



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

Provider Notification

Date of Notification	August 1, 2011	Revision Date	N/A
Plans Affected	All Lines of Business		
Subject	Prior Authorization Updates		

Mercy Care has recently updated our Prior Authorization lists for each plan. The most recent complete lists are currently posted and available for you review at www.MercyCarePlan.com for Mercy Care Plan; www.MercyCareAdvantage.com for Mercy Care Advantage; and www.MercyHealthcareGroup.com for Mercy Healthcare Group. In order to provide you with further clarification, we are providing you with an outline of the changes that were made.

Please note that prior authorizations will only be issued for services performed by a contracted provider. If you are unsure if a provider is contracted please contact Member Services at 602-623-3000, 1-800-624-3879 or search for contracted provider on our website at www.MercyCarePlan.com.

Mercy Care Acute, ALTCS and DD

Hospital Outpatient Facility or Free Standing Facility		
Service Description	Service Description Comments	Change Made
Ambulatory Surgery Procedures (Codes 10000-69999)	Exception: (Please see attached code sheet)	Code range added for clarification
Non-OB Observation	NO PA after 1/1/2011	This service description has been removed from the Prior Authorization List.
Therapy, Physical*	Authorization required for all members under age 21 and DD members of any age. The following PT codes do not require PA for non-QMB members 21 and over: 97001-97546	A more detailed description regarding PT codes that do not require PA are provided
Dental		
Dental Services	Please see Dental PA Grid on Mercy Care Website.	Added language to direct to Dental PA Grid.
In Office Setting		
Anesthesia		Removed from the list.
Pain Management Services and Procedures	Exceptions are E&M visits	Added language regarding E&M visits



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Surgical Procedures	Exception: (please see attached code sheet)	Removed from the list.
Therapy, Physical	Authorization required for all members under age 21 and DD members of any age. The following PT codes do not require PA for non-QMB members 21 and over: 97001-97546	A more detailed description describing PT codes that do not require PA are provided.
Ancillary Services		
DME	Authorization required for items over \$300.00.	Limitation raised from \$270.00 to \$300.00.
Prosthetic Devices	Authorization required for items over \$300.00.	Limitation raised from \$270.00 to \$300.00.
Orthotics	Authorization required for items over \$300.00	Limitation raised from \$270.00 to \$300.00.

The Following Services Do Not Require Prior Authorization		
Urethrocytography	51600	Service description added to the list.
Durable Medical Equipment Limit	\$270 PA Limit (\$300.00 effective 1/1/11)	Service description has been removed from the list.
Obstetrics/Gynecology Procedures	56405-56606, 57100-57105, 57150-57180, 57500-57522, 50394	Service description has been removed from the list.
Eye Procedures	51600, 66821, 65205-65222	Service description has been removed from the list.

Mercy Care Advantage

Inpatient		
Service Description	Service Description Comments	Change Made
Admissions		Removed service description Comments from the list.
Maternity/Obstetrics No PA required for Delivery ≤ 2 Days post delivery No PA required for C-section ≤ 4 Days post delivery	Mercy Care will conduct retrospective reviews and recoup any payments exceeding the 2 or 4 day requirements.	This service description has been added to the list.



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Non-OB Observation	NO PA after 1/1/2011	This service description has been removed from the list.
In Office Setting		
Anesthesia		This service description has been removed from the list.
Surgical Procedures	Exception: (please see attached code sheet)	Removed from the list.
Pain Management Services and Procedures	Exceptions are E&M visits	Added language regarding E&M visits
Ancillary Services		
DME	Authorization may be required	Description changed.
Orthotic & Prosthetic Devices	Authorization may be required	Description changed.
Behavioral Health		
Behavioral Health Inpatient		Description removed.

The Following Services Do Not Require Prior Authorization		
Other Procedures	51600	Service description added to the list.
Durable Medical Equipment Limit	\$270 PA Limit (\$300.00 effective 1/1/11)	Service description has been removed from the list.
Obstetrics/Gynecology Procedures	56405-56606, 57100-57105, 57150-57180, 57500-57522, 50394	Service description has been removed from the list.
Eye Procedures	, 66821, 65205-65222	Service description has been removed from the list.

Mercy Healthcare Group

Prior Authorization is Required Unless Otherwise Stated



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Non-OB Observation	NO PA after 1/1/2011	This service description has been removed from the list.
In Office Setting		
Anesthesia		Removed this service description from the list.
Pain Management Services		Changed from Pain Management Procedures.
Maternity Care		Changed from Maternity/Obstetrics* No PA required for Delivery ≤ 2 Days post delivery No PA required for C-section ≤ 4 Days post delivery Mercy Care will conduct retrospective reviews and recoup any payments exceeding the 2 or 4 day requirements.
Surgical Procedures	Exception: (Please see attached code sheet)	Removed from the list.
Ancillary Services		
DME	Authorization required for items over \$300.00	Description changed.
Prosthetic Devices	Authorization required for items over \$300.00	Description changed.
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