



# PROVIDER FAX

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**To: Providers of Clear Health Alliance**

Date: July 13, 2015

Re: Revisions to Quick Authorization Form (QAF)

**CLEAR HEALTH ALLIANCE MEDICAID**

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This fax serves as a notice of revisions made to the Quick Authorization Form (QAF) - No Authorization Required (revision date 6/22/15).

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 note that as stated on the QAF (Quick Authorization Forms), **the QAF is intended to be used only by PCP's and not specialist providers.**

The forms can be found on our Provider Portal.

Go to [www.clearhealthalliance.com](http://www.clearhealthalliance.com), and under the Provider Menu bar at the top of the page, select Provider Portal.

Please disregard all QAF Forms other than those with a revision date of **6/22/15** located on the bottom corner of the form.

Sincerely,

Dr. Vincent Pantone, MD

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):		

**SPECIALIST OFFICE VISITS**  
\*NOT VALID FOR BARIATRIC SURGERY CONSULTATIONS\*  
**Levels 4 & 5 require supporting medical documentation with the claim.**

New 99201 – 99205  
 Established 99211 – 99215  
 New or Established 99241 – 99245

**ALLERGY AND PPD**

Scratch Test 95004  
 Intradermal Test 95024  
 Patch Test 95044  
 Allergy Injections 95115, 95117, 95165  
 PPD Skin Test 86580

**CARDIOLOGY TESTS**

Doppler Echo Exam 93320, 93321  
 Doppler Color Flow 93325  
 Echo Exam Heart 93303-93308  
 24-Hour Holter Monitor 93224  
 Pacemaker Interrogation 93288  
 AICD Interrogation 93289  
 Stress Test, non-nuclear 93015  
 Stress Echo 93351  
 EKG 93000

**PULMONARY FUNCTION**

Spirometry 94010, 94060  
 Vital Capacity 94150  
 Lung Volume, Gas 94727  
 Ear or Pulse Oxymetry 94760  
 Aerosol Therapy 94640, 94664  
 Carbon Monoxide Diffusing Capacity 94729

**INJECTIONS**

Betamethasone J0702  
 Ceftriaxone Sodium, Per 250 mg J0696  
 Dexamethasone J1100  
 Methylprednisolone J1020, J1030, J1040  
20 mg, 40 mg, 80 mg  
 Penicillin g benzathine, 100,000 units J0561  
 Triamcinolone Acetonide 10 mg J3301  
 Testosterone Cypionate 100 mg J1070  
 Therapeutic, prophylactic, or diagnostic injection 96372

**NEUROLOGY**

EEG 95812, 95816, 95819  
 EMG 95885, 95886  
 Muscle test one limb 95860  
 Muscle test 2 limbs 95861  
 Muscle test 3 limbs 95863  
 Muscle test 4 limbs 95864  
 Muscle test larynx 95865  
 Muscle test hemidiaphragm 95866  
 Muscle test cran nerv unilat 95867  
 Muscle test cran nerve bilat 95868  
 Muscle test thor paraspinat 95869  
 Muscle test nonparaspinal 95870  
 Nerve Conduction Study 95910 – 95911

**DERMATOLOGY**

Drainage Skin Abscess 10060 – 10160  
 Excision - Debridement 11000 – 11004  
 Biopsy Skin Lesion 11100 – 11101  
 Shaving Dermal Lesion 11300 – 11313  
 Excision Benign Lesion 11400 – 11402, 11420 – 11422, 11440 – 11442  
 Excision Malignant Lesion 11600 – 11602, 11620 – 11622, 11640 – 11642  
 Wound Closure/Repair 12031, 12032, 12041, 12042, 12051, 12052  
 Destruction of Lesion 17000 – 17003, 17110  
 Destruction Malignant Lesion 17260 – 17263, 17270 – 17273, 17280 – 17283  
 Nail Biopsy 11755

**FRACTURE CARE**

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  
 HAND 26600 – 26605  
 HEEL-TOE-FOOT 28400, 28405, 28430, 28435, 28450, 28455, 28470, 28475, 28490, 28495, 28510, 28515  
 LEG 27500, 27501, 27508, 27510, 27516, 27520, 27530, 27538, 27550, 27560, 27750, 27752, 27760, 27780, 27781, 27786, 27788, 27808, 27810, 27816, 27824, 27830  
 RE-CASTING Q4001 – Q4051, 29065, 29075, 29105, 29125, 29260, 29345, 29355, 29405, 29425, 29505, 29515, 29530, 29540, 29550

**GYNECOLOGY**

Well Woman Exam (initial visit) 99384 – 99387  
 Well Woman Exam 99394 – 99397  
 Vaginal Irrigation 57150  
 Pap Smear 88150  
 Colposcopy without biopsy 57452  
 Colposcopy with biopsy 57454  
 Cryocautery 57510 – 57511  
 Cone Biopsy 57520  
 Endometrial Biopsy 58100  
 Pregnancy Test 81025  
 Wet Mount Stain, O&P, fungi 87210  
 IUD Device J7300  
 IUD Device & Insertion J7301, J7302  
 IUD Insertion/Removal 58300, 58301  
 Tissue Exam with KOH 87220  
 Pessary Fitting/Insertion 57160  
 Contraceptive Implant J7307

**GYNECOLOGY CONT.**

Insertion, drug delivery implant 11981  
 removal, drug delivery implant 11982  
 removal with reinsertion, drug delivery implant 11983  
 Medroxyprogesterone Acetate 1 mg J1050

**OFFICE PROCEDURES**

Injection of Tendon 20550 – 20553  
 Drain/Inject Joint 20600, 20605, 20610  
 Laryngeal Endoscopy 31505, 31575  
 Control of Epistaxis 30901  
 Cystoscopy 52000 – 52240  
 PVR 51798  
 Removal Impacted Ear Wax 69210  
 Nasal/Sinus Endoscopy 31231, 31233, 31237  
 Nasopharyngoscopy 92511  
 Removal Foreign Body/Ear 69200  
 Removal Foreign Body/Nose 30300  
 Insertion Non-Indwelling Catheter 51701  
 Insertion Indwelling Catheter 51702  
 Unna boot 29580  
 Binocular microscopy 92504  
 UA 81002-81003  
 Labor Check 59025

**CT SCANS**  
**CHOOSE ONE:**  Plain  w/Contrast

Head or Brain 70450 – 70470  
 Orbit, Sella, Posterior Fossa, Ear 70480 – 70482  
 Neck Soft Tissue 70490 – 70492  
 Thorax 71250 – 71270  
 Cervical Spine 72125 – 72127  
 Thoracic Spine 72128 – 72130  
 Lumbar Spine 72131 – 72133  
 Abdomen 74150 – 74170, 74176 – 74178  
 Pelvis 72192 – 72194  
 Upper Extremities 73200 – 73202  
 Lower Extremities 73700 – 73702

**X-RAY/DIAGNOSTICS**

Head and Neck 70030 – 70260  
 Neck Soft Tissue 70360  
 Chest 71010 – 71035  
 Ribs, Sternum 71100 – 71130  
 Spine 72010 – 72120  
 Pelvis 72170 – 72190  
 Upper Extremities 73000 – 73140  
 Lower Extremities 73500 – 73660  
 Abdomen 74000 – 74022  
 GI Tract/Upper GI 74240 – 74249  
 Swallow Study 74230  
 Small Bowel 74250 – 74260  
 Barium Enema 74270, 74280  
 IVP 74400 – 74410  
 Urography 74420, 74425  
 Cystography 74430  
 Urethrocytography 74450

**X-RAY/DIAGNOSTICS CONT.**

VCUg 74455  
 Bone Eval/Survey 77074 – 77077  
 DEXA Bone Density 77080, 77081, 77085, 77086  
 Mammogram 77051, 77052, 77055, 77056, 77057  
 Digital Mammogram G0202, G0204, G0206, 77051, 77052

**ULTRASOUNDS**

Venous Doppler Unilat 93971  
 Arterial, Extremity 93922  
 Extremity, Nonvascular 76881 – 76882  
 Thyroid or Head/Neck 76536  
 Breast 76641, 76642  
 Transvaginal 76830  
 Abdominal 76700  
 Abdominal (Quadrant/Region/Organ) 76705  
 Retroperitoneal 76770, 76775  
 Pelvic 76856 – 76857  
 Scrotal, Transrectal 76870 – 76873  
 Carotid 93880, 93882  
 Transplanted Kidney 76776

**SPECIALTY SERVICES**  
\*Refer to contracted network provider if noted with an asterisk(\*)

**\*AUDIOLOGY**

Hear USA: (800) 731-3277, Select Option 1

**AUDIOLOGY - OFFICE PROCEDURES**  
92540 - 92545, 92547, 92550, 92555, 92567, 92570 - 92572, 92579, 92582, 92585, 92587, 92588, 92620, 92621, 92626, 92627

**\*DIABETIC SUPPLIES**

Neighborhood Diabetes: (800) 937-3028

**\*OPTOMETRY**

Florida Eye Care: (877) 481-3322, Opt.1

**\*OPHTHALMOLOGY**

Premier Eye: (800) 738-1889

**\*DENTAL- ADULTS**

DentaQuest: (800) 936-0948

**\*BEHAVIORAL HEALTH**

PsychCare: (800) 221-5487

**\*TRANSPORTATION**

For inquiries, refer to the back of the member's ID card for information.