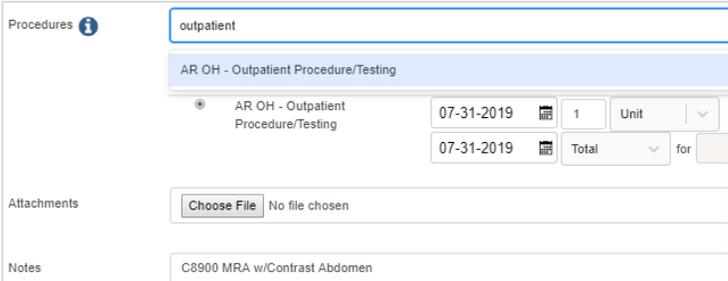
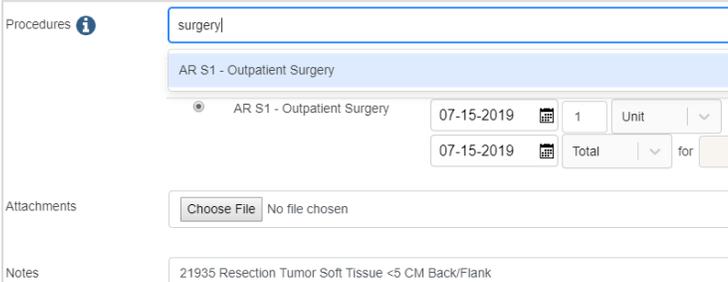


Category	Procedure and Frequency	Additional Instructions
<p><b>Procedure/Testing</b></p>	<p>Type <b>CT Angiogram</b> and enter count of:                      - 1 unit total and the date of the scheduled procedure for the start and end date</p> <p>Type <b>PET scan</b> and enter count of:                      - Enter count of 1 unit total and the date of the scheduled procedure for the start and end date</p> <p>Type <b>sleep study</b> and enter count of:                      - 1 unit total and the date of the scheduled procedure for the start and end date</p> <p>Type <b>outpatient procedure/testing</b> 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 <b>Notes</b> section on the request</p> 	<ul style="list-style-type: none"> <li>- 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</li> <li>- 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)</li> <li>- Attach signed physician order</li> <li>- Attach all necessary clinical documentation to justify request</li> <li>- 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 <b>Notes</b> section on the request.</li> </ul>
<p><b>Surgery</b></p>	<p>Type <b>outpatient surgery</b> 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 <b>Notes</b> section on the request</p> 	<ul style="list-style-type: none"> <li>- Place of service:                              11 office <i>or</i>                              22 on campus outpatient hospital <i>or</i>                              24 ambulatory surgical center</li> <li>- 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)</li> <li>- Attach signed physician order</li> <li>- Attach all necessary clinical documentation to justify request</li> </ul>
<p><b>Wound Care</b></p>	<p>Type <b>outpatient wound care</b> 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"> <li>- Place of service:                              11 office <i>or</i>                              19 off campus outpatient hospital <i>or</i>                              22 on campus outpatient hospital</li> <li>- Attach signed physician order</li> <li>- Attach all necessary clinical documentation to justify request</li> </ul>
<p><b>Hyperbarics</b></p>	<p>Type <b>hyperbarics</b> 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"> <li>- Place of service:                              19 off campus outpatient hospital <i>or</i>                              22 on campus outpatient hospital</li> <li>- Attach signed physician order</li> <li>- Attach all necessary clinical documentation to justify request</li> </ul>