
To view the document attachment, click on the name of the file in blue or click on the 3 dots and select Download.

File name must be less than 40 characters.

File formats accepted :AFP, AVI, BMP, DOC, DOCX, GIF, GZ, JPEG, PDF, PNG, PPT, TIF, WAV, WMV, XLS, ZIP, TXT, XLSX, TIFF, or CSV.

**\*\*Important\*\***

Password protected file will not be accepted.



The screenshot illustrates the attachment process in three stages:

- Recent attachments (0):** A card with a plus sign and an "Attach File" button.
- Attach file(s) dialog (Left):** Shows a "Drag and drop files here" area with a paperclip icon, an "OR" separator, and a "Select file(s)" button. "Cancel" and "Attach" buttons are at the bottom.
- Attach file(s) dialog (Right):** Shows the same "Drag and drop files here" area, but with a "Select file(s)" button and a table of selected files.
 

Name *	File	Category
TEST Attachment	TEST Attachment.docx	File
- Recent attachments (1):** A card showing the added file:
  - Icon: Document with a plus sign
  - Name: TEST Attachment
  - Date: 04/22/2024 03:27 PM
  - ID: Commonaka26833348553
  - Actions: Plus sign and three dots menu


# PAGE 4 – REVIEW AUTHORIZATION

On page 4, Review Authorization, data fields will display as they were entered in the submission process.

If there are any changes that are needed, please click the Back button at the bottom of the page, make corrections, and click Submit.

If all the data looks accurate, click Submit.

1. Authorization Details 2. Enter Provider 3. Review Authorization 4. Confirmation

 Review the information you've entered. You can use the Back button to make corrections. When you are ready, click the Submit button to finalize your request.

**Review Authorization Details**

**Case Information**  
 Authorization Type: Medical-Inpatient  
 Urgency: Standard Org Determ

**Request information**  
 Start of Care Date: 06/05/2024

**Member Information**  
 First Name:   
 Last Name:   
 Member ID:   
 year(s):


> **Group information**

**Detail Information**  
 Place of Service: Inpatient Hospital  
 Service Type: Acute Care Hospital - Labor and Delivery (C-Section)

**Diagnosis Information**

Code Set Type	Code	Description
ICD 10	W56.41XA	BITTEN BY SHARK, INITIAL ENCOUNTER

**Procedure Information**

Code Set Type	Code	Description	From	Through	Number of days	Requested Quantity	Type
 No Items							

**Submitter Contact Information**

Contact Name	Phone Number
SumeshPsukumar	(182) 108-8725 ext.

**Provider Details**

**Ordering/Attending Provider**

Provider ID: 1821088725      Provider Name: LORETTA KRAHN

**Servicing Facility/Vendor** SUBMITTED BY THIS PROVIDER

Provider ID: 1457319485      Provider Name: ALLINA HEALTH UNITED HOSPITAL HASTINGS REGINA CAMPUS

**Performing Provider**

Provider ID: 1821088725      Provider Name: LORETTA KRAHN

[Back](#)

[Save](#) [Submit](#)

# COMPLETED SUBMISSION

Once the submission has been completed. The below screen will display presenting the authorization number which will begin AUTH-, the submission status, any other pertinent information, and disclaimer.

Please click the Exit AAH button to close the system.

\*\*Reminder – this is a separate system from Availity. The Availity tab is still open and will auto log out after 30 minutes of inactivity.


predictal™ Auth Automation Hub Exit AAH

### Authorization Request

Member Name	Member ID	Date of Birth	Client Name	Plan Type	Case Type	Authorization Type	Urgency	Service Type
ELISHEA YENTES	1251533390010	04/16/1960	Medtronic, Inc. PPO Active	Commercial	Prior Authorization	Medical-inpatient	Non-Urgent	Acute Care Hospital - Observation Services

**Thank you.**

**Your request for AUTH-65244 has been submitted. The following procedures do not require an authorization due to the reasons given below based on member's group information benefits and service type.**

Procedure code	Description	Auth Required Verification	Reason
 No items			

An authorization means that the requested service has been determined to be medically necessary and/or appropriate. It does not mean that the requested service is covered under the member's benefit plan. Payment is contingent upon benefit coverage for the services rendered and eligibility of the patient.

# LOG OUT SCREEN

Once this screen presents, click the X to close the tab in the browser.













[Click here to login](#)

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# POST SUBMISSION AUTHORIZATION VIEW/ACCESS

All authorizations will be viewable post submission on the Availity Essentials Auth/Ref Dashboard and/or by submitting an Auth/Ref Inquiry.

<span style="background-color: yellow; border: 1px solid black; padding: 2px;">Pending Action</span> <i>Yesterday</i>	 AUTH-1			<b>Authorization</b> Inpatient	05/13/2024	 
<span style="background-color: green; color: white; border: 1px solid black; padding: 2px;">Approved</span> <i>Yesterday</i>	 EXT-1			<b>Authorization</b> Inpatient	06/03/2024	 

- Updates to Inpatient authorizations prior to the process change can be made from the Dashboard by clicking on the 3-line menu. This will be available for 6 months.
- Review Only and Update options for the new authorizations will be available from the Dashboard by clicking on the 3-line menu. (Options are auth type and status dependent)
- These options will SSO the case into the Predictal AAH system. Options available will populate at the top of the screen such as Withdraw, Extension (Inpatient only), Add or View Attachments.

**Welcome to Auth Automation Hub**

Please read the disclaimer and click the Acknowledge button to proceed

**An authorization means that the requested service has been determined to be medically necessary and/or appropriate. It does not mean that the requested service is covered under the member's benefit plan. Payment is contingent upon benefit coverage for the services rendered and eligibility of the patient.**

Extension
Withdraw

Acknowledge

# APPENDIX A

# APPENDIX A – MEDICAL INPATIENT

Place of Service	Service Type
Hospice	Inpatient - Hospice Care
Inpatient Hospital	Acute Care Hospital – Labor and Delivery (C-Section) Acute Care Hospital – Labor and Delivery (Vaginal) Acute Care Hospital – Medical Emergency or Unplanned Admission Acute Care Hospital – Medical or Surgical Planned Admission Acute Care Hospital – Observation Services Detox Hospice – Inpatient Care Inpatient Rehabilitation Long Term Acute Care (LTAC) Newborn Care – Specialty Care and NICU Skilled Nursing Facility
Comprehensive Inpatient Rehabilitation Facility	Inpatient Rehabilitation
Other Place of Service	Acute Care Hospital – Labor and Delivery (C-Section) Acute Care Hospital – Labor and Delivery (Vaginal) Long Term acute Care (LTAC)
Skilled Nursing Facility	Inpatient – Hospice Care Skilled Nursing Facility

# APPENDIX A – BEHAVIORAL INPATIENT

Place of Service	Service Type
<b>Inpatient</b>	Acute Care Hospital – Mental Health Admission Acute Care Hospital – Substance Use Disorder Admission Detox
<b>Inpatient Psychiatric Facility</b>	Acute Care Hospital – Mental Health Admission Detox
<b>Other Place of Service</b>	Detox
<b>Psychiatric Residential Treatment Center</b>	Residential Treatment – Mental Health Residential Crisis Center Program Residential Treatment – Eating Disorder Residential Treatment – Psychiatric (PRTF)
<b>Residential Substance abuse Treatment Facility</b>	Residential Treatment - Substance Use Disorder (High Intensity) Residential Treatment - Substance Use Disorder Extended (medium Intensity) Residential Treatment - Substance Use Disorder Halfway House Care (Low Intensity)



# APPENDIX A – MEDICAL OUTPATIENT

Place of Service	Service Type
Ambulance – Air or Water	Ambulance – Air
Ambulance – Land	Ambulance – Land
Home	Home Health Extended Hours Skilled nursing (Private Duty Nursing) Hospice – Home, Continuous or Respite Specialty Drugs and Chemotherapy Durable Medical Equipment (DME) or Supplies Home Health Care
Hospice	Hospice – Home, Continuous or Respite
Off Campus-Outpatient Hospital	Imaging/Radiology Dental Other Medical Outpatient Services (Not to be used for drugs/injectables) Outpatient Therapy Specialty Drugs and Chemotherapy Surgery Transplant

# APPENDIX A – MEDICAL OUTPATIENT CONT.

Place of Service	Service Type
Office	<ul style="list-style-type: none"> <li>Acupuncture</li> <li>Imaging/Radiology</li> <li>Chiropractic Spinal Manipulation</li> <li>Dental</li> <li>Genomic and Molecular Testing</li> <li>Other Medical Outpatient Services (Not to be used for drugs/injectables)</li> <li>Outpatient Therapy</li> <li>Specialty Drugs and Chemotherapy</li> <li>Surgery</li> </ul>
On Campus-Outpatient Hospital	<ul style="list-style-type: none"> <li>Imaging/Radiology</li> <li>Dental</li> <li>Other Medical Outpatient Services (Not to be used for drugs/injectables)</li> <li>Outpatient Therapy</li> <li>Specialty Drugs and Chemotherapy</li> <li>Surgery</li> <li>Transplant</li> <li>Radiation Therapy</li> </ul>
Other Place of Service	<ul style="list-style-type: none"> <li>Acupuncture</li> <li>Imaging/Radiology</li> <li>Chiropractic Spinal Manipulation</li> <li>Dental</li> <li>Durable Medical Equipment (DME) or Supplies</li> <li>Genomic and Molecular Testing</li> <li>Other Medical Outpatient Services (Not to be used for drugs/injectables)</li> <li>Outpatient Therapy</li> <li>Specialty Drugs and Chemotherapy</li> <li>Surgery</li> <li>Transplant</li> <li>Travel and Expense</li> </ul>

# APPENDIX A – BEHAVIORAL OUTPATIENT

Place of Service	Service Type
Home	Early Intensive Behavioral Intervention (EIBI)/Applied Behavioral Analysis (ABA)
Office	Other Behavioral Health Outpatient Services Psychological/Neuropsychological Testing
Other Place of Service	Early Intensive Behavioral Intervention (EIBI)/Applied Behavioral Analysis (ABA) Other Behavioral Health Outpatient Services Psychological/Neuropsychological Testing
Psychiatric Facility-Partial Hospitalization	Other Behavioral Health Outpatient Services Psychological/Neuropsychological Testing