– IMPORTANT NOTICES –

This document is updated quarterly. Please check this document prior to PA submission as codes may be removed or added. All codes listed require PA unless there is a Plan-specific exception*

Office visits and office-based surgical procedures at PAR/Network Providers, and referrals to PAR/Network Specialists do not require PA.

Some services listed may not be covered by CMS or your local State Medicaid or Marketplace agency; please refer to your regulatory agency for specific non-covered codes.

Authorization is not a guarantee of payment for services. Payment is made in accordance with a determination of the member's eligibility, benefit limitation/exclusions, and evidence of medical necessity during the claim review.

To search this document, use [Ctrl + F] keys; enter Service or Code in search navigation pane at left; press Enter.

*Refer to *Molina Plan Exceptions* section starting on page 27

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DOCUMENT CHANGE TRACKING

RECEIVED DATE	EFFECTIVE DATE	SPECIALTY/SERVICE	CHANGE/UPDATE DESCRIPTION	EXCEPTIONS/NOTES
05/01/14	05/15/14	OP Hospital/ASC procedures	**Removed/No PA Required**: 11100	None
05/15/14	07/17/14	OP Hospital/ASC procedures	**Removed/No PA Required**: 97002*, 92521, 92522, 92523, 92524	*MHFL: PA required
05/28/14	06/27/14	Radiation Therapy & Radiosurgery	**Removed/No PA Required**: 37204	None
05/28/14	06/27/14	OP Hospital/ASC procedures	**Removed/No PA Required**: 95860	MPR
06/10/14	10/28/14	Genetic Counseling & Testing	**Removed/No PA Required**: 81504, 81507	None
06/10/14	10/23/14	OP Hospital/ASC procedures	**Removed/No PA Required**: 95972	None
08/26/14	10/28/14	Podiatry	**Removed/No PA Required** all related codes. No auth needed when done in PAR office.	None
08/01/14	10/28/14	Physical Therapy custom content	**Added/PA Required** all related codes	None
08/01/14	10/28/14	Pain Management Therapy custom content	**Added/PA Required** all related codes	None
08/01/14	10/28/14	Behavioral Health Therapy custom content	**Added/PA Required** all related codes	None
10/07/14	11/26/14	Genetic Counseling & Testing	**Removed/No PA Required**: 81506, 81503, 81500	None
09/15/14	12/05/14	Non Emergent Air/Ground Transportation services	**Added/PA Required**: A0426, A0428, A0430, A0431, S9960, S9961	None
12/15/14	12/17/14	Specialty Pharmacy drugs	**Removed/No PA Required**: J1936	None
12/15/14	12/17/14	Behavioral Health	**Added/PA Required**: 96105 **Removed/No PA Required**: H2014*	None *MHNM: PA Required
12/15/14	12/17/14	OP Hospital/ASC procedures	**Removed/No PA Required**: 90880	MHTX: Non covered code
11/09/14	12/17/14	OP Hospital/ASC procedures	**Removed/No PA Required**: 90832, 90833, 90834, 90836, 90837, 90838, 90845, 90846, 90847, 90848, 90849, 90853, 95950, 95953	None
11/14/14	12/17/14	Prosthetics & Orthotics	**Added/PA Required**: L0452	None
11/14/14	01/01/15	Neuropsychological & Psychological testing	**Removed/No PA Required**: 96110, 96111	None
11/18/14	12/17/14	Specialty Pharmacy & T codes	**Removed/No PA Required**: J7301, J7302, 59899, 91911	None
12/14/14	12/18/14	BH, mental health, alcohol & chemical dependency	**PA Required**: S0201	MHTX: Non covered code
12/14/14	12/18/14	BH, mental health, alcohol & chemical dependency	**Removed/No PA Required**: H0016, H0031	None
12/22/14	12/22/14	Physical Therapy	**PA Required**: 0420, 0421, 0422, 0423, 0424, 0429	MHTX: Non covered codes
12/22/14	12/22/14	Occupational Therapy	**PA Required**: 0430, 0431, 0432, 0433, 0434, 0439	None
12/22/14	12/22/14	Speech Therapy	**PA Required**: 0440, 0441, 0442, 0443, 0444, 0449	None
12/31/14	01/01/15	OP Hospital/ASC procedures	**Removed/No PA Required**: 96150, 96151, 96152, 96153, 96154, 96155	None
12/31/14	01/01/15	OP Hospital/ASC procedures	**Removed/No PA Required**: 90865, 90875, 90876, 90882, 90901, 90911	None
12/31/14	01/01/15	BH, mental health, alcohol & chemical dependency	**Removed/No PA Required**: H2017, Q3014	None
01/12/15	01/12/15	Wound therapy, including wound Vacs & Hyperbaric wound therapy	**Removed/No PA Required**: G0456, G0457	None
01/14/15	01/14/15	Radiation Therapy and Radio Surgery	**Removed/No PA Required**: 77418 **Added/PA Required**: 77385, 77306, 77307, 77316, 77317, 77318, 77402, 77407, 77412, 77387 **Removed Termed Codes**: 0073T , 77305, 77310, 77315, 77326, 77327, 77328, 77403, 77404, 77406, 77408, 77409, 77411, 77413, 77414, 77416, 77421	None
01/22/15	01/22/15	Pain Management Procedures	**Added/PA Required**: 64492	None
01/22/15	01/22/15	OP Hospital/ASC procedures	**Added/PA Required**: 33418, 33419	None
01/26/15	01/26/15	OP Hospital/ASC procedures	**Removed/No PA Required**: 98925, 98926, 98927, 98928, 98929	None
02/06/15	02/06/15	OP Hospital/ASC procedures	**Added/PA Required**: 20930 (based on MCG-218)	None
02/06/15	02/06/15	Experimental/Investigational &	**Removed/No PA Required**: 0232T	None

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		Unlisted Misc. codes		
02/06/15	02/06/15	Wound therapy, including wound Vacs & Hyperbaric wound therapy	**Removed/No PA Required**: G0460	None
02/06/15	02/06/15	Radiation Therapy and Radio Surgery	**Added/PA Required**: G0339; G0340	None (Per on MCG-224)
02/23/15	02/23/15	Specialty Pharmacy Drugs (Injectable)	**Added/PA Required** (based on MCGs): J1725, J0598, J9010, J9035*, J2796, J7336, J2212, S0073, C9027	None *See 10.01.15 update below
03/03/15	03/03/15	OP Hospital/ASC procedures	**Removed/No PA Required**: 11976	None
03/03/15	03/03/15	DME	**Added/PA Required**: C2624	None
03/03/15	03/03/15	Experimental/Investigational	**Added/PA Required**: 92145	None
03/03/15	03/03/15	Genetic Counseling & Testing	**Added/PA Required**: 81246, 81288, 81313, 81410, 81411, 81415, 81416, 81417, 81425, 81426, 81427, 81430, 81431, 81435, 81436, 81440, 81445, 81450, 81455, 81460, 81465, 81470, 81471, 81519, 83006, 88369, 88373, 88374, 88377	None
03/03/15	03/03/15	Wound therapy, including wound Vacs & Hyperbaric wound therapy	**Added/PA Required**: G0277, 97607, 97608	None
03/03/15	03/03/15	OP Hospital/ASC procedures	**Added/PA Required**: 52441, 52442, 66179, 66184, G0276	None
03/03/15	03/03/15	Pain Management procedures	**Added/PA Required**: 64486, 64487, 64488, 64489	None
03/03/15	03/03/15	Specialty Pharmacy Drugs	**Added/PA Required**: J0572, J0573, J0574, J0575, J0888, J1322, J7181, J7182, J7200, J7201, J7327, J7336, J9267, J9301, C9027, C9136, C9442, C9443, C9444, C9446	None
03/03/15	03/03/15	Prosthetics/Orthotics	**Added/PA Required**: L6026, L7259	None
03/03/15	03/03/15	Radiation Therapy	**Added/PA Required**: G6015, G6016, G6017	None
03/03/15	03/03/15	Unlisted/Misc./T Codes	**Added/PA Required**: G6021	None
03/03/15	03/31/15	Multi-Specialties	**Removed Termed Codes**: 00452, 0059T, 00622, 00634, 0092T, 0181T, 0197T, 0199T, 0226T, 0227T, 0239T, 0245T, 0246T, 0247T, 0248T, 0319T, 0320T, 0321T, 0322T, 0323T, 0324T, 0325T, 0326T, 0327T, 0328T, 0334T, 0343T, 0344T 22520, 22521, 22522, 22523, 22524, 22525, 33332, 33472, 33960, 33961, 36469, 36822, 43350, 61542, 61609, C9022, C9133, C9134, C9135, J0151, J3140, J3150, L6025, L7260, L7261, Q9970, Q9973, Q9974, S0144, S3855	None
03/06/15	03/06/15	OP Hospital/ASC procedures	**Removed/No PA Required**: 55970, 55980	Medicare members only
03/11/15	01/01/15	OP Hospital/ASC procedures	**Removed/No PA Required**: 58353	None. Retro to 01/01/15.
03/13/15	03/13/15	Neuropsychological & Psychological testing	**Added/PA Required**: 95950, 95953, 95954, 95955, 95957, 95958, 95961, 95962	None
03/13/15	03/13/15	BH, mental health, alcohol & chemical dependency	**Removed/No PA Required**: H0020	None
03/23/15	01/01/15	OP Hospital/ASC procedures	**Removed/No PA Required**: 95990, 96409, 96417, 96440, 96401, 96411, 96420, 96450, 96402, 96413, 96422, 96542, 96405, 96415, 96423, 96549, 96406, 96416, 96425	None. Retro to 01/01/15
04/08/15	04/01/15	Specialty Pharmacy Drugs	**Added/PA Required**: C9445, C9448, C9449, C9450, C9451, C9452, Q9975, J9228	None. Retro to 04/01/15
05/01/15	07/01/15	OP Hospital/ASC procedures	**Removed/No PA Required**: 36821, 96365^*, 96366*, 96367*, 96368*	*MHPR: PA Required ^MHMI: PA Required 4/1/16
05/01/15	07/01/15	All	Changed name of this document from "Codification Document" to "Services & Codes Requiring PA"	None
05/20/15	07/01/15	Medicare Non Covered Codes & Plan Non Covered Codes	Removed non covered codes from document.	None
06/18/15	07/01/15	Experimental/Investigational	**No PA required for NM**: 82016, 82017	MHNM Only
06/18/15	07/01/15	Dopplers, Sedation, Dietitians, EMG/NCS	**No PA required for NM:** 93922, 93923, 93924, 93925, 93926, 93930, 93931, 93965, 93970, 93971, 93975, 93976, 93978, 93979, 93980, 93981, 93990, 93880, 93882, 99143, 99144, 99145, 99148, 99149, 99150,	MHNM Only

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			97802, 97803, 97804, 95861, 95863, 95864, 95865, 95866, 95907, 95908, 95909, 95910, 95911, 95912, 95913, 95885, 95886, 95887, 95937	
07/01/15	**07/10/15**	OP Hospital/ASC procedures, "T" Codes, Experimental/ Investigational	**Removed/No PA Required:** 33361, 33362, 33363, 33364, 33365, 33418, 33419, 0345t, G0276	None
07/17/15	**07/01/15**	Specialty Pharmacy Drugs	**Removed Termed Code:** C9448 **Added/PA Required**: Q5101, C9453, C9454, C9455, Q9977, Q9978	None. Retro to 07/01/15 None. Retro to 07/01/15
07/17/15	**07/01/15**	Experimental/Investigational	**Added/PA Required**: 0392T, 0393T	None. Retro to 07/01/15
07/17/15	**07/01/15**	Genetic Counseling & Testing	**Added/PA Required**: 0010M	None. Retro to 07/01/15
07/15/15	**07/01/15**	BH, mental health, alcohol & chemical dependency	**Added/PA Required when submitted with Diagnosis of Autism:** H0031, H0032*, H2012, H2014, H2017, H2019, T1023, T1025, T1026, T1027, T1028, T2013, T2040, S5150, 299.00, 299.01, 299.10, 299.11, 299.80, 299.81, 299.90, 299.91	*MHSC: No PA required for DAODAS providers. Retro to 07/01/15
07/22/15	**08/01/15**	Dialysis	**Removed/No PA Required:** 90935, 90953, 90959, 90965, 90997, 90937, 90954, 90960, 90966, G0365, 90945, 90955, 90961, 90967, J0882, 90947, 90956, 90962, 90968, J0886, 90951, 90957, 90963, 90969, Q4081, 90952, 90958, 90964, 90970	None
07/22/15	**08/01/15**	Hospice	**Removed/No PA Required**: S0271, T2044, T2042, T2045, T2043, T2046	MHPR: PA Required
07/22/15	**08/01/15**	Dental Anesthesia	**Removed/No PA Required:** D9219, 00170*	MHCA: PA Required 4/1/16
07/22/15	**08/01/15**	Durable Medical Equipment (DME)	**Removed/No PA Required**: A4639, A8000, A8001, A8002, A8003, A8004, E0184, E0186, E0193, E0196, E0197, E0198, E0217, E0225, E0239, E0445^, E0450, E0470, E0471, E0472, E0480, E0482, E0565, E0601, E0610, E0615, E0617, E0618, E0619, E0620, E0627, E0628, E0629, E0636, E0640, E0650, E0651^, E0652^, E0656, E0657, E0667^, E0668^, E0670, E0671, E0672, E0673, E0675, E0731, E0740, E0947, E0948, E2100, E2120, K0455*, K0609*, K0730*, Q0480, Q0481, Q0482, Q0483, Q0484, Q0485, Q0486, Q0487, Q0489, Q0490, Q0491, Q0493, Q0495, Q0496, Q0497, Q0498, Q0501, Q0502, Q0503, Q0504, Q0506, S8423, S8425, S8426, S8540, V5030, V5050, V5060, V5100, V5120, V5130, V5140, V5170**, V5180, V5210**, V5220**, V5242, V5243, V5244, V5245, V5246, V5247, V5248, V5249, V5250, V5251, V5252, V5253, V5254, V5255, V5256**, V5257**, V5258, V5259, V5260**, V5261**	MHPR: Case-by-case evaluation *MHFL: PA Required **MHWI: PA Required ^MHMI: PA Required 4/1/16
07/22/15	**08/01/15**	Radiation Therapy & Radio Surgery	**Removed/No PA Required:** 20660, 36260, 37242, 37243, 36245, 61796^, 61797^, 61798*^, 61799^, 63620*^, 63621^, 75894, 77261, 77262, 77263, 77280, 77285, 77290, 77295, 77300, 77301, 77306, 77307, 77316, 77338, 77370, 77371^, 77317, 77318, 77372*^, 77321, 77331, 77332, 77333, 77334*, 77336, 77373*^, 77385*, 77387, 77401, 77402, 77407, 77412, 77417, 77424, 77425*, 77427, 77431, 77432^, 77435, 77469, 77470, 77750, 77776, 77777, 77778, 79445, 96446, S2095	*MHWA/MHMI/ MHTX: PA Required ^MHPR: PA Required
07/22/15	**08/01/15**	PT/OT/ST/Habilitative Therapy	**Removed/No PA Required**: 97010*, 97012*^, 97014*, 97016*, 97018*, 97022*^, 97024*, 97026*^, 97028*^, 97032*^, 97033*, 97034*, 97035*, 97036, 97110, 97112, 97113, 97116, 97124, 97140, 97530*, 97532*, 97533*^, 97535*, 97537*, 97542*, 97760*, 97761*, 97762*, G0281, G0283, G0329, 29799	*MHPR: PA Required ^MHMI PA Required 4/1/16
07/22/15	**08/01/15**	Sleep Studies	**Removed/No PA Required**: G0399, G0400, G0398	MHPR: Not a covered benefit MHFL: Non-Covered Codes 4/1/16
07/22/15	**08/01/15**	Wound Therapies	**Removed/No PA Required:** 97597, 97598, 97605*^, 97606*, 97610, 97602, 97607, 97608, E2402*^	*MHPR: PA Required ^MHMI: PA Required 4/1/16

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07/22/15	08/01/15	Rehab OP Services	**Removed/No PA Required**: 77293, 93797, 93798, 94669, G0422, G0423, G0424	None
07/22/15	08/01/15	Prosthetics & Orthotics	**Removed/No PA Required**: E0457, E1800, E1801, E1802, E1805, E1806, E1818, E1825, E1840, E1841, L0112, L0113, L0170, L0174, L0180, L0190, L0200, L0220, L0454, L0455, L0456^, L0457^, L0458, L0460, L0462, L0464, L0466, L0467, L0468, L0469, L0470, L0472, L0488, L0490, L0491, L0492, L0627, L0631^, L0633, L0635, L0636, L0637^, L0639^, L0641, L0642, L0643, L0649, L0650^, L0651, L1200^, L1210, L1220, L1230, L1300^, L1310, L1650, L1652, L1686, L1690, L1832, L1843^, L1845, L1847, L1850, L1910, L1930, L1932, L1951, L1971, L2132, L2134, L2136, L2250, L2280, L2300, L2310, L2320, L2330, L2335, L2340, L2350, L2370, L2380, L2385, L2387, L2390, L2395, L2492, L2500, L2510, L2520, L2525, L2526, L2530, L2540, L2550, L2570, L2580, L2600, L2610, L2620, L2622, L2624, L2627, L2628, L2630, L2640, L2750, L2755, L2768, L3000, L3001*, L3002*, L3003*, L3010*^, L3020*^, L3030*, L3031*, L3330, L3671, L3674, L3702, L3720, L3730, L3740, L3760, L3763, L3764, L3765, L3766, L3806, L3807, L3808, L3900, L3901, L3904, L3905, L3906, L3913, L3915, L3919, L3921, L3933, L3935, L3960, L3961, L3962, L3967, L3971, L3973, L3975, L3976, L3977, L3978, L4000, L4010, L4020, L4030, L4040, L4045, L4050, L4055, L4060, L4070, L4080, L4090, L4100, L4130, L4205, L4210, L4360, L4396, L5000, L5010, L5020, L5050, L5060, L5100, L5105, L5150, L5160, L5200, L5210, L5220, L5230, L5250, L5270, L5280, L5301, L5312, L5321, L5331, L5341, L5500, L5505, L5510, L5520, L5530, L5535, L5540, L5560, L5570, L5580, L5585, L5590, L5595, L5600, L5610, L5611, L5613, L5614, L5616, L5617, L5618, L5620, L5622, L5624, L5626, L5628, L5629^, L5630, L5631, L5632, L5634, L5636, L5637, L5638, L5639, L5640, L5642, L5643, L5644, L5645, L5646, L5647, L5648, L5649, L5650, L5651, L5652, L5653, L5654, L5655, L5656, L5658, L5661, L5665, L5666, L5670, L5671, L5672, L5673, L5676, L5677, L5679, L5680, L5681, L5682, L5683, L5688, L5695^, L5700, L5701, L5703, L5704, L5705, L5706, L5707, L5710, L5711, L5712, L5714, L5716, L5718, L5722, L5724, L5726, L5728, L5780, L5781, L5782, L5785, L5790, L5795, L5810, L5811, L5812, L5814, L5816, L5818, L5822, L5824, L5826, L5828, L5830, L5840, L5845, L5848, L5855, L5856, L5857, L5858, L5859, L5910, L5920, L5930, L5940, L5950, L5960, L5961, L5962, L5964^, L5968, L5970, L5971, L5972, L5973, L5974, L5975, L5976, L5978, L5979, L5980, L5981, L5982, L5984, L5985, L5986, L5987, L5988, L5990, L6000, L6010, L6020, L6050, L6055, L6100, L6110, L6120, L6130, L6200, L6250, L6350, L6360, L6370, L6400, L6580, L6582, L6584, L6586, L6588, L6590, L6611, L6620, L6621, L6622, L6623, L6624, L6625, L6628, L6630, L6637, L6638, L6640, L6642, L6645, L6646, L6647, L6648, L6650, L6677, L6680, L6682, L6684, L6686, L6687, L6688, L6689, L6690, L6691, L6692, L6693, L6694, L6695, L6696, L6697, L6698, L6703, L6704, L6706, L6707^, L6708, L6709, L6711, L6712, L6713, L6714, L6715, L6721, L6722, L6805, L6880, L6881, L6882, L6883, L6884, L6885, L6895, L6900, L6905, L6910, L6915, L6920, L6925, L6930, L6935, L6940, L6945, L6950, L6955, L6960, L6965, L6970, L6975, L7007, L7008, L7009, L7040, L7045, L7170, L7180, L7181, L7185, L7186, L7190,	*MHNM : PA Required ^MHMI: PA Required 4/1/16

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			L7191, L7360, L7362, L7364, L7366, L7367, L7368, L7400, L7401, L7402, L7403, L7404, L7505, L7900, L8040, L8041, L8042, L8043, L8044, L8045, L8046, L8047, L8400, L8410, L8420, L8430, L8470^, L8480, L8500, L8510, L8603,L8604 , L8606, L8614, L8615, L8619, L8627, L8628, L8681, L8689, L8690, L8691, L8693, V2623, V2625	
07/22/15	**08/01/15**	OP Hospital/ASC procedures	**Removed/No PA Required**: 26111, 26113, 26115, 26116, 26117, 26118, 25073, 24079,36818, 36819, 36820, 36823, 36825, 36830, 36835, 36838, 37193, 91010, 91020, 91022, 91030, 91034, 91035, 91037, 91038, 91040, 91122, 91117, 91120, 92611, 92612, 92613, 92970, 92971, 92986, 92987, 92990, 92992, 92993, 92997, 92998, 93224*, 93268*, 93270*, 93292, 93740, 93745, 93770, 93880*, 93882*, 93886*, 93888*, 93890*, 93892*, 93893*, 93971*, 93922*, 93923*, 93925*, 93926*, 93930*, 93931*, 93970*, 93975*, 93976*, 93978*, 93979*, 93980*, 93981*, 93982*, 93990, 94002, 94003, 94004, 94005, 94660, 94774, 94775, 94776, 94777, 95861, 95863, 95864, 95865, 95866, 95908, 95907, 95910, 95887, 95905, 95922, 95924, 95925, 95926, 95927, 93227, 95928, 95929, 95933, 95937, 95938, 95939, 95940, 95941, 95943, 95965, 95966, 95967, 95970, 95971, 95972 ,95973, 95974, 95975, 95978, 95979, 95980, 95981, 95982, 95991, 95992, 95999, 96000, 96001, 96002, 96003, 96004, 96040, 96361^*, 96369*, 96370*, 96371*, 96373, 96374, 96375, 96376, 96360^*, 96523, 97545*, 97546*, 99143, 99144^, 99145, 99148, 99149, 99150	*MHPR: PA Required ^MHMI: PA Required 4/1/16
07/22/15	**08/01/15**	Cosmetic, Plastic & Reconstructive Procedures	**Removed/ No PA Required:** 19380	MHPR: PA Required
07/22/15	**08/01/15**	Unlisted/Misc./T Codes	**Removed/ No PA Required:** 77299, 77399, 93998, 41899*	MHWA: All PA Required *MHNM: PA Required
07/22/15	**08/01/15**	Neuropsychological & Psychological testing	**Removed/ No PA Required:** 95954, 95955, 95958, 95961, 95962,	None
07/22/15	**08/01/15**	Imaging, Advanced & Specialty	**Removed/ No PA Required:** 96020	None
07/22/15	**08/01/15**	Physical Therapy; Occupational Therapy	**Removed/ No PA Required:** 0420, 0421, 0423, 0424, 0422, 0429, 0430, 0432, 0434, 0431, 0433, 0439, 97150*	MHPR: All PA Required *MHTX: PA Required
08/17/15	**08/01/15**	Temporary Codes (Category 3)	**Removed 'T' Codes Section from Matrix, codes moved to Experimental/Investigational:** 0019T, 0182T, 0236T, 0295T, 0042T, 0184T, 0237T, 0296T, 0051T, 0188T, 0238T, 0297T, 0052T, 0189T, 0240T, 0298T, 0053T, 0190T, 0241T, 0299T, 0054T, 0191T, 0243T, 0300T, 0055T, 0195T, 0244T, 0301T, 0058T, 0196T, 0249T, 0302T, 0071T, 0198T, 0253T, 0303T, 0072T, 0200T, 0254T, 0304T, 0075T, 0201T, 0255T, 0305T, 0076T, 0202T, 0262T, 0306T, 0085T, 0205T, 0263T, 0307T, 0095T, 0206T, 0264T, 0308T, 0098T, 0207T, 0265T, 0309T, 0099T, 0208T, 0266T, 0310T, 0100T, 0209T, 0267T, 0311T, 0101T, 0210T, 0268T, 0312T, 0102T, 0211T, 0269T, 0313T, 0103T, 0212T, 0270T, 0314T, 0106T, 0213T, 0271T, 0315T, 0107T, 0214T, 0272T, 0316T, 0108T, 0215T, 0273T, 0317T, 0109T, 0216T, 0274T, 0335T, 0110T, 0217T, 0275T, 0336T, 0111T, 0218T, 0278T, 0337T, 0123T, 0219T, 0281T, 0338T, 0126T, 0220T, 0282T, 0339T, 0159T, 0221T, 0283T, 0340T, 0163T, 0222T, 0284T, 0342T, 0164T, 0223T, 0285T, 0347T, 0165T, 0224T, 0286T, 0348T, 0169T, 0225T, 0287T, 0349T, 0171T, 0228T, 0288T, 0350T, 0172T, 0229T, 0289T, 0351T, 0174T, 0230T, 0290T, 0352T, 0175T, 0231T, 0291T, 0353T, 0178T, 0233T, 0292T, 0354T, 0179T, 0234T, 0293T,	Retro to 8/1/15.

Received Date	Effective Date	Specialty/Service	Change/Update Description	Exceptions/Notes
			0355T, 0180T, 0235T, 0294T, 0356T, 0357T, 0358T, 0359T, 0360T, 0361T, 0362T, 0363T, 0364T, 0365T, 0366T, 0367T, 0368T, 0369T, 0370T, 0371T, 0372T, 0373T, 0374T, 0392T, 0393T	
9/14/15	**10/1/15**	Specialty Pharmacy Drugs (injectable)	**Added/PA Required:** C9257*, J9035*, J9207	None. *No PA required when used for intravitreal injection (67028) for ocular diagnoses
9/14/15	**10/1/15**	Prosthetics & Orthotics	**Added/PA Required:** S1040	None
9/25/15	**10/1/15**	Specialty Pharmacy Drugs (injectable)	**Added/PA Required**: C9456, Q9979	None. New codes effective 10/01/15
11/17/15	**12/1/15**	Durable Medical Equipment	**Added/PA Required:** A9900*; A9901	*MHOH, MHMI: NC Code 4/1/16 *MHTX: No Auth Required 4/1/16
11/17/15	**12/1/15**	OP Hospital/ASC procedures	**Removed/ No PA Required:** 11055, 11056, 11057, 11101, 11200, 11201, 1121F, 11300, 11301, 11302, 11303, 11305, 11306, 11307, 11308, 11310, 11311, 11312, 11313, 11400, 11401, 11402, 11403, 11404, 11406, 11420, 11421, 11422, 11423, 11424, 11426, 11440, 11441, 11442, 11443, 11444, 11446, 11719, 11720, 11721, 11730, 11732, 11740, 11750, 11752, 11755, 11760, 11762, 11765, 11900, 11901, 11960, 11970, 11971, 11980, 12001, 12002, 12004, 12005, 12006, 12007, 12011, 12013, 12014, 12015, 12016, 12017, 12018, 12020, 12021, 15150, 15151, 15152, 15155, 15156, 15157, 15271, 15272, 15273, 15274, 15275, 15276, 15277, 15278, 15777, 15850, 15851, 17000, 17003, 17106, 17107, 17108, 17110, 17111, 17250, 17340, 20550, 20551, 20612, 20974, 20975, 20979, 21010, 21050, 21060, 21070, 21076, 21077, 21079, 21080, 21081, 21082, 21083, 21084, 21085, 21086, 21087, 21088, 21100, 21110, 21116, 21740, 21742, 21743, 21931, 21932, 23410, 23415, 23420, 23450, 23455, 23460, 23462, 23465, 23466, 23470, 23472, 23473, 23474, 23900, 23920, 23921, 24301, 24305, 24310, 24341, 24342, 24343, 24344, 24345, 24346, 24357, 24358, 24359, 24360, 24361, 24362, 24363, 24435, 24900, 24920, 24931, 25101, 25105, 25107, 25115, 25116, 25118, 25119, 25310, 25312, 25315, 25316, 25320, 25332, 25337, 25405, 25431, 25440, 25441, 25442, 25443, 25444, 25445, 25446, 25449, 25450, 25455, 25490, 25491, 25492, 25800, 25805, 25810, 25820, 25825, 25830, 25900, 25905, 25907, 25909, 25915, 25920, 25922, 25924, 25927, 25929, 25931, 26040, 26045, 26055, 26060, 26100, 26105, 26110, 26121, 26123, 26125, 26130, 26135, 26140, 26145, 26170, 26180, 26185, 26200, 26205, 26210, 26215, 26230, 26235, 26236, 26250, 26260, 26262, 26341, 26350, 26352, 26356, 26357, 26358, 26370, 26372, 26373, 26390, 26392, 26410, 26412, 26415, 26416, 26418, 26420, 26426, 26428, 26432, 26433, 26434, 26437, 26440, 26442, 26445, 26449, 26450, 26455, 26460, 26471, 26474, 26476, 26477, 26478, 26479, 26480, 26483, 26485, 26489, 26490, 26492, 26494, 26496, 26497, 26498, 26500, 26502, 26508, 26510, 26516, 26517, 26518, 26520, 26525, 26530, 26531, 26535, 26536, 26540, 26541, 26542, 26545, 26546, 26548, 26550, 26551, 26553, 26554, 26555, 26556, 26560, 26561, 26562, 26565, 26567, 26568, 26580, 26587, 26590, 26591, 26593, 26596, 26820, 26841, 26842, 26843, 26844, 26850, 26852, 26860, 26861, 26862, 26863, 26910, 26951, 26952, 26990, 26991, 26992, 27000, 27001, 27003, 27005,	*MHTX: PA Required **MHWA: PA Required ***MHPR: PA Required ^MHPR: NC Code

Received Date	Effective Date	Specialty/Service	Change/Update Description	Exceptions/Notes
			27006, 27025, 27027, 27030, 27033, 27035, 27036, 27043, 27045, 27047, 27048, 27049, 27050, 27052, 27054, 27057, 27059, 27060, 27062, 27065, 27066, 27067, 27070, 27071, 27075, 27076, 27077, 27078, 27080, 27090, 27091, 27093, 27095, 27097, 27098, 27100, 27105, 27110, 27111, 27140, 27146, 27147, 27151, 27156, 27158, 27161, 27165, 27170, 27175, 27176, 27177, 27178, 27179, 27181, 27185, 27187, 27280, 27282, 27284, 27286, 27290, 27295, 27305, 27306, 27307, 27310, 27325, 27326, 27327, 27328, 27329, 27330, 27331, 27332, 27333, 27334, 27335, 27337, 27339, 27340, 27345, 27347, 27350, 27355, 27356, 27357, 27358, 27360, 27364, 27365, 27370, 27380, 27381, 27385, 27386, 27390, 27391, 27392, 27393, 27394, 27395, 27396, 27397, 27400, 27403, 27405, 27407, 27409, 27412, 27415, 27416, 27418, 27420, 27422, 27424, 27425, 27427, 27428, 27429, 27430, 27435, 27437, 27438, 27448, 27450, 27454, 27455, 27457, 27465, 27466, 27468, 27470, 27472, 27475, 27477, 27479, 27485, 27488, 27495, 27496, 27497, 27498, 27499, 27580, 27590, 27591, 27592, 27594, 27596, 27598, 27600, 27601, 27602, 27605, 27606, 27607, 27610, 27612, 27615, 27616, 27618, 27619, 27620, 27625, 27626, 27632, 27634, 27635, 27637, 27638, 27640, 27641, 27645, 27646, 27647, 27648, 27650, 27652, 27654, 27656, 27658, 27659, 27664, 27665, 27675, 27676, 27680, 27681, 27685, 27686, 27687, 27690, 27691, 27692, 27695, 27696, 27698, 27700, 27702, 27703, 27704, 27705, 27707, 27709, 27712, 27715, 27720, 27722, 27724, 27725, 27726, 27727, 27730, 27732, 27734, 27740, 27742, 27745, 27870, 27871, 27880, 27881, 27882, 27884, 27886, 27888, 27889, 27892, 27893, 27894, 28020, 28022, 28024, 28039, 28041, 28043, 28045, 28046, 28047, 28050, 28052, 28054, 28055, 28070, 28072, 28086, 28088, 28800, 28805, 28810, 28820, 28825, 29800, 29804, 29805, 29830, 29834, 29835, 29836, 29837, 29838, 29840, 29843, 29844, 29845, 29846, 29847, 29850, 29851, 29855, 29856, 29860, 29861, 29862, 29863, 29866, 29867, 29868, 29870, 29871, 29900, 29901, 29902, 29904, 29905, 29906, 29907, 30580, 30600, 30620, 3062F , 30630,30915, 30920, 31040, 31050, 31051, 31085, 31087, 3111F, 3112F, 31225, 31230, 31300, 3130F, 31320,31360, 31365, 31367, 31368, 31370, 31375, 31380, 31382, 31390, 31395, 31400, 3140F, 3141F, 31420, 31580, 31582, 31584, 31587, 31588, 31590, 31595, 31600, 31601, 31605, 31610, 31611, 31612, 31613, 31614, 31634, 31647, 31648, 31649, 31651, 31750, 31755, 31760, 31766, 31770, 31775, 31780, 31781, 31785, 31786, 31800, 31805, 31820, 31825, 32035, 32036, 32096, 32097, 32098, 32100, 32110, 32120, 32124, 32140, 32141, 32150, 32151, 32160, 32200, 32215, 32220, 32225, 32310, 32320, 32440, 32442, 32445, 32480, 32482, 32484, 32486, 32488, 32501, 32503, 32504, 32505, 32506, 32507, 32540, 32650, 32651, 32652, 32653, 32654, 32655, 32656, 32658, 32659, 32661, 32662, 32663, 32664, 32665, 32666, 32667, 32668, 32670, 32671, 32672, 32673, 32674, 32800, 32810, 32815, 32820, 32900, 32905, 32906, 32940, 32960, 32997, 32998, 33010, 33011, 33015, 33020, 33025, 33030, 33031, 33050, 33120, 33130, 33140, 33141, 33202***, 33203***, 33236, 33237, 33238, 33243, 33244, 33255***, 33256***, 33257***, 33258***, 33259***, 33300, 33305, 33310, 33315, 33320,	

Received Date	Effective Date	Specialty/Service	Change/Update Description	Exceptions/Notes
			33321, 33322, 33330, 33335, 33366, 33367, 33368, 33369, 33400, 33401, 33403, 33404, 33405, 33406, 33410, 33411, 33412, 33413, 33414, 33415, 33416, 33417, 33420, 33422, 33425, 33426, 33427, 33430, 33460, 33463, 33464, 33465, 33468, 33470, 33471, 33474, 33475, 33476, 33478, 33496, 33500***, 33501***, 33502***, 33503***, 33504***, 33505***, 33506***, 33507***, 33508***, 33510***, 33511***, 33512***, 33513***, 33514***, 33516***, 33517***, 33518***, 33519***, 33521***, 33522***, 33523***, 33530***, 33533***, 33534***, 33535***, 33536***, 33542***, 33545***, 33548***, 33572, 33600, 33602, 33606, 33608, 33610, 33611, 33612, 33615, 33617, 33619, 33620, 33622, 33641, 33645, 33647, 33660, 33665, 33670, 33675, 33676, 33677, 33681, 33684, 33688, 33690, 33692, 33694, 33697, 33702, 33710, 33720, 33722, 33724, 33726, 33730, 33732, 33735, 33736, 33737, 33750, 33755, 33762, 33764, 33766, 33767, 33768, 33770, 33771, 33774, 33775, 33776, 33777, 33778, 33779, 33780, 33781, 33782, 33783, 33786, 33788, 33800, 33802, 33803, 33813, 33814, 33820, 33822, 33824, 33840, 33845, 33851, 33852, 33853, 33860, 33863, 33864, 33870, 33875, 33877, 33880, 33881, 33883, 33884, 33886, 33889, 33891, 33910, 33915, 33916, 33917, 33920, 33922, 33924, 33925, 33926, 33967, 33968, 33970, 33971, 33973, 33974, 33975, 33976, 33977, 33978, 33979, 33980, 33981, 33982, 33983, 33990, 33991, 33992, 33993, 33999, 34001, 34051, 34101, 34111, 34151, 34201, 34203, 34401, 34421, 34451, 34471, 34490, 34501, 34502, 34510, 34520, 34530, 34800, 34802, 34803, 34804, 34805, 34806, 34808, 34812, 34813, 34820, 34825, 34826, 34830, 34831, 34832, 34833, 34834, 34841, 34842, 34843, 34844, 34845, 34846, 34847, 34848, 34900, 35001, 35002, 35005, 35011, 35013, 35021, 35022, 35045, 35081, 35082, 35091, 35092, 35102, 35103, 35111, 35112, 35121, 35122, 35131, 35132, 35141, 35142, 35151, 35152, 35180, 35182, 35184, 35188, 35189, 35190, 35201, 35206, 35207, 35211, 35216, 35221, 35226, 35231, 35236, 35241, 35246, 35251, 35256, 35261, 35266, 35271, 35276, 35281, 35286, 35301, 35302, 35303, 35304, 35305, 35306, 35311, 35321, 35331, 35341, 35351, 35355, 35361, 35363, 35371, 35372, 35390, 35400, 35450, 35452, 35458, 35460, 35471, 35472, 35475, 35476, 35500, 35501, 35506, 35508, 35509, 35510, 35511, 35512, 35515, 35516, 35518, 35521, 35522, 35523, 35525, 35526, 35531, 35533, 35535, 35536, 35537, 35538, 35539, 35540, 35556, 35558, 35560, 35563, 35565, 35566, 35570, 35571, 35572, 35583, 35585, 35587, 35600, 35601, 35606, 35612, 35616, 35621, 35623, 35626, 35631, 35632, 35633, 35634, 35636, 35637, 35638, 35642, 35645, 35646, 35647, 35650, 35654, 35656, 35661, 35663, 35665, 35666, 35671, 35681, 35682, 35683, 35685, 35686, 35691, 35693, 35694, 35695, 35697, 35700, 35701, 35721, 35741, 35761, 35800, 35820, 35840, 35860, 35870, 35875, 35876, 35879, 35881, 35883, 35884, 35901, 35903, 35905, 35907, 36481, 36500, 37140, 37145, 37160, 37180, 37181, 37182, 37183, 37192, 37197, 37250, 37251, 37500, 37565, 37600, 37605, 37606, 37607, 37615, 37616, 37617, 37618, 37619, 37650, 37660, 37788, 37790, 38100, 38101, 38102, 38115, 38120, 38200, 38380, 38381, 38382, 38542,	

Received Date	Effective Date	Specialty/Service	Change/Update Description	Exceptions/Notes
			38550, 38555, 38562, 38564, 38570, 38571, 38572, 38700, 38720, 38724, 38740, 38745, 38746, 38747, 38760, 38765, 38770, 38780, 39000, 39010, 39200, 39220, 39400, 39501, 39503, 39540, 39541, 39545, 39560, 39561, 40525, 40527, 40700, 40701, 40702, 40720, 40761, 41120, 41130, 41135, 41140, 41145, 41150, 41153, 41155, 41500, 41512, 41530, 42180, 42182, 42200, 42205, 42210, 42215, 42220, 42225, 42226, 42227, 42235, 42260, 42280, 42281, 42299, 42500, 42505, 42507, 42508, 42509, 42510, 42845, 42860, 42953, 42961, 42971, 43030, 43045, 43100, 43101, 43107, 43108, 43112, 43113, 43116, 43117, 43118, 43121, 43122, 43123, 43124, 43135, 43206***, 43252***, 43279, 43282, 43283, 43289, 43300, 43305, 43310, 43312, 43313, 43314, 43320, 43325, 43327, 43328, 43330, 43331, 43332, 43333, 43334, 43335, 43336, 43337, 43338, 43340, 43341, 43351, 43352, 43360, 43361, 43400, 43401, 43405, 43410, 43415, 43425, 43460, 43496, 43500, 43501, 43502, 43520, 43605, 43610, 43611, 43620, 43621, 43622, 43631, 43632, 43633, 43634, 43635, 43640, 43641, 43651, 43652, 43800, 43810, 43820, 43825, 43832, 43840, 43850, 43855, 43860, 43865, 43880, 43886, 43887, 43888, 44005, 44010, 44015, 44020, 44021, 44025, 44050, 44055, 44110, 44111, 44120, 44121, 44125, 44126, 44127, 44128, 44130, 44132, 44133, 44135, 44136, 44137, 44139, 44140, 44141, 44143, 44144, 44145, 44146, 44147, 44150, 44151, 44155, 44156, 44157, 44158, 44160, 44187, 44188, 44202, 44203, 44204, 44205, 44206, 44207, 44208, 44210, 44211, 44212, 44213, 44227, 44300, 44310, 44312, 44314, 44316, 44320, 44322, 44345, 44346, 44602, 44603, 44604, 44605, 44615, 44620, 44625, 44626, 44640, 44650, 44660, 44661, 44680, 44700, 44800, 44820, 44850, 44900, 45110, 45111, 45112, 45113, 45114, 45116, 45119, 45120, 45121, 45123, 45126, 45130, 45135, 45136, 45395, 45397, 45400, 45402, 45550, 45560, 45562, 45563, 45800, 45805, 45820, 45825, 46705, 46710, 46712, 46715, 46716, 46730, 46735, 46740, 46742, 46744, 46746, 46748, 46751, 46762, 47010, 47015, 47100, 47120, 47122, 47125, 47130, 47300, 47350, 47360, 47361, 47362, 47400, 47420, 47425, 47460, 47480, 47550, 47570, 47630, 47700, 47701, 47711, 47712, 47715, 47720, 47721, 47740, 47741, 47760, 47765, 47780, 47785, 47800, 47801, 47802, 47900, 48000, 48001, 48020, 48100, 48105, 48120, 48140, 48145, 48146, 48148, 48150, 48152, 48153, 48154, 48155, 48500, 48510, 48520, 48540, 48545, 48547, 48548, 49000, 49002, 49010, 49020, 49040, 49060, 49062, 49203, 49204, 49205, 49215, 49220, 49412, 49425, 49428, 49605, 49606, 49610, 49611, 49900, 50010, 50040, 50045, 50060, 50065, 50070, 50075, 50100, 50120, 50125, 50130, 50135, 50205, 50220, 50230, 50234, 50236, 50240, 50250, 50280, 50290, 50400, 50405, 50500, 50520, 50525, 50526, 50540, 50545, 50546, 50547, 50548, 50592, 50593, 50600, 50605, 50610, 50620, 50630, 50650, 50660, 50700, 50715, 50722, 50725, 50728, 50740, 50750, 50760, 50770, 50780, 50782, 50783, 50785, 50800, 50810, 50815, 50820, 50825, 50830, 50840, 50845, 50860, 50900, 50920, 50930, 50940, 51525, 51530, 51550, 51555, 51565, 51570, 51575, 51580, 51585, 51590, 51595, 51596, 51597, 51800, 51820, 51840, 51841, 51845, 51860, 51865, 51900, 51920, 51925, 51940, 51960, 51980, 51990,	

Received Date	Effective Date	Specialty/Service	Change/Update Description	Exceptions/Notes
			51992, 52287, 53415, 53431, 53440, 53442, 53444, 53445, 53447, 53448, 53449, 53855, 54400^, 54406^, 54408^, 54410^, 54411, 54415^, 54416^, 54417^, 54520, 54530, 54535, 54680, 57280, 57282, 57283, 57284, 57425, 58140, 58145, 58146, 59510, 59514, 59515, 60210, 60212, 60220, 60225, 60240, 60252, 60254, 60260, 60270, 60271, 61001, 6100F, 61020, 61070, 61105, 61107, 61108, 61322, 61323, 61330, 61514, 61516, 61518, 61519, 61520, 61521, 61522, 61524, 61526, 61530, 61531, 61533, 61534, 61535, 61536, 61537, 61538, 61539, 61540, 61541, 61543, 61544, 61545, 61546, 61548, 61550, 61552, 61556, 61557, 61558, 61559, 61563, 61564, 61566, 61567, 61570, 61571, 61575, 61576, 61580, 61581, 61582, 61583, 61584, 61585, 61586, 61590, 61591, 61592, 61595, 61596, 61597, 61598, 61600, 61601, 61605, 61606, 61607, 61608, 61610, 61611, 61612, 61613, 61615, 61616, 61623, 61624, 61626, 61630, 61635, 61640, 61641, 61642, 61680, 61682, 61684, 61686, 61690, 61692, 61697, 61698, 61700, 61702, 61703, 61705, 61708, 61710, 61711, 61720, 61735, 61750, 61751, 61770, 62145, 62165, 63170, 63172, 63182, 63185, 63190, 63191, 63194, 63195, 63196, 63197, 63198, 63199, 63200, 63250, 63251, 63252, 63265, 63275, 63276, 63277, 63278, 63280, 63281, 63282, 63283, 63285, 63286, 63287, 63290, 63295, 63300, 63301, 63302, 63303, 63304, 63305, 63306, 63307, 63308, 63600, 63610, 63615, 63700, 63702, 63704, 63706, 63707, 63709, 64890, 64891, 64892, 64893, 64895, 64896, 64897, 64898, 64901, 64902, 64905, 64907, 64910, 64911, 69300, 69310, 69320, 69710, 69711, 76496, 9002F, 9003F, 9004F, 9005F, 9006F, 9007F, 90281, 90283, 90885, 90887, 90889, 91065, 91110, 91132, 91133, 93225***, 93226***, 93228***, 93784***, 93786***, 93788***, 93790***, 93924***, 93965***, 95885, 95886, 95921, 95923, 95930, 96521, 96522, 97005, 97006, 97150*, 97750, 97755, 97802, 97803, 97804, 98960, 98961, 98962, 98966, 98967, 98968, 98969, 99100, 99116, 99135, 99190, 99191, 99192, 99605, 99606, 99607, 54360, 66179, 66184, 67911, 91013, 41899**, 96372, 99140	
11/17/15	**12/1/15**	Cosmetic, Plastic & Reconstructive Procedures	**Removed/No PA Required:** 11920*, 11921, 11922*, 11950*, 11951, 11952, 11954*, 19357*, 19361*, 19364*, 19366*, 19367*, 19368*, 19369*, 19370, 19371*	*MHPR: PA Required
11/17/15	**12/1/15**	Unlisted/Misc.	**Removed/No PA Required:** 21089, 21899, 26989, 27299, 27599, 31599, 36299, 37501, 38129, 38589, 38999, 39499, 39599, 42699, 42999, 43499, 49659, 50549, 50949, 77499, 90999, 96379, 99600, D0502, D0999, D2999, D3999, D4999, D5899, D5999, D6199, D6999, D7999, D8999, D9630, D9999	None
11/17/15	**12/1/15**	Transplant Services	**Removed/No PA Required:** 32850, 32851, 32852, 32853, 32854, 32855, 32856, 33930, 33933, 33935, 33940, 33944, 33945	None
11/17/15	**12/1/15**	Pregnancy & Delivery	**Removed/No PA Required:** 59400, 59409, 59410, 59610, 59612, 59618, 59620, 59622,	None
11/17/15	**12/1/15**	Radiation Therapy & Radio Surgery	**Removed/No PA Required:** 75894, 75896	None
11/17/15	**12/1/15**	Imaging, Advanced & Specialty	**Removed/No PA Required:** 77078, 78071, 78072, 78414, 78428, 78803, 78807	None
11/17/15	**12/1/15**	Experimental/Investigational	**Removed/No PA Required:** 92145, J2010	None
11/17/15	**12/1/15**	Habilitative/Speech Therapy	**Removed/No PA Required:** 92526^, 92609^, S9152^*	^MHTX: PA Required *MHPR: PA Required

Received Date	Effective Date	Specialty/Service	Change/Update Description	Exceptions/Notes
11/17/15	12/1/15	Behavioral Health	**Removed/No PA Required:** 96105, 99366, 99368	None
11/17/15	12/1/15	Pain Management	**Removed/No PA Required:** 97810^^, 97811*^, 97813*^, 97814*^	*MHSC: PA Required ^MHPR: NC Code ^^MHPR: PA Required
11/17/15	12/1/15	Home Healthcare & Home Infusion	**Removed/No PA Required:** 99500, 99501, 99502, 99503, 99504, 99505, 99506, 99507, 99509, 99510, 99511, 99512, 99601, 99602, S9379*	*MHTX: PA Required
11/17/15	12/1/15	Non Emergent Ground Transportation services	**Removed/No PA Required:** A0426, A0428	MHTX & MHPR: PA Required
11/17/15	12/1/15	Durable Medical Equipment	**Removed/No PA Required**: C2624, E1699, Q0479	None
12/02/15	01/01/16	Specialty Pharmacy Drugs	**Removed/Termed Code**: J3488	None
12/02/15	01/01/16	Occupational Therapy	**Added/PA Required:** S9129, 0430, 0431, 0432, 0433, 0434, 0439	MHFL: No PA Required for all LOBs MHIL: No PA required for Medicaid/Medicare
12/02/15	01/01/16	Physical Therapy	**Added/PA Required:** 97110, 97112, S9131, 0420, 0421, 0422, 4023, 0424, 0429	MHFL: No PA Required for all LOBs MHIL: No PA required for Medicaid/Medicare
12/11/15	01/01/16	DME	**Added/PA Required:** V5210, V5220, V5170, V5260, V5261, V5180, V5256, V5257	MHWI Only
12/15/15	01/01/16	Specialty Pharmacy Drugs	**Removed/No PA Required:** J8499 with modifier U1	MHNM Only
12/17/15	01/01/16	Experimental/Investigational	**Added/PA Required:** 0394T, 0395T, 0396T, 0397T, 0398T, 0399T, 0400T, 0401T, 0402T, 0403T, 0404T, 0405T, 0406T, 0407T, 0408T, 0409T, 0410T, 0411T, 0412T, 0413T, 0414T, 0415T, 0416T, 0417T, 0418T, 0419T, 0420T, 0421T, 0422T, 0423T, 0424T, 0425T, 0426T, 0427T, 0428T, 0429T, 0430T, 0431T, 0432T, 0433T, 0434T, 0435T, 0436T	New Codes effective 01.01.16
12/17/15	01/01/16	Pain Management	**Added/PA Required:** 64461, 64462, 64463	New Codes effective 01.01.16
12/17/15	01/01/16	Imaging – Advanced & Specialty	**Added/PA Required:** 74712, 74713, G0297	New Codes effective 01.01.16
12/17/15	01/01/16	Genetic Counseling & Testing	**Added/PA Required:** 81162, 81170, 81218, 81219, 81272, 81273, 81276, 81311, 81314, 81412, 81432, 81433, 81434, 81437, 81438, 81442, 81493, 81525, 81528, 81535, 81536, 81538, 81540, 81545, 81595	New Codes effective 01.01.16
12/17/15	01/01/16	Out Patient Hospital/ASC	**Added/PA Required:** 96931, 96932, 96933, 96934, 96935, 96936	New Codes effective 01.01.16
12/17/15	01/01/16	DME	**Added/PA Required:** E0465, E0466, E1012	New Codes effective 01.01.16
12/17/15	01/01/16	Experimental/Investigational	**Added/PA Required:** Q4161, Q4162, Q4163, Q4164, Q4165	New Codes effective 01.01.16
12/17/15	01/01/16	Home Health & Home Infusion	**Added/PA Required:** G0299, G0300	New Codes effective 01.01.16
12/17/15	01/01/16	Radiation Therapy	**Added/PA Required:** Q9950	New Codes effective 01.01.16
12/17/15	01/01/16	Experimental/Investigational	**Removed Termed Codes:** 0099T, 0103T, 0123T, 0182T, 0223T, 0224T, 0225T, 0233T, 0240T, 0241T, 0243T, 0244T, 0262T, 0311T	None
12/17/15	01/01/16	Transplants	**Removed Termed Codes:** 47136	None
12/17/15	01/01/16	Home Health & Home Infusion	**Removed Termed Codes:** G0154,	None
12/17/15	01/01/16	DME	**Removed Termed Codes:** E0450, E0460, E0461, E0463 E0464	None
12/17/15	01/01/16	Specialty Pharmacy Drugs	**Removed Termed Codes:** Q9975, Q9977, Q9978, Q9979, C9025, C9026, C9027, C9442, C9443, C9444, C9445, C9446, C9449, C9450, C9451, C9452, C9453, C9454, C9455, C9456	None
12/17/15	01/01/16	Unlisted/Miscellaneous Codes	**Removed Termed Codes:** G6021	None
12/17/15	01/01/16	Genetic Counseling & Testing	**Removed Termed Codes:** S3854	None
12/17/15	01/01/16	Pain Management	**Added/PA Required:** 62263, 62264	Updated MCG-257. None
12/17/15	01/01/16	Specialty Pharmacy Drugs	**Added/PA Required:** J0202, J0596, J0695, J0714, J0875, J1447, J1575, J1833, J2502, J2860, J3090, J3380, J7188, J7205, J7313, J7328, J7340, J7999, J8655, J9032, J9039 ,J9271, J9299, J9308, Q9980	New Codes effective 01.01.16

Received Date	Effective Date	Specialty/Service	Change/Update Description	Exceptions/Notes
02/02/16	04/01/16	Dental Anesthesia	**Added PA Required:** 00170	MHCA only (Per State Reg.)
02/02/16	04/01/16	Genetic Counseling & Testing	**Removed/No PA Required:** 81170*, 81276*, 81288, 81407, S3845, S3846	MHPR: PA Required *MHMI: NC Code
02/02/16	04/01/16	Genetic Counseling & Testing	**Added/PA Required:** 81210, 81225, 81281, 81324, 81504, 86152, 86153, G9143, S3722	None
02/02/16	04/01/16	Specialty Pharmacy	**Removed/No PA Required:** C9257, J1442, J1650, J1950, J2505, J9035, J9217, J9218, J9267, Q2050	MHFL Only.
02/05/16	04/01/16	Unlisted/Misc. Codes	**Removed/No PA Required:** 20985	MHPR: PA Required
02/05/16	04/01/16	Unlisted/Misc. Codes	**Added/PA Required:** 36299, 99199, V2797, V5298, T1999, S0590	None
02/10/16	04/01/16	Pain Management Procedures	**Added/PA Required:** 27279	None
02/10/16	04/01/16	Physical Therapy	**Removed Rev Codes**: 0420, 0421, 0422, 0423, 0424, 0429	None
02/10/16	04/01/16	Occupational Therapy	**Removed Rev Codes**: 0430, 0431, 0432, 0433, 0434, 0439	None
02/10/16	04/01/16	Physical Therapy	**Added/PA Required:** G0151, G0157, G0159	None
02/10/16	04/01/16	Occupational Therapy	**Added/PA Required:** 97110, G0152, G0158, G0160	None
02/10/16	04/01/16	OP Hospital/ASC procedures	**Removed/No PA Required:** 9001F	None
02/17/16	04/01/16	OP Hospital/ASC procedures	**Removed/No PA Required:** 59840, 59841, 59850, 59851, 59852, 59855, 59856, 59857, 59866	MHOH & MHMI: PA Required
02/23/26	04/01/16	Home Health Care	**Added/PA Required:** S9214	MHNM Only
02/25/16	04/01/16	Specialty Pharmacy Drugs	**Removed/No PA Required:** C9441, C9497, J0740, J2212, J2440, J2940, J3030, J7336, J7500, J7502, J7507, J7508, J7515, J7517, S0073	MHPR: PA Required
03/07/16	04/01/16	Imaging	**Added/PA Required:** S8080	None (Per MCG-127)
03/07/16	04/01/16	Experimental/Investigational	**Added/PA Required:** 0346T	None
03/08/16	04/01/16	Home Health Care	**Added/PA Required:** S9123, S9124	None

Behavioral Health, Mental Health, Alcohol & Chemical Dependency Services

Inpatient, Residential Treatment, Partial Hospitalization, Day Treatment, Electroconvulsive Therapy (ECT), Applied Behavioral Analysis (ABA) for treatment of Autism Spectrum Disorder (ASD)

PLEASE NOTE:

- *Molina of Florida: Region 1 (Escambia, Santa Rosa, Okaloosa, & Walton counties) Providers, contact Access Behavioral Health 866-477-6725. All others Contact Psych Care – Medicaid: 855-371-3495, Medicare/Marketplace: 855-371-9230*
- *Molina of Illinois: No Auth required when done in an OP setting*
- *Molina of New Mexico Medicaid: No Auth required in any setting, except for ECT & ABA services*
- *Molina of Puerto Rico: Managed by First Health Care (FHC). No PA required when done in an OP Setting*

MEDICARE/MEDICAID & MKT PLACE					MEDICAID ONLY	MEDICARE ONLY	MKT PLACE ONLY
0114	1001	H0012	H2018	S5150^			
0124	1002	H0017	H2019^	T1023^			
0134	2106	H2012^	H2020	T1025^			
0144	0901	H2013	H0031^	T1026^			
0154	0912	H2014^	H0032★^	T1027^			
0190	0913	H2015	H0046	T1028^			
0204	90870	H2016	S5111	T2013^			
		H2017^	S0201	T2040^			

★Molina of South Carolina: No PA required for this code when submitted by DAODAS providers only.

^PA required for All plans only when submitted with Autism Dx. [ICD10: F84.0, F84.2, F84.3, F84.4, F84.5, F84.8, F84.9]

Cosmetic, Plastic & Reconstructive Procedures (In Any Setting)

MEDICARE/MEDICAID & MKT PLACE					MEDICAID ONLY	MEDICARE ONLY	MKT PLACE ONLY
15775	15822	15837	19324	30430			
15776	15823	15838	19325	30435			
15780	15824	15839	19328	30450			
15781	15825	15847	19330	30460			
15782	15826	15876	19340	30462			
15783	15828	15877	19342	67904			
15788	15829	15878	19350	67906			
15789	15832	15879	19355	67908			
15792	15833	17380	19396	69300			
15793	15834	19300	30400				
15820	15835	19316	30410				
15821	15836	19318	30420				

DURABLE MEDICAL EQUIPMENT (DME)

For Medicare Hearing Supplemental benefit: Contact AVESIS at 800-327-4662

PLEASE NOTE:

- ***Molina of Puerto Rico: All DME requires authorization and will be evaluated case-by-case***

MEDICARE/MEDICAID & MKT PLACE									MEDICAID ONLY		MEDI CARE	MKT PL
A7025	E0373	E1002	E1238	E2328	E2510	K0008	K0828	K0861	E0481	S1036		
A9900	E0462	E1003	E1296	E2329	E2511	K0009	K0829	K0862	S1034	S1037		
A9901	E0465	E1004	E1298	E2330	E2605	K0010	K0830	K0863	S1035			
E0194	E0466	E1005	E1310	E2340	E2606	K0011	K0831	K0864				
E0255	E0483	E1006	E1399	E2341	E2607	K0012	K0835	K0868				
E0256	E0691	E1007	E1700	E2342	E2608	K0014	K0836	K0869				
E0260	E0692	E1008	E2201	E2343	E2609	K0108	K0837	K0870				
E0261	E0693	E1010	E2202	E2351	E2611	K0606	K0838	K0871				
E0265	E0694	E1012	E2203	E2361	E2612	K0800	K0839	K0877				
E0266	E0747	E1014	E2204	E2366	E2613	K0801	K0840	K0878				
E0277	E0748	E1020	E2227	E2367	E2614	K0802	K0841	K0879				
E0292	E0749	E1029	E2228	E2368	E2615	K0806	K0842	K0880				
E0293	E0760	E1030	E2291	E2369	E2616	K0807	K0843	K0884				
E0294	E0762	E1035	E2292	E2370	E2617	K0808	K0848	K0885				
E0295	E0764	E1036	E2293	E2373	E2620	K0813	K0849	K0886				
E0296	E0782	E1161	E2294	E2374	E2621	K0814	K0850	K0890				
E0297	E0783	E1225	E2295	E2375	E2622	K0815	K0851	K0891				
E0300	E0784	E1226	E2310	E2376	E2623	K0816	K0852	K0900				
E0301	E0785	E1227	E2311	E2377	E2624	K0820	K0853	V2530				
E0302	E0786	E1230	E2312	E2378	E2625	K0821	K0854	V2531				
E0303	E0849	E1232	E2313	E2397	E2626	K0822	K0855					
E0304	E0855	E1233	E2321	E2500	E2627	K0823	K0856					
E0328	E0983	E1234	E2322	E2502	E2628	K0824	K0857					
E0329	E0984	E1235	E2325	E2504	E2629	K0825	K0858					
E0371	E0986	E1236	E2326	E2506	E2630	K0826	K0859					
E0372	E0988	E1237	E2327	E2508	E2631	K0827	K0860					

EXPERIMENTAL/INVESTIGATIONAL

PLEASE NOTE:

- ***Molina of Puerto Rico: Not a covered benefit***

MEDICARE/MEDICAID & MKT PLACE								
0019T	0165T	0213T	0268T	0301T	0352T	0397T	0425T	
0042T	0169T	0214T	0269T	0302T	0353T	0398T	0426T	
0051T	0171T	0215T	0270T	0303T	0354T	0399T	0427T	
0052T	0172T	0216T	0271T	0304T	0355T	0400T	0428T	
0053T	0174T	0217T	0272T	0305T	0356T	0401T	0429T	
0054T	0175T	0218T	0273T	0306T	0357T	0402T	0430T	
0055T	0178T	0219T	0274T	0307T	0358T	0403T	0431T	
0058T	0179T	0220T	0275T	0308T	0359T	0404T	0432T	
0071T	0180T	0221T	0278T	0309T	0360T	0405T	0433T	
0072T	0184T	0222T	0281T	0310T	0361T	0406T	0434T	
0075T	0188T	0228T	0282T	0312T	0362T	0407T	0435T	
0076T	0189T	0229T	0283T	0313T	0363T	0408T	0436T	
0085T	0190T	0230T	0284T	0314T	0364T	0409T	82016	
0095T	0191T	0231T	0285T	0315T	0365T	0410T	82017	
0098T	0195T	0234T	0286T	0316T	0366T	0411T	83987	
0100T	0196T	0235T	0287T	0317T	0367T	0412T	84145	
0101T	0198T	0236T	0288T	0335T	0368T	0413T	86316	
0102T	0200T	0237T	0289T	0336T	0369T	0414T	86343	
0106T	0201T	0238T	0290T	0337T	0370T	0415T	Q4161	
0107T	0202T	0249T	0291T	0338T	0371T	0416T	Q4162	
0108T	0205T	0253T	0292T	0339T	0372T	0417T	Q4163	
0109T	0206T	0254T	0293T	0340T	0373T	0418T	Q4164	
0110T	0207T	0255T	0294T	0342T	0374T	0419T	Q4165	
0111T	0208T	0263T	0295T	0347T	0392T	0420T		
0126T	0209T	0264T	0296T	0348T	0393T	0421T		
0159T	0210T	0265T	0297T	0349T	0394T	0422T		
0163T	0211T	0266T	0298T	0350T	0395T	0423T		
0164T	0212T	0267T	0299T	0351T	0396T	0424T		
			0300T	0346T				

MEDICAID ONLY		MEDI CARE	MKT PL
0329T	0333T		
0330T	0331T		
0332T			

GENETIC COUNSELING & TESTING

PLEASE NOTE: *Except for Prenatal diagnosis of congenital disorders of the unborn child through amniocentesis and genetic test screening of newborns mandated by State regulations*

MEDICARE / MEDICAID & MKT PLACE					MEDICAID ONLY			MEDICARE ONLY		MKT PLACE ONLY	
0004M	81226	81298	81408	81450	S3841	S3866	S3840			S3722	
0006M	81227	81300	81410	81455	S3842	S3870	S3722				
0007M	81228	81313	81411	81460	S3861	S3852					
0008M	81229	81317	81415	81465	S3865	S3800					
0010M	81246	81319	81416	81470							
81201	81265	81321	81417	81471							
81203	81266	81323	81425	81519							
81211	81280	81325	81426	83006							
81212	81282	81355	81427	84999★							
81213	81287	81400	81430	88369							
81214	81291	81401	81431	88373							
81215	81292	81402	81435	88374							
81216	81294	81403	81436	88377							
81217	81295	81404	81440	81162							
81222	81297	81405	81445	81210							
81223	81311	81406	81434	81218							
81219	81314	81412	81437	81442							
81272	81538	81432	81438	81493							
81273	81540	81433	81493	81528							
81535	81504	81545	86152	81225							
81536		81595	86153	81281							
G9143		81324									

★Including Oncotype Dx

HOME HEALTH CARE & HOME INFUSION

PA required for nursing and Home health aides after initial evaluation plus six (6) visits; PA may be required for medications associated with Home Infusion.

For OT/PT/ST in home settings, see OT/PT/ST sections.

PLEASE NOTE:

- *Molina of Puerto Rico: All Medicaid Codes. All Home Health visits require MD review.*

MEDICARE / MEDICAID & MKT PLACE					MEDICAID ONLY		MEDICARE ONLY			MKT PLACE ONLY	
G0153	G0155	G0156	G0161	G0162	S9122	S9123	027X	034X	056X	S9122	S9123
G0163	G0164	G0299	G0300		S9124		029X	0023	057X	S9124	
							042X	043X	060X		
							032X	044X	062X		
							033X	055X			

HYPERBARIC THERAPY (INCLUDING WOUND THERAPY)

MEDICARE / MEDICAID & MKT PLACE					MEDICAID ONLY	MEDICARE ONLY	MKT PLACE ONLY
G0277	99183						

IMAGING – ADVANCED & SPECIALTY

MEDICARE / MEDICAID & MKT PLACE					MEDICAID ONLY	MEDICARE ONLY	MKT PLACE ONLY
C8900	70498	72147	74160	78466	S8080		S8080
C8901	70540	72148	74170	78468			
C8902	70542	72149	74174	78469			
C8903	70543	72156	74175	78472			
C8904	70544	72157	74176	78473			
C8905	70545	72158	74177	78481			
C8906	70546	72159	74178	78483			
C8907	70547	72191	74181	78491			
C8908	70548	72192	74182	78492			
C8909	70549	72193	74183	78494			
C8910	70551	72194	74185	78496			
C8911	70552	72195	74261	78607			
C8912	70553	72196	74262	78608			
C8913	70554	72197	74263	78609			
C8914	70555	72198	75557	78647			
C8918	70557	73200	75559	78710			
C8919	70558	73201	75561	78811			
C8920	70559	73202	75563	78812			
C8931	71250	73206	75565	78813			
C8932	71260	73218	75571	78814			
C8933	71270	73219	75572	78815			
C8934	71275	73220	75573	78816			
C8935	71550	73221	75574	74712			
C8936	71551	73222	75635	74713			
70336	71552	73223	76376	G0288			
70450	71555	73225	76377	G0297			
70460	72125	73700	76380				
70470	72126	73701	77058				
70480	72127	73702	77059				
70481	72128	73706	77084				
70482	72129	73718	78205				
70486	72130	73719	78206				
70487	72131	73720	78320				
70488	72132	73721	78451				
70490	72133	73722	78452				
70491	72141	73723	78453				
70492	72142	73725	78454				
70496	72146	74150	78459				

IN-PATIENT ADMISSIONS

Acute Hospital, Skilled Nursing Facilities (SNF), Rehabilitation, Long Term Acute Care (LTAC) Facility

PLEASE NOTE:

- ***Molina of Puerto Rico: SNF & LTAC are Value Added Services and require MD review***

MEDICARE / MEDICAID & MKT PLACE	MEDICAID ONLY	MEDICARE ONLY	MKT PLACE ONLY
All Codes	All Codes	All Codes	All Codes

LONG TERM SERVICES & SUPPORT

Not a Medicare covered benefit

PLEASE NOTE:

- ***Molina of Puerto Rico Medicaid: Not a covered benefit***

MEDICARE / MEDICAID & MKT PLACE	MEDICAID ONLY		MEDICARE ONLY	MKT PLACE ONLY
	S5100	S5126		
	S5101	S9122		
	S5102	T1019		
	S5105	T1020*		
	S5125	T1021		

*MFL No PA Required

NEUROPSYCHOLOGICAL & PSYCHOLOGICAL TESTS (IN ANY SETTING)

PLEASE NOTE:

- ***Molina of New Mexico Medicaid: No authorization needed in any setting***
- ***Molina of Puerto Rico: Authorization required for Medically-Based Diagnoses only***

MEDICARE / MEDICAID & MKT PLACE					MEDICAID ONLY	MEDICARE ONLY	MKT PLACE ONLY
95951	96102	96118	96125	95957			
95956	96103	96119	95953	95950			
96101	96116	96120					

NON-PAR OFFICES/PROVIDERS/FACILITIES

Auth required for Non-Par Office Visits, Surgical Procedures, Labs, Diagnostic Studies, In-patient stays, except for:

- ***Emergency Department Services***
- ***Professional fees associated with an Emergency Department visit and approved Ambulatory Surgery Center (ASC) or in-patient stay***
- ***Child and Adolescent Health Center Services***
- ***Local Health Department (LHD) services***
- ***Other services based on State requirements***

OCCUPATIONAL THERAPY

Medicaid: After initial evaluation plus twenty four (24) visits for office, outpatient and home settings.

Medicare: After therapy benefit cap has been reached

NOTE:

- ***Molina of Florida: No PA Required***
- ***Molina of Illinois: No PA Required for Medicare/Medicaid***
- ***Molina of Michigan Medicaid: After initial Eval plus thirty (36) visits. For Marketplace – 30 visits PT/OT combined with no PA, deny after 30 visits (benefit limit)***
- ***Molina of Ohio: PA Required after 30 dates of service***
- ***Molina of Puerto Rico: After Initial Eval plus twenty four (24) visits for OP. PA required for home settings from first visit***
- ***Molina of South Carolina: PA required for <18 after eval plus six (6) visits, no PA required for >19***
- ***Molina of Texas: After initial eval (No benefit limit)***
- ***Molina of UT: Traditional & Marketplace – After Initial Eval plus Twenty (20) visits for office, outpatient and home settings. Non-Traditional – 10 visits (benefit limit)***
- ***Molina of Washington: No PA for <21 y/o. For Marketplace 25 visits of PT/OT/ST combined (benefit limit)***
- ***Molina of Wisconsin: Marketplace 20 visits (benefit limit)***

MEDICARE / MEDICAID & MKT PLACE						MEDICAID ONLY		MEDICARE ONLY		MKT PLACE ONLY	
97110	G0152	G0158	G0160			S9129				S9129	

OUT-PATIENT (OP) HOSPITAL/AMBULATORY SURGERY CENTER (ASC) PROCEDURES

MEDICARE / MEDICAID & MKT PLACE												MEDI-CAID ONLY	MEDI-CARE ONLY	MKT PLACE ONLY
10040	22112	22819	28011	28238	28737	29915	38214	58150	58673	63040	69310			
15786	22114	22830	28035	28240	28740	29916	38215	58152	58700	63042	69710			
15787	22116	22840	28060	28250	28750	30465	38232	58180	58720	63043	69711			
15819	22206	22841	28062	28260	28755	30520	43644	58200	58740	63044	69714			
15830	22207	22842	28080	28261	28760	30540	43645	58210	58750	63045	69715			
17004	22208	22843	28090	28262	28890	30545	43647	58240	58752	63046	69717			
17360	22210	22844	28092	28264	28341	31295	43648	58260	58760	63047	69718			
20930	22212	22845	28100	28270	29806	31296	43653	58262	58770	63048	69930			
21073	22214	22846	28102	28272	29807	31297	43770	58263	58940	63050	90867			
21120	22216	22847	28103	28280	29819	31660	43771	58267	58943	63051	90868			
21121	22220	22848	28104	28285	29820	31661	43772	58270	58950	63055	90869			
21122	22222	22849	28106	28286	29821	32491	43773	58275	58951	63056	93229			
21123	22224	22850	28107	28288	29822	33251	43774	58280	58952	63057	95909			
21125	22226	22851	28108	28289	29823	33254	43775	58285	58953	63064	95911			
21127	22505	22852	28110	28290	29824	33261	43842	58290	58954	63066	95912			
21137	22526	22855	28111	28292	29825	33265	43843	58291	58956	63075	95913			
21138	22527	22856	28112	28293	29826	33266	43845	58292	58957	63076	96567			
21139	22532	22857	28113	28294	29827	36460	43846	58293	58958	63077	96570			
21141	22533	22861	28114	28296	29828	36468	43847	58294	58970	63078	96571			
21142	22534	22862	28116	28297	29848	36470	43848	58321	58974	63081	96900			
21143	22548	22864	28118	28298	29873	36471	43881	58322	58976	63082	96902			
21145	22551	22865	28119	28299	29874	36475	43882	58323	59070	63085	96904			
21146	22552	23412	28120	28300	29875	36476	45499	58345	59072	63086	96910			
21147	22554	25447	28122	28302	29876	36478	47380	58350	59074	63087	96912			
21150	22556	26499	28124	28304	29877	36479	47381	58356	59076	63088	96913			
21151	22558	27120	28126	28305	29879	36514	47382	58540	59899	63090	96920			
21154	22585	27122	28130	28306	29880	37191	47600	58541	61863	63091	96921			

OUT-PATIENT (OP) HOSPITAL/AMBULATORY SURGERY CENTER (ASC) PROCEDURES

MEDICARE / MEDICAID & MKT PLACE												MEDI-CAID ONLY	MEDI-CARE ONLY	MKT PLACE ONLY
21155	22586	27125	28140	28307	29881	37700	47605	58542	61864	63101	96922			
21159	22590	27130	28150	28308	29882	37718	47610	58543	61867	63102	96931			
21160	22595	27132	28153	28309	29883	37722	47612	58544	61868	63103	96932			
21172	22600	27134	28160	28310	29884	37735	47620	58545	61885	64553	96933			
21175	22610	27137	28171	28312	29885	37760	49255	58546	61886	64568	96934			
21240	22612	27138	28173	28313	29886	37761	49904	58548	62369	64569	96935			
21242	22614	27440	28175	28315	29887	37765	49905	58550	62370	64570	96936			
21243	22630	27441	28200	28320	29888	37766	49906	58552	63001	64590				
21270	22632	27442	28202	28322	29889	37780	52441	58553	63003	64595				
21280	22633	27443	28208	28340	29891	37785	52442	58554	63005	65771				
21282	22634	27445	28210	28344	29892	38204	52649	58570	63011	65772				
21295	22800	27446	28220	28345	29893	38207	53850	58571	63012	65775				
21296	22802	27447	28222	28360	29894	38208	53852	58572	63015	67900				
22100	22804	27486	28225	28705	29895	38209	53855	58573	63016	67901				
22101	22808	27487	28226	28715	29897	38210	54401	58660	63017	67902				
22102	22810	28005	28230	28725	29898	38211	54405	58661	63020	67903				
22103	22812	28008	28232	28730	29899	38212	57288	58662	63030	67909				
22110	22818	28010	28234	28735	29914	38213	57289	58672	63035	67950				

PAIN MANAGEMENT PROCEDURES

Except trigger point injections [Acupuncture is not a Medicare covered benefit]

MEDICARE / MEDICAID & MKT PLACE					MEDICAID ONLY		MEDICARE ONLY		MKT PLACE ONLY	
G0260	62362	63662	64483	64600	97814				97814	
27096	64486	63663	64484	64633						
62310	64494	63664	64490	64634						
62311	62367	64487	64491	64635						
62350	62368	63685	64492	64636						
62351	63650	63688	64488	64640						
62360	63655	64479	64493	77003★						
62361	63661	64480	64495	64489						
64461	64462	64463	62263	62264						
27279										

★Molina of South Carolina: No PA required for this code

PAR OFFICE VISITS & OFFICE BASED SURGICAL PROCEDURES AT PARTICIPATING PROVIDERS

No authorization required, unless specifically included in another category (i.e. advanced imaging) that requires authorization even when performed in a participating provider's office.

PHYSICAL THERAPY

Medicaid: After initial evaluation plus twenty four (24) visits for office, outpatient and home settings

Medicare: After therapy benefit cap has been reached

PLEASE NOTE:

- ***Molina of Florida: No PA Required***
- ***Molina of Illinois: No PA Required for Medicare/Medicaid***
- ***Molina of Michigan Medicaid: After initial Eval plus thirty (36) visits. For marketplace allow 30 visits PT/OT combined with no PA, then deny after 30 visits***
- ***Molina of Ohio: PA Required after 30 dates of service***
- ***Molina of Puerto Rico: After Initial Eval+fifteen (15) visits for OP. PA required for home settings from first visit***
- ***Molina of South Carolina: PA required for <18 after eval plus six (6) visits, no PA required for >19***
- ***Molina of Texas: After initial eval (No benefit limit)***
- ***Molina of UT: Traditional & Marketplace – After Initial Eval plus Twenty (20) visits for office, outpatient and home settings. Non-Traditional – 10 visits (benefit limit)***
- ***Molina of Washington: No PA for <21 y/o. For Marketplace 25 visits of PT/OT/ST combined (benefit limit)***
- ***Molina of Wisconsin: Marketplace 20 visits (benefit limit)***

MEDICARE / MEDICAID & MKT PLACE				MEDICAID ONLY		MEDICARE ONLY	MKT PLACE ONLY
G0151	G0157	G0159	97110	S9131			
			97112				

PROSTHETICS & ORTHOTICS

MEDICARE / MEDICAID & MKT PLACE					MEDICAID ONLY		MEDICARE ONLY	MKT PLACE ONLY
L0480	L1640	L1860	L2000	L2090	L8692			
L0482	L1680	L1900	L2005	L2106				
L0484	L1685	L1904	L2010	L2108				
L0486	L1700	L1907	L2020	L2126				
L0452	L1710	L1920	L2030	L2128				
L0622	L1720	L1940	L2034	L2232				
L0640	L1730	L1945	L2036	L2800				
L0700	L1755	L1950	L2037	L4631				
L0710	L1834	L1960	L2038	L6026				
L1000	L1840	L1970	L2050	L7259				
L1005	L1844	L1980	L2060	S1040				
L1110	L1846	L1990	L2080					

RADIATION THERAPY & RADIO SURGERY

- ***Molina of Puerto Rico: Not a covered benefit***

MEDICARE / MEDICAID & MKT PLACE					MEDICAID ONLY	MEDICARE ONLY	MKT PLACE ONLY
77520	77523	G0339	G6015	G6017	N/A	N/A	N/A
77522	77525	G0340	G6016	Q9950			

SLEEP STUDIES

PLEASE NOTE: ***Home Sleep Studies do not require auth.***

- ***Molina of Florida: Home Sleep Studies Require PA***
- ***Molina of Puerto Rico: Not a covered benefit***
- ***Molina of Texas: No PA Required – TX allows only 2 Sleep Studies per year with no PA***

MEDICARE / MEDICAID & MKT PLACE					MEDICAID ONLY	MEDICARE ONLY	MKT PLACE ONLY
95800	95803	95806	95808	95811	N/A	N/A	N/A
95801	95805	95807	95810				

SPECIALTY PHARMACY DRUGS

MEDICARE / MEDICAID & MKT PLACE								MEDICAID ONLY	MEDICARE ONLY	MKT PLACE ONLY
90284	J0573	J1571	J2505	J7189	J7527	J9306	J9299	N/A	N/A	N/A
90378	J0574	J1572	J2507	J7190	J7639	J9307	J9308			
C9132	J0575	J1573	J2597	J7191	J7682	J9310	J7999			
C9136	J0598	J1595	J2778	J7192	J7686	J9315	Q0515			
C9257★	J0888	J1599	J2793	J7193	J8499	J9351	Q2028			
C9399	J0881	J1602	J2796	J7194	J8530	J9354	Q2043			
J0129	J0885	J1645	J2820	J7195	J8562	J9371	Q2050			
J0135	J0890	J1650	J2941	J7196	J8999	J9400	Q3027			
J0178	J0895	J1652	J3060	J7197	J9019	J9600	Q3028			
J0180	J0897	J1675	J3110	J7198	J9035★	J0202	Q4074			
J0207	J1290	J1725	J3240	J7199	J9042	J0596	Q4101			
J0215	J1300	J1743	J3262	J7201	J9047	J0695	Q4139			
J0220	J1322	J1744	J3285	J7309	J9202	J0714	Q4145			
J0221	J1324	J1745	J3315	J7310	J9207	J0875	Q4149			
J0256	J1325	J1786	J3357	J7311	J9212	J1447	Q5101			
J0257	J1438	J1826	J3385	J7312	J9213	J1575	Q9980			
J0401	J1442	J1830	J3396	J7316	J9214	J1833	S0145			
J0480	J1458	J1930	J3487	J7321	J9216	J2502	S0148			
J0485	J1459	J1931	J3489	J7323	J9217	J2860				
J0490	J1460	J1950	J3490	J7324	J9218	J3090				
J0585	J1556	J2170	J3590	J7325	J9219	J3380				
J0586	J1557	J2278	J7181	J7326	J9225	J7188				
J0587	J0882	J2315	J7182	J7327	J9226	J7205				
J0588	J1559	J2323	J7200	J7330	J9228	J7313				
J0597	J1560	J2353	J7178	J7504	J9245	J7328				
J0638	J1561	J2354	J7180	J7505	J9262	J7340				
J0717	J1562	J2355	J7183	J7510	J9267	J8655				
J0775	J1566	J2357	J7185	J7513	J9293	J9032				
J0800	J1568	J2426	J7186	J7516	J9301	J9039				
J0850	J1569	J2503	J7187	J7525	J9302	J9271				
J0572										

★No PA required when used for intravitreal injection (67028) for ocular diagnoses

SPEECH THERAPY

After initial evaluation plus six (6) visits for office, outpatient and home settings

PLEASE NOTE:

- ***Molina of Florida: No Prior Auth Required***
- ***Molina of South Carolina: Auth required for all visits after initial evaluation***
- ***Molina of Puerto Rico: After initial evaluation plus six (6) visits for office & outpatient settings. Home setting requires auth from first visit.***
- ***Molina of Washington: No PA for <21 y/o. For Marketplace 25 visits of PT/OT/ST combined (benefit limit)***

MEDICARE / MEDICAID & MKT PLACE					MEDICAID ONLY		MEDICARE ONLY	MKT PLACE ONLY	
92507	92508	92606			S9128			S9128	

TRANSPLANT SERVICES (INCLUDING SOLID ORGAN AND BONE MARROW)

Corneal Transplants do not require PA

PLEASE NOTE:

- ***Molina of Puerto Rico: Benefit covers only Skin, Bone and Cornea transplants***

MEDICARE / MEDICAID & MKT PLACE					MEDICAID ONLY		MEDICARE ONLY	MKT PLACE ONLY	
38205	44715	47142	48551	50327	48160	S2065	N/A	48160	S2065
38206	44720	47143	48552	50328	S2053	S2140		S2053	S2140
38230	44721	47144	48554	50329	S2054	S2142		S2054	S2142
38240	47133	47145	48556	50340	S2055	S2150		S2055	S2150
38241	47135	47146	50300	50360	S2060	S2152		S2060	S2152
38242	47140	47147	50320	50365	S2061			S2061	
38243	47141	48550	50323	50370					
			50325	50380					

TRANSPORTATION SERVICES (NON-EMERGENT AIR AMBULANCE)

Prior Authorization required for Non-Emergent air ambulance transportation services. Emergency transport does not require Prior Authorization.

PLEASE NOTE:

- ***Molina of Puerto Rico: Prior Authorization required for Non-Emergent Air & Ground Transportation. All transport is limited to 10 transports per calendar year (each transport is defined as one (1) carriage service, place of origin to destination)***
- ***Molina of Texas: PA required for Non-Emergent Ambulance (air or ground). Emergent transport does not require PA***

MEDICARE / MEDICAID & MKT PLACE					MEDICAID ONLY		MEDICARE ONLY	MKT PLACE ONLY	
A0430	A0431	A0999			S9960	S9961		S9960	S9961

UNLISTED/MISCELLANEOUS CODES

PLEASE NOTE:

Molina requires medical necessity documentation and rationale be submitted with the PA request for these Unlisted/Miscellaneous codes:

MEDICARE / MEDICAID & MKT PLACE						
01999	40799	51999	68899	81099	92700	L0999
15999	40899	53899	69399	81479	93799	L1499
17999	41599	54699	69799	81599	94799	L2999
19105	43659	55559	69949	85999	95199	L3649
19499	43999	55899	69979	86486	96999	L3999
20999	44238	58578	76497	86849	97039	L5999
21299	44799	58579	76498	86999	97139	L7499
21499	44899	58679	76499	87999	97799	L8039
22899	44979	58999	76999	88099	99429	L8499
22999	45399	59897	77799	88199	99499	L8699
23929	45499	59898	78099	88299	99199	Q0507
24999	45999	60659	78199	88399	A4649	Q0508
25999	46999	60699	78299	88749	A4913	Q0509
27899	47379	64999	78399	89240	A9999	V2199
28899	47399	66999	78499	89398	B9999	V2399
29999	47579	67299	78599	90399	E0769	V2797
30999	47999	67399	78699	90749	E0770	V2799
31299	48999	67599	78799	90899	E2599	V5299
31899	49329	67999	78999	91299	J7599	
36299	49999	68399	79999	92499	K0898	
37799					K0899	

MEDICAID ONLY		MEDICARE ONLY		MKT PLACE ONLY	
T5999	V5298			T5999	V5298
T1999	S0590			T1999	S0590

MEDICARE EXCEPTIONS

MOLINA PLAN CODE EXCEPTIONS

CALIFORNIA EXCEPTIONS

PA REQUIRED:

Submit clinical information supporting use of these codes:

MEDICARE/MEDICAID & MKT PLACE						MEDICAID ONLY				MKT PLACE ONLY			
00170													

NO PA REQUIRED:

MEDICARE/MEDICAID & MKT PLACE						MEDICAID ONLY				MKT PLACE ONLY			

FLORIDA EXCEPTIONS

REFER TO MHFL CODE MATRIX FOR MORE SPECIFICS ON PA REQUIREMENTS & EXCEPTIONS: CLICK HERE

PA REQUIRED:

Submit clinical information supporting use of these codes:

MEDICARE/MEDICAID & MKT PLACE					MEDICAID ONLY			MKT PLACE ONLY		
E0250	E1088	E1171	E1260	K0006						
E0630	E1090	E1172	E1270	K0007						
E0635	E1092	E1180	E1280	K0455						
E1050	E1093	E1190	E1285	K0609						
E1060	E1089	E1195	E1290	K0730						
E1070	E1100	E1200	E1295	T1030						
E1083	E1110	E1223	K0002	T1031						
E1084	E1140	E1224	K0003	97002						
E1086	E1150	E1240	K0004	97004						
E1087	E1170	E1250	K0005							

NO PA REQUIRED:

MEDICARE/MEDICAID & MKT PLACE						MEDICAID ONLY				MKT PLACE ONLY			
C9257	J1650	J2505	J9217	J9267									
J1442	J1950	J9035	J9218	Q2050									

NON-COVERED:

MEDICARE/MEDICAID & MKT PLACE						MEDICAID ONLY				MKT PLACE ONLY			
G0398	G0399	G0400	H0012										

ILLINOIS EXCEPTIONS

PA REQUIRED:

Submit clinical information supporting use of these codes:

MEDICARE/MEDICAID & MKT PLACE						MEDICAID ONLY				MKT PLACE ONLY			

NO PA REQUIRED:

MEDICARE/MEDICAID & MKT PLACE						MEDICAID ONLY				MKT PLACE ONLY			

MICHIGAN EXCEPTIONS

PA REQUIRED:

Submit clinical information supporting use of these codes:

MEDICARE/MEDICAID & MKT PLACE						MEDICAID ONLY				MKT PLACE ONLY			
29799	61798	63620	77334	77372	77373								
77385	77425	96360	96361	96365	97012								
97022	97026	97028	97032	97533	97605								
99144	L0456	E0651	E0652	E0667	E0668								
E0445	L1200	L0457	L0631	L0637	L0639								
E2402	L5629	L1300	L1843	L1845	L3010								
L0650	L3020	L5695	L5964	L6707	L8470								
59841	59851	59855	59857	59840									
59850	59852	59856	59866										

NO PA REQUIRED:

MEDICARE/MEDICAID & MKT PLACE						MEDICAID ONLY				MKT PLACE ONLY			
J0202	J1575	J7328	J9299	J3380									
J0596	J1833	J8655	J9308	J7188									
J0714	J2502	J9032	J0695	J7340									
J0875	J7205	J9039	J2860										
J1447	J7313	J9271	J3090										

NON-COVERED:

MEDICARE/MEDICAID & MKT PLACE									
G0475	J7205	90625	0403T	0413T	0423T	0433T	96934	81438	D1354
G0477	J7188	0394T	0404T	0414T	0424T	0434T	96935	81442	D7881
G0478	81162	0395T	0405T	0415T	0425T	0435T	96936	81490	
G0479	81170	0396T	0406T	0416T	0426T	0436T	99177	81493	
G0480	81218	0397T	0407T	0417T	0427T	99415	81314	81525	
G0481	81219	0398T	0408T	0418T	0428T	99416	81412	81528	
G0482	81272	0399T	0409T	0419T	0429T	50606	81432	81535	
G0483	81273	0400T	0410T	0420T	0430T	96931	81433	81536	
Q9980	81276	0401T	0411T	0421T	0431T	96932	81434	81538	
G0296	81311	0402T	0412T	0422T	0432T	96933	81437	81540	

NEW MEXICO EXCEPTIONS

PA REQUIRED:

Submit clinical information supporting use of these codes:

MEDICARE/MEDICAID & MKT PLACE					MEDICAID ONLY				MKT PLACE ONLY			
41899	S5170	L3002	L3020		A4520	E0434	T4542	B4154	52402	58660		
S5160	S9214	L3003	L3030		A4554	E0439	T4543	B4157	55500	58662		
S5161	L3001	L3010	L3031		T4521	E1390	E0425	B4159	55530	58672		
					T4522	E1392	E0433	B4161	55535	58673		
					T4523	T4531	E0435	B4103	55550	58740		
					T4524	T4532	E0440	B4150	55870	58800		
					T4525	T4533	E1391	B4153	58345	58805		
					T4526	T4534	B4034	B4155	58559	58920		
					T4527	T4535	B4036	B4158				
					T4528	T4536	B4035	B4160				
					T4529	T4537	B4087	B4162				
					T4530	T4539	B4102					
					E0424	T4540	B4149					
					E0431	T4541	B4152					

NO PA REQUIRED:

MEDICARE/MEDICAID & MKT PLACE					MEDICAID ONLY				MKT PLACE ONLY			
82016	96101	96118	96125	H0012								
82017	96102	96119	95953									
95909	96103	96120	96116									
95951	95911	95937	97804									
95956	95912	97802	95957									
	95913	97803	95950									

OHIO EXCEPTIONS

PA REQUIRED:

Submit clinical information supporting use of these codes:

MEDICARE/MEDICAID & MKT PLACE						MEDICAID ONLY				MKT PLACE ONLY			
J9265	59841	59851	59855	59857		K0001	K0003	K0005	K0007				
59840	59850	59852	59856	59866		K0002	K0004	K0006					

NO PA REQUIRED:

MEDICARE/MEDICAID & MKT PLACE						MEDICAID ONLY				MKT PLACE ONLY			

PUERTO RICO EXCEPTIONS

REFER TO MPR'S CODE MATRIX FOR MORE SPECIFICS ON PA REQUIREMENTS & EXCEPTIONS: CLICK HERE

PA REQUIRED:

Submit clinical information supporting use of these codes:

MEDICAID ONLY												
0115	15220	33203	33506	43214	43273	64561	88350	93352	96368	081X	J1443	S0122
0125	15221	33206	33507	43215	43274	64565	92920	93355	96369	082X	J2407	S0126
0135	15240	33207	33508	43216	43275	64566	92921	93452	96370	A0426	J2547	S0128
0145	15241	33208	33510	43217	43276	64568	92924	93454	96371	A0428	J7121	S0132
0235	15260	33210	33511	43220	43277	64569	92925	93455	97001	A0430	J7503	S0157
0650	15261	33211	33512	43223	43278	64570	92928	93458	97002	A0431	J7512	S0271
0651	19357	33212	33513	43226	45330	64575	92929	93459	97003	A0999	J7999	S2900
0652	19361	33213	33514	43227	45331	64580	92933	93701	97004	A4337	J9041	S9152
0655	19364	33214	33516	43228	45332	64581	92934	93702	97010	A4337	J9303	S9960
0657	19366	33214	33517	43229	45334	64585	92937	93784	97012	A4575	J9305	S9961
0658	19367	33215	33518	43231	45335	64595	92938	93786	97014	A6550	J9330	T2042
0659	19368	33216	33519	43232	45337	65710	92941	93788	97016	A7000	J9355	T2043
11042	19369	33217	33521	43234	45338	65730	92943	93790	97018	B4103	J9357	T2044
11043	19371	33221	33522	43235	45340	65750	92944	93880	97022	B4150	J9395	T2045
11044	19380	33224	33523	43236	45341	65755	92973	93882	97024	B4153	L6420	T2046
11045	20900	33225	33530	43237	45342	77371	92974	93886	97026	B4154	L8605	S0073
11046	20902	33225	33533	43238	45347	77372	93050	93888	97150	B4155	Q0138	
11047	20910	33228	33534	43239	45349	77373	93224	93890	97530	B4157	Q0139	
11920	20912	33229	33535	43240	45350	77386	93225	93892	97532	B4158	Q4081	
11922	20920	33230	33536	43241	45378	77432	93226	93893	97533	B4159	Q9975	
11950	20922	33231	33542	43242	45379	77520	93227	93895	97535	B4159	Q9977	
11954	20924	33240	33545	43243	45380	77522	93228	93922	97537	B4160	Q9978	
15040	20926	33241	33548	43244	45381	77525	93268	93923	97542	B4161	Q9979	
15050	20930	33249	37252	43245	45382	78013	93269	93924	97545	B4162	J0740	
15100	20931	33250	37253	43246	45384	78018	93270	93925	97546	C1721	J2212	
15101	20936	33255	43180	43247	45385	78226	93271	93926	97597	C1722	J2440	
15110	20937	33256	43191	43248	45386	78227	93272	93930	97598	C1777	J2940	
15111	20938	33257	43192	43249	45388	78300	93278	93931	97602	C1785	J3030	
15115	20950	33258	43193	43250	45389	78305	93303	93965	97605	C1786	J7336	
15116	20955	33259	43194	43251	45390	78306	93304	93970	97606	C1822	J7500	
15120	20956	33262	43195	43252	45391	78315	93306	93971	97607	C1882	J7502	
15121	20957	33263	43196	43253	45392	78600	93307	93975	97608	C1895	J7507	
15130	20962	33264	43197	43254	45393	78601	93312	93976	97610	C1896	J7508	
15131	20969	33271	43198	43255	45398	78605	93313	93978	97760	C2619	J7515	
15135	20970	33272	43200	43257	50590	78610	93314	93979	97761	C2620	J7517	
15136	20972	33273	43201	43259	50592	78700	93315	93980	97762	E0446		
15150	20973	33282	43202	43260	50593	78701	93316	93981	97810	E2402		
15151	20974	33284	43204	43261	52353	78707	93317	93982	98777	G0129		
15152	20975	33500	43205	43262	61796	78708	93318	95860	81170	G0448		
15155	20979	33501	43206	43263	61797	78709	93320	96360	81276			
15156	20982	33502	43210	43264	61799	78801	93321	96361	81288			
15157	20983	33503	43211	43265	61800	78802	93325	96365	81407			
15200	20985	33504	43212	43266	64550	78805	93350	96366	S3845			
15201	33202	33505	43213	43270	64555	78806	93351	96367	S3846			

NO PA REQUIRED:

MEDICAID ONLY												

NON-COVERED:

MEDICAID ONLY											
95800	95805	S2267	0394T	0402T	0410T	0418T	0426T	0434T	15877	21137	30450
95801	95807	15859	0395T	0403T	0411T	0419T	0427T	0435T	15878	21138	38230
95806	95808	36468	0396T	0404T	0412T	0420T	0428T	0436T	15879	21139	38232
G0398	95810	Q4161	0397T	0405T	0413T	0421T	0429T	90867	19300	22856	38204
G0399	95811	Q4162	0398T	0406T	0414T	0422T	0430T	96931	17380	22857	38207
G0400	S0199	Q4163	0399T	0407T	0415T	0423T	0431T	97811	21270	22861	38208
95782	S2260	Q4164	0400T	0408T	0416T	0424T	0432T	97813	21280	22862	38209
95783	S2266	Q4165	0401T	0409T	0417T	0425T	0433T	97814	21282	22864	38210
69300	58760	54417	15775	15789	15822	11920	11954	15836	21120	22865	38211
89240	54400	58345	15776	15792	15823	11921	15829	15837	21121	30400	38212
54401	54406	58970	15780	15793	15824	11922	15832	15838	21122	30410	38213
54405	54408	58974	15781	15819	15825	11950	15833	15839	21123	30420	38214
58750	54410	58976	15782	15820	15826	11951	15834	15847	21125	30430	38215
58752	54415	15788	15783	15821	15828	11952	15835	15876	21127	30435	

SOUTH CAROLINA EXCEPTIONS

MMP and MEDICAID
Providers: Refer to the South Carolina Dept. of Health and Human Services (SC-DHHS) Provider Manuals and Fee Schedules to identify non-covered services.

REFER TO MHSC CODE MATRIX FOR MORE SPECIFICS ON PA REQUIREMENTS & EXCEPTIONS: CLICK HERE

PA REQUIRED:

Submit clinical information supporting use of these codes:

MMP (Dual Options) and MEDICAID						MEDICAID ONLY			
97012	97810	97811	97813	97814		A9900	S9127	S9129	T1030
							S9128	S9131	T1031

NO PA REQUIRED:

MMP (Dual Options) and MEDICAID						MEDICAID ONLY			
H0032*	77003								

*For DAODAS Providers only

TEXAS EXCEPTIONS

Behavioral Health "Day Treatment" is not a covered benefit for TX Medicaid.
Refer to the TX Medicaid Fee Schedule for Non-Covered Code verification as codes can be updated monthly.

REFER TO MTX CODE MATRIX FOR MORE SPECIFICS ON PA REQUIREMENTS & EXCEPTIONS: CLICK HERE

PA REQUIRED:

Submit clinical information supporting use of these codes

- Texas Medicaid requires authorization on all feeding/nutrition products listed below.
- Specialty Pharmacy Drugs refer to the Vendor Drug Program and Texas Medicaid Provider Procedure Manual for pharmacy requests requiring prior authorization.
- Incontinence Supplies/Diapers for Texas Medicaid require authorization on members **20 and under ONLY**.
- Dialysis CPT Code 90999 Notification Only if provider has negotiated rate in contract.
- Pain management requires authorization in any setting.
- Occupational, Physical and Speech therapies require authorization after initial evaluation in all locations.
- Habilitative Therapy requires authorization after initial evaluation.

MEDICARE / MEDICAID & MKT PLACE						MEDICAID ONLY				MKT PLACE ONLY			
29799	92526	97024	97113	97535	G0281	A4554	T4525	T4537	T4531				
61798	92609	97026	97116	97537	G0283	T4521	T4526	T4539	T4532				
63620	97010	97028	97124	97542	G0329	T4522	T4527	T4540	T4533				
77334	97012	97032	97140	97760		T4523	T4528	T4541	T4534				
77372	97014	97033	97150	97761		T4524	T4529	T4542	T4535				
77373	97016	97034	97530	97762		B4034	T4530	T4543	T4536				
77385	97018	97035	97532			B4103	B4035	B4036	B4102				
77425	97022	97036	97533			B4152	B4104	B4149	B4150				
						B4157	B4153	B4154	B4155				
						B4161	B4158	B4159	B4160				
						B4172	B4162	B4164	B4168				
						B4185	B4176	B4178	B4180				
						B4199	B4189	B4193	B4197				
						B9000	B4216	B5100	B5200				
						B9998	B9002	B9004	B9006				
						T1003	B9999	S9152	S9153				
						S9379	A0426	T1000	T1002				
								A0428					

NO PA REQUIRED:

MEDICARE/MEDICAID & MKT PLACE						MEDICAID ONLY				MKT PLACE ONLY			
A9900	95800	95806	95810										
G0398	95801	95807	95811										
	95805	95808	95803										

UTAH EXCEPTIONS

PA REQUIRED:

Submit clinical information supporting use of these codes

MEDICARE/MEDICAID & MKT PLACE						MEDICAID ONLY				MKT PLACE ONLY			

NO PA REQUIRED:

MEDICARE/MEDICAID & MKT PLACE						MEDICAID ONLY				MKT PLACE ONLY			

WASHINGTON EXCEPTIONS

PA REQUIRED:

Submit clinical information supporting use of these codes

MEDICARE/MEDICAID & MKT PLACE						MEDICAID ONLY				MKT PLACE ONLY			
61798	77334	77373	77425	77299	93998								
63620	77372	77385	41899	77399									

NO PA REQUIRED:

MEDICARE/MEDICAID & MKT PLACE						MEDICAID ONLY				MKT PLACE ONLY			

WISCONSIN EXCEPTIONS

PA REQUIRED:

Submit clinical information supporting use of these codes

MEDICARE/MEDICAID & MKT PLACE						MEDICAID ONLY				MKT PLACE ONLY			
V5210	V5220	V5170	V5260	V5261	V5180								
V5256	V5257												

NO PA REQUIRED:

MEDICARE/MEDICAID & MKT PLACE						MEDICAID ONLY				MKT PLACE ONLY			