**FHIS Codes – FIDA Appeals**

FIDA Plans are required to use the codes identified in this document for the purpose of completing the Cover Note sent to the Integrated Administrative Hearing Office (“IAHO”) for Auto-Appeals. The codes carry out programmatic functions and help to ensure program quality and integrity by serving as a basis for FIDA appeals data reporting.

The Service & Benefit codes are based on the FIDA services listed in Appendix A of the 3-way contract. FIDA Plans should rely on the definitions provided in the 3-way contract to determine which services to indicate as being at issue in any particular case. The Plan should choose the one code they think is the most applicable for each service or benefit at issue.

The Procedure & Case codes describe important aspects of each case, such as whether it is an expedited appeal or a standard appeal, and whether a pre- or post-utilization determination is at issue.

For multi-issue cases, each issue may have its own Service & Benefit codes and Procedure & Case codes. Data for each issue should be captured. However, if a single code applies to multiple issues, the plan should only enter the code once. Also, the plan is not required to link the codes at the issue level (i.e. the codes do not need to be linked to an issue within the case). Instead, all data may be captured and linked at the case level.

If and when the FIDA Plan upholds an adverse action, the relevant data should be accurately encoded to be compatible with IAHO’s Fair Hearing Information System (“FHIS”) and included in the Cover Note described in contract section 2.13.1.1.2.7.2, which accompanies the case file sent to IAHO upon auto-appeal. The IAHO may release alpha-numeric codes to represent the plain language Service & Benefit and Procedure & Case codes found in this document. Should IAHO release these codes, plans should begin using the alpha-numeric codes on Cover Notes sent to IAHO, or as otherwise prescribed by IAHO.

1. Service & Benefit codes:
2. Abdominal Aortic Aneurism Screening
3. Adult Day Health Care
4. AIDS Adult Day Health Care
5. Ambulance
6. Ambulatory Surgical Centers
7. Assertive Community Treatment (ACT)
8. Assisted Living Program
9. Assistive Technology (State plan and supplement to State Plan AT)
10. Bone Mass Measurement
11. Breast Cancer Screening (Mammograms)
12. Cardiac Rehabilitation Services
13. Cardiovascular disease risk reduction visit (therapy for cardiovascular disease)
14. Cardiovascular Disease Screening
15. Care Management (Service Coordination)
16. Cervical and Vaginal Cancer Screening
17. Chemotherapy
18. Chiropractic
19. Colorectal Screening
20. Community Integration Counseling
21. Community Transitional Services
22. Consumer Directed Personal Assistance Services/ Self-Directed PAS
23. Continuing Day Treatment
24. Day Treatment
25. Defibrillator (implantable automatic)
26. Dental (Preventive Dental and Comprehensive Dental)
27. Depression Screening
28. Diabetes Monitoring (Self-Management Training)
29. Diabetes Screening
30. Diabetes Services and Supplies
31. Diabetic Therapeutic Shoes or Inserts
32. Diagnostic Testing
33. Durable Medical Equipment (DME)
34. Emergency Care
35. Environmental Modifications and Adaptive Devices
36. Family Planning Services
37. Freestanding Birth Center Services
38. Health/Wellness Education/ Health Education
39. Hearing Services (Hearing Exams and Hearing Aids)
40. HIV Screening
41. Home and Community Support Services
42. Home Delivered and Congregate Meals/ Meal Benefit
43. Home Health Services
44. Home Infusion Bundled Services
45. Home Maintenance Services
46. Home Visits by Medical Personnel
47. Immunizations
48. Independent Living Skills and Training
49. Inpatient Hospital Care Acute - Including Substance Abuse and Rehabilitation Services
50. Inpatient Hospital Psychiatric/ Inpatient Mental Health and Inpatient Mental Health Over 190-Day Lifetime Limit
51. Intensive Psychiatric Rehabilitation Treatment Programs
52. Inpatient Services during a Non-covered Inpatient Stay
53. Kidney Disease Services (including ESRD)
54. Mammograms
55. Medicaid Pharmacy Benefits as Allowed by State Law
56. Medical Nutrition Therapy
57. Medical Social Services
58. Medicare Part B Prescription Drugs
59. Medicare Part D Prescription Drug Benefit
60. Medication Therapy Management
61. Mobile Mental Health Treatment
62. Moving Assistance
63. Non-Emergency Transportation
64. Nursing Facility (Medicaid)
65. Nursing Hotline
66. Nutrition
67. OMH Licensed CRs
68. Obesity Screening and Therapy to Keep Weight Down
69. Opioid Treatment Services- Substance Abuse
70. Other Supportive Services the Interdisciplinary Team Determines Necessary
71. Outpatient Blood Services
72. Outpatient Hospital Services
73. Outpatient – Medically Supervised Withdrawal- Substance Abuse
74. Outpatient Mental Health
75. Outpatient Rehabilitation (Medicaid Outpatient Rehabilitation)
76. Outpatient Substance Abuse
77. Outpatient Surgery
78. Palliative Care
79. Pap Smear and Pelvic Exams
80. Partial Hospitalization (Medicaid)
81. Partial Hospitalization (Medicare)
82. PCP Office Visits
83. Peer-Delivered Services
84. Peer Mentoring
85. Personal Care Services
86. Personal Emergency Response Services (PERS)
87. Personalized Recovery Oriented Services (PROS)
88. Podiatry
89. Positive Behavioral Interventions and Support
90. Preventive Services
91. Private Duty Nursing
92. Prostate Cancer Screening
93. Prosthetics
94. Pulmonary Rehabilitation Services
95. Respiratory Care Services
96. Respite
97. Routine Physical Exam 1/year
98. Sexually Transmitted Infections Screening and Counseling:
99. Skilled Nursing Facility
100. Smoking and Tobacco Cessation Counseling
101. Social and Environmental Supports
102. Social Day Care
103. Social Day Care Transportation
104. Specialist Office Visits/Specialty Care
105. Structured Day Program
106. Substance Abuse Program
107. Telehealth/Tele-Monitoring and Web-Phone Based Technology
108. Transportation Services – Emergency and Non-Emergency Transportation
109. Urgent Care
110. Vision Care Services/Eye Exams and Eye Wear
111. “Welcome to Medicare” Preventive Visit
112. Wellness Counseling
113. Procedure & Case codes:
114. Expedited

Applicable for expedited appeals, per 2.13.1.1.2 of the 3-way contract

1. Standard 1st year

Applicable for non-Medicaid prescription drug standard appeals, per 2.13.1.1.2 of the 3-way contract, received by the FIDA Plan during 2015

1. Standard 2nd & 3rd years

Applicable for non-Medicaid prescription drug standard appeals, per 2.13.1.1.2 of the 3-way contract, received by the FIDA Plan during 2016 or 2017

1. Standard Medicaid drug

Applicable for Medicaid prescription drug standard appeals, per 2.13.1.1.2 of the 3-way contract

1. Continuation of benefits

Applicable when the FIDA Participant received continuation of benefits pending appeal, per 2.13.1.1.2.14 of the 3-way contract.

1. Pre-utilization determinations

Applicable for appeals where a denial (or limited authorization of service, including amount, type, or level of service) of a request for new or additional services is at issue

1. Concurrent utilization determination

Applicable for appeals where a reduction, restriction, or discontinuance of previously authorized services is at issue

1. Post-utilization determination

Applicable for appeals where a denial, in whole or part, for payment or reimbursement of services already provided is at issue

1. Failure to act timely

Applicable where the issue is the failure to timely:

* respond to a request for services, or
* provide authorized services or services that do not require authorization

1. Failure to decide timely

Applicable where the plan fails to timely make a level 1 appeal decision

1. PCSP appeal

Applicable for appeals that arise from an objection to the services made part of the PCSP (or not), whether at first formation or upon review by the IDT

1. Decision extension granted

Applicable when an extension in the time allowed for review was granted

1. Participant Ombudsman – FIDA

Applicable if the FIDA Participant is formally represented by a Participant Ombudsman before the FIDA Plan