

HEALTH RIGHT. INC.

SERVICES REQUIRING NOTIFICATION *ONLY* I.E. DOES NOT A REQUIRE AN AUTH.

**\*\*\*\*\*PCP's will still need to provide the patients with referrals to *participating* specialists however a member does not need to return to the pcp for a request for one of the services indicated below. A referral will be honored if from the specialist the member was authorized to see.\*\***

SERVICE	DESCRIPTION/CODE
Arthroscopy, knee	29870; 29871; 29874; 29875; 29876; 29877; 29879; 29880; 29881; 29882; 29883; 29884; 29885; 29886; 29887; 29888; 29889
Cardiac Catheterization	93501; 93503; 93510; 93511; 93514; 93526; 93527; 93528; 93529; 93539; 93545; 93555; 93556
Carpel Tunnel Surgery	29848; 64721
Computerized Tomography Abdomen	74150; 74160; 74170
Computerized Tomography Brain/Head	70450; 70460; 70470; 76375
Computerized Tomography Spine	72125; 72126; 72127; 72128; 72129; 72130; 72131; 72132; 72133
Lithotripsy: kidney, ureter	50590
Magnetic Resonance Imaging (MRI) Abdomen	74181
Magnetic Resonance Imaging (MRI) Brain/Head	70540; 70541; 70551; 70552; 70553
Magnetic Resonance Imaging (MRI) Chest	71550
Magnetic Resonance Imaging (MRI) Joint: lower extremity	73720; 73721
Magnetic Resonance Imaging (MRI) Joint: upper extremity	73220; 73221
Magnetic Resonance Imaging (MRI) Spine	72141; 72146; 72147; 72148; 72149; 72156; 72157; 72158
Septoplasty	30520

**PLEASE NOTE: IN ORDER FOR SERVICES TO QUALIFY FOR NOT REQUIRING PRIOR AUTHORIZATION, THEY MUST BE REFERRED TO AN IN NETWORK PROVIDER AND MUST BE PART OF THE MEMBERS BENEFIT PACKAGE.**

**CM/CC Services: Dialysis, chemotherapy, radiation therapy, home health, IV infusion, DME's greater than \$500, PT, ST, and OT, Nutritional, Diabetic Education classes, and all out**

**of network referrals and/or non covered or excluded services; such as, ophthalmology (Alliance), plastic surgery, sclerotherapy, etc. will continue to require authorization.**