



Service-specific Referrals are NOT REQUIRED for the Following Services

The following services DO NOT require a PCP to submit a Service Specific Referral Form when rendered by a participating provider under the initial PCP referral when billed under POS 11/21/24.

OFFICE VISITS*
New 99201-99205 Established 99211-99215 *Pain Management – Prior Authorization may be required for ALL office Visits
ALLERGY
Scratch Test 95004, 95017, 95018, 95012 Intradermal Test 95024, 95027 Intradermal Test w/ Allergenic Extracts 95028 Patch or Application Test 95044 Photo Patch Test 95052 Ophthalmic Membrane Test 95060 Nasal Membrane Test 95065, 95070, 95071, 95115, 95117, 95144, 95145 Allergen Immunotherapy 95115-95180
AUDIOLOGY / OTOLARYNGOLOGY (ENT)
Binocular Microscopy 92504 Otolaryngologic Exam 92507-92508 Laryngeal Endoscopy 31505, 31575 Nasal Endoscopy 31231 Control of Epistaxis 30901 Drainage External Ear 69000-69005 Nasopharyngoscopy 92511 Nasal Function Study 92512 Facial Nerve Function 92516 Vestibular Evaluation/Test 92537-92538, 92540-92548 Tympanometry and Reflux 92550 Audiometry: Air 92552 Audiometry: Air, Bone 92553 Speech Audiometry 92555-92556 Comp. Hearing Test 92557 Acoustic Reflex Testing 92568 Auditory Evoked Response 92561-92565, 92567-92568, 92570- 92572, 92575-92577, 92579, 92582, 92583, 92585, 92587, 92588, 92596, 92608, 92613, 92615, 92617, 92621, 92627
CARDIOVASCULAR
PICC Line Insertion 36569 Temporary Transcutaneous Pacing 92953 Cardio Assist Method Internal 92970 Interrogation Device Evaluation 93290 Thrombolysis Coronary Intravenous 92977 EKG 93000 EKG with Tracing Only 93005 Interpretation and Report Only 93010 Stress Test 93015-93018, nuclear 78452 Provocation Test Coronary Vasospasm 93024 Rhythm Strips 93040-93042 Holter Monitor 93224-93227 Event Monitor Recording 93270 Event Monitor Physician Review 93272, 93278 Monitoring Cardiovascular Devices 93279-93298, 93306- 93308, 93313, 93316, 93325, 93352, 93463, 93563- 93568, 93701, 93750, 93784, 93786, 93788, 93790, 93797, 93798, 94726, 94750 Injections: dipyridamole J1245, aminophylline J0280 Regadenoson J2785
DERMATOLOGY – FIRST 5 VISITS
Drain Skin Abscess 10060-10061 Excision-Debridement 11000-11044, 97597, 97598 Biopsy Skin Lesion 11102-11107 Shaving Dermal Lesion 11300-11313 Excision Benign Lesions 11400-11403, 11420-11423, 11440- 11642-11646 Layer Closures-Intermediate 12031-12036, 12045-12047, 12051-12057 Destroy Lesions 17000-17004, 17106-17108, 17110-17111 Chemical Cauterization 17250 Destroy Malignant Lesions 17260-17266, 17270-17276, 17280-17286

DURABLE MEDICAL EQUIPMENT (DME)
Walker E0130-E0159 Pneumatic shoe/CAM Walker L4360, L4361
FRACTURE CARE
Plaster Arm Shoulder 29058, 29065, 29075, 29085, 29086 Splinting & Strapping Torso/Upper Ext 29105, 29125, 29126, 29130, 29131, 29200, 29240, 29260, 29280 Ankle/ Foot/Leg/Toes 29505, 29515, 29520, 29530, 29540, 29550, 29580, 29581 Casting Services 29700, 29705, 29710, 29720, 29730, 29740, 29750; Q4010 Re-Casting Supplies 29065, 29075, 29105, 29125, 29425, 29505, 29515
GYNECOLOGY
Vaginal Irrigation 57150 Insertion of Uterine Tandem 57155 Insertion of Vaginal Radiation 57156 Fitting and Insertion of Pessary 57160 Diaphragm or Cervical Cap Fitting 57170 Dilation and Curettage 58120 Introduction of Any Hemostatic Agent 57180 Colposcopy and/or w/Biopsy 57452 57461
INJECTIONS / INFUSIONS
Inject Tendon 20550-20553 Drain/Inject Joint 20600-20611 Infusion, Hydration 96360 Penicillin G Benzathine 100,000 units J0561 Ceftriaxone Sodium 250 mg J0696 Betamethasone Acetate 3mg J0702 Methylprednisolone 20mg, 40mg J1020, J1030 Methylprednisolone 80mg J1040 Dexamethasone Acetate 1mg J1094 Dipyridamole 10mg J1245 Triamcinolone Acetonide 10mg J3301 Dexamethasone sodium phosphate 1 mg J1100 NS Hydration Infusion J7040, J7050
LABORATORY / X-RAY / DIAGNOSTICS
Routine Diagnostics Labs at (POS 11) or (POS 81) (Consistent with CLIA guidelines) Venipuncture 36415 EGD 43235-43270 Head, Face, Eyes 70030-70260 Neck/Soft Tissue 70360 Chest 71045-71048 Ribs, Sternum 71100-71130 Spine 72020-72120, 72141-72148 Pelvis 72170-72190 Upper Extremities 73000-73140 Lower Extremities 73502-73660 Abdomen 74018-74022 Swallow Study 74230 Barium Enema 74270- 74280 Upper GI 74240, 74242-74244, 74246, 74248 Air Contrast Enema 74283 IVP 74400-74410 Urography 74420 Urography Antegrade 74425 Cystography 74430 Urethrocytography 74450 VCUG 74455 Bone Eval / Survey 77074-77076 DEXA 77080-77086 Mammogram 77065-77067 Drug Test PRSMV DIR OPT OBS 80305 Urinalysis 81000-81003, 81005, 81007, 81015 Pregnancy Test 81025 Glucose Test 82962 Prothrombin Test 85610-85611 EEG 95819 Drug Screen G0480-G0483

PODIATRY
Drainage of Hematoma/Fluid 10140 Tear or Cutting Lesion(s) 11055-11057 Nail Debridement(s) 11719-11721 Removal of Nail Plate 11730 Removal of Nail Plate, add-on 11732 Drain Blood from Under Nail 11740 Removal of Nail Bed 11750 Removal of Foreign Body 20520 Trim Nails G0127
PULMONARY
PFT 94010, 94011-94016, 94150 Bronchodilation 94060 Bronchospasm 94070 Breathing Capacity 94200 Expired Gas Collection 94250 Plethysmography 94726 Gas Dilution or Washout 94727 Airway Resistance 94728 Respiratory Flow Volume Loop 94375 Breathing Response to CO2 94400 Breathing Response to Hypoxia 94450 HAST 94452, HAST w/ Altitude Simulation 94453 Intrapulmonary Surfactant 94610 Pulmonary Stress Testing 94618, 94621 Pressurized and Non- Inhalation 94640 Continuous Inhalation Treatment 94644 Additional Hours 94645 CPAP Initiation & Management 94660 CNP Initiation & Management 94662 Manipulation Chest Wall 94667 Oxygen Uptake Expired Gas 94680-94690 Membrane Diffusion Capacity/PFT 94728, 94729 Pulmonary Compliance Study 94750 Multiple Determinations 94761 Carbon Dioxide Expired Gas 94770
REGISTERED DIETICIAN – FIRST 2 VISITS
Nutrition Therapy Services 97802 - 97804 Nutrition Therapy Reassessment G0270, G0271
THERAPY SERVICES - Evaluation & First 3 Visits; Thereafter, PCP Service-Specific Referral required
PT; OT; ST; Initial Evaluations
ULTRASOUND
Breast 76641-76642 AAA Screening 76706 Pelvic 76856-76857 Ultrasonic Guidance Needle Placement Imaging S&I 76942 Arterial Extremity 93922-93931 Carotid 93880 Venous Doppler 93970-93971 Routine Ultrasounds 76536, 76604, 76700-76705, 76770-76776, 76800, 76881-76882 Abdominal Aortic Ultrasound 93978
UROLOGY
Cath Insert 51701 Insert Bladder Catheter 51702 Bladder Scan 51798
ADDITIONAL PREVENTATIVE SERVICES & SCREENINGS
Seasonal Vaccines and Administration COVID-19 Testing Diabetes Self-Management Training G0108, G0109 Screening Pap Tests G0123, G0124, G0141, G0143, G0144, G0145, G0147, G0148, P3000, P3001; Q0091 Screening Pelvic Examination G0101 Bone Mass Measurement 76977 Single Energy X-Ray absorptiometry (SEXA) G0130 Colorectal Cancer Screening G0104-G0106, G0120, G0121, G0328 (Including POS 24) Prostate Screening G0102, G0103