

Services	Details	CPT/HCPCS Codes	ICD Codes	Effective Date	Comments
No Auth Needed When Rendered ONLY by a Tier 1 Provider - Professional Only					
Allergy	Immunizations	90460-90748		03/01/23	
	Skin Testing	95004, 95017, 95028, 95044			
	Serum Allergy Panel	86003			
	Allergen Immunotherapy	95115-95117, 95144, 95145-95170			
Behavioral Health	Assessment and Consultation	90791, 90792, 96156, 96130		03/01/23	
Cardiology	EKG (In Office Only)	93000		03/01/23	
	Heart ECHO (In Office Only - if facility is required then direct only to a Prime Facility)	93303, 93304, 93306, 93307, 93308, 93312			
	Holter/Event Monitor	93224, 93225, 93226, 93227			
	Stress Test (In Office if Prime Hospital > 5 miles away or not offered)	93015, 94618, 93351, 93017			
	Lipid Panel	80061			
	Coumadin POCT	93793			
	Interrogation of Device - Post Implantation (within 2 weeks - single visit)	93297, 93298			
	Cardiology Procedures	92960, 93660, 99222			
Chiropractic	Assessment and Consultation	98940, 98941, 98942		03/01/23	
		99202, 99203, 99212, 99213		04/01/26	
Dermatology	Biopsy Skin Lesion Suspicion CA Integumentary System	11102, 11103, 11104, 11105, 11106, 11107		03/01/23	
		11900			
	Cryotherapy Skin Lesion (Pre-) Cancerous	17000, 17003, 17004, 17260-17264, 17266, 17270-17274, 17276, 17280-17284, 17286			
	Surgical Pathology (Tier 1 Providers Only)	88305			
	Pathology Tissue blocks	88331, 88332		01/01/26	
ENT/ Otolaryngology	Removal Foreign Body Ear, Nose	30300, 69200, 69209, 69210		03/01/23	
	Epistaxis Treatment, Cautery, Packing	30901, 30903, 30905, 30906			
	Laryngoscopy	31575			
	Annual Hearing Test	92552, 92555			
Endocrinology	Glucose POCT	82948		03/01/23	

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Gastroenterology	Screening	G0105, G0121		03/01/23	
	Sigmoidoscopy	45330, 45331			
Geriatric	Vaccine Administration	90756		03/01/23	
	Initial Hospital Care or Day 30/Advance Care	99221, 99497			
	Chronic Care Management	99490, 99491			
General Surgery	I & D Abscess	10060, 10061, 10160		03/01/23	
	Sigmoidoscopy	45330, 45331			
	Catheterization Urethra	51702, 51703			
Infectious Disease	I & D Abscess	10060, 10061, 10160		03/01/23	
	Catheterization Urethra	51702, 51703			
	LP	80061			
	Joint Aspiration	20610			
	HIV and STD Testing	86631-86632, 86694-86696, 86701-86707, 87110, 87270, 87273-87320, 87389-87391, 87480-87482, 87485-87487, 87490-87492, 87510-87512, 87516-87517, 87520-87522, 87525-87539, 87623-87625, 87590-87592, 87660, 87661, 87806, 87808, 87810, 87850, 87901, 87902, 87906, 87912, 88141-88143, 88147, 88148, 88150, 88155, 88164, 86628			
	COVID Testing and Vaccines	87635, U0001-U0005, 90460, 90471, 86769, 86328			
	Preventive Vaccines	90460-90748			
VP Shunt Tap	61070				
Neurology	Nerve Conduction, EMG	95905, 95907, 95908, 95909, 95910, 95911, 95912, 95913		03/01/23	
	Trigger Point Injection	20552, 20553			
Neurosurgery	Nerve Conduction, EMG	95905, 95907, 95908, 95909, 95910, 95911, 95912, 95913		03/01/23	
	EEG	95812, 95813, 95816, 95819, 95822			
	VP Shunt Tap	91070			
	LP	80061			

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No Auth Needed When Rendered ONLY by a Tier 1 Provider - Professional Only					
	Epidurals (In Office Only)	62320, 62321, 62322, 62323, 62324, 62325			
Nutrition and Dietician	Assessment and Consultation	97802, 97803		03/01/23	
OB/GYN	UA	81000, 81001, 81002, 81003		03/01/23	
	Pregnancy Test	81025			
	I & D Abscess	10060, 10061, 10160			
	OB Ultrasound in Office ONLY (Prior Auth if hospital based)	76801, 76802, 76805, 76810-76817			
	PAP Test	88174, 88175			
	Catheterization Urethra	51702, 51703			
	Routine Mammography 3D at Prime Facility or High Risk with Prior Auth	77062, 77063, 77066, 77067			
	Cervical Biopsy, Cone Biopsy, Polypectomy	57421, 57454, 57455, 57460, 57500, 58558			
	STD Screening/Testing	86628, 86631, 86632, 86694-86696, 86701-86707, 87110, 87270, 87273, 87274, 87320, 87389, 87390, 87391, 87480, 87481, 87482, 87485, 87486, 87487, 87490, 87491, 87492, 87510, 87511, 87512, 87516, 87517, 87520, 87521, 87522, 87525, 87526, 87527, 87528, 87529, 87530, 87531, 87532, 87533, 87534, 87535, 87536, 87537, 87538, 87539, 87623, 87624, 87625, 87590, 87591, 87592, 87660, 87661, 87806, 87808, 87810, 87591, 87592, 87660, 87661, 87806, 87808, 87810, 87850, 87901, 87906, 87912, 87902, 88141, 88142, 88143, 88147, 88148, 88150, 88155, 88164			
	NST and Ultrasounds	59025, 76801-77061, 77068-79819			
Rehabilitation Therapy	Evaluation and Assessment OT	97165, 97166, 97167, 97168		03/01/23	
	Evaluation and Assessment PT	97161, 97162, 97163, 97164			
	Evaluation and Assessment ST	92521, 92522, 92523, 92610, 96105			

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No Auth Needed When Rendered ONLY by a Tier 1 Provider - Professional Only					
Ophthalmology	Removal Foreign Body Eye	65205, 65210, 65235		03/01/23	
	Laser	67040, 67108, 67113, 66761			
	A Scan, B Scan	76506-76516			
	Glaucoma Testing	G0117, G0118			
	Medical Exam and Eval	92004, 92012, 92002			
	Evaluation and Management Services	99201-99204, 99211-99214			
	Testing Services	92083, 92132-92134, 92020, 92025, 92083, 92136, 92250, 92285		06/01/25	
	Testing Services	92014		09/01/25	
Orthopedics	I & D Abscess	10060, 10061, 10160		03/01/23	
	Simple X-Ray - CXR, extremity	71045, 71046, 71047, 71048, 73551, 73552, 73560, 73562, 73564, 73565, 73590, 73592, 73600, 73610, 73620, 73630, 73650, 73660, 73000, 73010, 73020, 73030, 73080, 73090, 73092, 73100, 73110, 73120, 73130, 73140			
	Ultrasound	20604, 20606, 20611		04/01/26	
	Trigger Point Injection	20552, 20553		03/01/23	
	Casting, Splinting	29055, 29065, 29075, 29085, 29086, 29105, 29125, 29126, 29130, 29131, 29305, 29325, 29345, 29355, 29358, 29365, 29405, 29425, 29435, 29505, 29515, 29705, 29710, 29700, 29720			
	Intra Articular Steroid Injection (Limit 2, >2 requires PA)	20610, J0702, J1720, J2930, J3301			
	MRI/CT - Prime Facility ONLY Note: Non Prime Facilities would need prior authorization.	70540, 70542, 70543, 70544, 70545, 70546, 70547, 70548, 70549, 70551, 70552, 70553, 70554, 70555, 70557, 70558, 70559, 71550, 71551, 71552, 71555, 72141, 72142, 72146, 72147, 72148, 72149, 72156, 72157, 72158, 72159, 72195, 72196, 72197, 72198, 73218, 73219, 73220, 73221, 73222, 73223, 73225, 73718, 73719, 73720, 73721, 73722, 73723, 73725, 74181, 74182, 74183, 74185, 76390, 76391, 76498, 77046, 77047, 77048, 77049, 77084			

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No Auth Needed When Rendered ONLY by a Tier 1 Provider - Professional Only					
	Injection Therapeutic Carpal Tunnel	20551			
Pain Management and Anesthesia	Intra Articular Steroid Injection (Limit 2 per visit, >2 requires PA)	20610		03/01/23	
	Arthrocentesis, Aspiration and/or Injection, Intermediate Joint or Bursa (Limit 2 per visit, >2 requires PA)	20605			
	Arthrocentesis, Aspiration and/or Injection, Small Joint or Bursa (e.g. fingers, toes), without Ultrasound Guidance, with Permanent Recording and Reporting (Limit 2 per visit, >2 requires PA)	20600			
	Injection(s), Single or Multiple Trigger Point(s), 1 or 2 Muscle(s) (Limit 2 per visit, >2 requires PA)	20553			
	Injection(s), Tendon Sheath, Ligament (Limit 2 per visit, >2 requires PA)	20550			
	Injection of Drug/Substance Under Skin or Into Muscle (Limit 2 per visit, >2 requires PA)	96372			
	Injection, Methylprednisolone Acetate, 40 mg (Limit 2 per visit, >2 requires PA)	J1030			
	Injection, Methylprednisolone Acetate, 80 mg (Limit 2 per visit, >2 requires PA)	J1040			
	Injection, Betamethasone Acetate 3 mg and Betamethasone Sodium Phosphate 3 mg (Limit 2 per visit, >2 requires PA)	J0702			
	Injection, Triamcinolone Acetonide, not otherwise specified, 10 mg (Limit 2 per visit, >2 requires PA)	J3301			
	Injection, Ketorolac Tromethamine, per 15 mg (Limit 2 per visit, >2 requires PA)	J1885			
	Radex Spine Lumbosacral Minimum 4 Views	72110			
	US Retroperitoneal Real Time W or Image Complete	76770			
	Epidural Injections (Over 3 requires PA)	62323, 64483-64484, 62322-62327, 62321, 64479, 64480			

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No Auth Needed When Rendered ONLY by a Tier 1 Provider - Professional Only					
Primary Care Provider (PCP)	EKG	93000		03/01/23	
	Removal Foreign Body Eye	65205, 65210, 65235			
	Removal Foreign Body Ear, Nose	30300, 69200, 69209, 69210			
	Epistaxis Treatment, Cautery, Packing	30901, 30903, 30905, 30906			
	I & D Abscess	10060, 10061, 10160			
	Sigmoidoscopy	45330, 45331			
	OB Ultrasound in Office ONLY (Prior Auth if hospital based)	76801, 76802, 76805, 76810, 76811, 76812, 76813, 76814, 76815, 76816, 76817			
	PAP Test	88174, 88175			
	Insertion IUD	58300, 58301			
	Immunizations	90460-90748			
	Casting, Splinting	29055, 29065, 29075, 29085, 29086, 29105, 29125, 29126, 29130, 29131, 29305, 29325, 29345, 29355, 29358, 29365, 29405, 29425, 29435, 29505, 29515, 29705, 29710, 29700, 29720			
	Catheterization Urethra	51702, 51703			
	Rapid Strep	87880			
	Rapid Flu Test	87804			
	Annual Hearing Test	92552, 92555			
	Fecal Occult blood tests	82270, 82274, G0328			
	Glucose POCT	82948			
	Fingerstick Hemoglobin POCT	83037			
Remote Physiologic	99454, 99457				
Biopsy Skin Lesion Suspicion CA	11102, 11103, 11104, 11105, 11106, 11107				
Pediatrics	EKG (In Office)	93000		03/01/23	
	Removal Foreign Body Eye	65205, 65210, 65235			
	Removal Foreign Body Ear, Nose	30300, 69200, 69209, 69210			
	Epistaxis Treatment, Cautery, Packing	30901, 30903, 30905, 30906			
	I & D Abscess	10060, 10061, 10160			

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No Auth Needed When Rendered ONLY by a Tier 1 Provider - Professional Only					
Pediatrics	Simple X-Ray - CXR, Extremity	71045, 71046, 71047, 71048, 73551, 73552, 73560 73562, 73564, 73565, 73590, 73592, 73600, 73610, 73620, 73630, 73650, 73660, 73000, 73010, 73020, 73030, 73070, 73080, 73090, 73092, 73100, 73110, 73120, 73130, 73140		03/01/23	
	Immunizations	90460-90748			
	Casting, Splinting	29055, 29065, 29075, 29085, 29086, 29105, 29125, 29126, 29130, 29131, 29305, 29325, 29345, 29355, 29358, 29365, 29405, 29425, 29435, 29505, 29515, 29705, 29710, 29700, 29720			
	Catheterization Urethra	51702, 51703			
	Rapid Strep	87880			
	Rapid Flu Test	87804			
	Annual Hearing Test	92552, 92555			03/01/23
	Annual Vision Screening	99173			
	RSV (Respiratory Syncytial Virus) Testing	86756, 87280, 87807, 87420			
	COVID Testing and Vaccines	87635, U0001-U0005, 90460, 90471, 86769, 86328			
	PFT Spirometry	94010, 94011, 94012, 94013, 94014, 94015, 94016, 94060, 94070			
	Concussion Screening	96136, 96137, 96138, 96139, 96132, 96133, 96116, 96121			
ADHD-ASD Screening	96127				

Services	Details	CPT/HCPCS Codes	ICD Codes	Effective Date	Comments
No Auth Needed When Rendered ONLY by a Tier 1 Provider - Professional Only					
Pediatrics	STD Screening	86628, 86631, 86632, 86694, 86695, 86696, 86701, 86702, 86703, 86704, 86705, 86706, 86707, 87110, 87270, 87273, 87274, 87320, 87389, 87390, 87391, 87480, 87481, 87482, 87485, 87486, 87487, 87490, 87491, 87492, 87510, 87511, 87512, 87516, 87517, 87520, 87521, 87522, 87525, 87526, 87527, 87528, 87529, 87530, 87531, 87532, 87533, 87534, 87535, 87536, 87537, 87538, 87539, 87623, 87624, 87625, 87590, 87591, 87592, 87660, 87661, 87806, 87808, 87810, 87850, 87901, 87906, 87912, 87902, 88141, 88142, 88143, 88147, 88148, 88150, 88155, 88164		03/01/23	
	Fingerstick Hemoglobin	83037			
Podiatry	Steroid injections (Limit 3, >3 requires PA)	20610		03/01/23	
	Excision of Nail and Matrix	11730, 11732, 11750			
	I & D Abscess	10060, 10061, 10160			
Psychiatry	Evaluation	90791-90792		03/01/23	
	Evaluation & Management (Counselors)	90833, 90836, 90838, 90791			
	Psychotherapy Session 30 Minutes	90832			
Pulmonology	PFT	94070, 94200, 94640, 94726, 94727, 94729		03/01/23	
	Home Sleep Study (Only Tier1)	95806, 95800, 95801			
	O2 Walk Study (In Office Only)	94618			
Rheumatology	Intra Articular Steroid Injection (Limit 2 per visit, >2 requires PA)	20610		03/01/23	
	Arthrocentesis, Aspiration and/or Injection, Intermediate Joint or Bursa (Limit 2 per visit, >2 requires PA)	20605			
	Arthrocentesis, Aspiration and/or Injection, Small Joint or Bursa (e.g. fingers, toes), without Ultrasound Guidance, with Permanent Recording and Reporting (Limit 2 per visit, >2 requires PA)	20600			

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No Auth Needed When Rendered ONLY by a Tier 1 Provider - Professional Only					
Rheumatology	Injection(s), Single or Multiple Trigger Point(s) (Limit 2 per visit, >2 requires PA)	20553		03/01/23	
	Injection(s), Tendon Sheath, Ligament (Limit 2 per visit, >2 requires PA)	20550			
	Injection of Drug/Substance Under Skin or Into Muscle (Limit 2 per visit, >2 requires PA)	96372			
	Injection, Methylprednisolone Acetate, 40 mg (Limit 2 per visit, >2 requires PA)	J1030			
	Injection, Methylprednisolone Acetate, 80 mg (Limit 2 per visit, >2 requires PA)	J1040			
	Injection, Betamethasone Acetate 3 mg and Betamethasone Sodium Phosphate 3 mg (Limit 2 per visit, >2 requires PA)	J0702			
	Injection, Triamcinolone Acetonide, not otherwise specified, 10 mg (Limit 2 per visit, >2 requires PA)	J3301			
	Injection, Ketorolac Tromethamine, per 15 mg (Limit 2 per visit, >2 requires PA)	J1885			
Urology	I & D Abscess	10060, 10061, 10160		03/01/23	
	Catheterization Urethra	51702, 51703			
	Cystoscopy	52204, 52224, 52250, 52354			