The purpose of this bulletin is to remind participating providers of specialties and/or professional services that do not require authorization when rendered in the office setting by a participating provider:

- **OB/GYN**
- **PERINATOLOGY**
- **PULMONOLOGY**
- **PODIATRY**
- **DERMATOLOGY**
- **ENDOCRINOLOGY**
- **HEMATOLOGY/ONCOLOGY**
- **GASTROENTEROLOGY**
- **RHEUMATOLOGY**
- **NEPHROLOGY**
- **INFECTIOUS DISEASE**
- **OPTOMETRY** (limited to one visit per year)
- **NEUROLOGY**
- **OTOLARYNGOLOGY**
- **THERAPY** (physical, occupational and speech) *combined limit of 30 treatments per calendar year.

Please review the benefit exclusion list on our website [www.hcdpbc.org](http://www.hcdpbc.org) of non-covered services.

If you have questions regarding this bulletin, please contact your Provider Representative at (561) 659-1002.

Please insert this bulletin into your Provider Handbook. The policies and procedures in this bulletin supersede any related policies and procedures within the handbook.