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## OUTPATIENT PRIOR AUTHORIZATION CHANGES

Effective January 19, 2009, the following services do not require prior authorization:

Services	Codes
<b>Dialysis</b>	90918-90925
	90935-90940
	90945-90999
<b>Diagnostic Testing – Cardiac</b>	
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
<b>Diagnostic Testing- Pulmonary</b>	
Spirometry & Other Pulmonary Function testing	94010-94621
<b>Diagnostic Testing- Neurology</b>	
EEG	95812-95830
Monitoring for identification and Lateralization of seizure disorders	95950-95953; 95956
<b>Procedures- Endoscopic</b>	
Proctosigmoidoscopy/Sigmoidoscopy	45300-45345
Colonoscopy	45355-45387;45391;45392
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
<b>Fetal non-stress test</b>	76818, 76819, 59025
<b>Dermatologist</b>	10060,10061, 10140, 11055-11057, 11100, 11101,11300-11313, 11400-11404, 11420-11424, 11440-11444, 11755, 17000-17004, 17110, 17111,

Services	Codes
	17260-17264, 17270-17274, 17280-17284, 40490, 46916, 46924, 54056, 54065, 56501, 56515, 67810, 69100, 87101, 872220, 90782, 96902, J3301, Q0111, Q0112.
<b>Durable Medical Equipment Limit</b>	\$270 PA limit
Maternity/Obstetrics	<p>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)</p> <p>Mercy Care will conduct retrospective reviews and recoup any payments exceeding the 2 or 4 day requirements, unless prior authorized.</p>