



**No Prior Authorization Code List*
FOR IN-NETWORK PHYSICIANS ONLY**

*NOT AN ALL-INCLUSIVE LIST AND REQUIRES A REFERRAL IF BEING PERFORMED BY
A SPECIALIST (NON-PCP) PROVIDER
Based on the most common services utilized across our contracted network

THE FOLLOWING SERVICES DO NOT REQUIRE AUTHORIZATION WHEN PERFORMED IN OFFICE OR IN AT A
DIAGNOSTIC FACILITY.

IN-NETWORK FREE STANDING

* Any service being rendered at a POS 22 (hospital affiliated outpatient facility) location or at an Ambulatory Surgical Center requires prior authorization.

SPECIALIST OFFICE VISITS		INJECTIONS		FRACTURE CARE		GYNECOLOGY		X-RAY/DIAGNOSTICS Cont'd	
<input type="checkbox"/> New	99201-99204	<input type="checkbox"/> Betamethasone	J0702	<input type="checkbox"/> HAND	26600-26605	<input type="checkbox"/> Vaginal Irrigation	57150	<input type="checkbox"/> Ribs and Sternum	71100-71130
<input type="checkbox"/> Established	99211-99214	<input type="checkbox"/> Methylprednisolone	J1020, J1030	<input type="checkbox"/> HEEL, TOE & FOOT	28400, 28405	<input type="checkbox"/> Pap Smear	88150	<input type="checkbox"/> Spine	72010-72120
ALLERGY AND PPD		<input type="checkbox"/> 20 mg, 40 mg, 80 mg	J1040		28430, 28435, 28450, 28455, 28470, 28475, 28490, 28495, 28510, 28515	<input type="checkbox"/> Colposcopy	57452, 57454	<input type="checkbox"/> Pelvis	72170-72190
<input type="checkbox"/> Scratch Test	95004	<input type="checkbox"/> Triamcinolone	J3301		27500, 27501, 27508, 27550	<input type="checkbox"/> and or with biopsy		<input type="checkbox"/> Upper Extremities	73000-73140
<input type="checkbox"/> Intradermal Test	95024	<input type="checkbox"/> Aceonide 10 mg		<input type="checkbox"/> LEG	27510, 27518, 27520, 27530, 27538	<input type="checkbox"/> Cryocautery	57510-57511	<input type="checkbox"/> Lower Extremities	73500-73660
<input type="checkbox"/> Patch Test	95044	PULMONARY			27560, 27750, 27752, 27780, 27781	<input type="checkbox"/> Cone Biopsy	57520	<input type="checkbox"/> Abdomen	74000-74022
<input type="checkbox"/> Allergy Injections	95115- 95117, 95165	<input type="checkbox"/> Spirometry	94010		27788, 27808, 27810, 27816, 27824	<input type="checkbox"/> Endometrial Biopsy	58100	<input type="checkbox"/> GI Tract/Upper GI	74240-74249
<input type="checkbox"/> PPD Skin Test	86580	<input type="checkbox"/> Pulmonary	94060, 94160			<input type="checkbox"/> Pregnancy Test	81025	<input type="checkbox"/> Swallow Study	74230
CARDIOLOGY TESTS		<input type="checkbox"/> Function Test	94727			<input type="checkbox"/> Wet Mount Stain, O&P, fungi	87210	<input type="checkbox"/> Small Bowel	74250-74260
<input type="checkbox"/> Doppler Echo Exam	93320-93321	<input type="checkbox"/> Aerosol Therapy	94640, 94664	<input type="checkbox"/> RE-CASTING	Q4001-Q4052	<input type="checkbox"/> IUD Device	J7300	<input type="checkbox"/> Barium Enema	74270-74280
<input type="checkbox"/> Doppler Color Flow	93325	<input type="checkbox"/> Carbon Monoxide	94729		29065, 29075, 29105, 29125, 29260, 29345	<input type="checkbox"/> IUD Device & Insertion	J7302	<input type="checkbox"/> IVP	74400-74410
<input type="checkbox"/> EKG	93000	<input type="checkbox"/> Diffusing Capacity			29355, 29405, 29425, 29505, 29515, 29530	<input type="checkbox"/> IUD Insertion/Removal	58300, 58301	<input type="checkbox"/> Urography	74420-74425
<input type="checkbox"/> ECG Monitor/Report	93268	DERMATOLOGY			29540, 29550	<input type="checkbox"/> Tissue Exam with KOH	87220	<input type="checkbox"/> Cystography	74430
<input type="checkbox"/> Echo Exam Heart	93303-93308	<input type="checkbox"/> Drainage Skin Abscess	10060-10160	<input type="checkbox"/> ARM	23600, 24500, 24505, 24530, 24535	<input type="checkbox"/> Pessary Fitting/Insertion	57160	<input type="checkbox"/> Urethrocytography	74450
<input type="checkbox"/> 24 Hour Holter	93272	<input type="checkbox"/> Excision - Debridement	11002-11003		24560, 24565, 24578, 24577, 24600, 24620	OFFICE PROCEDURES		<input type="checkbox"/> VCUG	74455
<input type="checkbox"/> Interrogation	93288-93291, 93293, 93724	<input type="checkbox"/> Biopsy Skin Lesion	11100-11101		24640, 24650, 24655, 24670, 24675, 25500,	<input type="checkbox"/> Laryngeal Endoscopy	31505, 31575	<input type="checkbox"/> DEXA	77080-77082
<input type="checkbox"/> AICD Interrogation	93289	<input type="checkbox"/> Shaving Dermal Lesion	11304 & 11309		25505, 25520, 25530, 25535, 25560, 25565	<input type="checkbox"/> Control of Epistaxis	30901	<input type="checkbox"/> Mammogram	77051, 77052, 77055, 77056, 77057
<input type="checkbox"/> Stress Test	93015-93018	<input type="checkbox"/> Excision Benign Lesion	11400-11403, 11420-11423		25600, 25605, 25622, 25624, 25630, 25635, 25650, 25660, 25675, 25680, 25690, 29085	<input type="checkbox"/> Removal Impacted Ear Wax	69210	<input type="checkbox"/> UA	81002-81003
NEUROLOGY								<input type="checkbox"/> Digital Mamogram	G0202, G0204, G0206, 77051, 77052
<input type="checkbox"/> EEG	95812, 95816, 95819		11450, 11462	ULTRA SOUNDS					
<input type="checkbox"/> EMG	95885, 95886		11470	<input type="checkbox"/> Arterial Extremity	93922-93931	<input type="checkbox"/> Nasal Sinus Endoscopy	31237		
<input type="checkbox"/> Nerve Conduction Study	95910-95911	<input type="checkbox"/> Excision Malignant Lesion	11600-11603, 11620-11623	<input type="checkbox"/> Venous Doppler	93965-93971, 93975-93978, 93979-93982, 93990	<input type="checkbox"/> Nasopharyngoscopy	92511		
		<input type="checkbox"/> Layer Closure Repair	12031-12034, 12041-12044	<input type="checkbox"/> Extremity Non Vascular	76881-76882	<input type="checkbox"/> Removal Foreign Body/Ear	69200		
		<input type="checkbox"/> Destruction of Lesion	17000-17004, 17110-17111	<input type="checkbox"/> Thyroid	76536	<input type="checkbox"/> Removal Foreign Body/Nose	30300		
		<input type="checkbox"/> Destruction	17260-17263	<input type="checkbox"/> Breast	76645	<input type="checkbox"/> Insertion Non dwelling catheter	51701		
		<input type="checkbox"/> Malignant Lesion	17270-17273, 17280-17283	<input type="checkbox"/> Transvaginal	76830	<input type="checkbox"/> Insertion dwelling catheter	51702		
				<input type="checkbox"/> Abdominal	76700-76776	<input type="checkbox"/> Unna boot	29580		
				<input type="checkbox"/> Pelvic	76856-76857	<input type="checkbox"/> Binocular microscopy	92504		
				<input type="checkbox"/> Scrotal Transrectal	76870-76873	<input type="checkbox"/> Drain Inject Joint	20610		
				<input type="checkbox"/> Ultra Sonic Guidance	76942				
				<input type="checkbox"/> Carotid	93880, 93882				

PLEASE SEE SPECIALTY SERVICES BELOW				
LABORATORY: Quest Diagnostics Ph: 866-MYQUEST (697-8378) www.questdiagnostics.com/home.html	DENTAL: Liberty Dental Member #: Ph: 1-877-550-4437 Provider #: Ph: 1-888-352-7924 Provider Fax: 1-949-313-0766 www.libertydentalplan.com	TRANSPORTATION ALIVI: All non-emergency Transportation svcs Ph: 786-600-4793 TTY: 786-633-4510 www.nemt.alivi.com	THERAPIES/DERM/PODIATRY/GI/UROLOGY 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	DME/HOME HEALTH/INFUSION MEDCARE DME, Infusion, Diabetic supplies, Orthotics/Prosthetics: Ph: (800) 819-0751/ fax: (305)571-6276 Home Health: Miami-Dade: Ph (305)883-2940 /Fx (305)883-2925 Broward: Ph (954)733-1997/ Fx (954)731-0110 Palm Beach: Ph (561)482-6646/ Fx (561) 482-6714 or (877)715-4671
HEARING: Hear USA Hearing Testing and Hearing Aids: Ph: 855-203-1177 www.hearusa.com	VISION: Eye Management INC, (EMI) Ophthalmology Services: 1-800-329-1152 Optometry Services: 1-844-833-1905 Submit Pre-auth requests to: 1-800-329-1152	American Medical Response (AMR) Emergency and non-emergency Ambulance services Ph: 305-718-6444 Fax: 305-640-1551		