



better health

QAF-NO AUTHORIZATION REQUIRED FORM (MEDICAID)

For **participating** Primary Care Providers **only** to refer to a participating specialist or diagnostic center for the codes listed below
Do not use for Hospitals, ASC's or for Prenatal care visits/treatment.

VALID FOR 90 DAYS

For questions, please call 1-877-915-0551, Prompt 2

| | | | |
|---|--|--|------|
| Member Name: | | ID#: | DOB: |
| Date: | | Phone: | |
| PCP Name: | | Phone: | Fax: |
| Referred to Specialist Name: | | Extremities Studies, choose: <input type="checkbox"/> RUE <input type="checkbox"/> LUE <input type="checkbox"/> RLE <input type="checkbox"/> LLE <input type="checkbox"/> Bilat UE <input type="checkbox"/> Bilat LE | |
| Specialist Address (Street, City, Zip): | | | |
| Diagnosis Code(s) (required): | | | |
| Provider Signature (required): | | | |

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| <p>SPECIALIST OFFICE VISITS *NOT VALID FOR BARIATRIC SURGERY CONSULTATIONS* Levels 4 & 5 require supporting medical documentation with the claim.</p> <p><input type="checkbox"/> Established 99211 – 99215 <input type="checkbox"/> New 99201 – 99205 <input type="checkbox"/> New or Established 99241 – 99245</p> <p>ALLERGY AND PPD</p> <p><input type="checkbox"/> Allergy Injections 95115, 95117, 95165 <input type="checkbox"/> Intradermal Tests 95024, 95027 <input type="checkbox"/> Patch Test 95044 <input type="checkbox"/> PPD Skin Test 86580 <input type="checkbox"/> Scratch Test 95004</p> <p>CARDIOLOGY TESTS</p> <p><input type="checkbox"/> 24-Hour Holter Monitor 93224 <input type="checkbox"/> Cardiovascular Monitoring Services 93268, 93272 <input type="checkbox"/> Doppler Color Flow 93325 <input type="checkbox"/> Doppler Echo Exam 93320, 93321 <input type="checkbox"/> Echo Exam Heart 93303 – 93308 <input type="checkbox"/> EKG 93000 <input type="checkbox"/> Implantable & Wearable Cardiac Device Evaluations 93279 – 93281 <input type="checkbox"/> Pacemaker/AICD Interrogation 93288 – 93291, 93293 <input type="checkbox"/> Stress Echo 93351 <input type="checkbox"/> Stress Test, Non-nuclear 93015, 93016, 93018</p> <p>CT SCANS CHOOSE ONE: <input type="checkbox"/> Plain <input type="checkbox"/> w/Contrast</p> <p><input type="checkbox"/> Abdomen 74150 – 74170, 74176 – 74178 <input type="checkbox"/> Cervical Spine 72125 – 72127 <input type="checkbox"/> Head or Brain 70450 – 70470 <input type="checkbox"/> Lower Extremities 73700 – 73702 <input type="checkbox"/> Lumbar Spine 72131 – 72133 <input type="checkbox"/> Neck Soft Tissue 70490 – 70492 <input type="checkbox"/> Orbit, Sella, Posterior Fossa, Ear 70480 – 70482 <input type="checkbox"/> Pelvis 72192 – 72194 <input type="checkbox"/> Thoracic Spine 72128 – 72130 <input type="checkbox"/> Thorax 71250 – 71270 <input type="checkbox"/> Upper Extremities 73200 – 73202</p> <p>DERMATOLOGY</p> <p><input type="checkbox"/> Biopsy Skin Lesion 11100 – 11101 <input type="checkbox"/> Destruction of Lesion 17000 – 17003, 17110 – 17111 <input type="checkbox"/> Destruction of Malignant Lesion 17260 – 17263, 17270 – 17273, 17280 – 17283 <input type="checkbox"/> Drainage Skin Abscess 10060 – 10160 <input type="checkbox"/> Excision - Benign Lesions 11400 – 11403, 11420 – 11423, 11440 – 11442, 11450, 11462, 11470 <input type="checkbox"/> Excision - Debridement 11000 – 11004 <input type="checkbox"/> Excision - Malignant Lesions 11600 – 11603, 11620 – 11623, 11640 – 11643 <input type="checkbox"/> Nail Biopsy 11755 <input type="checkbox"/> Shaving Dermal Lesion 11300 – 11313</p> | <p>DERMATOLOGY CONT.</p> <p><input type="checkbox"/> Wound Closure/Repair 12031, 12032, 12034, 12041 – 12044, 12051 – 12054</p> <p>FRACTURE CARE</p> <p><input type="checkbox"/> Arm 23600, 24500, 24505, 24530, 24535, 24560, 24565, 24576, 24577, 24600, 24620, 24640, 24650, 24655, 24670, 24675, 25500, 25505, 25520, 25530, 25535, 25560, 25565, 25600, 25605, 25622, 25624, 25630, 25635, 25650, 25660, 25675, 25680, 25690, 29085 <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, 27510, 27516, 27520, 27530, 27538, 27550, 27560, 27750, 27752, 27760, 27780, 27781, 27786, 27788, 27808, 27810, 27816, 27824, 27830 <input type="checkbox"/> Re-Casting Q4001 – Q4049, Q4051, 29065, 29075, 29085, 29105, 29125, 29260, 29345, 29355, 29405, 29425, 29505, 29515, 29530, 29540, 29550</p> <p>GYNECOLOGY</p> <p><input type="checkbox"/> Colposcopy without biopsy 57452 <input type="checkbox"/> Colposcopy with biopsy 57454 <input type="checkbox"/> Cone Biopsy 57520 <input type="checkbox"/> Conization of Cervix 57522 <input type="checkbox"/> Contraceptive Implant J7307 <input type="checkbox"/> Cryocautery 57510 – 57511 <input type="checkbox"/> Endometrial Biopsy 58100 <input type="checkbox"/> Insertion, drug delivery implant 11981 <input type="checkbox"/> IUD Device J7300 <input type="checkbox"/> IUD Device & Insertion J7301, J7297-J7298 <input type="checkbox"/> IUD Insertion/Removal 58300, 58301 <input type="checkbox"/> Medroxyprogesterone Acetate 1 mg J1050 <input type="checkbox"/> Pap Smear 88150 <input type="checkbox"/> Pessary Fitting/Insertion 57160 <input type="checkbox"/> Pessary Rubber, any type A4561 <input type="checkbox"/> Pregnancy Test 81025 <input type="checkbox"/> Removal, drug delivery implant 11982 <input type="checkbox"/> Removal with reinsertion, drug delivery implant 11983 <input type="checkbox"/> Tissue Exam with KOH 87220 <input type="checkbox"/> Well Woman Exam 99394 – 99397 <input type="checkbox"/> Well Woman Exam (initial visit) 99385 – 99387 <input type="checkbox"/> Wet Mount Stain, O&P, fungi 87210 <input type="checkbox"/> Vaginal Irrigation 57150</p> <p>INJECTIONS</p> <p><input type="checkbox"/> Betamethasone J0702 <input type="checkbox"/> Ceftriaxone Sodium, Per 250 mg J0696 <input type="checkbox"/> Dexamethasone J1100 <input type="checkbox"/> Diphenhydramine HCl, up to 50 mg J1200 <input type="checkbox"/> Irrig Drug Delivery Device 96523 <input type="checkbox"/> Methylprednisolone 20 mg, 40 mg, 80 mg J1020, J1030, J1040 <input type="checkbox"/> Ondansetron HCL per 1 mg J2405</p> | <p>INJECTIONS CONT.</p> <p><input type="checkbox"/> Penicillin g benzathine, 100,000 units J0561 <input type="checkbox"/> Therapeutic, prophylactic, or diagnostic injection 96372 <input type="checkbox"/> Triamcinolone Acetonide 10 mg J3301</p> <p>NEUROLOGY</p> <p><input type="checkbox"/> EEG 95812, 95816, 95819, 95822 <input type="checkbox"/> EMG 95885, 95886 <input type="checkbox"/> Muscle test 1 limb 95860 <input type="checkbox"/> Muscle test 2 limbs 95861 <input type="checkbox"/> Muscle test 3 limbs 95863 <input type="checkbox"/> Muscle test 4 limbs 95864 <input type="checkbox"/> Muscle test cran nerve bilat 95868 <input type="checkbox"/> Muscle test cran nerv unilat 95867 <input type="checkbox"/> Muscle test hemidiaphragm 95866 <input type="checkbox"/> Muscle test larynx 95865 <input type="checkbox"/> Muscle test nonparaspinal 95870 <input type="checkbox"/> Muscle test thor paraspinal 95869 <input type="checkbox"/> Nerve Conduction Study 95907 – 95911</p> <p>OFFICE PROCEDURES</p> <p><input type="checkbox"/> Binocular microscopy 92504 <input type="checkbox"/> Control of Epistaxis 30901 <input type="checkbox"/> Cystoscopy 52000 – 52240 <input type="checkbox"/> Drain/Inject Joint 20600, 20605, 20610 <input type="checkbox"/> Injection of Tendon 20550 – 20553 <input type="checkbox"/> Insertion Indwelling Catheter 51702 <input type="checkbox"/> Insertion Non-Indwelling Catheter 51701 <input type="checkbox"/> Labor Check 59025 <input type="checkbox"/> Laryngeal Endoscopy 31505, 31575 <input type="checkbox"/> Nasal/Sinus Endoscopy 31231, 31233, 31237 <input type="checkbox"/> Nasopharyngoscopy 92511 <input type="checkbox"/> PVR 51798 <input type="checkbox"/> Removal Foreign Body/Ear 69200 <input type="checkbox"/> Removal Foreign Body/Nose 30300 <input type="checkbox"/> Removal Impacted Ear Wax 69210 <input type="checkbox"/> Removal of Implant; deep 20680 <input type="checkbox"/> UA 81002-81003 <input type="checkbox"/> Unna boot 29580</p> <p>PULMONARY FUNCTION</p> <p><input type="checkbox"/> Aerosol Therapy 94640, 94664 <input type="checkbox"/> Carbon Monoxide Diffusing Capacity 94729 <input type="checkbox"/> Lung Volume, Gas 94727 <input type="checkbox"/> Spirometry 94010, 94060 <input type="checkbox"/> Vital Capacity 94150</p> <p>ULTRASOUNDS</p> <p><input type="checkbox"/> Abdominal 76700 <input type="checkbox"/> Abdominal (Quadrant/Region/Organ) 76705 <input type="checkbox"/> Arterial Extremity 93922 – 93926, 93930 – 93931, 93990 <input type="checkbox"/> Breast 76641, 76642 <input type="checkbox"/> Carotid 93880, 93882 <input type="checkbox"/> Duplex Scan of Arterial Inflow 93976 <input type="checkbox"/> Extremity, Nonvascular 76881 – 76882 <input type="checkbox"/> Pelvic 76856 – 76857 <input type="checkbox"/> Retroperitoneal 76770, 76775</p> | <p>ULTRASOUNDS CONT.</p> <p><input type="checkbox"/> Scrotal, Transrectal 76870 – 76873 <input type="checkbox"/> Transplanted Kidney 76776 <input type="checkbox"/> Transvaginal 76830 <input type="checkbox"/> Thyroid or Head/Neck 76536 <input type="checkbox"/> Ultrasonic Guidance Procedure 76942 <input type="checkbox"/> Venous Doppler Unilat 93970, 93971 <input type="checkbox"/> Visceral & Penile Vascular Studies 93975, 93976, 93978 – 93981</p> <p>X-RAY/DIAGNOSTICS</p> <p><input type="checkbox"/> Abdomen 74000 – 74022 <input type="checkbox"/> Barium Enema 74270, 74280 <input type="checkbox"/> Bone Eval/Survey 77072 – 77077 <input type="checkbox"/> Bone Scan 78315 <input type="checkbox"/> Change Gastrostomy Tube 43760 <input type="checkbox"/> Chest 71010 – 71035 <input type="checkbox"/> Cystography 74430 <input type="checkbox"/> DEXA Bone Density 77080, 77081, 77085, 77086 <input type="checkbox"/> GI Tract/Upper GI 74210, 74220, 74240 – 74249 <input type="checkbox"/> Head and Neck 70030 – 70260 <input type="checkbox"/> IVP 74400 – 74410 <input type="checkbox"/> Lower Extremities 73501 – 73660 <input type="checkbox"/> Mammogram 77065 – 77067 <input type="checkbox"/> Neck Soft Tissue 70360 <input type="checkbox"/> Pelvis 72190, 72191 <input type="checkbox"/> Place Gastrostomy Tube 43246 <input type="checkbox"/> Ribs, Sternum 71100 – 71130 <input type="checkbox"/> Sigmoidoscopy & Polypectomy 45333 <input type="checkbox"/> Sigmoidoscopy w/ Submuc INJ 45335 <input type="checkbox"/> Small Bowel 74250 – 74260 <input type="checkbox"/> Spine 72070 – 72120 <input type="checkbox"/> Swallow Study 74230 <input type="checkbox"/> Upper Extremities 73000 – 73140 <input type="checkbox"/> Urethrocytography 74450 <input type="checkbox"/> Urography 74420, 74425 <input type="checkbox"/> VCUG 74455</p> <p>SPECIALTY SERVICES *Refer to contracted network provider if noted with an asterisk(*)</p> <p>*AUDIOLOGY</p> <p><input type="checkbox"/> Hear USA: (800) 731-3277, Select Option 1</p> <p><input type="checkbox"/> AUDIOLOGY - OFFICE PROCEDURES 92540 - 92545, 92547, 92550, 92555, 92567, 92570 - 92572, 92579, 92582, 92585, 92587, 92588, 92620, 92621, 92626, 92627</p> <p>*BEHAVIORAL HEALTH</p> <p><input type="checkbox"/> Beacon: (877) 698-7787</p> <p>*OPHTHALMOLOGY</p> <p><input type="checkbox"/> Premier Eye: (800) 738-1889</p> <p>*OPTOMETRY</p> <p><input type="checkbox"/> Florida Eye Care: (877) 481-3322, Opt.1</p> |
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