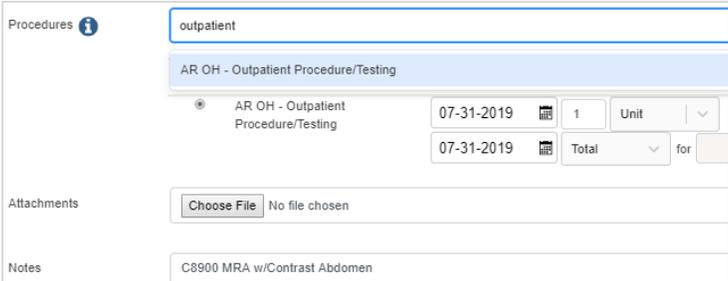
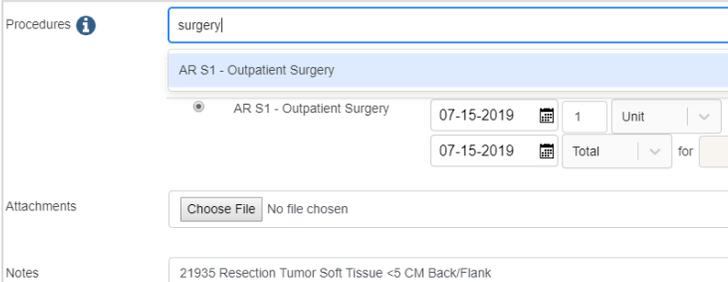


Category	Procedure and Frequency	Additional Instructions
<p>Procedure/Testing</p>	<p>Type CT Angiogram and enter count of: - 1 unit total and the date of the scheduled procedure for the start and end date</p> <p>Type PET scan and enter count of: - Enter count of 1 unit total and the date of the scheduled procedure for the start and end date</p> <p>Type sleep study and enter count of: - 1 unit total and the date of the scheduled procedure for the start and end date</p> <p>Type outpatient procedure/testing and enter count of: - 1 unit total and the date of the scheduled procedure for the start and end date - Document all procedure(s)/code(s) in the Notes section on the request</p> 	<ul style="list-style-type: none"> - Place of service: 11 office <i>or</i> 19 off campus outpatient hospital <i>or</i> 22 on campus outpatient hospital <i>or</i> 24 ambulatory surgical center - Servicing Provider: Place of Service 11 = Select individual physician Place of Service 24, 22, 19 = Select the facility as servicing provider (do not select an individual physician) - Attach signed physician order - Attach all necessary clinical documentation to justify request - For any procedures other than CTA, pet scan and sleep study, select Outpatient Procedure/Testing and document all procedure(s) and code(s) in the Notes section on the request.
<p>Surgery</p>	<p>Type outpatient surgery and enter count of: - 1 unit total and the date of the scheduled procedure for the start and end date - Document all procedure(s)/code(s) in the Notes section on the request</p> 	<ul style="list-style-type: none"> - Place of service: 11 office <i>or</i> 22 on campus outpatient hospital <i>or</i> 24 ambulatory surgical center - Servicing Provider: Place of Service 11 = Select individual physician Place of Service 24, 22 = Select the facility as servicing provider (do not select an individual physician) - Attach signed physician order - Attach all necessary clinical documentation to justify request
<p>Wound Care</p>	<p>Type outpatient wound care and enter: - # of visits total for the needed date span - If date span is not known, select a 1 month span</p>	<ul style="list-style-type: none"> - Place of service: 11 office <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
<p>Hyperbarics</p>	<p>Type hyperbarics and enter: - # of visits total for the needed date span - If date span is not known, select a 1 month span</p>	<ul style="list-style-type: none"> - Place of service: 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