



No Authorization Code List*

FOR IN-NETWORK PHYSICIANS ONLY

***NOT AN ALL-INCLUSIVE LIST**
Based on the most common services utilized across our contracted network

THE FOLLOWING SERVICES DO NOT REQUIRE AUTHORIZATION WHEN PERFORMED IN OFFICE OR IN AN IN-NETWORK FREE STANDING FACILITY

SPECIALIST OFFICE VISITS	INJECTIONS	FRACTURE CARE Cont'd	OFFICE PROCEDURES Cont'd	X-RAY/DIAGNOSTICS Cont'd
<input type="checkbox"/> New 99201-99204 <input type="checkbox"/> Established 99211-99214	<input type="checkbox"/> Betamethasone J0702 <input type="checkbox"/> Methylprednisolone J1020, J1030 <input type="checkbox"/> 20 mg, 40 mg, 80 mg J1040 <input type="checkbox"/> Triamcinolone J3301 <input type="checkbox"/> Aceonide 10 mg <input type="checkbox"/> Testosterone J1070 <input type="checkbox"/> Cypionate 100 mg	<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, 27550 27510, 27518, 27520, 27530, 27538 27560, 275750, 27752, 27760, 27780 27781, 27786, 27788, 27808, 27810, 27816, 27824, 27830	<input type="checkbox"/> Laryngeal Endoscopy 31505, 31575 <input type="checkbox"/> Control of Epistaxis 30901 <input type="checkbox"/> Cystoscopy 52001-52240 <input type="checkbox"/> Removal Impacted Ear Wax 69210 <input type="checkbox"/> Nasal Endoscopy 31231 <input type="checkbox"/> Nasal Sinus Endoscopy 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 dwelling catheter 51701 <input type="checkbox"/> Insertion dwelling catheter 51702 <input type="checkbox"/> Unna boot 29580 <input type="checkbox"/> Binocular microscopy 92504	<input type="checkbox"/> Ribs and Sternum 71100-71130 <input type="checkbox"/> Spine 72010-72120 <input type="checkbox"/> Pelvis 72170-72190 <input type="checkbox"/> Upper Extremities 73000-73140 <input type="checkbox"/> Lower Extremities 73500-73660 <input type="checkbox"/> Abdomen 74000-74022 <input type="checkbox"/> GI Tract/Upper GI 74240-74249 <input type="checkbox"/> Swallow Study 74230 <input type="checkbox"/> Small Bowel 74250-74260 <input type="checkbox"/> Barium Enema 74270-74280 <input type="checkbox"/> IVP 74400-74410 <input type="checkbox"/> Urography 74420-74425 <input type="checkbox"/> Cystography 74430 <input type="checkbox"/> Urethrocytography 74450
ALLERGY AND PPD <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	DERMATOLOGY <input type="checkbox"/> Drainage Skin Abscess 10060-10160 <input type="checkbox"/> Excision - Debridement 11002-11003 <input type="checkbox"/> Biopsy Skin Lesion 11100-11101 <input type="checkbox"/> Shaving Dermal Lesion 11304 & 11309 11400-11403 11420-11423 <input type="checkbox"/> Excision Benign Lesion 11450, 11462 11470 <input type="checkbox"/> Excision Malignant Lesion 11600-11603 11620-11623 <input type="checkbox"/> Layer Closure Repair 12031-12034 12041-12044 <input type="checkbox"/> Destruction of Lesion 17110-17111 <input type="checkbox"/> Destruction 17260-17263 <input type="checkbox"/> Malignant Lesion 17270-17273 17280-17283	<input type="checkbox"/> RE-CASTING Q4001-Q4051 29065, 29075, 29105, 29125, 29260, 29345 29355, 29405, 29425, 29505, 29515, 29530 29540, 29550 GYNECOLOGY <input type="checkbox"/> Vaginal Irrigation 57150 <input type="checkbox"/> Pap Smear 88150 <input type="checkbox"/> Colonoscopy 57452, 57454 and or with biopsy <input type="checkbox"/> Cryocautery 57510-57511 <input type="checkbox"/> Cone Biopsy 57520 <input type="checkbox"/> Endometrial Biopsy 58100 <input type="checkbox"/> Pregnancy Test 81025 <input type="checkbox"/> Wet Mount Stain, O&P, fungi 87210 <input type="checkbox"/> IUD Device J7300 <input type="checkbox"/> IUD Device & Insertion J7302 <input type="checkbox"/> IUD Insertion/Removal 58300, 58301 <input type="checkbox"/> Tissue Exam with KOH 87220 <input type="checkbox"/> Pessary Fitting/Insertion 57160	<input type="checkbox"/> Insertion Non dwelling catheter 51701 <input type="checkbox"/> Insertion dwelling catheter 51702 <input type="checkbox"/> Unna boot 29580 <input type="checkbox"/> Binocular microscopy 92504 CT SCANS <input type="checkbox"/> Head or Brain 70451-70459 70461-70469 <input type="checkbox"/> Orbit Sella Posterior 76881-76882 <input type="checkbox"/> Neck Soft Tissue 70490-70492 <input type="checkbox"/> Thorax 72160-72170 <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 74151-74159 74161-74169 <input type="checkbox"/> Pelvis 72192-72194 <input type="checkbox"/> Upper Extremities 73200-73202 <input type="checkbox"/> Lower Extremities 73700-73702	<input type="checkbox"/> Digital Mamogram G0202, G0204, G0206, 7705 1, 77052 <input type="checkbox"/> DEXA 77080-77082 <input type="checkbox"/> Mammogram 77051, 77052, 77055, 77056, 77057 <input type="checkbox"/> UA 81002-81003 <input type="checkbox"/> Venous Doppler 93965-93971, 93975- 93978, 93979-93982, 93982 <input type="checkbox"/> Thyroid 76536 <input type="checkbox"/> Breast 76645 <input type="checkbox"/> Transvaginal 76830 <input type="checkbox"/> Abdominal 76700-76776 <input type="checkbox"/> Pelvic 76856-76857 <input type="checkbox"/> Scrotal Transrectal 76870-76873 <input type="checkbox"/> Ultra Sonic Guidance 76942 <input type="checkbox"/> Carotid 93880, 93882
CARDIOLOGY TESTS <input type="checkbox"/> Doppler Echo Exam 93320-93321 <input type="checkbox"/> Doppler Color Flow 93325 <input type="checkbox"/> EKG 93000 <input type="checkbox"/> ECG Monitor/Report 93268 <input type="checkbox"/> Echo Exam Heart 93303-93308 <input type="checkbox"/> 24 Hour Holter 93272 <input type="checkbox"/> Interrogation 93288-93291 93293, 93724 <input type="checkbox"/> AICD Interrogation 93289 <input type="checkbox"/> Stress Test 93015-93018	<input type="checkbox"/> Excision Malignant Lesion 11600-11603 11620-11623 <input type="checkbox"/> Layer Closure Repair 12031-12034 12041-12044 <input type="checkbox"/> Destruction of Lesion 17110-17111 <input type="checkbox"/> Destruction 17260-17263 <input type="checkbox"/> Malignant Lesion 17270-17273 17280-17283	<input type="checkbox"/> Colonoscopy 57452, 57454 and or with biopsy <input type="checkbox"/> Cryocautery 57510-57511 <input type="checkbox"/> Cone Biopsy 57520 <input type="checkbox"/> Endometrial Biopsy 58100 <input type="checkbox"/> Pregnancy Test 81025 <input type="checkbox"/> Wet Mount Stain, O&P, fungi 87210 <input type="checkbox"/> IUD Device J7300 <input type="checkbox"/> IUD Device & Insertion J7302 <input type="checkbox"/> IUD Insertion/Removal 58300, 58301 <input type="checkbox"/> Tissue Exam with KOH 87220 <input type="checkbox"/> Pessary Fitting/Insertion 57160	<input type="checkbox"/> Insertion Non dwelling catheter 51701 <input type="checkbox"/> Insertion dwelling catheter 51702 <input type="checkbox"/> Unna boot 29580 <input type="checkbox"/> Binocular microscopy 92504 CT SCANS <input type="checkbox"/> Head or Brain 70451-70459 70461-70469 <input type="checkbox"/> Orbit Sella Posterior 76881-76882 <input type="checkbox"/> Neck Soft Tissue 70490-70492 <input type="checkbox"/> Thorax 72160-72170 <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 74151-74159 74161-74169 <input type="checkbox"/> Pelvis 72192-72194 <input type="checkbox"/> Upper Extremities 73200-73202 <input type="checkbox"/> Lower Extremities 73700-73702	<input type="checkbox"/> Digital Mamogram G0202, G0204, G0206, 7705 1, 77052 <input type="checkbox"/> DEXA 77080-77082 <input type="checkbox"/> Mammogram 77051, 77052, 77055, 77056, 77057 <input type="checkbox"/> UA 81002-81003 <input type="checkbox"/> Venous Doppler 93965-93971, 93975- 93978, 93979-93982, 93982 <input type="checkbox"/> Thyroid 76536 <input type="checkbox"/> Breast 76645 <input type="checkbox"/> Transvaginal 76830 <input type="checkbox"/> Abdominal 76700-76776 <input type="checkbox"/> Pelvic 76856-76857 <input type="checkbox"/> Scrotal Transrectal 76870-76873 <input type="checkbox"/> Ultra Sonic Guidance 76942 <input type="checkbox"/> Carotid 93880, 93882
NEUROLOGY <input type="checkbox"/> EEG 95812, 95816, 95819 <input type="checkbox"/> EMG 95885, 95886 <input type="checkbox"/> Nerve Conduction Study 95910-95911	<input type="checkbox"/> Destruction of Lesion 17110-17111 <input type="checkbox"/> Destruction 17260-17263 <input type="checkbox"/> Malignant Lesion 17270-17273 17280-17283	<input type="checkbox"/> IUD Device J7300 <input type="checkbox"/> IUD Device & Insertion J7302 <input type="checkbox"/> IUD Insertion/Removal 58300, 58301 <input type="checkbox"/> Tissue Exam with KOH 87220 <input type="checkbox"/> Pessary Fitting/Insertion 57160	<input type="checkbox"/> Insertion Non dwelling catheter 51701 <input type="checkbox"/> Insertion dwelling catheter 51702 <input type="checkbox"/> Unna boot 29580 <input type="checkbox"/> Binocular microscopy 92504 CT SCANS <input type="checkbox"/> Head or Brain 70451-70459 70461-70469 <input type="checkbox"/> Orbit Sella Posterior 76881-76882 <input type="checkbox"/> Neck Soft Tissue 70490-70492 <input type="checkbox"/> Thorax 72160-72170 <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 74151-74159 74161-74169 <input type="checkbox"/> Pelvis 72192-72194 <input type="checkbox"/> Upper Extremities 73200-73202 <input type="checkbox"/> Lower Extremities 73700-73702	<input type="checkbox"/> Digital Mamogram G0202, G0204, G0206, 7705 1, 77052 <input type="checkbox"/> DEXA 77080-77082 <input type="checkbox"/> Mammogram 77051, 77052, 77055, 77056, 77057 <input type="checkbox"/> UA 81002-81003 <input type="checkbox"/> Venous Doppler 93965-93971, 93975- 93978, 93979-93982, 93982 <input type="checkbox"/> Thyroid 76536 <input type="checkbox"/> Breast 76645 <input type="checkbox"/> Transvaginal 76830 <input type="checkbox"/> Abdominal 76700-76776 <input type="checkbox"/> Pelvic 76856-76857 <input type="checkbox"/> Scrotal Transrectal 76870-76873 <input type="checkbox"/> Ultra Sonic Guidance 76942 <input type="checkbox"/> Carotid 93880, 93882
PULMONARY <input type="checkbox"/> Spirometry 94010 <input type="checkbox"/> Pulmonary 94060, 94160 <input type="checkbox"/> Function Test 94727 <input type="checkbox"/> Aerosol Therapy 94640, 94664 <input type="checkbox"/> Carbon Monoxide 94729 <input type="checkbox"/> Diffusing Capacity	<input type="checkbox"/> Destruction of Lesion 17110-17111 <input type="checkbox"/> Destruction 17260-17263 <input type="checkbox"/> Malignant Lesion 17270-17273 17280-17283	<input type="checkbox"/> IUD Device J7300 <input type="checkbox"/> IUD Device & Insertion J7302 <input type="checkbox"/> IUD Insertion/Removal 58300, 58301 <input type="checkbox"/> Tissue Exam with KOH 87220 <input type="checkbox"/> Pessary Fitting/Insertion 57160	<input type="checkbox"/> Insertion Non dwelling catheter 51701 <input type="checkbox"/> Insertion dwelling catheter 51702 <input type="checkbox"/> Unna boot 29580 <input type="checkbox"/> Binocular microscopy 92504 CT SCANS <input type="checkbox"/> Head or Brain 70451-70459 70461-70469 <input type="checkbox"/> Orbit Sella Posterior 76881-76882 <input type="checkbox"/> Neck Soft Tissue 70490-70492 <input type="checkbox"/> Thorax 72160-72170 <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 74151-74159 74161-74169 <input type="checkbox"/> Pelvis 72192-72194 <input type="checkbox"/> Upper Extremities 73200-73202 <input type="checkbox"/> Lower Extremities 73700-73702	<input type="checkbox"/> Digital Mamogram G0202, G0204, G0206, 7705 1, 77052 <input type="checkbox"/> DEXA 77080-77082 <input type="checkbox"/> Mammogram 77051, 77052, 77055, 77056, 77057 <input type="checkbox"/> UA 81002-81003 <input type="checkbox"/> Venous Doppler 93965-93971, 93975- 93978, 93979-93982, 93982 <input type="checkbox"/> Thyroid 76536 <input type="checkbox"/> Breast 76645 <input type="checkbox"/> Transvaginal 76830 <input type="checkbox"/> Abdominal 76700-76776 <input type="checkbox"/> Pelvic 76856-76857 <input type="checkbox"/> Scrotal Transrectal 76870-76873 <input type="checkbox"/> Ultra Sonic Guidance 76942 <input type="checkbox"/> Carotid 93880, 93882
<input type="checkbox"/> Diffusing Capacity 25505, 25520, 25530, 25535, 25560, 25565 25600, 25605, 25622, 25624, 25630, 25635 25650, 25660, 25675, 25680, 25690, 29085	<input type="checkbox"/> Destruction of Lesion 17110-17111 <input type="checkbox"/> Destruction 17260-17263 <input type="checkbox"/> Malignant Lesion 17270-17273 17280-17283	<input type="checkbox"/> IUD Device J7300 <input type="checkbox"/> IUD Device & Insertion J7302 <input type="checkbox"/> IUD Insertion/Removal 58300, 58301 <input type="checkbox"/> Tissue Exam with KOH 87220 <input type="checkbox"/> Pessary Fitting/Insertion 57160	<input type="checkbox"/> Insertion Non dwelling catheter 51701 <input type="checkbox"/> Insertion dwelling catheter 51702 <input type="checkbox"/> Unna boot 29580 <input type="checkbox"/> Binocular microscopy 92504 CT SCANS <input type="checkbox"/> Head or Brain 70451-70459 70461-70469 <input type="checkbox"/> Orbit Sella Posterior 76881-76882 <input type="checkbox"/> Neck Soft Tissue 70490-70492 <input type="checkbox"/> Thorax 72160-72170 <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 74151-74159 74161-74169 <input type="checkbox"/> Pelvis 72192-72194 <input type="checkbox"/> Upper Extremities 73200-73202 <input type="checkbox"/> Lower Extremities 73700-73702	<input type="checkbox"/> Digital Mamogram G0202, G0204, G0206, 7705 1, 77052 <input type="checkbox"/> DEXA 77080-77082 <input type="checkbox"/> Mammogram 77051, 77052, 77055, 77056, 77057 <input type="checkbox"/> UA 81002-81003 <input type="checkbox"/> Venous Doppler 93965-93971, 93975- 93978, 93979-93982, 93982 <input type="checkbox"/> Thyroid 76536 <input type="checkbox"/> Breast 76645 <input type="checkbox"/> Transvaginal 76830 <input type="checkbox"/> Abdominal 76700-76776 <input type="checkbox"/> Pelvic 76856-76857 <input type="checkbox"/> Scrotal Transrectal 76870-76873 <input type="checkbox"/> Ultra Sonic Guidance 76942 <input type="checkbox"/> Carotid 93880, 93882

PLEASE SEE SPECIALITY SERVICES BELOW

DENTAL	THERAPIES/DERM/PODIATRY/GI/UROLOGY	VISION	LABORATORY	HEARING	DME/HOME HEALTH/INFUSION	TRANSPORTATION
Florida Dental Ph: 305-674-7900 Toll Free: 800-336-4701 Fax: 305-674-7999 https://fdbenefits.com	Health Network One (HN1) Physical Therapy: Ph: 888-550-8800; Fax: 855-410-0121 Derm/GI/Podiatry/Urology: Ph: 800-595-9631 Fax: 866-646-1772 Urology - Dade & Broward only - not Palm Bch	iCare Health Solutions (Optometry & Ophthalmology Services) Ph: 855-373-7627 Fax: 305-675-0565 www.mycarehealth.com	Quest Diagnostics Ph: 866-MYQUEST (697-8378) https://www.questdiagnostics.com/home.html	Hear USA (Hearing Testing and Hearing Aids) Ph: 855-203-1177 Ph: 800-323-3277 www.hearusa.com	Coastal Care Services Ph: 855-481-0505 TTY/TDD: 711 Fax: 855-481-0606 www.ccsi.care	Access 2 Care (Non-Emergency Transportation Services) Ph: 855-335-1694 TTY: 855-823-8587 www.access2care.net American Medical Response (AMR) (Non-Emergency Ambulance Services) Ph: 305-718-6444 Fax: 305-640-1551

CREATE DATE: 1/22/2019

REVISED DATE:

