

2017 MHI PA Matrix Updates Log

2017 Q4 Updates

Received	Effective	Specialty/Service	Update	Applies to	LOB	Notes
6/14/2017	10/1/2017	Specialty Pharmacy	Add/PA Required: C9490, J7511, J0640, J1230, J1570, J7308, J9000, J9065, J9070, J9100, J9130, J9150, J9181, J9190, J9200, J9208, J9209, J9211, J9213, J9230, J9268, J9280, J9328, J9340, J9360, Q9985, Q9986, Q9989	All Plans	All	
6/28/2017	10/1/2017	Specialty Pharmacy	Remove Termed Code: C9487	All Plans	All	Replaced by Q9989
6/28/2017	10/1/2017	Out Patient Hospital/ASC Procedures	Added/PA Required: 37243, C2616, C9734, C9746, C9747	All Plans	All	
6/28/2017	10/1/2017	Specialty Pharmacy	Added/PA Required: J0571, 67028	All Plans	All	
6/28/2017	10/1/2017	Home Health Care Services	Added/PA Required: G0495, G0496	All Plans	All	
6/29/2017	10/1/2017	Genetic Counseling & Testing	Added/PA Required: 0004U, 0005U	All Plans	All	MWI: NC for Medicaid
6/29/2017	10/1/2017	Experimental & Investigational	Added/PA Required: 0469T, 0470T, 0471T, 0473T, 0474T, 0475T, 0476T, 0477T, 0478T	All Plans	All	MWI/MPR: NC for Medicaid
7/12/2017	10/1/2017	Out Patient Hospital/ASC Procedures	Remove/No PA Required: 47600	All Plans	All	
7/24/2017	7/25/2017	Experimental & Investigational	Remove NC Code: 0042T	All Plans	Medicare	
8/3/2017	10/1/2017	Cosmetic, Plastic and Reconstructive Procedures	Added/PA Required: 11900, 11901, 11920	All Plans	Medicare	Codes already require PA for Medicaid/Marketplace
9/7/2017	10/1/2017	DME	Added/PA Required: E0766	All Plans	All	
9/12/2017	10/1/2017	Specialty Pharmacy	PA Update: C9484, C9489 NC Codes	All Plans	All	
9/20/2017	10/1/2017	Specialty Pharmacy	Added/PA Required: C9491, C9492, C9493, C9494	All Plans	All	
9/25/2017	11/1/2017	Genetic Counseling & Testing	Added/PA Required: 0008U, 0009U 0010U 0011U, 0012U, 0013U, 0014U, 0015U, 0016U, 0017U	All Plans	All	Plans' effective date may be differ from MHI. Plans may follow their current provider notification standards.

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Behavioral Health, Mental Health, Alcohol & Chemical Dependency Services

Inpatient, Partial Hospitalization, Electroconvulsive Therapy (ECT).

MHFL: Region 1 Providers (Escambia, Santa Rosa, Okaloosa, & Walton counties), contact Access Behavioral Health: 1-866-477-6725, all others contact Psych Care: 1-855-371-9230.

0901	2106	90870
Cosmetic, Plastic & Reconstructive Procedures [In Any Setting]		
11900	11920	15781
11901	15780	15782
15783	15793	15821
15820	15822	15823
15832	15833	15834
15835	15836	15837
15838	15847	19316
15847	19318	19324
19316	19324	19328
19324	19328	19342
19328	19342	19355
19342	19355	30460
19355	30460	67904
30460	67904	67908
67904	67908	

Durable Medical Equipment (DME)

A7025	E0293	E0371	E0748	E0855	E1010	E1230	E1700	E2310	E2340	E2374	E2511	E2617	E2631	K0806	K0825	K0840	K0856	K0871	V2530
A9900	E0294	E0372	E0749	E0983	E1012	E1232	E2201	E2311	E2341	E2375	E2605	E2620	K0008	K0807	K0826	K0841	K0857	K0877	V2531
A9901	E0295	E0373	E0760	E0984	E1014	E1233	E2202	E2312	E2342	E2376	E2606	E2621	K0009	K0808	K0827	K0842	K0858	K0878	
E0194	E0296	E0462	E0762	E0986	E1020	E1234	E2203	E2313	E2343	E2377	E2607	E2622	K0010	K0813	K0828	K0843	K0859	K0879	
E0255	E0297	E0465	E0764	E0988	E1029	E1235	E2204	E2321	E2351	E2378	E2608	E2623	K0011	K0814	K0829	K0848	K0860	K0880	
E0256	E0300	E0466	E0766	E1002	E1030	E1236	E2227	E2322	E2361	E2397	E2609	E2624	K0012	K0815	K0830	K0849	K0861	K0884	
E0260	E0301	E0483	E0782	E1003	E1035	E1237	E2228	E2325	E2366	E2500	E2611	E2625	K0014	K0816	K0831	K0850	K0862	K0885	
E0261	E0302	E0691	E0783	E1004	E1036	E1238	E2291	E2326	E2367	E2502	E2612	E2626	K0108	K0820	K0835	K0851	K0863	K0886	
E0265	E0303	E0692	E0784	E1005	E1161	E1296	E2292	E2327	E2368	E2504	E2613	E2627	K0606	K0821	K0836	K0852	K0864	K0890	
E0266	E0304	E0693	E0785	E1006	E1225	E1298	E2293	E2328	E2369	E2506	E2614	E2628	K0800	K0822	K0837	K0853	K0868	K0891	
E0277	E0328	E0694	E0786	E1007	E1226	E1310	E2294	E2329	E2370	E2508	E2615	E2629	K0801	K0823	K0838	K0854	K0869	K0900	
E0292	E0329	E0747	E0849	E1008	E1227	E1399	E2295	E2330	E2373	E2510	E2616	E2630	K0802	K0824	K0839	K0855	K0870		

Experimental/Investigational

0051T	0098T	0163T	0190T	0208T	0219T	0237T	0268T	0294T	0305T	0317T	0351T	0362T	0373T	0403T	0414T	0425T	0438T	0470T	8398T
0052T	0100T	0164T	0191T	0209T	0220T	0238T	0269T	0295T	0306T	0335T	0352T	0363T	0374T	0404T	0415T	0426T	0439T	0471T	8414T
0053T	0101T	0165T	0195T	0210T	0221T	0249T	0270T	0296T	0307T	0337T	0353T	0364T	0394T	0405T	0416T	0427T	0442T	0472T	8631T
0054T	0102T	0174T	0196T	0211T	0222T	0253T	0271T	0297T	0308T	0338T	0354T	0365T	0395T	0406T	0417T	0428T	0443T	0473T	8634T
0055T	0106T	0175T	0198T	0212T	0228T	0254T	0272T	0298T	0309T	0339T	0355T	0366T	0396T	0407T	0418T	0429T	0444T	0474T	Q416T
0058T	0107T	0178T	0200T	0213T	0229T	0255T	0273T	0299T	0310T	0340T	0356T	0367T	0397T	0408T	0419T	0430T	0436T	0475T	Q416T
0071T	0108T	0179T	0201T	0214T	0230T	0263T	0274T	0300T	0312T	0342T	0357T	0368T	0398T	0409T	0420T	0431T	0437T	0476T	Q416T
0072T	0109T	0180T	0202T	0215T	0231T	0264T	0275T	0301T	0313T	0347T	0358T	0369T	0399T	0410T	0421T	0432T	0441T	0477T	Q416T
0075T	0110T	0184T	0205T	0216T	0234T	0265T	0278T	0302T	0314T	0348T	0359T	0370T	0400T	0411T	0422T	0433T	0445T	0478T	Q416T
0076T	0111T	0188T	0206T	0217T	0235T	0266T	0290T	0303T	0315T	0349T	0360T	0371T	0401T	0412T	0423T	0434T	0440T	8201T	
0085T	0126T	0189T	0207T	0218T	0236T	0267T	0293T	0304T	0316T	0350T	0361T	0372T	0402T	0413T	0424T	0435T	0469T	8201T	

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0095T 0159T

Genetic Counseling & Testing

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

0004M	0008U	0015U	81211	81218	81228	81273	81298	81321	81402	81411	81420	81432	81439	81465	81528	83006	88373
0006M	0009U	0016U	81212	81219	81229	81287	81300	81323	81403	81412	81422	81433	81440	81470	81535	84999	88374
0007M	0010U	0017U	81213	81222	81235	81291	81311	81324	81404	81413	81425	81434	81442	81471	81536	86152	88377
0008M	0011U	81162	81214	81223	81246	81292	81313	81325	81405	81414	81426	81435	81445	81493	81538	86153	G9143
0009M	0012U	81201	81215	81225	81265	81294	81314	81355	81406	81415	81427	81436	81450	81504	81540	88261	
0004U	0013U	81203	81216	81226	81266	81295	81317	81400	81408	81416	81430	81437	81455	81507	81545	88271	
0005U	0014U	81210	81217	81227	81272	81297	81319	81401	81410	81417	81431	81438	81460	81519	81595	88369	

84999: Including Oncotype Dx

Home Health Care Services

PA required for all home health services after initial evaluation plus six (6) visits per calendar year.

042X	044X	056X	G0151	G0153	G0156	G0158	G0160	G0162	G0300	G0494	G0496
043X	055X	057X	G0152	G0155	G0157	G0159	G0161	G0299	G0493	G0495	

Hyperbaric Therapy

G0277 99183

Imaging – Advanced & Specialty

C8900	C8909	C8931	70450	70490	70545	70555	72125	72141	72159	73200	73223	73721	74176	74263	75572	77059	78459	78492	78812
C8901	C8910	C8932	70460	70491	70546	71250	72126	72142	72191	73201	73225	73722	74177	74712	75573	77084	78466	78494	78813
C8902	C8911	C8933	70470	70492	70547	71260	72127	72146	72192	73202	73700	73723	74178	74713	75574	78205	78468	78496	78814
C8903	C8912	C8934	70480	70496	70548	71270	72128	72147	72193	73206	73701	73725	74181	75557	75635	78206	78469	78607	78815
C8904	C8913	C8935	70481	70498	70549	71275	72129	72148	72194	73218	73702	74150	74182	75559	76376	78320	78472	78608	78816
C8905	C8914	C8936	70482	70540	70551	71550	72130	72149	72195	73219	73706	74160	74183	75561	76377	78451	78473	78609	
C8906	C8918	G0288	70486	70542	70552	71551	72131	72156	72196	73220	73718	74170	74185	75563	76497	78452	78481	78647	
C8907	C8919	G0297	70487	70543	70553	71552	72132	72157	72197	73221	73719	74174	74261	75565	76498	78453	78483	78710	
C8908	C8920	70336	70488	70544	70554	71555	72133	72158	72198	73222	73720	74175	74262	75571	77058	78454	78491	78811	

Neuropsychological & Psychological Tests (in any setting)

95950	95951	95953	95956	95957	96101	96102	96103	96116	96118	96119	96120	96125
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Non-PAR Offices/Providers/Facilities

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PA 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
- Local Health Department (LHD) services
- Other services based on State requirements

Occupational Therapy

PA required after therapy benefit cap has been reached.

97110 97112

Out-Patient (OP) Hospital/Ambulatory Surgery Center (ASC) Procedures

10040	21159	22222	22802	22868	28060	28160	28289	28725	29880	31660	37785	43848	58152	58544	58952	63005	63081	69930	96936
15786	21160	22224	22804	22869	28062	28171	28291	28730	29881	31661	38204	43881	58180	58545	58953	63011	63086	63082	C2616
15787	21172	22226	22808	22870	28080	28173	28292	28735	29882	32491	38207	43882	58200	58546	58954	63012	63087	63085	C9734
15819	21175	22505	22810	23412	28090	28175	28295	28737	29883	33251	38208	43886	58210	58548	58956	63015	63088	90867	C9739
15830	21240	22526	22812	25447	28092	28200	28296	28740	29884	33254	38209	43887	58240	58550	58957	63016	63090	90868	C9740
17004	21242	22527	22818	26499	28100	28202	28297	28750	29885	33261	38210	43888	58260	58552	58958	63017	63091	90869	C9746
17360	21243	22532	22819	27120	28102	28208	28298	28755	29886	33265	38211	47380	58262	58553	58970	63020	63101	93229	C9747
20930	21270	22533	22830	27122	28103	28210	28299	28760	29887	33266	38212	47381	58263	58554	58974	63030	63102	95909	
21073	21280	22534	22840	27125	28104	28220	28300	28890	29888	36460	38213	47382	58267	58570	58976	63035	63103	95911	
21120	21282	22548	22841	27130	28106	28222	28302	28341	29889	36468	38214	47605	58270	58571	59070	63040	64553	95912	
21121	21295	22551	22842	27132	28107	28225	28304	29806	29891	36470	38215	47610	58275	58572	59072	63042	64568	95913	
21122	21296	22552	22843	27134	28108	28226	28305	29807	29892	36471	38232	47612	58280	58573	59074	63043	64569	96567	
21123	22100	22554	22844	27137	28110	28230	28306	29819	29893	36475	43644	47620	58285	58660	59076	63044	64570	96570	
21125	22101	22556	22845	27138	28111	28232	28307	29820	29894	36476	43645	49255	58290	58661	61863	63045	64590	96571	
21127	22102	22558	22846	27440	28112	28234	28308	29821	29895	36478	43647	49904	58291	58662	61864	63046	64595	96900	
21137	22103	22585	22847	27441	28113	28238	28309	29822	29897	36479	43648	49905	58292	58672	61867	63047	65771	96902	
21138	22110	22586	22848	27442	28114	28240	28310	29823	29898	36514	43653	49906	58293	58673	61868	63048	65772	96904	
21139	22112	22590	22849	27443	28116	28250	28312	29824	29899	37191	43770	52441	58294	58700	61885	63050	65775	96910	
21141	22114	22595	22850	27445	28118	28260	28313	29825	29914	37243	43771	52442	58321	58720	61886	63051	67900	96912	
21142	22116	22600	22852	27446	28119	28261	28315	29826	29915	37700	43772	52649	58322	58740	62324	63055	67901	96913	
21143	22206	22610	22855	27447	28120	28262	28320	29827	29916	37718	43773	53850	58323	58750	62325	63056	67902	96920	
21145	22207	22612	22856	27486	28122	28264	28322	29828	30465	37722	43774	53852	58345	58752	62326	63057	67903	96921	
21146	22208	22614	22857	27487	28124	28270	28340	29873	30520	37735	43775	54401	58350	58760	62327	63064	67909	96922	

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21147	22210	22630	22861	28005	28126	28272	28344	29874	30540	37760	43842	54405	58356	58770	62369	63066	67950	96931
21150	22212	22632	22862	28008	28130	28280	28345	29875	30545	37761	43843	57288	58540	58940	62370	63075	69714	96932
21151	22214	22633	22864	28010	28140	28285	28360	29876	31295	37765	43845	57289	58541	58943	62380	63076	69715	96933
21154	22216	22634	22865	28011	28150	28286	28705	29877	31296	37766	43846	58150	58542	58950	63001	63077	69717	96934
21155	22220	22800	22867	28035	28153	28288	28715	29879	31297	37780	43847		58543	58951	63003	63078	69718	96935

Pain Management Procedures

Acupuncture is not a Medicare covered benefit.

27096	62264	62360	62367	63655	63662	63664	63688	64462	64483	64486	64488	64490	64492	64494	64600	64634	64636	77003
27279	62350	62361	62368	63661	63663	63685	64461	64463	64484	64487	64489	64491	64493	64495	64633	64635	64640	G0260
62263	62351	62362	63650															

Physical Therapy

PA required after therapy benefit cap has been reached.

97110	97112
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Prosthetics & Orthotics

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

Radiation Therapy & Radio Surgery

77520	77522	77523	77525	G0339	G0340	G6015	G6016	G6017	Q9950
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Sleep Studies

95800	95801	95803	95805	95806	95807	95808	95810	95811
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Specialty Pharmacy Drugs

67028	C9491	J0401	J0598	J0895	J1559	J1652	J2020	J2562	J3262	J7183	J7202	J7328	J9017	J9065	J9201	J9230	J9302	J9371	Q9989
90281	C9492	J0480	J0637	J0897	J1560	J1675	J2170	J2597	J3285	J7185	J7205	J7330	J9019	J9070	J9202	J9245	J9303	J9370	
90283	C9493	J0485	J0638	J1230	J1561	J1725	J2182	J2724	J3315	J7186	J7207	J7340	J9025	J9098	J9205	J9250	J9305	J9390	
90284	C9494	J0490	J0641	J1290	J1562	J1740	J2248	J2778	J3355	J7187	J7209	J7504	J9027	J9100	J9206	J9260	J9306	J9395	
90378	J0129	J0570	J0640	J1300	J1566	J1743	J2315	J2783	J3357	J7188	J7308	J7511	J9032	J9120	J9207	J9261	J9307	J9400	
A9542	J0135	J0571	J0695	J1322	J1568	J1744	J2323	J2786	J3380	J7189	J7309	J7527	J9033	J9155	J9208	J9262	J9308	J9600	
A9543	J0178	J0572	J0714	J1324	J1569	J1745	J2353	J2793	J3385	J7190	J7310	J7639	J9034	J9130	J9209	J9263	J9310	J9999	
C9132	J0180	J0573	J0717	J1325	J1570	J1750	J2354	J2796	J3396	J7191	J7311	J7682	J9035	J9150	J9211	J9264	J9315	Q0138	

Medicare Prior Auth (PA) Code Matrix

Effective Q4, 2017

All Non-Par Providers require authorization regardless of services or codes. Any exceptions included in this document apply to PAR Providers only.

These codes are for Out-Patient services only.

All In-Patient admits/svcs. require PA, including: Elective, Acute Hospital, Skilled Nursing Facilities (SNF), Rehabilitation, and Long Term Acute Care (LTAC) Facilities.

No PA required for office visits or office-based procedures at Participating Network Providers.

No PA Required for referrals to Participating Network Specialists.

Some services listed may not be covered by CMS or your local State Regulatory Agency.

The absence of a code from this list should not be used to determine whether a service is covered or not by your regulatory agency.

Refer to your regulatory agency for benefit coverage and non-covered codes.

Prior Authorization is not a guarantee of payment for services. Payment is made in accordance with a determination of the member's eligibility on the date(s) of service, benefit limitations or exclusions and other applicable standards during the claim review, including the terms of any applicable provider agreement.

For Medicare Hearing Supplemental benefit: Contact AVESIS at 1 (800) 327-4662

This document should NOT be utilized to make benefit coverage determinations.

C9140	J0202	J0574	J0725	J1438	J1571	J1756	J2357	J2820	J3489	J7192	J7312	J7686	J9039	J9160	J9213	J9265	J9325	Q0139
C9257	J0205	J0575	J0775	J1439	J1572	J1786	J2425	J2840	J3490	J7193	J7313	J7999	J9040	J9171	J9214	J9266	J9328	Q2043
C9293	J0207	J0585	J0800	J1442	J1573	J1826	J2426	J2860	J3590	J7194	J7316	J8499	J9041	J9178	J9215	J9267	J9330	Q2050
C9399	J0220	J0586	J0850	J1447	J1575	J1830	J2430	J2916	J7175	J7195	J7320	J8520	J9042	J9179	J9216	J9268	J9340	Q3027
C9483	J0221	J0587	J0875	J1453	J1595	J1833	J2469	J2941	J7178	J7196	J7321	J8521	J9043	J9181	J9217	J9271	J9351	Q3028
C9485	J0256	J0588	J0878	J1458	J1599	J1930	J2502	J3060	J7179	J7197	J7323	J8655	J9045	J9185	J9218	J9280	J9352	Q4074
C9486	J0257	J0592	J0881	J1459	J1602	J1931	J2503	J3090	J7180	J7198	J7324	J8670	J9047	J9145	J9219	J9293	J9354	Q5101
C9488	J0287	J0594	J0885	J1460	J1640	J1942	J2504	J3110	J7181	J7199	J7325	J8700	J9050	J9176	J9225	J9295	J9355	Q5102
C9490	J0289	J0596	J0888	J1556	J1645	J1950	J2505	J3145	J7182	J7200	J7326	J9000	J9055	J9190	J9226	J9299	J9357	Q9985
	J0364	J0597	J0894	J1557	J1650	J1955	J2507			J7201	J7327	J9015	J9060	J9200	J9228	J9301	J9360	Q9986

67028 No PA when used with J9035: No PA required when used with ocular Dx's. (See Dx Codes tab for related ICD9 & ICD10 Codes)

Speech Therapy

PA required after initial evaluation plus six (6) visits for office & outpatient settings.

92507 92508

Transplant Services (Including Solid Organ and Bone Marrow)

Corneal transplants do not require PA.

38205	38230	38241	38243	44720	47133	47140	47142	47144	47146	50300	50323	50327	50329	50360	50370	48550	48552	48556
38206	38240	38242	44715	44721	47135	47141	47143	47145	47147	50320	50325	50328	50340	50365	50380	48551	48554	

Transportation Services

PA required for Non-Emergent Air Ambulance transportation services. Emergency transport does not require Prior Authorization

A0430 A0431 A0999

Unlisted/Miscellaneous Codes

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

01999	21499	28899	40799	44899	47399	53899	58999	67299	69799	78199	81099	87999	89398	93799	99429	E0769	L0999	L8039	V2399
15999	22899	29999	40899	44979	47579	54699	59897	67399	69949	78299	81479	88099	90399	94799	99499	E0770	L1499	L8499	V2797
17999	22999	30999	41599	45399	47999	55559	59898	67599	69979	78399	81599	88199	90749	95199	99199	E2599	L2999	L8699	V2799
19105	23929	31299	43659	45499	48999	55899	60659	67999	76499	78499	85999	88299	90899	96999	A4649	C1889	L3649	Q0507	V5299
19499	24999	31899	43999	45999	49329	58578	60699	68399	76999	78599	86486	88399	91299	97039	A4913	J7599	L3999	Q0508	
20999	25999	36299	44238	46999	49999	58579	64999	68899	77799	78699	86849	88749	92499	97139	A9999	K0898	L5999	Q0509	
21299	27899	37799	44799	47379	51999	58679	66999	69399	78099	78799	86999	89240	92700	97799	B9999	K0899	L7499	V2199	