



# Service Request Code Types

Jiva Instruction Manual

# Code Types

For Outpatient requests (and Inpatient Preservice and LTC), a Service Request is required. In this section the Code Type is also required and may include HCPC, CPT, or CUS (for Custom).

- If it is a custom code type, you will need to choose CUS as the Code Type
- Enter the first few letters of the code to get dropdown choices.
- Custom codes include Acupuncture (ACUVISITS), Dental Anesthesia (DENTALANESTHI), MRI, Referrals (CON to bring up choice of ConsultVisit or ConsultvVsit with FollowupVisit, FOL to bring up FollowUpVisit only), Palliative Care (PLTVCR), ECM (ECMo1, ECMo2), CS (CS01 – CS08), or LTC (NFB, ICF, or Subacute)

The screenshot shows a web form with the following fields and values:

- Service Type**: Diagnostic
- Place of Service**: --Select One--
- Code Type**: CUS (The dropdown menu is open, showing a list of options with 'CUS' highlighted in blue. The options are: --Select One--, HCPC, OPT, ICD9, ICD10, Revenue, CDT, CUS, NDC, and DRG.)
- Service Code**: (This field is empty and partially obscured by the dropdown menu.)



# Code Type Chart

Authorization Type	Episode Type	Reason for Request	Service Type	Department	Code Type/Code
Acupuncture	Outpatient	OP Services	Acupuncture	N/A	CUS - ACUVISITS
CBAS	Outpatient	OP Services	CBAS	N/A	HCPC
Concurrent Review	Inpatient	N/A	N/A (no service codes)	N/A	N/A
Dental Anesthesia	Outpatient	OP Services	Dental Anesthesia Services	N/A	CUS - DENTALANESTHI
Diagnostic	Outpatient	OP Services	Diagnostic	N/A	CPT, HCPC, CUS MRIAbdomen MRIHeadNeck MRIExtremities MRIHeadNeck MRIExtremities
DME	Outpatient	OP Services	DME-Equipment DME-Medical Supplies DME-Orthotics DME-Prosthetics	N/A	HCPC
Home Health/Hospice	Outpatient	OP Services	Home Health/Hospice	N/A	HCPC
Inpatient Pre-Service	Inpatient	Elective/Preservice	Acute Inpatient	N/A	CPT or HCPC
Long Term Care (LTC)	Inpatient	Custodial Care	Long Term Care	N/A	HCPC or CUS
OOA Auth Referral	Outpatient	OOA Referral	Referral	*Select specialty	CUS - CONSULT CONSULTVISITS, FOLLOWUPVISIT S
Palliative Care	Outpatient	OP Services	Palliative Care	N/A	CUS - PLTVCR
Referral	Outpatient	PCP Referral Specialist Referral	Referral	*Select specialty	CUS - CONSULT, CONSULTVISITS, FOLLOWUPVISIT S

Authorization Type	Episode Type	Reason for Request	Service Type	Department	Code Type/Code
Rehab Therapy (incl. Cardiac Rehab and Chiropractic)	Outpatient	OP Services	Rehab Therapies Medical Nutrition Therapy	Occupational Therapy Physical Therapy Speech Therapy (N/A for cardiac and chiro)	CPT
Skilled Nursing Facility (SNF)	Inpatient	Skilled Nursing Facility	N/A (no service codes)	N/A	N/A
Surgery	Outpatient	OP Services	Surgery	N/A	CPT or HCPC
NEMT	Outpatient	Transportation	Non Emergency Medical Transportation (NEMT)	N/A	HCPC
Wheelchair	Outpatient	OP Services	Wheelchair-Manual Purchase Wheelchair-Manual Repair Wheelchair-Power Purchase Wheelchair-Power Repair Wheelchair-Rental	N/A	HCPC

## LTC Codes

NFB23	LTC Regular Services - NF-B
NFB25	LTC Leave of Absence - NF-B
Subacute11	LTC Regular Services - Subacute
Subacute12	LTC Bed Hold - Subacute
Subacute13	LTC Leave of Absence - Subacute
ICFDD31	LTC Regular Services - ICF-DD
ICFDD32	LTC Regular Services - ICF-DD-H
ICFDD33	LTC Regular Services - ICF-DD-N
ICFDD35	LTC Leave of Absence - ICF-DD



## ECM/CS Code Type Chart

ECM/CS Service	Reason for Request	Service Type	Code Type	Service Code(s)	Length of Auth	Quantity
Enhanced Care Management	ECM	Enhanced Care Management	CUS	ECM02	1 year/ 12 months	12
Medically Tailored Meals	ECM CS	Community Supports	HCPC	S5170 S9977 S9470	4 months	168 12 3
Housing Tenancy & Sustaining Services	ECM CS	Community Supports	CUS	CS01	6 months	6
Housing Transitions & Navigation	ECM CS	Community Supports	CUS	CS02	6 months	6
Housing Deposits	ECM CS	Community Supports	CUS	CS03	6 months	1
Recuperative Care	ECM CS	Community Supports	CUS	CS04	30 days	30
Short Term Post Hospitalization Housing	ECM CS	Community Supports	CUS	CS05	60 days	60
Environmental Accessibility and Adaptability	ECM CS	Community Supports	CUS	CS06	6 months (12 if PERS*)	1 (12 if PERS*)
Respite	ECM CS	Community Supports	CUS	CS07	1 year/ 12 months	1
Personal Care/Homemaker	ECM CS	Community Supports	CUS	CS08	6 months	1
Sobering Center	ECM CS	Community Supports	HCPC	H0014	1 day	1





## For Further Assistance

Please reach out for questions - if we are unavailable by phone then we can be reached by email:

Utilization Management (UM) - Ph: 831-430-5506,  
email: [listaauthcoordinators@ccah-alliance.org](mailto:listaauthcoordinators@ccah-alliance.org)

Non-emergency Medical Transportation (NEMT) - Ph: 831-430-5640,  
email: [listnemtauthorizations@ccah-alliance.org](mailto:listnemtauthorizations@ccah-alliance.org)

Enhanced Care Management/Community Supports -  
email: [listecmauthorizations@ccah-alliance.org](mailto:listecmauthorizations@ccah-alliance.org) (change requests or questions on specific authorizations) or [listecmteam@ccah-alliance.org](mailto:listecmteam@ccah-alliance.org) (all other questions such as program questions, claims questions, capacity updates, etc.)

