

Category	Procedure and Frequency	Additional Instructions
Infusion Therapy	Type Infusion Therapy in Office and enter: - # of visits total for the needed date span - If date span is not known, select a 1 month span	<ul style="list-style-type: none"> - Place of service: 11 office <i>or</i> 12 home <i>or</i> 19 off campus outpatient hospital <i>or</i> 22 on campus outpatient hospital - Attach signed physician order - Attach all necessary clinical documentation to justify request
	Type Infusion Therapy and enter: - # of visits total for the needed date span - If date span is not known, select a 1 month span	
	Type Infusion Therapy in hospital and enter: - # of visits total for the needed date span - If date span is not known, select a 1 month span	
Injections	Type ESI and enter: - # of visits total for the needed date span - If date span is not known, select a 1 month span	<ul style="list-style-type: none"> - Place of service: 11 office <i>or</i> 22 on campus outpatient hospital <i>or</i> 19 off campus outpatient hospital <i>or</i> 24 ambulatory surgical center - Attach signed physician order - Attach all necessary clinical documentation to justify request - For injections other than ESI or Facets, enter Injection for the procedure and enter all procedure(s) and code(s) in the Notes section on the request.
	Type Facets and enter: - # of visits total for the needed date span - If date span is not known, select a 1 month span	
	Type Injection and enter: - # of visits total for the needed date span - If date span is not known, select a 1 month span - Document all procedure(s)/code(s) in the Notes section on the request	
Medications Part B Only	Type Infusion Therapy in Office and enter: - # of visits total for the needed date span - If date span is not known, select a 1 month span	<ul style="list-style-type: none"> - Enter HCPCS codes for Part B Medications - Infusion Therapy in Office: Use place of service 11 (office) - Infusion Therapy in Hospital: Use place of service 19 or 22 - Infusion Therapy: Use place of service 12 (home) - Attach signed physician order - Attach all necessary clinical documentation to justify request
	Type Infusion Therapy in Hospital and enter: - # of visits total for the needed date span - If date span is not known, select a 1 month span	
	Type Infusion Therapy and enter: - # of visits total for the needed date span - If date span is not known, select a 1 month span	
Oncology	Type Chemotherapy and enter: - # visits total for up to a 6 month calendar	<ul style="list-style-type: none"> - Place of service: 11 office 19 off campus outpatient hospital <i>or</i> 22 on campus outpatient hospital <i>or</i> - Attach signed physician order - Attach all necessary clinical documentation to justify request
	Type Radiation and enter: - # visits total for up to a 3 month calendar span	
	<p>IMPORTANT NOTE: If treatment changes, a new authorization is not needed if being done within the timeframe of the approved authorization.</p> <ul style="list-style-type: none"> - To update, Add a Note to the existing approved authorization indicating the name of the new drug and/or new frequency and attach any pertinent clinical documentation. 	