

**- 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/or procedures at PAR/Network Providers do not require PA.  
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 24**

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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 *MHNMM: 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, 90899, 95950, 95951, 95953	90899 will remain under Unlisted/T codes 95951 will remain under neuropsychological testing.
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	MTX: 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

Received Date	Effective Date	Specialty/Service	Change/Update Description	Exceptions/Notes
02/06/15	02/06/15	OP Hospital/ASC procedures	<b>Added/PA Required:</b> 20930 (based on MCG-218)	None
02/06/15	02/06/15	Experimental/Investigational & Unlisted Misc. codes	<b>Removed/No PA Required:</b> 0232T	None
02/06/15	02/06/15	Wound therapy, including wound Vacs & Hyperbaric wound therapy	<b>Removed/No PA Required:</b> G0460	None
02/06/15	02/06/15	Radiation Therapy and Radio Surgery	<b>Added/PA Required:</b> G0339; G0340 (based on MCG-224)	None
02/23/15	02/23/15	Specialty Pharmacy Drugs (Injectable)	<b>Added/PA Required</b> (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	<b>Removed/No PA Required:</b> 11976	None
03/03/15	03/03/15	DME	<b>Added/PA Required:</b> C2624	None
03/03/15	03/03/15	Experimental/Investigational	<b>Added/PA Required:</b> 92145	None
03/03/15	03/03/15	Genetic Counseling & Testing	<b>Added/PA Required:</b> 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	<b>Added/PA Required:</b> G0277, 97607, 97608	None
03/03/15	03/03/15	OP Hospital/ASC procedures	<b>Added/PA Required:</b> 52441, 52442, 66179, 66184, G0276	None
03/03/15	03/03/15	Pain Management procedures	<b>Added/PA Required:</b> 64486, 64487, 64488, 64489	None
03/03/15	03/03/15	Specialty Pharmacy Drugs	<b>Added/PA Required:</b> 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	<b>Added/PA Required:</b> L6026, L7259	None
03/03/15	03/03/15	Radiation Therapy	<b>Added/PA Required:</b> G6015, G6016, G6017	None
03/03/15	03/03/15	Unlisted/Misc./T Codes	<b>Added/PA Required:</b> G6021	None
03/03/15	03/31/15	Multi-Specialties	<b>Removed Termed Codes:</b> 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	<b>Removed/No PA Required:</b> 55970, 55980	Medicare members only
03/11/15	01/01/15	OP Hospital/ASC procedures	<b>Removed/No PA Required:</b> 58353	None. Retro to 01/01/15.
03/13/15	03/13/15	Neuropsychological & Psychological testing	<b>Added/PA Required:</b> 95950, 95953, 95954, 95955, 95957, 95958, 95961, 95962	None
03/13/15	03/13/15	BH, mental health, alcohol & chemical dependency	<b>Removed/No PA Required:</b> H0020	None
03/23/15	01/01/15	OP Hospital/ASC procedures	<b>Removed/No PA Required:</b> 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	<b>Added/PA Required:</b> C9445, C9448, C9449, C9450, C9451, C9452, Q9975, J9228	None. Retro to 04/01/15
05/01/15	07/01/15	OP Hospital/ASC procedures	<b>Removed/No PA Required:</b> 36821, 96365, 96366, 96367, 96368	None
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	Newborn screenings	<b>No PA required for NM:</b> 82016, 82017	MHNM Only

## Molina Healthcare, Inc., PA Code Matrix Services Requiring Auth and Benefit Exclusions

Received Date	Effective Date	Specialty/Service	Change/Update Description	Exceptions/Notes
06/18/15	07/01/15	Dopplers, Sedation, Dietitians, EMG/NCS	<b>No PA required for NM:</b> 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, 97802, 97803, 97804, 95861, 95863, 95864, 95865, 95866, 95907, 95908, 95909, 95910, 95911, 95912, 95913, 95885, 95886, 95887, 95937	MHNM Only
07/01/15	07/10/15	OP Hospital/ASC procedures, "T" Codes, Experimental/ Investigational	<b>Removed/No PA Required:</b> 33361, 33362, 33363, 33364, 33365, 33418, 33419, 0345t, G0276	None
07/17/15	07/01/15	Specialty Pharmacy Drugs	<b>Removed Termed Code:</b> C9448 <b>Added/PA Required:</b> 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	<b>Added/PA Required:</b> 0392T, 0393T	None. Retro to 07/01/15
07/17/15	07/01/15	Genetic Counseling & Testing	<b>Added/PA Required:</b> 0010M	None. Retro to 07/01/15
07/15/15	07/01/15	BH, mental health, alcohol & chemical dependency	<b>Added/PA Required when submitted with Diagnosis of Autism:</b> 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	* No PA required for MHSC's DAODAS providers. Retro to 07/01/15
07/22/15	08/01/15	Dialysis	<b>Removed/No PA Required:</b> 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	<b>Removed/No PA Required:</b> S0271, T2044, T2042, T2045, T2043, T2046	None
07/22/15	08/01/15	Dental Anesthesia	<b>Removed/No PA Required:</b> D9219, 00170	
07/22/15	08/01/15	Durable Medical Equipment (DME)	<b>Removed/No PA Required:</b> 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
07/22/15	08/01/15	Radiation Therapy & Radio Surgery	<b>Removed/No PA Required:</b> 20660, 36260, 37242, 37243, 36245, 61796, 61797, 61798*, 61799, 63620*, 63621, 75894, 75896, 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
07/22/15	08/01/15	PT/OT/ST/Habilitative Therapy	<b>Removed/No PA Required:</b> 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: Non-Covered Benefit

## Molina Healthcare, Inc., PA Code Matrix Services Requiring Auth and Benefit Exclusions

Received Date	Effective Date	Specialty/Service	Change/Update Description	Exceptions/Notes
07/22/15	08/01/15	Sleep Studies	Removed/No PA Required: G0399, G0400, G0398	MHPR: Not a covered benefit
07/22/15	08/01/15	Wound Therapies	Removed/No PA Required: 97597, 97598, 97605*, 97606*, 97610, 97602, 97607, 97608, E2402*	*MHPR: PA Required
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,	*PA Required for NM only

Received Date	Effective Date	Specialty/Service	Change/Update Description	Exceptions/Notes
			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, 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, L8605, L8606, L8614, L8615, L8619, L8627, L8628, L8681, L8689, L8690, L8691, L8693, V2623, V2625	
07/22/15	08/01/15	OP Hospital/ASC procedures	<b>Removed/No PA Required:</b> 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, 93961, 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	None
07/22/15	08/01/15	Cosmetic, Plastic & Reconstructive Procedures	<b>Removed/ No PA Required:</b> 19380	None
07/22/15	08/01/15	Unlisted/Misc./T Codes	<b>Removed/ No PA Required:</b> 77299, 77399, 93998, 41899	None
07/22/15	08/01/15	Neuropsychological & Psychological testing	<b>Removed/ No PA Required:</b> 95954, 95955, 95958, 95961, 95962,	None
07/22/15	08/01/15	Imaging, Advanced & Specialty	<b>Removed/ No PA Required:</b> 96020	None
07/22/15	08/01/15	Physical Therapy; Occupational Therapy	<b>Removed/ No PA Required:</b> 0420, 0421, 0423, 0424, 0422, 0429, 0430, 0432, 0434, 0431, 0433, 0439, 97150	MHPR
08/17/15	08/01/15	Temporary Codes (Category 3)	<b>Removed 'T' codes Section. Moved codes to Experimental/Investigational:</b> 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,	Retro to 8/1/15.



Received Date	Effective Date	Specialty/Service	Change/Update Description	Exceptions/Notes
			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, 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)	<b>Added/PA Required:</b> C9257*, J9035*, J9207	None. *No PA required when used for intravitreal injection (67028) for ocular diagnoses
9/14/15	10/1/15	Prosthetics & Orthotics	<b>Added/PA Required:</b> S1040	None
9/25/15	10/1/15	Specialty Pharmacy Drugs (injectable)	<b>Added/PA Required:</b> C9456, Q9979	None. New codes effective 10/01/15



### 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: Contact Psych Care – Medicaid: 855-371-3495, Medicare/Marketplace: 855-371-9230*
- *Molina of New Mexico Medicaid: No Auth required when done in an OP setting*
- *Molina of Illinois: No Auth required when done in an OP setting*
- *Molina of Puerto Rico: Managed by First Health Care (FHC). No Auth required when done in an OP Setting*

MEDICARE/MEDICAID & MKT PLACE					MEDICAID ONLY	MEDICARE ONLY	MKT PLACE ONLY
0114	1001	H0012^	H2019^	T1023^	N/A	N/A	N/A
0124	1002	H0017	H2020	T1025^			
0134	2106	H2012	H0031^	T1026^			
0144	90870	H2013	H0032*^	T1027^			
0154	96105	H2014^	H0046	T1028^			
0190	99366	H2015	S5111	T2013^			
0204	99368	H2016	S0201	T2040^			
0901		H2017^	S5150^				
0912		H2018					
0913							

\*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. [IDC9: 299.00, 299.01, 299.10, 299.11, 299.80, 299.81, 299.90, 299.91 and 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
11920	15792	15836	19328	19396	N/A	N/A	N/A
11921	15793	15837	19330	30400			
11922	15820	15838	19340	30410			
11950	15821	15839	19342	30420			
11951	15822	15847	19350	30430			
11952	15823	15876	19355	30435			
11954	15824	15877	19357	30450			
15775	15825	15878	19361	30460			
15776	15826	15879	19364	30462			
15780	15828	17380	19366	67904			
15781	15829	19300	19367	67906			
15782	15832	19316	19368	67908			
15783	15833	19318	19369	69300			
15788	15834	19324	19370				
15789	15835	19325	19371				

### Durable Medical Equipment (DME)

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

**PLEASE NOTE:**

- **Molina of Florida: codes listed below apply to Region 4 providers only, other MFL regions contact UNIVITA at 800-369-1416**
- **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	E0460	E1002	E1310	E2340	E2608	K0606	K0840	K0880	E0481	S1036	N/A	N/A
C2624	E0461	E1003	E1399	E2341	E2609	K0800	K0841	K0884	S1034	S1037		
E0194	E0462	E1004	E1700	E2342	E2611	K0801	K0842	K0885	S1035			
E0255	E0463	E1005	E2201	E2343	E2612	K0802	K0843	K0886				
E0256	E0464	E1006	E2202	E2351	E2613	K0806	K0848	K0890				
E0260	E0483	E1007	E2203	E2361	E2614	K0807	K0849	K0891				
E0261	E0691	E1008	E2204	E2366	E2615	K0808	K0850	K0900				
E0265	E0692	E1010	E2227	E2367	E2616	K0813	K0851	Q0479				
E0266	E0693	E1014	E2228	E2368	E2617	K0814	K0852	V2530				
E0277	E0694	E1020	E2291	E2369	E2620	K0815	K0853	V2531				
E0292	E0747	E1029	E2292	E2370	E2621	K0816	K0854					
E0293	E0748	E1030	E2293	E2373	E2622	K0820	K0855					
E0294	E0749	E1035	E2294	E2374	E2623	K0821	K0856					
E0295	E0760	E1036	E2295	E2375	E2624	K0822	K0857					
E0296	E0762	E1161	E2310	E2376	E2625	K0823	K0858					
E0297	E0764	E1225	E2311	E2377	E2626	K0824	K0859					
E0300	E0782	E1226	E2312	E2378	E2627	K0825	K0860					
E0301	E0783	E1227	E2313	E2397	E2628	K0826	K0861					
E0302	E0784	E1230	E2321	E2500	E2629	K0827	K0862					
E0303	E0785	E1232	E2322	E2502	E2630	K0828	K0863					
E0304	E0786	E1233	E2325	E2504	E2631	K0829	K0864					
E0328	E0849	E1234	E2326	E2506	K0008	K0830	K0868					
E0329	E0855	E1235	E2327	E2508	K0009	K0831	K0869					
E0371	E0983	E1236	E2328	E2510	K0010	K0835	K0870					
E0372	E0984	E1237	E2329	E2511	K0011	K0836	K0871					
E0373	E0986	E1238	E2330	E2605	K0012	K0837	K0877					
	E0988	E1296		E2606	K0014	K0838	K0878					
		E1298		E2607	K0108	K0839	K0879					

### Experimental/Investigational

MEDICARE/MEDICAID & MKT PLACE									MEDICAID ONLY		MEDICARE	MKT PL
0019T	0107T	0188T	0216T	0241T	0278T	0302T	0340T	0365T	0329T	0333T	N/A	N/A
0042T	0108T	0189T	0217T	0243T	0281T	0303T	0342T	0366T	0330T	0331T		
0051T	0109T	0190T	0218T	0244T	0282T	0304T	0347T	0367T	0332T			
0052T	0110T	0191T	0219T	0249T	0283T	0305T	0348T	0368T				
0053T	0111T	0195T	0220T	0253T	0285T	0306T	0349T	0369T				
0054T	0123T	0196T	0221T	0254T	0286T	0307T	0350T	0370T				
0055T	0126T	0198T	0222T	0255T	0287T	0308T	0351T	0371T				
0058T	0159T	0200T	0223T	0262T	0288T	0309T	0352T	0372T				
0071T	0163T	0201T	0224T	0263T	0289T	0310T	0353T	0373T				
0072T	0164T	0202T	0225T	0264T	0290T	0311T	0354T	0374T				
0075T	0165T	0205T	0228T	0265T	0291T	0312T	0355T	0392T				
0076T	0169T	0206T	0229T	0266T	0292T	0313T	0356T	0393T				
0085T	0171T	0207T	0230T	0267T	0293T	0314T	0357T	82016				
0095T	0172T	0208T	0231T	0268T	0294T	0315T	0358T	82017				
0098T	0174T	0209T	0233T	0269T	0295T	0316T	0359T	83987				
0099T	0175T	0210T	0234T	0270T	0296T	0317T	0360T	84145				
0100T	0178T	0211T	0235T	0271T	0297T	0335T	0361T	86316				
0101T	0179T	0212T	0236T	0272T	0298T	0336T	0362T	86343				
0102T	0180T	0213T	0237T	0273T	0299T	0337T	0363T	92145				
0103T	0182T	0214T	0238T	0274T	0300T	0338T	0364T	J2010				
0106T	0184T	0215T	0240T	0275T	0301T	0339T						

### Genetic Counseling & Testing

**PLEASE NOTE:** *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	81407	81450	S3841	S3861	S3846	N/A	N/A
0006M	81227	81300	81408	81455	S3842	S3865	S3852		
0007M	81228	81313	81410	81460	S3845	S3866	S3800		
0008M	81229	81317	81411	81465	S3854	S3870	S3840		
0010M	81246	81319	81415	81470					
81201	81265	81321	81416	81471					
81203	81266	81323	81417	81519					
81211	81280	81325	81425	83006					
81212	81282	81355	81426	84999*					
81213	81287	81400	81427	88369					
81214	81288	81401	81430	88373					
81215	81291	81402	81431	88374					
81216	81292	81403	81435	88377					
81217	81294	81404	81436						
81222	81295	81405	81440						
81223	81297	81406	81445						

\*Including Oncotype DX)

## Habilitative Therapy

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

**PLEASE NOTE:**

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

MEDICARE / MEDICAID & MKT PLACE					MEDICAID ONLY			MEDICARE ONLY			MKT PLACE ONLY	
92507	92508	92526	92606	92609	S9128	S9129	S9152	N/A			S9128	S9152
											S9129	

## Home Health Care & Home Infusion

After initial evaluation plus six (6) visits; PA may be required for medications associated with Home Infusion.

**PLEASE NOTE:**

- **Molina of Florida: codes listed apply to Region 4 providers; other MHFL regions contact UNIVITA at 800-369-1416. Also see FL Plan exceptions**
- **Molina of Puerto Rico: All Home Health visits are a value added services and require MD review**

MEDICARE / MEDICAID & MKT PLACE					MEDICAID ONLY		MEDICARE ONLY			MKT PLACE ONLY	
G0151	G0154	G0156	G0159	G0162	S9379	99602	027X	034X	056X	S9379	99602
G0152	G0155	G0157	G0160	G0163	99601		029X	0023	057X	99601	
G0153		G0158	G0161	G0164			042X	043X	060X		
							032X	044X	062X		
							033X	055X			

## Hyperbaric Therapy

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

## Imaging – Advanced & Specialty

MEDICARE / MEDICAID & MKT PLACE					MEDICAID ONLY	MEDICARE ONLY	MKT PLACE ONLY
C8900	70498	72146	73725	78205	N/A	N/A	N/A
C8901	70540	72147	74150	78206			
C8902	70542	72148	74160	78320			
C8903	70543	72149	74170	78414			
C8904	70544	72156	74174	78428			
C8905	70545	72157	74175	78451			
C8906	70546	72158	74176	78452			
C8907	70547	72159	74177	78453			
C8908	70548	72191	74178	78454			
C8909	70549	72192	74181	78459			
C8910	70551	72193	74182	78466			
C8911	70552	72194	74183	78468			
C8912	70553	72195	74185	78469			
C8913	70554	72196	74261	78472			
C8914	70555	72197	74262	78473			
C8918	70557	72198	74263	78481			
C8919	70558	73200	75557	78483			
C8920	70559	73201	75559	78491			
C8931	71250	73202	75561	78492			
C8932	71260	73206	75563	78494			
C8933	71270	73218	75565	78496			
C8934	71275	73219	75571	78607			
C8935	71550	73220	75572	78608			
C8936	71551	73221	75573	78609			
70336	71552	73222	75574	78647			
70450	71555	73223	75635	78710			
70460	72125	73225	76376	78803			
70470	72126	73700	76377	78807			
70480	72127	73701	76380	78811			
70481	72128	73702	77058	78812			
70482	72129	73706	77059	78813			
70486	72130	73718	77078	78814			
70487	72131	73719	77084	78815			
70488	72132	73720	78071	78816			
70490	72133	73721	78072	G0288			
70491	72141	73722	70496				
70492	72142	73723					

## 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
N/A	S5100	S5126	N/A	N/A
	S5101	S9122		
	S5102	T1019		
	S5105	T1020		
	S5125	T1021		

## Neuropsychological & Psychological Testing

**PLEASE NOTE:**

- *Molina of New Mexico Medicaid: No authorization needed when services done in an OP setting*
- *Molina of Puerto Rico: Authorization required for Medical Diagnosis only*

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

## Non-Par Offices/Providers/Facilities

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

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

## Office Visits & Office Based Procedures

*PAR Physician/Provider office-based procedures do not require PA, see above for Non-PAR.*

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

MEDICARE / MEDICAID & MKT PLACE												MEDI- CAID ONLY	MEDI- CARE ONLY	MKT PLACE ONLY	
10040	22612	26520	27486	28345	28344	33813	35583	42505	45136	51980	61596	91065	N/A	N/A	N/A
11055	22614	26525	27475	28360	32652	33814	35585	42507	45395	51990	61597	91110			
11056	22630	26530	27477	28705	32653	33820	35587	42508	45397	51992	61598	91122			
11057	22632	26531	27479	28715	32654	33822	35600	42509	45400	52287	61600	91132			
20930	22633	26535	27485	28725	32655	33824	35601	42510	45402	52649	61601	91133			
11101	22634	26536	27487	28730	32656	33840	35606	42845	45499	53415	61605	93225			
11200	22800	26540	27488	28735	32658	33845	35612	42860	45550	53431	61606	93226			
11201	22802	26541	27495	28737	32659	33851	35616	42953	45560	53440	61607	93228			
11300	22804	26542	27496	28740	32661	33852	35621	42961	45562	53442	61608	93229			
11301	22808	26545	27497	28750	32662	33853	35623	42971	45563	53444	61610	93784			
11302	22810	26546	27498	28755	32663	33860	35626	43030	45800	53445	61611	93786			
11303	22812	26548	27499	28760	32664	33863	35631	43045	45805	53447	61612	93788			
11305	22818	26550	27580	28800	32665	33864	35632	43100	45820	53448	61613	93790			
11306	22819	26551	27590	28805	32666	33870	35633	43101	45825	53449	61615	93924			
11307	22830	26553	27591	28810	32667	33875	35634	43107	46705	53850	61616	93965			
11308	22840	26554	27592	28820	32668	33877	35636	43108	46710	53852	61623	95885			
11310	22841	26555	27594	28825	32670	33880	35637	43112	46712	53855	61624	95886			
11311	22842	26556	27596	28890	32671	33881	35638	43113	46715	53860	61626	95909			
11312	22843	26560	27598	29800	32672	33883	35642	43116	46716	54360	61630	95911			
11313	22844	26561	27600	29804	32673	33884	35645	43117	46730	54400	61635	95912			
11400	22845	26562	27601	29805	32674	33886	35646	43118	46735	46744	61640	95913			
11401	22846	26565	27602	29806	32800	33889	35647	43121	46740	46746	61641	95921			
11402	22847	26567	27605	29807	32810	33891	35650	43122	46742	46748	61642	95923			
11403	22848	26568	27606	29819	32815	33910	35654	43123	46762	46751	61680	95930			
11404	22849	26580	27607	29820	32820	33915	35656	43124	47010	54401	61682	95965			
11406	22850	26587	27610	29821	32900	33916	35661	43135	47015	54405	61684	96372			
11420	22851	26590	27612	29822	32905	33917	35663	43206	47100	54406	61686	96521			
11421	22852	26591	27615	29823	32906	33920	35665	43252	47120	54408	61690	96522			
11422	22855	26593	27616	29824	32940	33922	35666	43279	47122	54410	61692	96567			
11423	22856	26596	27618	29825	32960	33924	35671	43282	47125	54411	61697	96570			
11424	22857	26820	27619	29826	32997	33925	35681	43283	47130	54415	61698	96571			
11426	22861	26841	27620	29827	32998	33926	35682	43300	47300	54416	61700	96900			
11440	22862	26842	27625	29828	33010	33967	35683	43305	47350	54417	61702	96902			
11441	22864	26843	27626	29830	33011	33968	35685	43310	47360	54520	61703	96904			
11442	22865	26844	27632	29834	33015	33970	35686	43312	47361	54530	61705	96910			
11443	23410	26850	27634	29835	33020	33971	35691	43313	47362	54535	61708	96912			
11444	23412	26852	27635	29836	33025	33973	35693	43314	47380	54680	61710	96913			
11446	23415	26860	27637	29837	33030	33974	35694	43320	47381	57280	61711	96920			
11719	23420	26861	27638	29838	33031	33975	35695	43325	47382	57282	61720	96921			
11720	23450	26862	27640	29840	33050	33976	35697	43327	47400	57283	61735	96922			
11721	23455	26863	27641	29843	33120	33977	35700	43328	47420	57284	61750	97005			
11730	23460	26910	27645	29844	33130	33978	35701	43330	47425	57288	61751	97006			
11732	23462	26951	27646	29845	33140	33979	35721	43331	47460	57289	61770	97750			
11740	23465	26952	27647	29846	33141	33980	35741	43332	47480	57425	61863	97755			
11750	23466	26990	27648	29847	33202	33981	35761	43333	47550	58140	61864	97802			
11752	23470	26991	27650	29848	33203	33982	35800	43334	47570	58145	61867	97803			
11755	23472	26992	27652	29850	33236	33983	35820	43335	47600	58146	61868	97804			
11760	23473	27000	27654	29851	33237	33990	35840	43336	47605	58150	61885	98960			
11762	23474	27001	27656	29855	33238	33991	35860	43337	47610	58152	61886	98961			
11765	23900	27003	27658	29856	33243	33992	35870	43338	47612	58180	62145	98962			
11900	23920	27005	27659	29860	33244	33993	35875	43340	47620	58200	62165	98966			
11901	23921	27006	27664	29861	33251	34001	35876	43341	47700	58210	62369	98967			
11960	24301	27025	27665	29862	33254	34051	35879	43351	47701	58240	62370	98968			
11970	24305	27027	27675	29863	33255	34101	35881	43352	47711	58260	63001	98969			
11971	24310	27030	27676	29866	33256	34111	35883	43360	47712	58262	63003	99100			



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

MEDICARE / MEDICAID & MKT PLACE												MEDI- CAID ONLY	MEDI- CARE ONLY	MKT PLACE ONLY	
11980	24341	27033	27680	29867	33257	34151	35884	43361	47715	58263	63005	99116			
12001	24342	27035	27681	29868	33258	34201	35901	43400	47720	58267	63011	99135			
12002	24343	27036	27685	29870	33259	34203	35903	43401	47721	58270	63012	99140			
12004	24344	27043	27686	29871	33261	34401	35905	43405	47740	58275	63015	99190			
12005	24345	27045	27687	29873	33265	34421	35907	43410	47741	58280	63016	99191			
12006	24346	27047	27690	29874	33266	34451	36460	43415	47760	58285	63017	99192			
12007	24357	27048	27691	29875	33300	34471	36468	43425	47765	58290	63020	99500			
12011	24358	27049	27692	29876	33305	34490	36470	43460	47780	58291	63030	99501			
12013	24359	27050	27695	29877	33310	34501	36471	43496	47785	58292	63035	99502			
12014	24360	27052	27696	29879	33315	34502	36475	43500	47800	58293	63040	99503			
12015	24361	27054	27698	29880	33320	34510	36476	43501	47801	58294	63042	99504			
12016	24362	27057	27700	29881	33321	34520	36478	43502	47802	58321	63043	99505			
12017	24363	27059	27702	29882	33322	34530	36479	43520	47900	58322	63044	99506			
12018	24435	27060	27703	29883	33330	34800	36481	43605	48000	58323	63045	99507			
12020	24900	27062	27704	29884	33335	34802	36500	43610	48001	58345	63046	99509			
12021	24920	27065	27705	29885	33366	34803	36514	43611	48020	58350	63047	99510			
15150	24931	27066	27707	29886	33367	34804	37140	43620	48100	58356	63048	99511			
15151	25101	27067	27709	29887	33368	34805	37145	43621	48105	58540	63050	99512			
15152	25105	27070	27712	29888	33369	34806	37160	43622	48120	58541	63051	99605			
15155	25107	27071	27715	29889	33400	34808	37180	43631	48140	58542	63055	99606			
15156	25115	27075	27720	29891	33401	34812	37181	43632	48145	58543	63056	99607			
15157	25116	27076	27722	29892	33403	34813	37182	43633	48146	58544	63057	1121F			
15271	25118	27077	27724	29893	33404	34820	37183	43634	48148	58545	63064	3062F			
15272	25119	27078	27725	29894	33405	34825	37191	43635	48150	58546	63066	3111F			
15273	25310	27080	27726	29895	33406	34826	37192	43640	48152	58548	63075	3112F			
15274	25312	27090	27727	29897	33410	34830	37197	43641	48153	58550	63076	3130F			
15275	25315	27091	27730	29898	33411	34831	37250	43644	48154	58552	63077	3140F			
15276	25316	27093	27732	29899	33412	34832	37251	43645	48155	58553	63078	3141F			
15277	25320	27095	27734	29900	33413	34833	37500	43647	48500	58554	63081	6100F			
15278	25332	27097	27740	29901	33414	34834	37565	43648	48510	58570	63082	9001F			
15777	25337	27098	27742	29902	33415	34841	37600	43651	48520	58571	63085	9002F			
15786	25405	27100	27745	29904	33416	34842	37605	43652	48540	58572	63086	9003F			
15787	25431	27105	27870	29905	33417	34843	37606	43653	48545	58573	63087	9004F			
15819	25440	27110	27871	29906	33420	34844	37607	43770	48547	58660	63088	9005F			
15830	25441	27111	27880	29907	33422	34845	37615	43771	48548	58661	63090	9006F			
15850	25442	27120	27881	29914	33425	34846	37616	43772	49000	58662	63091	9007F			
15851	25443	27122	27882	29915	33426	34847	37617	43773	49002	58672	63101	52441			
17000	25444	27125	27884	29916	33427	34848	37618	43774	49010	58673	63102	52442			
17003	25445	27130	27886	30465	33430	34900	37619	43775	49020	58700	63103	66179			
17004	25446	27132	27888	30520	33460	35001	37650	43800	49040	58720	63170	66184			
17106	25447	27134	27889	30540	33463	35002	37660	43810	49060	58740	63172				
17107	25449	27137	27892	30545	33464	35005	37700	43820	49062	58750	63182				
17108	25450	27138	27893	30580	33465	35011	37718	43825	49203	58752	63185				
17110	25455	27140	27894	30600	33468	35013	37722	43832	49204	58760	63190				
17111	25490	27146	28005	30620	33470	35021	37735	43840	49205	58770	63191				
17250	25491	27147	28008	30630	33471	35022	37760	43842	49215	58940	63194				
17340	25492	27151	28010	30915	33474	35045	37761	43843	49220	58943	63195				
17360	25800	27156	28011	30920	33475	35081	37765	43845	49255	58950	63196				
20550	25805	27158	28020	31040	33476	35082	37766	43846	49412	58951	63197				
20551	25810	27161	28022	31050	33478	35091	37780	43847	49425	58952	63198				
20612	25820	27165	28024	31051	33496	35092	37785	43848	49428	58953	63199				
20974	25825	27170	28035	31085	33500	35102	37788	43850	49605	58954	63200				
20975	25830	27175	28039	31087	33501	35103	37790	43855	49606	58956	63250				
20979	25900	27176	28041	31225	33502	35111	38100	43860	49610	58957	63251				
21010	25905	27177	28043	31230	33503	35112	38101	43865	49611	58958	63252				
21050	25907	27178	28045	31295	33504	35121	38102	43880	49900	58970	63265				
21060	25909	27179	28046	31296	33505	35122	38115	43881	49904	58974	63275				



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

MEDICARE / MEDICAID & MKT PLACE												MEDI- CAID ONLY	MEDI- CARE ONLY	MKT PLACE ONLY
21070	25915	27181	28047	31297	33506	35131	38120	43882	49905	58976	63276			
21073	25920	27185	28050	31300	33507	35132	38200	43886	49906	59070	63277			
21076	25922	27187	28052	31320	33508	35141	38204	43887	50010	59072	63278			
21077	25924	27280	28054	31360	33510	35142	38207	43888	50040	59074	63280			
21079	25927	27282	28055	31365	33511	35151	38208	44005	50045	59076	63281			
21080	25929	27284	28060	31367	33512	35152	38209	44010	50060	59840	63282			
21081	25931	27286	28062	31368	33513	35180	38210	44015	50065	59841	63283			
21082	26040	27290	28070	31370	33514	35182	38211	44020	50070	59850	63285			
21083	26045	27295	28072	31375	33516	35184	38212	44021	50075	59851	63286			
21084	26055	27305	28080	31380	33517	35188	38213	44025	50100	59852	63287			
21085	26060	27306	28086	31382	33518	35189	38214	44050	50120	59855	63290			
21086	26100	27307	28088	31390	33519	35190	38215	44055	50125	59856	63295			
21087	26105	27310	28090	31395	33521	35201	38232	44110	50130	59857	63300			
21088	26110	27325	28092	31400	33522	35206	38380	44111	50135	59866	63301			
21100	26121	27326	28100	31420	33523	35207	38381	44120	50205	59899	63302			
21110	26123	27327	28102	31580	33530	35211	38382	44121	50220	60210	63303			
21116	26125	27328	28103	31582	33533	35216	38542	44125	50230	60212	63304			
21120	26130	27329	28104	31584	33534	35221	38550	44126	50234	60220	63305			
21121	26135	27330	28106	31587	33535	35226	38555	44127	50236	60225	63306			
21122	26140	27331	28107	31588	33536	35231	38562	44128	50240	60240	63307			
21123	26145	27332	28108	31590	33542	35236	38564	44130	50250	60252	63308			
21125	26170	27333	28110	31595	33545	35241	38570	44139	50280	60254	63600			
21127	26180	27334	28111	31600	33548	35246	38571	44140	50290	60260	63610			
21137	26185	27335	28112	31601	33572	35251	38572	44141	50400	60270	63615			
21138	26200	27337	28113	31605	33600	35256	38700	44143	50405	60271	63700			
21139	26205	27339	28114	31610	33602	35261	38720	44144	50500	61001	63702			
21141	26210	27340	28116	31611	33606	35266	38724	44145	50520	61020	63704			
21142	26215	27345	28118	31612	33608	35271	38740	44146	50525	61070	63706			
21143	26230	27347	28119	31613	33610	35276	38745	44147	50526	61105	63707			
21145	26235	27350	28120	31614	33611	35281	38746	44150	50540	61107	63709			
21146	26236	27355	28122	31634	33612	35286	38747	44151	50545	61108	64553			
21147	26250	27356	28124	31647	33615	35301	38760	44155	50546	61322	64568			
21150	26260	27357	28126	31648	33617	35302	38765	44156	50548	61323	64569			
21151	26262	27358	28130	31649	33619	35303	38770	44157	50592	61330	64570			
21154	26341	27360	28140	31651	33620	35304	38780	44158	50593	61514	64590			
21155	26350	27364	28150	31660	33622	35305	39000	44160	50600	61516	64595			
21159	26352	27365	28153	31661	33641	35306	39010	44187	50605	61518	64890			
21160	26356	27370	28160	31750	33645	35311	39200	44188	50610	61519	64891			
21172	26357	27380	28171	31755	33647	35321	39220	44202	50620	61520	64892			
21175	26358	27381	28173	31760	33660	35331	39400	44203	50630	61521	64893			
21240	26370	27385	28175	31766	33665	35341	39501	44204	50650	61522	64895			
21242	26372	27386	28200	31770	33670	35351	39503	44205	50660	61524	64896			
21243	26373	27390	28202	31775	33675	35355	39540	44206	50700	61526	64897			
21270	26390	27391	28208	31780	33676	35361	39541	44207	50715	61530	64898			
21280	26392	27392	28210	31781	33677	35363	39545	44208	50722	61531	64901			
21282	26410	27393	28220	31785	33681	35371	39560	44210	50725	61533	64902			
21295	26412	27394	28222	31786	33684	35372	39561	44211	50728	61534	64905			
21296	26415	27395	28225	31800	33688	35390	40525	44212	50740	61535	64907			
21740	26416	27396	28226	31805	33690	35400	40527	44213	50750	61536	64910			
21742	26418	27397	28230	31820	33692	35450	40700	44227	50760	61537	64911			
21743	26420	27400	28232	31825	33694	35452	40701	44300	50770	61538	65771			
21931	26426	27403	28234	32035	33697	35458	40702	44310	50780	61539	65772			
21932	26428	27405	28238	32036	33702	35460	40720	44312	50782	61540	65775			
22100	26432	27407	28240	32096	33710	35471	40761	44314	50783	61541	67900			
22101	26433	27409	28250	32097	33720	35472	41120	44316	50785	61543	67901			
22102	26434	27412	28260	32098	33722	35475	41130	44320	50800	61544	67902			
22103	26437	27415	28261	32100	33724	35476	41135	44322	50810	61545	67903			

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

MEDICARE / MEDICAID & MKT PLACE												MEDI-CAID ONLY	MEDI-CARE ONLY	MKT PLACE ONLY
22110	26440	27416	28262	32110	33726	35500	41140	44345	50815	61546	67909			
22112	26442	27418	28264	32120	33730	35501	41145	44346	50820	61548	67911			
22114	26445	27420	28270	32124	33732	35506	41150	44602	50825	61550	67950			
22116	26449	27422	28272	32140	33735	35508	41153	44603	50830	61552	69310			
22206	26450	27424	28280	32141	33736	35509	41155	44604	50840	61556	69320			
22207	26455	27425	28285	32150	33737	35510	41500	44605	50845	61557	69710			
22208	26460	27427	28286	32151	33750	35511	41512	44615	50860	61558	69711			
22210	26471	27428	28288	32160	33755	35512	41530	44620	50900	61559	69714			
22212	26474	27429	28289	32200	33762	35515	42180	44625	50920	61563	69715			
22214	26476	27430	28290	32215	33764	35516	42182	44626	50930	61564	69717			
22216	26477	27435	28292	32220	33766	35518	42200	44640	50940	61566	69718			
22220	26478	27437	28293	32225	33767	35521	42205	44650	51525	61567	69930			
22222	26479	27438	28294	32310	33768	35522	42210	44660	51530	61570	90281			
22224	26480	27440	28296	32320	33770	35523	42215	44661	51550	61571	90283			
22226	26483	27441	28297	32440	33771	35525	42220	44680	51555	61575	90867			
22505	26485	27442	28298	32442	33774	35526	42225	44700	51565	61576	90868			
22526	26489	27443	28299	32445	33775	35531	42226	44800	51570	61580	90869			
22527	26490	27445	28300	32480	33776	35533	42227	44820	51575	61581	90885			
22532	26492	27446	28302	32482	33777	35535	42235	44850	51580	61582	90887			
22533	26494	27447	28304	32484	33778	35536	42260	44900	51585	61583	90889			
22534	26496	27448	28305	32486	33779	35537	42280	45110	51590	61584	91013			
22548	26497	27450	28306	32488	33780	35538	42281	45111	51595	61585				
22551	26498	27454	28307	32491	33781	35539	42500	45112	51596	61586				
22552	26499	27455	28308	32501	33782	35540		45113	51597	61590				
22554	26500	27457	28309	32503	33783	35556		45114	51800	61591				
22556	26502	27465	28310	32504	33786	35558		45116	51820	61592				
22558	26508	27466	28312	32505	33788	35560		45119	51840	61595				
22585	26510	27468	28313	32506	33800	35563		45120	51841	45135				
22586	26516	27470	28315	32507	33802	35565		45121	51865	51940				
22590	26517	27472	28320	32540	33803	35566		45123	51900	51960				
22595	26518	28341	28322	32650	35572	35570		45126	51920					
22600	22610		28340	32651		35571		45130	51925					

**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	97810	97813	97810	97810	97813
27096	64486	63663	64484	64633	97811	97814		97811	97814
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					

\*Molina of South Carolina: No PA required for this code



## Pregnancy and Delivery

### Notification Only

MEDICARE / MEDICAID & MKT PLACE					MEDICAID ONLY	MEDICARE ONLY	MKT PLACE ONLY
59400	59510	59515	59612	59620	N/A	N/A	N/A
59409	59514	59610	59618	59622			
59410							

## Prosthetics & Orthotics

MEDICARE / MEDICAID & MKT PLACE					MEDICAID ONLY	MEDICARE ONLY	MKT PLACE ONLY
L0480	L1640	L1860	L2000	L2090	L8692	N/A	N/A
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

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				

## Sleep Studies

### PLEASE NOTE:

- *Molina of Puerto Rico: Sleep Studies are 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				

### Speech Therapy

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

**PLEASE NOTE:**

- *Molina of South Carolina requires auth for all visits after initial evaluation*
- *Molina of Puerto Rico: All Speech Therapy visits including evaluations require authorization*

MEDICARE / MEDICAID & MKT PLACE					MEDICAID ONLY		MEDICARE ONLY	MKT PLACE ONLY	
92507	92508	92526	92606	92609	S9128	S9152	N/A	S9128	S9152

### Specialty Pharmacy Drugs (Injectable)

MEDICARE / MEDICAID & MKT PLACE							MEDICAID ONLY	MEDICARE ONLY	MKT PLACE ONLY
90284	J0490	J1559	J2426	J7189	J7517	J9315	N/A	N/A	N/A
90378	J0585	J1560	J2440	J7190	J7525	J9351			
C9025	J0586	J1561	J2503	J7191	J7527	J9354			
C9026	J0587	J1562	J2505	J7192	J7639	J9371			
C9027	J0588	J1566	J2507	J7193	J7682	J9400			
C9132	J0597	J1568	J2597	J7194	J7686	J9600			
C9136	J0638	J1569	J2778	J7195	J8499	Q0515			
C9257*	J0717	J1571	J2793	J7196	J8530	Q2028			
C9399	J0740	J1572	J2796	J7197	J8562	Q2043			
C9441	J0775	J1573	J2820	J7198	J8999	Q2050			
C9442	J0800	J1595	J2940	J7199	J9010	Q3027			
C9443	J0850	J1599	J2941	J7201	J9019	Q3028			
C9444	J0572	J1602	J3030	J7309	J9035*	Q4074			
C9445	J0573	J1645	J3060	J7310	J9042	Q4101			
C9446	J0574	J1650	J3110	J7311	J9047	Q4139			
C9449	J0575	J1652	J3240	J7312	J9202	Q4145			
C9450	J0598	J1675	J3262	J7316	J9207	Q4149			
C9451	J0888	J1725	J3285	J7321	J9212	Q5101			
C9452	J0881	J1743	J3315	J7323	J9213	Q9975			
C9453	J0885	J1744	J3357	J7324	J9214	Q9977			
C9454	J0890	J1745	J3385	J7325	J9216	Q9978			
C9455	J0895	J1786	J3396	J7326	J9217	Q9979			
C9456	J0897	J1826	J3487	J7327	J9218	S0073			
C9497	J1290	J1830	J3488	J7330	J9219	S0145			
J0129	J1300	J1930	J3489	J7336	J9225	S0148			
J0135	J1322	J1931	J3490	J7500	J9226				
J0178	J1324	J1950	J3590	J7502	J9228				
J0180	J1325	J2170	J7181	J7504	J9245				
J0207	J1438	J2212	J7182	J7505	J9262				
J0215	J1442	J2278	J7200	J7506	J9267				
J0220	J1446	J2315	J7178	J7507	J9293				
J0221	J1458	J2323	J7180	J7508	J9301				
J0256	J1459	J2353	J7183	J7510	J9302				
J0257	J1460	J2354	J7185	J7513	J9306				
J0401	J1556	J2355	J7186	J7515	J9307				
J0480	J1557	J2357	J7187	J7516	J9310				
J0485									

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

**Transplant Services (Including Solid Organ and Bone Marrow)**

*Corneal Transplants do not require PA*

**PLEASE NOTE:**

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

MEDICARE / MEDICAID & MKT PLACE					MEDICAID ONLY		MEDICARE ONLY	MKT PLACE ONLY	
32850	33945	44137	47144	50323	48160	S2065	N/A	48160	S2065
32851	38205	44715	47145	50325	S2053	S2140		S2053	S2140
32852	38206	44720	47146	50327	S2054	S2142		S2054	S2142
32853	38230	44721	47147	50328	S2055	S2150		S2055	S2150
32854	38240	47133	48550	50329	S2060	S2152		S2060	S2152
32855	38241	47135	48551	50340	S2061			S2061	
32856	38242	47136	48552	50360					
33930	38243	47140	48554	50365					
33933	44132	47141	48556	50370					
33935	44133	47142	50300	50380					
33940	44135	47143	50320	50547					
33944	44136								

**Transportation Services (Non-Emergent)**

*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	
A0426	A0428	A0430	A0431	A0999	S9960	S9961	N/A	S9960	S9961



### Unlisted/Miscellaneous Codes

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

MEDICARE / MEDICAID & MKT PLACE					MEDICAID ONLY		MEDICARE ONLY	MKT PLACE ONLY	
01999	39499	55559	78599	97799	D0502	D6199	N/A	D0502	D6199
15999	39599	55899	78699	99429	D0999	D6999		D0999	D6999
17999	40799	58578	78799	99499	D2999	D7999		D2999	D7999
19105	40899	58579	78999	99600	D3999	D8999		D3999	D8999
19499	41599	58679	79999	A4649	D4999	D9630		D4999	D9630
20985	42299	58999	81099	A4913	D5899	D9999		D5899	D9999
20999	42699	59897	81479	A9999	D5999	T5999		D5999	T5999
21089	42999	59898	81599	B9999					
21299	43289	60659	85999	E0769					
21499	43499	60699	86486	E0770					
21899	43659	64999	86849	E1699					
22899	43999	66999	86999	E2599					
22999	44238	67299	87999	G6021					
23929	44799	67399	88099	J7599					
24999	44899	67599	88199	K0898					
25999	44979	67999	88299	K0899					
26989	45399	68399	88399	L0999					
27299	45499	68899	88749	L1499					
27599	45999	69399	89240	L2999					
27899	46999	69799	89398	L3649					
28899	47379	69949	90399	L3999					
29999	47399	69979	90749	L5999					
30999	47579	76496	90899	L7499					
31299	47999	76497	90999	L8039					
31599	48999	76498	91299	L8499					
31899	49329	76499	92499	L8699					
32999	49659	76999	92700	Q0507					
33999	49999	77499	93799	Q0508					
36299	50549	77799	94799	Q0509					
37501	50949	78099	95199	V2199					
37799	51999	78199	96379	V2399					
38129	53899	78299	96999	V2799					
38589	54699	78399	97039	V5299					
38999		78499	97139						

**Medicare Exceptions**

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## Molina Plan Code Exceptions

### California Exceptions

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**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			

## Florida Exceptions

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### PA Required

Submit clinical information supporting use of these codes:

MEDICARE/MEDICAID & MKT PLACE				MEDICAID ONLY				MKT PLACE ONLY					
97002	S9123TT-UF	T1021	T1030										
97004	S9123UF	T1021GY	T1030TT										
S9123	S9124	T1021TD	T1031										
S9123TT	S9124TT	T1021TD-TT	T1031T										
	S9124UF	T1021TT											
	S9124TT-UF	T1021TT-GY											

### NO PA Required

MEDICARE/MEDICAID & MKT PLACE				MEDICAID ONLY				MKT PLACE ONLY					

### Illinois Exceptions

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**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			

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**Michigan Exceptions**


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**PA Required**

Submit clinical information supporting use of these codes:

MEDICARE/MEDICAID & MKT PLACE				MEDICAID ONLY				MKT PLACE ONLY					
61798	77334	77373	77425										
63620	77372	77385											

**NO PA Required**

MEDICARE/MEDICAID & MKT PLACE				MEDICAID ONLY				MKT PLACE ONLY					

### New Mexico Exceptions

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#### PA Required

*Submit clinical information supporting use of these codes:*

MEDICARE/MEDICAID & MKT PLACE					MEDICAID ONLY				MKT PLACE ONLY			
H2014	L3001				A4520	E0434	T4542	B4154	52402	58660		
58760	L3002				A4554	E0439	T4543	B4157	55500	58662		
S5160*	L3003				T4521	E1390	E0425	B4159	55530	58672		
S5161*	L3010				T4522	E1392	E0433	B4161	55535	58673		
S5170*	L3020				T4523	T4531	E0435	B4103	55550	58740		
A9900*	L3030				T4524	T4532	E0440	B4150	55870	58800		
	L3031				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					

\* Not applicable for MKT Place

#### NO PA Required

MEDICARE/MEDICAID & MKT PLACE					MEDICAID ONLY				MKT PLACE ONLY			
82016	95885	95911	95937	97804								
82017	95886	95912	97802	99143								
93965	95909	95913	97803									



### Ohio Exceptions

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**PA Required**

*Submit clinical information supporting use of these codes:*

MEDICARE/MEDICAID & MKT PLACE						MEDICAID ONLY				MKT PLACE ONLY			
J9265						K0001	K0003	K0005	K0007				
						K0002	K0004	K0006					

**NO PA Required**

MEDICARE/MEDICAID & MKT PLACE						MEDICAID ONLY				MKT PLACE ONLY			

**Puerto Rico Exceptions**
**PA Required**

Submit clinical information supporting use of these codes:

MEDICAID ONLY											
43200	43235	43251	43277	50592	78708	93307	93452	92941	98777	B4103	
43201	43236	43255	43278	50593	78709	93308	93454	92943	L6420	B4150	
43202	43237	43256	43870	52353	78013	93312	93455	92944	64550	B4153	
43204	43238	43257	45378	52356	78018	93313	93458	92973	95860	B4155	
43205	43239	43258	45379	52325	78300	93314	93459	92974	77386	B4158	
43215	43240	43259	45380	61800	78305	93315	92920	33206	E0446	B4160	
43216	43241	43260	45381	78226	78315	93316	92921	33207	A4575	B4162	
43217	43242	43261	45382	78227	78306	93317	92924	33208	B4154	B4159	
43219	43243	43262	45383	78600	78801	93318	92925	33214	B4157	97605	
43220	43244	43263	45384	78601	78802	93320	92928	33225	B4159	97606	
43226	43245	43264	45385	78605	78805	93321	92929	33228	B4161	E2402	
43228	43246	43265	45386	78610	78806	93325	92933	33229		A6550	
43231	43247	43273	45387	78700	93278	93350	92934	33241		A7000	
43232	43248	43274	45391	78701	93303	93351	92937	33249			
43234	43249	43275	45392	78707	93304	93352	92938				
	43250	43276	50590		93306						

**NO PA Required**

MEDICAID ONLY											

**NON-Covered**

MEDICAID ONLY											
95800	G0399	95805	95811	S2267							
95801	G0400	95807	S0199								
95806	95782	95808	S2260								
G0398	95783	95810	S2266								

### 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.

#### PA Required

*Submit clinical information supporting use of these codes:*

MMP (Dual Options) and MEDICAID						MEDICAID ONLY			
						T1021	T1030	A9900	S9129
						T1028	T1031	S9127	S9131
								S9128	36415

#### NO PA Required

MMP (Dual Options) and MEDICAID						MEDICAID ONLY			
H0032*	93784	93788	93924						
77003	93786	93790	93965						

\*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.

#### 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			
61798	77334	77373	77425		A4554	T4525	T4537	T4531				
63620	77372	77385	97537		T4521	T4526	T4539	T4532				
97010	97028	97113	97542		T4522	T4527	T4540	T4533				
97012	97032	97116	97760		T4523	T4528	T4541	T4534				
97014	97033	97124	97761		T4524	T4529	T4542	T4535				
97016	97034	97140	97762		B4034	T4530	T4543	T4536				
97018	97035	97150	G0281		B4103	B4035	B4036	B4102				
97022	97036	97530	G0283		B4152	B4104	B4149	B4150				
97024	97110	97532	G0329		B4157	B4153	B4154	B4155				
97026	97112	97533	29799		B4161	B4158	B4159	B4160				
		97535			B4172	B4162	B4164	B4168				
					B4185	B4176	B4178	B4180				
					B4199	B4189	B4193	B4197				
					B9000	B4216	B5100	B5200				
					B9998	B9002	B9004	B9006				
					S9123	B9999	S9152	S9153				
					T1003	S9124	T1000	T1002				

#### NO PA Required

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

### Utah Exceptions

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**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**


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**PA Required**
*Submit clinical information supporting use of these codes*

MEDICARE/MEDICAID & MKT PLACE						MEDICAID ONLY				MKT PLACE ONLY			
61798	77334	77373	77425										
63620	77372	77385											

**NO PA Required**

MEDICARE/MEDICAID & MKT PLACE						MEDICAID ONLY				MKT PLACE ONLY			

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**Wisconsin Exceptions**


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**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			