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**Services That Require Prior Authorization**  
Physical Health

PRIOR AUTHORIZATION IS REQUIRED UNLESS OTHERWISE STATED	
INPATIENT	
SERVICE DESCRIPTION	
Acute	
Hospice	<b>Note:</b> Not a covered benefit for MHG Active
Maternity/Obstetrics	<b>Note:</b> Not a covered benefit for MHG Active  <b>Exception:</b> No PA for normal Maternity delivery and well newborn inpatient stay (with discharge within the 2 days – vaginal and 4 days- c-section type delivery)  Mercy Care will conduct retrospective reviews and recoup any payments exceeding the 2 or 4 day requirements, unless prior authorized.
SNF	

HOSPITAL OUTPATIENT FACILITY OR FREE STANDING FACILITY	
SERVICE DESCRIPTION	
Ambulatory Diagnostic Procedures, 23 Hour Sleep Studies, Video EEG	<b>Exception:</b> Colonoscopy, Endoscopy, Sigmoidoscopy, Bronchoscopy, Sinus Endoscopy, Laryngoscopy and Cardiac Testing (see attached code sheet)
Ambulatory Surgery Procedures	
Infusion/IV Therapy	<b>Note:</b> Not a covered benefit for MHG Active
Non-Contracted Outpatient Facilities	
Non-OB Observation	
OB Observation	<b>Note:</b> Not a covered benefit for MHG Active
Therapy- PT, OT, Speech & Language, Cardiac Rehab, Pulmonary Rehab.	
Discogram/Myelogram	
MRI/MRA	
PET Scans	

<b>PHYSICIAN SERVICES- Physical Health</b>	
<b>SERVICE DESCRIPTION</b>	
POS 11 = In Office Services	
Anesthesia - Pain Management Services - POS 11	
Podiatry - POS 11	Podiatry not covered-except for diabetics, neuropathy, peripheral vascular disease or medical necessity.
Maternity Care and Delivery Services - POS 11 and 22.	<b>Note:</b> Not a covered benefit for MHG Active
Non-Contracted Provider Services	
Plastic Surgery	
Therapy- PT, OT, Speech & Language, Cardiac Rehab, Pulmonary Rehab - POS 11	

<b>ANCILLARY SERVICES- Physical Health</b>	
<b>SERVICE DESCRIPTION</b>	
Audiology/Hearing Testing	PA > 21 If <21 and services performed in an outpatient setting- requires PA.
DME	PA required for >\$270.00
Enteral & Parenteral	
Home Health	
Non-emergency transportation	Contact Member Services Department to arrange
Infertility diagnosis	
Hospice	<b>Note:</b> Not a covered benefit for MHG Active
Non-Contracted Ancillary Providers	
Orthotic & Prosthetic Devices	PA required for <b>all foot</b> orthotics. PA for <b>all other</b> orthotics and prosthetics required if > \$250
Transplant Evaluations and Consultations Services	

<b>RADIOLOGY SERVICES</b>	
<b>SERVICE DESCRIPTION</b>	
MRI/MRA	
PET Scans	
Discogram/Myelogram	