



4350 E. Cotton Center Boulevard • Building D • Phoenix, AZ 85040 • Phone (602) 263-3000 • (800) 624-3879
 Fax (602) 431-7555 • 1-800-217-9345 Web <https://mercyareplan.abovehealth.com>

Prior Authorization Required
 Physical Health

*Depending on the benefit plan, coverage and services may be limited. Please review the benefit grid for complete coverage determination.

PRIOR AUTHORIZATION IS REQUIRED UNLESS OTHERWISE STATED	
INPATIENT	
SERVICE DESCRIPTION	
Admissions	
Hospice*	
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.
SNF	

HOSPITAL OUTPATIENT FACILITY OR FREE STANDING FACILITY	
SERVICE DESCRIPTION	
Ambulatory Diagnostic Procedures, 23 Hour Sleep Studies, Video EEG*	Exception: (Please see attached code sheet)
Hospice*	
Ambulatory Surgery Procedures* (Codes 10000-69999)	Exception: (Please see attached code sheet)
Infusion/IV Therapy*	
Non-Contracted Outpatient Facilities	
Pain Management Procedures in Facility	
Therapy- PT, OT, Speech & Language, Cardiac Rehab, Pulmonary Rehab*	Limit 24 combined therapies per year

IN OFFICE SETTING	
SERVICE DESCRIPTION	
Audiology/Hearing Testing	Authorization required for members age 21 and over. If under age 21 and services performed in an outpatient setting- requires authorization.
Pain Management Services*	
Dermatology Procedures*	Exception: (Please see attached code sheet)

*See benefit grid for clarification of benefit coverage and limitations



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IN OFFICE SETTING	
SERVICE DESCRIPTION	
Podiatry Procedures*	
Maternity Care	
Services performed by Non-Contracted Providers*	
Therapy- PT, OT, Speech & Language, Cardiac Rehab, Pulmonary Rehab*	Limit 24 combined therapies per year

ANCILLARY SERVICES	
SERVICE DESCRIPTION	
DME	Authorization required for items over \$300
Enteral & Parenteral- Nutrition and Supplies*	
Home Health	
Infertility diagnosis	
Services performed by Non-Contracted Ancillary Providers*	
Prosthetic Devices*	Authorization required for items over \$300
Orthotics*	Authorization required for items over \$300
Transplant Services*	All transplants require authorization.

RADIOLOGY SERVICES	
SERVICE DESCRIPTION	
MRI/MRA	
PET Scans	
Discogram/Myelogram	
3D Ultra Sounds/Imaging	

For services not listed on the rate sheet or when a fee amount is stated as "Special Report," Prior Authorization is required regardless of place of service.

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The Following Services DO NOT Require Prior Authorization

Services	Codes
Dialysis	90918-90925; 90935-90940; 90945-90999
	Revenue Codes 0820-0829
Diagnostic Testing – Cardiac	
Exercise Treadmill Test (ETT)	93015, 93016, 93017, 93018
Cardiography (ECG)	93000-93278
Transesophageal Echocardiography (TEE)	93312-93318
Doppler Echocardiography	93320-93325
Angioplasty (PTCA)	92982-92998
Intracardiac Electrophysiological Procedures (Arrhythmia Inductions, Mapping and Ablation)	93600-93662
Pacemaker Studies	93724-93744
Vascular Diagnostic Studies (non-invasive) of extremities	93922-93971; 93990
Diagnostic Testing- Pulmonary	
Spirometry & Other Pulmonary Function testing	94010-94450
Diagnostic Testing- Neurology	
EEG	95812-95830
Monitoring for identification and Lateralization of seizure disorders	95950-95953; 95956
Procedures- Endoscopic	
Proctosigmoidoscopy/Sigmoidoscopy	45300-45345
Colonoscopy	45355-45387;45391;45392, 51600
EDG	43200-43259
ERCP	43260-43272
Misc. Endoscopy (small intestine, stomal, Anus, biliary tract)	44360-44397; 46600-46615; 47550-47556
Bronchoscopy	31622-31656
Sinus Endoscopy	31231-31294
Laryngoscopy	31505-31579
Fetal non-stress test	76818, 76819, 59025
Dermatology procedures	10060,10061, 10140, 11055-11057, 11100, 11101,11300-11313, 11400-11406, 11420-11426, 11440-11446, 11755, 11600-11646, 11900-11901, 12031-12053, 17000-17004, 17110, 17111, 17260-17266, 17270-17276, 17280-17286, 40490, 40510, 40520, 40808 46916, 46924, 54056, 54065, 56501, 56515, 67810, 69100, 87101, 87220, 90782, 96902, J3301, Q0111, Q0112.
Other Procedures	51600,

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