



4350 E. Cotton Center Boulevard • Building D • Phoenix, AZ 85040 • (602) 263-3000 • (800) 624-3879

### *Provider Claim Reference*

<b>Date of Notification</b>	<b>10/15/10</b>	<b>Revision Date</b>	<b>12/1/10</b>
<b>Plans Affected</b>	<b>Mercy Care Plan, Mercy Care Advantage, Mercy Healthcare Group</b>		
<b>Subject</b>	<b>Prior Authorization Requirements Changes</b>		

A recent review and revision of the prior authorization requirements was made for Mercy Care Plan, Mercy Care Advantage and Mercy Healthcare Group. As you will note, the new prior authorization requirements are more streamlined and should assist in expediting and reducing the amount of requests most providers will need to make.

Please refer to the Mercy Care web site at [www.MercyCarePlan.com](http://www.MercyCarePlan.com) for a complete listing of prior authorization requirements. Key changes of note that apply to all three health plans are as follows:

#### **Evaluation and Management Services**

*Effective December 1, 2010*, Mercy Care will no longer require authorization for Evaluation and Management services for all participating providers, regardless of specialty.

Procedures will, however, require prior authorization and detail is specified in each health plan's Prior Authorization Grid posted on Mercy Care's web site.

#### **Pain Management**

A previous notification was posted that *effective December 1, 2010* prior authorization will be required for ALL Pain Management Procedures. The only services not requiring prior authorization will be the evaluation and management services in a physician's office for pain management.

#### **Anesthesiology**

Services provided by an anesthesiologist in an inpatient or outpatient facility setting are covered under the prior authorization for the surgical procedure. Anesthesiology services provided in an office setting do require authorization for the anesthesia service and may be obtained by the physician when the authorization for the procedure is requested. Anesthesia provided in an office setting is approved by Mercy Care based on medical necessity. If a procedure does not require authorization but physician is requesting anesthesia for that procedure in an office setting, then the physician will need to request prior authorization for the anesthesia. Anesthesia services in an in office setting that are not prior authorized will be denied for payment.

#### **Outpatient Blood Transfusions**

Outpatient blood transfusions do not require an authorization.



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### **Durable Medical Equipment/Prosthetic Devices/Orthotics**

All durable medical equipment with a purchase or rental price greater than \$270.00 currently requires an authorization for each item. *Effective January 1, 2011*, this will be raised to \$300.00 per item.

### **Non-OB Observation**

*Effective January 1, 2011*, prior authorization will no longer be required for Non-OB Observation.

### **Special Report Procedures/Unlisted Procedures**

Prior authorization is always required for all special report procedures or unlisted procedures regardless of place of service.

### **Additional Information**

- Please refer to the plan specific Prior Authorization Grid for important details regarding prior authorizations.
- Exceptions for specific codes are listed at the end of the Prior Authorization Grids. These listed codes do not require prior authorization.
- Limitations may apply depending on the benefit plan. The Benefit Grid should be reviewed in conjunction with the Prior Authorization Grid for complete coverage determination.
- The Prior Authorization Grid will be reviewed on a quarterly basis for clarification and changing needs.

Please feel free to contact your Provider Relations Network Consultant or Account Manager with any additional questions you may have regarding the above, as they will be happy to assist you.