

CareAffiliate[®]

Request Types

NAME OF REQUEST TYPE	WHEN TO USE REQUEST TYPE
Behavioral Health Inpatient	Inpatient behavioral health request for all lines of business.
Behavioral Health Intensive Outpatient	Behavioral health intensive outpatient therapy request for all lines of business.
Behavioral Health Office/Specialty	Behavioral health request for TMS, ECT, and any in office therapy for all lines of business.
Behavioral Health Partial Hospitalization	Behavioral health partial hospitalization request for all lines of business.
Behavioral Health Residential Treatment	Behavioral health residential treatment facility request for all lines of business.
Behavioral Health Social Detox	Behavioral health social detox for all lines of business.
Chiropractic Therapy-Outpatient	Chiropractic therapy request in an outpatient setting.
DME Rental	DME rental request for all lines of business not covered by another request type.
DME Purchase	DME purchase request for all lines of business not covered by another request type.
*DME Purchase CPAP/BiPAP/ASV-COMMERCIAL	CPAP/BiPAP/ASV purchase request for Commercial ONLY.
*DME Purchase Wheelchair Repair	Wheelchair repair request for Commercial and Medicaid ONLY.
*DME Rental Breast Pump	Hospital grade breast pump rental request for Commercial and Medicare ONLY.
*DME Rental CPAP/BiPAP/ASV	CPAP/BiPAP/ASV rental request for Medicaid and Medicare.
*DME Rental Wheelchair Repair-MEDICARE	Wheelchair repair request for Medicare ONLY.
*DME Replacement CPAP/BiPAP-COMMERCIAL	CPAP/ BiPAP replacement request for Commercial ONLY.
*Enteral Formula	Enteral formula request for all lines of business.
*Eye Procedures-Ambulatory Surgical Center	Eye procedure request for all lines of business in an ambulatory surgical center setting.
*Eye Procedures-Office	Eye procedure request for all lines of business in an office setting.
*Eye Procedures-Outpatient Hospital	Eye procedure request for all lines of business in an outpatient hospital setting.
Genetic Testing	Genetic testing request for all lines of business.

*Request types that display clinical questions in survey/assessment section.

CareAffiliate Request Types, Continued

NAME OF REQUEST TYPE	WHEN TO USE REQUEST TYPE
Home Care-MEDICAID	Home care request for Medicaid ONLY.
Hyperbaric Oxygen Therapy	Hyperbaric oxygen therapy request for all lines of business.
*Hysterectomy-Inpatient	Hysterectomy request for all lines of business in an inpatient setting.
*Hysterectomy-Outpatient	Hysterectomy request for all lines of business in an outpatient hospital setting.
Infertility	Infertility request for all lines of business.
Inpatient Hospice	Inpatient hospice request for all lines of business.
Inpatient Medical/Surgical	Inpatient medical/surgical request for all lines of business not covered by another request type.
Long-term Acute Care	Long-term acute care request for all lines of business.
Office Medical/Surgical	Medical or surgical procedure request for all lines of business not covered by another request type.
Outpatient Hospice	Outpatient hospice request for all lines of business.
Outpatient Medical-Care Affiliate	Outpatient medical request for all lines of business not covered by another request type.
Outpatient Surgical	Outpatient surgical request for all lines of business not covered by another request type.
*Pain Interventions Office	MBB, RFA, or facet joint injection request for all lines of business in an office setting.
*Pain Interventions Outpatient	MBB, RFA, or facet joint injection request for all lines of business in an outpatient setting.
Private Duty Nursing-COMMERCIAL	Private duty nursing request for Commercial ONLY.
Private Duty Nursing-MEDICAID	Private duty nursing request for Medicaid ONLY.
Rehab-Inpatient	Inpatient rehabilitation request for all lines of business.
Rehab-PT/OT/ST/Nursing-Home Care MEDICAID	Physical therapy/occupational therapy/speech therapy and nursing request through home care for Medicaid ONLY.
Rehab-PT/OT/ST-Outpatient	Physical therapy/occupational therapy/speech therapy and nursing request through home care for Commercial and Medicare.
Skilled Nursing Facility	Skilled nursing facility request for all lines of business.
Skilled Nursing Visits	Skilled nursing visits for Commercial only.
Spine Surgery-Inpatient	Spine surgery request for all lines of business in an inpatient setting.
Spine Surgery-Outpatient	Spine surgery request for all lines of business in an outpatient setting.

*Request types that display clinical questions in survey/assessment section.

CareAffiliate Request Types, Continued

NAME OF REQUEST TYPE	WHEN TO USE REQUEST TYPE
*Tonsillectomy and/or Adenoidectomy-Outpatient	Tonsillectomy and/or adenoidectomy request for all lines of business in an outpatient setting.
*Total Joint Replacement-Inpatient	Total knee/hip replacement or revision request for all lines of business in an inpatient setting.
*Total Joint Replacement-Outpatient	Total knee/hip replacement or revision request for all lines of business in an outpatient setting.
Transplant	Transplant request for bone marrow, heart, kidney, liver, lung, or pancreas for all lines of business in an inpatient setting.
*Varicose Vein-Ambulatory Surgical Center	Varicose vein procedure request for all lines of business in an ambulatory surgical center setting.
*Varicose Vein-Office	Varicose vein procedure request for all lines of business in office setting.
*Varicose Vein-Outpatient Hospital	Varicose vein procedure request for all lines of business in an outpatient hospital setting.
*Wound Vac	Wound vac request for all lines of business.

*Request types that display clinical questions in survey/assessment section.