



# PROVIDER FAX

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To: Providers of Clear Health Alliance  
Date: April 13, 2015  
Re: Revisions to Quick Authorization Form (QAF)

**CLEAR HEALTH ALLIANCE MEDICAID**

This fax serves as a notice of revisions made to the **“Quick Authorization Form (QAF) – No Authorization Required” (revision date 4/1/15)**. Clear Health Alliance does not require prior authorization for codes listed in our QAF. Procedures and tests not on the QAF require authorization from the health plan.

**\*\* PLEASE DISREGARD ALL QAF FORMS OTHER THAN THOSE WITH  
A REVISION DATE OF 4/1/2015 LOCATED ON THE  
BOTTOM CORNER OF THE FORM \*\***

The forms can be found on our Provider Portal.  
Go to <http://www.clearhealthalliance.com>, and under the Providers Menu bar at the top of the page, select Provider Portal.

Sincerely,

Barbara R. Cowley MD, FACP  
Chief Medical Officer, Clear Health Alliance offered by Simply Healthcare Plans

**QAF-NO AUTHORIZATION REQUIRED FORM (MEDICAID)**

For **participating** Primary Care Providers **only** to refer to a participating specialist or diagnostic center for the codes listed below  
Do not use for Hospitals, ASC's or for Prenatal care visits/treatment.

\*\*\*VALID FOR 90 DAYS\*\*\*

**For questions, please call 1-877-915-0551, Prompt 2**

Member Name:		ID#:	DOB:
Date:		Phone:	
PCP Name:		Phone:	Fax:
Referred to Specialist Name:		Extremities Studies, choose: <input type="checkbox"/> RUE <input type="checkbox"/> LUE <input type="checkbox"/> RLE <input type="checkbox"/> LLE <input type="checkbox"/> Bilat UE <input type="checkbox"/> Bilat LE	
Specialist Address (Street, City, Zip):			
Diagnosis Code(s) (required):			
Provider Signature (required):		Date:	
<p><b>SPECIALIST OFFICE VISITS</b> *NOT VALID FOR BARIATRIC SURGERY CONSULTATIONS*</p> <p><input type="checkbox"/> New 99201 – 99205 <input type="checkbox"/> Established 99211 – 99215</p> <p><b>ALLERGY AND PPD</b></p> <p><input type="checkbox"/> Scratch Test 95004 <input type="checkbox"/> Intradermal Test 95024 <input type="checkbox"/> Patch Test 95044 <input type="checkbox"/> Allergy Injections 95115, 95117, 95165 <input type="checkbox"/> PPD Skin Test 86580</p> <p><b>CARDIOLOGY TESTS</b></p> <p><input type="checkbox"/> Doppler Echo Exam 93320, 93321 <input type="checkbox"/> Doppler Color Flow 93325 <input type="checkbox"/> Echo Exam Heart 93303-93308 <input type="checkbox"/> 24-Hour Holter Monitor 93272 <input type="checkbox"/> Pacemaker Interrogation 93288 <input type="checkbox"/> AICD Interrogation 93289 <input type="checkbox"/> Stress Test, non-nuclear 93015 <input type="checkbox"/> Stress Echo 93351 <input type="checkbox"/> EKG 93000</p> <p><b>PULMONARY FUNCTION</b></p> <p><input type="checkbox"/> Spirometry 94010, 94060 <input type="checkbox"/> Vital Capacity 94150 <input type="checkbox"/> Lung Volume, Gas 94727 <input type="checkbox"/> Ear or Pulse Oxymetry 94760 <input type="checkbox"/> Aerosol Therapy 94640, 94664 <input type="checkbox"/> Carbon Monoxide Diffusing Capacity 94729</p> <p><b>INJECTIONS</b></p> <p><input type="checkbox"/> Betamethasone J0702 <input type="checkbox"/> Ceftriaxone Sodium, Per 250 Mg J0696 <input type="checkbox"/> Dexamethasone J1094 <input type="checkbox"/> Methylprednisolone J1020, J1030, J1040 20 mg, 40 mg, 80 mg <input type="checkbox"/> Penicillin g benzathine, 100,000 units J0561 <input type="checkbox"/> Triamcinolone J3301 Aceonide 10 mg <input type="checkbox"/> Testosterone J1070 Cypionate 100 mg</p> <p><b>NEUROLOGY</b></p> <p><input type="checkbox"/> EEG 95812, 95816, 95819 <input type="checkbox"/> EMG 95885, 95886 <input type="checkbox"/> Muscle test one limb 95860 <input type="checkbox"/> Muscle test 2 limbs 95861 <input type="checkbox"/> Muscle test 3 limbs 95863 <input type="checkbox"/> Muscle test 4 limbs 95864 <input type="checkbox"/> Muscle test larynx 95865 <input type="checkbox"/> Muscle test hemidiaphragm 95866 <input type="checkbox"/> Muscle test cran nerv unilat 95867 <input type="checkbox"/> Muscle test cran nerve bilat 95868 <input type="checkbox"/> Muscle test thor paraspinat 95869 <input type="checkbox"/> Muscle test nonparaspinat 95870 <input type="checkbox"/> Nerve Conduction Study 95910 – 95911</p>	<p><b>DERMATOLOGY</b></p> <p><input type="checkbox"/> Drainage Skin Abscess 10060 – 10160 <input type="checkbox"/> Excision - Debridement 11000 – 11004 <input type="checkbox"/> Biopsy Skin Lesion 11100 – 11101 <input type="checkbox"/> Shaving Dermal Lesion 11300 – 11313 <input type="checkbox"/> Excision Benign Lesion 11400 – 11402, 11420 – 11422, 11440 – 11442 <input type="checkbox"/> Excision Malignant Lesion 11600 – 11602, 11620 – 11622, 11640 – 11642 <input type="checkbox"/> Wound Closure/Repair 12031, 12032, 12041, 12042, 12051, 12052 <input type="checkbox"/> Destruction of Lesion 17000 – 17003, 17110 <input type="checkbox"/> Destruction Malignant Lesion 17260 – 17263, 17270 – 17273, 17280 – 17283 <input type="checkbox"/> Nail Biopsy 11755</p> <p><b>FRACTURE CARE</b></p> <p><input type="checkbox"/> ARM 23600, 24500, 24505, 24530, 24535, 24560, 24565, 24576, 24577, 24600, 24620, 24640, 24650, 24655, 24670, 24675, 25500, 25505, 25520, 25530, 25535, 25560, 25565, 25600, 25605, 25622, 25624, 25630, 25635, 25650, 25660, 25675, 25680, 25690, 29085 <input type="checkbox"/> HAND 26600 – 26605 <input type="checkbox"/> HEEL-TOE-FOOT 28400, 28405, 28430, 28435, 28450, 28455, 28470, 28475, 28490, 28495, 28510, 28515 <input type="checkbox"/> LEG 27500, 27501, 27508, 27510, 27516, 27520, 27530, 27538, 27550, 27560, 27750, 27752, 27760, 27780, 27781, 27786, 27788, 27808, 27810, 27816, 27824, 27830 <input type="checkbox"/> RE-CASTING Q4001 – Q4051, 29065, 29075, 29105, 29125, 29260, 29345, 29355, 29405, 29425, 29505, 29515, 29530, 29540, 29550</p>	<p><b>OFFICE PROCEDURES</b></p> <p><input type="checkbox"/> Injection of Tendon 20550 – 20553 <input type="checkbox"/> Drain/Inject Joint 20600, 20605, 20610 <input type="checkbox"/> Laryngeal Endoscopy 31505, 31575 <input type="checkbox"/> Control of Epistaxis 30901 <input type="checkbox"/> Cystoscopy 52000 – 52240 <input type="checkbox"/> PVR 51798 <input type="checkbox"/> Removal Impacted Ear Wax 69210 <input type="checkbox"/> Nasal/Sinus Endoscopy 31231, 31233, 31237 <input type="checkbox"/> Nasopharyngoscopy 92511 <input type="checkbox"/> Removal Foreign Body/Ear 69200 <input type="checkbox"/> Removal Foreign Body/Nose 30300 <input type="checkbox"/> Insertion Non-Indwelling Catheter 51701 <input type="checkbox"/> Insertion Indwelling Catheter 51702 <input type="checkbox"/> Unna boot 29580 <input type="checkbox"/> Binocular microscopy 92504 <input type="checkbox"/> UA 81002-81003</p> <p><b>CT SCANS</b> CHOOSE ONE: <input type="checkbox"/> Plain <input type="checkbox"/> w/Contrast</p> <p><input type="checkbox"/> Head or Brain 70450 – 70470 <input type="checkbox"/> Orbit, Sella, Posterior Fossa, Ear 70480 – 70482 <input type="checkbox"/> Neck Soft Tissue 70490 – 70492 <input type="checkbox"/> Thorax 71250 – 71270 <input type="checkbox"/> Cervical Spine 72125 – 72127 <input type="checkbox"/> Thoracic Spine 72128 – 72130 <input type="checkbox"/> Lumbar Spine 72131 – 72133 <input type="checkbox"/> Abdomen 74150 – 74170, 74176 – 74178 <input type="checkbox"/> Pelvis 72192 – 72194 <input type="checkbox"/> Upper Extremities 73200 – 73202 <input type="checkbox"/> Lower Extremities 73700 – 73702</p>	<p><b>X-RAY/DIAGNOSTICS CONT.</b></p> <p><input type="checkbox"/> DEXA Bone Density 77080, 77081, 77085, 77086 <input type="checkbox"/> Mammogram 77051, 77052, 77055, 77056, 77057 <input type="checkbox"/> Digital Mammogram G0202, G0204, G0206, 77051, 77052</p> <p><b>ULTRASOUNDS</b></p> <p><input type="checkbox"/> Venous Doppler Unilat 93971 <input type="checkbox"/> Arterial, Extremity 93922 <input type="checkbox"/> Extremity, Nonvascular 76881 – 76882 <input type="checkbox"/> Thyroid or Head/Neck 76536 <input type="checkbox"/> Breast 76641, 76642 <input type="checkbox"/> Transvaginal 76830 <input type="checkbox"/> Abdominal 76700 <input type="checkbox"/> Abdominal (Quadrant/Region/Organ) 76705 <input type="checkbox"/> Retroperitoneal 76770, 76775 <input type="checkbox"/> Pelvic 76856 – 76857 <input type="checkbox"/> Scrotal, Transrectal 76870 – 76873 <input type="checkbox"/> Carotid 93880, 93882 <input type="checkbox"/> Transplanted Kidney 76776</p>
<b>SPECIALTY SERVICES</b>			
*Refer to contracted network provider if noted with an asterisk(*)			
<b>*AUDIOLOGY</b>			
<input type="checkbox"/> Hear USA: (800) 731-3277, Select Option 1			
<b>*AUDIOLOGY - OFFICE PROCEDURES</b>			
92540 - 92545, 92547, 92550, 92555, 92567 92570 - 92572, 92579, 92582 - 92585, 92587, 92588, 92620, 92621, 92626, 92627			
<b>*DIABETIC SUPPLIES</b>			
<input type="checkbox"/> Neighborhood Diabetes: (800) 937-3028			
<b>*OPTOMETRY</b>			
<input type="checkbox"/> Florida Eye Care: (877) 481-3322, Opt. 1			
<b>*OPHTHALMOLOGY</b>			
<input type="checkbox"/> Premier Eye: (800) 738-1889			
<b>*DENTAL- ADULTS</b>			
<input type="checkbox"/> DentaQuest: (800) 936-0948			
<b>*BEHAVIORAL HEALTH</b>			
<input type="checkbox"/> PsychCare: (800) 221-5487			
<b>*TRANSPORTATION</b>			
For inquiries, refer to the back of the member's ID card for information.			