Category	Procedure and Frequency	Additional Instructions

Injections	Type **ESI** and enter:
	- # of visits total for the needed date span
	- If date span is not known, select a 1 month span
	
	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
		- Place of service:
		  11 office *or*
		  22 on campus outpatient hospital *or*
		  19 off campus outpatient hospital *or*
		  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.

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
	
	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
		- 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

Radiation	Type **Radiation** and enter:
	- # visits total for up to a 3 month calendar span
		- Place of service:
		  11 office
		  19 off campus outpatient hospital *or*
		  22 on campus outpatient hospital *or*
		- Attach signed physician order
		- Attach all necessary clinical documentation to justify request

IMPORTANT NOTE: If treatment changes, a new authorization is not needed if services are being done within the timeframe of the approved authorization. - To make an 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.		