



**No Prior Authorization List**

Types of Services	Procedure/Description	CPT/HCPC	Criteria
<b>All Specialties</b>	Initial consultation	99201-99205	Non-covered consult codes: 99241-99245
	Follow-up office visits (established patient)	99211-99215	
<b>Allergy</b>	Skin testing	95004-95028	
<b>Audiology</b>	Vestibular function test	92540-92546	
	Comprehensive hearing test	92557	
	Tympanometry	92567	
<b>Cardiology</b>	Coumadin checks	85610	When ordered by Cardiologist only
	Electrocardiogram	93000	Interpretation and report
	Electrocardiogram (technical)	93005	Tracing only w/o interpretation
	Electrocardiogram (professional)	93010	Interpretation and report only (93005 and 93010 not billed separately)
	Stress Test	93015	Not drug induced
	Holter - up to 48 hours	93224-93227	
	Device check	93279-93298	
	TTE	93303-93308, 93350	
	TEE	93312	
	Doppler echo	93320-93325	
Stress echo	93351		
<b>Chiropractic</b>	Evaluation and manipulation	99201-99250, 98940-98943	Only codes covered when billed by a contract chiropractor per plan benefit limitation
<b>Durable Medical Equipment (DME)</b>	DME		Line item total <b>under</b> \$250.00.
	Nebulizer	E0570	Purchase - 1 every three (3) years
<b>Ears, Nose, &amp; Throat (ENT)</b>	Removal of foreign body (nose/ear)	30300, 69200	Performed in office setting
	Nasal cauterization	30901	
	Control nasal hemorrhage, complex	30903, 30905	
	Laryngoscopy	31505, 31510, 31575, 31576, 31579	Performed in office setting
	Removal of ear wax -lavage	69210	
	Tympanogram	92567-92568, 92550	
<b>Gastroenterology</b> <i>(continued on next page)</i>	Liver biopsy w/imaging guide	10021, 47000, 47001, 76942, 77002, 77012, 77021	Must be ordered by a specialist
	Proctosigmoidoscopy	45300-45327	Must be ordered by a specialist

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<b>Gastroenterology</b>	Liver biopsy	47000, 47001	Must be ordered by a specialist
	Barium swallow studies	70370, 70371, 74230	Performed by GI or General Surgeon
	Upper GI studies	74240, 74241, 74245	Performed by GI or General Surgeon
	Lower GI	74250	Performed by GI or General Surgeon
	Barium enema	74270, 74280	Performed by GI or General Surgeon
	Liver US	76707	
	HIDA scan	78226, 78227	
	Gastric emptying	78264	
	Oral/pharyngeal swallowing test	92610	
	Motion fluoroscopic eval	92611	
<b>General Surgery</b>	Dressing change		
	Suture removal		
	I & D abscess	10060-10061	Performed in office setting
	Simple suturing	12001-12021	
	Circumcision	54150-54161	Under two (2) years of age
<b>Immunizations</b>	Administration Fee	90741-90474	
	DPT - Diphtheria, Pertussis, Tetanus	90696, 90698, 90700, 90702, 90714, 90715	
	Haemophilus Influenza Type B	90647, 90648	
	Hepatitis A	90632-90634, 90636	
	Hepatitis B	G0010, 90470, 90743, 90744, 90476-90478	
	Herpes Zoster	90736	
	HPV	90649, 90650	
	Inactivated Poliovirus	90713	
	Influenza	Q2034-Q2039, 90661, 90664, 90666-90668, 90672	
	Meningococcal	90733, 90734	
	MMR - Measles, Mumps, Rubella	90707, 90710	
	Pneumococcal	90670, 90732, G0009	
	Rotavirus	90680, 90681	
	Varicella	90716	

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<b>Laboratory</b>	Any lab testing for disease that is not genetic in nature (cocci, MRSA, etc.)		
	Liver, kidney function tests		
	Routine drug screen		Must have pregnancy diagnosis
	General health panel	80050	
	Lipid studies	80061	
	Urinalysis	8100-81020, 81050, 81099	
	Urine pregnancy test	81025	
	Rapid Strep Test	87880	
<b>Mental Health &amp; Substance Abuse</b>	Outpatient consults and office visits		Excludes intensive outpatient program
	Spinal Tap	62270	Must be ordered by a Specialist
<b>Neurology</b>	EEG	95816, 95819, 95822	Must be ordered by a Neurologist
	EMG	95860-95872 95885-95887	Must be ordered by a Neurologist
	Needle EMG done w/nerve test non-ext	95887	Must be ordered by a Neurologist
	Motor nerve conduction test	95900	Must be ordered by a Neurologist
	Sense nerve conduction test	95904	Must be ordered by a Neurologist
	NCS	95905-95913, 95934	Must be ordered by a Neurologist
	Autonomic testing	95921 - 95923	Must be ordered by a Neurologist
	<b>Obstetrics/Gynecology</b> <i>(continued on next page)</i>	Outpatient office visits	
Pap smear			
Injectable contraceptive		J1050	Depo Provera
Implantable contraceptive		11976, 11981, J7306, J7307	
Colposcopy - cervix/vulva		56820, 56821, 57452-57461,	Abnormal or unsatisfactory PAP smear; cancer related diagnosis or dysplasia, performed in office setting
Pessary fitting		57160	
Cervical punch bx (CPB)		57500	Abnormal or unsatisfactory PAP smear; cancer related diagnosis or dysplasia, performed in office setting
Cryocautery cervix		57510, 57511	Abnormal or unsatisfactory PAP smear; cancer related diagnosis or dysplasia, performed in office setting

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<b>Obstetrics/Gynecology</b>	LEEP	57522	Abnormal or unsatisfactory PAP smear; cancer related diagnosis or dysplasia, performed in office setting
	Endometrial bx	58100, 58110	
	IUD insertion/removal	58300-58301, J3000-J7301	OB/GYN/PCP Office (Paragard, Mirena, Skyla only), performed in office setting
	OB ultrasounds	76801-76817	
	Transvaginal, abdominal ultrasound	76830	
	Rhogam injection	90384, 90385	
	STD Swab	99000	
<b>Occupational Therapy</b>	Evaluation	97165-97167	
<b>Ophthalmology</b> <i>(continued on next page)</i>	Punctal plug - collagen	A4262	
	Punctal plug - per plug	A4263	
	Benign lesion	11441, 11442	For diagnosis chalazion only
	Foreign body removal	65210, 65222	conjunctiva, corneal
	Paracentesis (post-op)	65800-65815	
	Chalazion	67800	
	Epilation, forceps	67820	
	Probe NLD	68840	
	Lacrimal punct closure	68700	
	Coll punct closure	68761	
	B-scan diagnostic	76510-76512	Prior to cataract surgery
	Pachymetry	76514	
	A-scan w/IOL	76519	Prior to cataract surgery
	Initial evaluation – new patient	92002, 92004	
	Gonioscopy	92020	
	Topography	92025	
	Sensorimotor ex	92060	
	Therapeutic C/L	92071-92072	
	Visual field exam	92081-92083	Diagnosis - measures visual field loss
	Setrial tonometry	92100	
	NFL/OCT	92132-92134	
	Ophthal ext	92225	
	Ophthalmoscopy	92226	
	IVFA	92235	
Fundus photos	92250		
Color vision exam	92283		

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<b>Ophthalmology</b>	Eye photography	92285	
	Anterior seg imag; w/specular micro	92286	
	Anterior seg imag; w/fluorescein angio	92287	
<b>Orthopedics</b>	Casting, splints	29105-29131, 29505-29515	
<b>Physical Therapy</b>	Evaluation	97161-97164	
<b>Podiatry</b>	Debride nail	11720-11721	Diabetic related diagnosis only – no coverage for non-diabetic care
	Removal of nail plate	11730	Multiples allowed
	Removal of ingrown toenail	11750	Multiples allowed
	Excision of nail fold	11765	
<b>Pulmonology</b>	PFT	94060, 94200, 94618, 94640, 94664, 94726, 94727, 94729	
	Breath capacity test	94010	
	Eval for wheezing	94070	
	Peak flow	94150	
	Airway inhalation treatment	94640	
	O <sub>2</sub> saturation	94760	
	Nitric oxide expired gas determine	95012	
<b>Radiology</b>	Mammogram		
	Plain film x-rays		
	Bone scan	77080, 77081, 78306, 78315, 78350	
	VQ scan	78585	Rule out pulmonary embolism
<b>Speech Therapy</b>	Laryngeal function studies	92520	
	Eval - speech fluency, sound prod	92521-92522	
	Eval - lang comprehen/expression	92523	
	Behavioral and qualitative analysis	92524	
	Swallow studies	92601-92611	
<b>Ultrasound Non-OB</b> <i>(continued on next page)</i>	Thyroid	76536	
	Chest wall	76604	
	Breast	76642	Abnormal mammo, mass
	Abdominal - gallbladder/liver/pancreas	76700, 76705	
	Liver	76707	

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<b>Ultrasound Non-OB</b>	Renal	76770, 76775	Diagnosis - flank pain/hematuria
	Pelvic	76830, 76856	Complete study (transvaginal/transabdominal)
	Scrotal/testicular	76870	
	Extremity, nonvascular	76882	
	Carotid	93880, 93882	Diagnosis - TIA/CVA or bruit
	Arterial	93925, 93975	
	Venous Doppler	93970, 93971	Rule out DVT (symptoms edema, swelling)
<b>Urology</b>	Urethral catheter	A4351-A4353	Intermittent
	Vasectomy	55250	Over 21 years
<b>Vascular</b>	Duplex scan of upper/low extremities	93922-93931	
	Visceral vascular studies	93975-93979	

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