



## Provider Notice: Obstetrics (OB) Services – No Authorization Required

COMMUNITY HEALTH  
CENTER NETWORK

April 20, 2021

For all Contracted Providers, CHCN will no longer require a prior authorization (PA) for Obstetrics (OB) and related Genetic testing. Please see the comprehensive list of codes below.

CPT CODE	Description
59000	AMNIOCENTESIS DIAGNOSTIC
59015	CHORION BIOPSY
59025	FETAL NONSTRESS TEST
59025	FETAL NON-STRESS TEST
59320	CERCLAGE CERVIX PREGNANCY VAGI
59320	REVISION OF CERVIX
59514	CESAREAN DELIVERY ONLY
59871	REMOVAL CERCLAGE SUTURE UNDER
59871	REMOVE CERCLAGE SUTURE
76801	OB US < 14 WKS SINGLE FETUS
76801	US PREGNANT UTERUS 14 WK TRANS
76805	OB US >= 14 WKS SNGL FETUS
76805	OB US >= 14 WKS SNGL FETUS
76805	US PREG UTERUS AFTER 1ST TRIME
76811	OB US DETAILED SNGL FETUS
76811	US PREG UTERUS W/DETAIL FETAL
76812	OB US DETAILED ADDL FETUS
76813	OB US NUCHAL MEAS 1 GEST
76813	US FETAL NUCHAL TRANSLUCENCY 1
76814	OB US NUCHAL MEAS ADD-ON
76815	OB US LIMITED FETUS(S)
76815	US PREGNANT UTERUS LIMITED 1/>
76816	OB US FOLLOW-UP PER FETUS
76816	US PREG UTERUS REAL TIME F/U T
76817	TRANSVAGINAL US OBSTETRIC
76817	US PREG UTERUS REAL TIME W/IMA

CPT CODE	Description
76820	DOPPLER VELOCIMETRY FETAL UMBI
76820	UMBILICAL ARTERY ECHO
76821	MIDDLE CEREBRAL ARTERY ECHO
76945	ECHO GUIDE VILLUS SAMPLING
76946	ECHO GUIDE FOR AMNIOCENTESIS
81002	URINALYSIS NONAUTO W/O SCOPE
81003	URINALYSIS AUTO W/O SCOPE
82947	ASSAY GLUCOSE BLOOD QUANT
82947	GLUCOSE QUANTITATIVE BLOOD XCP
82948	REAGENT STRIP/BLOOD GLUCOSE
82962	GLUCOSE BLOOD TEST
87210	SMEAR WET MOUNT SALINE/INK
90384	RH IG FULL-DOSE IM
90471	IMADM PRQ ID SUBQ/IM NJXS 1 VA
90471	IMMUNIZATION ADMIN
90686	IIV4 VACC NO PRSV 0.5 ML IM
90686	IIV4 VACC PRESRV FREE 0.5 ML D
90715	TDAP VACCINE 7 YRS/> IM
96372	THER/PROPH/DIAG INJ SC/IM
96372	THERAPEUTIC PROPHYLACTIC/DX IN
97802	MEDICAL NUTRITION INDIV IN
97803	MED NUTRITION INDIV SUBSEQ
99201	OFFICE/OUTPATIENT VISIT NEW



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99202	OFFICE OUTPATIENT NEW 20 MINUT
99202	OFFICE/OUTPATIENT VISIT NEW
99203	OFFICE/OUTPATIENT VISIT NEW
99204	OFFICE OUTPATIENT NEW 45 MINUT
99204	OFFICE/OUTPATIENT VISIT NEW
99205	OFFICE OUTPATIENT NEW 60 MINUT
99205	OFFICE/OUTPATIENT VISIT NEW
99211	OFFICE/OUTPATIENT VISIT EST
99212	OFFICE OUTPATIENT VISIT 10 MIN
99212	OFFICE/OUTPATIENT VISIT EST
99213	OFFICE OUTPATIENT VISIT 15 MIN
99213	OFFICE/OUTPATIENT VISIT EST
99214	OFFICE OUTPATIENT VISIT 25 MIN
99214	OFFICE/OUTPATIENT VISIT EST
99215	OFFICE OUTPATIENT VISIT 40 MIN
99215	OFFICE/OUTPATIENT VISIT EST
99221	INITIAL HOSPITAL CARE
99222	INITIAL HOSPITAL CARE
99222	INITIAL HOSPITAL CARE/DAY 50 M
99223	INITIAL HOSPITAL CARE
99223	INITIAL HOSPITAL CARE/DAY 70 M
99231	SUBSEQUENT HOSPITAL CARE
99232	SBSQ HOSPITAL CARE/DAY 25 MINU
99232	SUBSEQUENT HOSPITAL CARE
99233	SBSQ HOSPITAL CARE/DAY 35 MINU
99233	SUBSEQUENT HOSPITAL CARE
99238	HOSPITAL DISCHARGE DAY

99238	HOSPITAL DISCHARGE DAY MGMT
99239	HOSPITAL DISCHARGE DAY
99241	OFFICE CONSULTATION
99242	OFFICE CONSULTATION
99243	OFFICE CONSULTATION
99243	OFFICE CONSULTATION NEW/ESTAB
99244	OFFICE CONSULTATION
99244	OFFICE CONSULTATION NEW/ESTAB
99251	INITIAL INPATIENT CONSULT NEW/
99251	INPATIENT CONSULTATION
99252	INPATIENT CONSULTATION
99253	INPATIENT CONSULTATION
99254	INPATIENT CONSULTATION
99282	EMERGENCY DEPT VISIT
99291	CRITICAL CARE FIRST HOUR
99356	PROLONGED SERVICE I/P REQ UNIT
99356	PROLONGED SERVICE INPATIENT
G2012	BRIEF CHECK IN BY MD/QHP
G2012	BRIEF CHECK IN BY MD/QHP, 5-10
S0265	GENETIC COUNSEL 15 MINS
S0265	GENETIC COUNSELING, EACH 15 MI
Z1038	POSTPARTUM FOLLOW-UP OFFICE VI
Z6200	INITIAL NUTRIT ASSESSMENT/DEVE
88299	CYTOGENETIC STUDY
88271	CYTOGENETICS DNA PROBE
88272	CYTOGENETICS 3-5
88273	CYTOGENETICS 10-30
88274	CYTOGENETICS 25-99
88275	CYTOGENETICS 100-300
99245	Office Consultation