



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

**Services That Require Prior Authorization**  
Physical Health

PRIOR AUTHORIZATION IS REQUIRED UNLESS OTHERWISE STATED	
INPATIENT	
SERVICE DESCRIPTION	
Acute	
Behavioral Health IP	
Hospice	Hospice is carved out for MCA and is covered by Original Medicare
Maternity/Obstetrics	<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	
Non-Contracted Outpatient Facilities	
Non-OB Observation	
OB Observation	
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	
Allergy & Immunology - POS 11	Applies to members age 21 AND greater
Anesthesia - Pain Management Services - POS 11	
Podiatry - POS 11	All podiatry services, except for services performed with a diagnosis of diabetes
Chiropractor	
Genetics - POS 11 Lab Services must be performed by a contracted lab	
Maternity Care and Delivery Services - POS 11 and 22	
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	<b>Inter-facility only:</b> Contact Member Services Department to arrange
Hospice	Hospice is carved out for MCA and is covered by Original Medicare
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	

**Services That Require Prior Authorization**  
Behavioral Health

<b>PRIOR AUTHORIZATION IS REQUIRED UNLESS OTHERWISE STATED</b>	
<b>INPATIENT</b>	
<b>SERVICE DESCRIPTION</b>	
Behavioral Health Inpatient	
Residential Treatment Center (RTC)	
Partial Hospital	
Detox all levels	

<b>OUTPATIENT – FACILITY BASED SERVICES</b>	
<b>SERVICE DESCRIPTION</b>	
IOP	
PET Scans	
MRI-MRA	
CT Scan	
ECT	
Brain Electrical Activity Mapping (BEAM)	

<b>SERVICES PERFORMED BY A LISCENSED/CERTIFIED MENTAL HEALTH PROFESSIONAL</b>	
<b>SERVICE DESCRIPTION</b>	
Psychological testing	
Neuro-Psychological Testing	
Behavioral Health OP Counseling*	PA required after 10 counseling visits
Outpatient medication management *	PA required after 8 visits