

- IMPORTANT NOTICES -

These codes are for OP Services only. ALL IP services require PA.
This Matrix 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.

Prior 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, evidence of medical necessity and other applicable standards during the claim review.

***To search this document, use [Ctrl + F] keys.
Enter Service or Code in Navigation pane; press Enter.***

**Refer to Molina Plan Exceptions section.*

Legend:

PA: Prior Authorization

NC: Non-Covered

IP: In-Patient

LOB: Line of Business

PAR: Participating Provider

Non-PAR: Non-Participating Provider

Table of Contents

TOPIC	PAGE
DOCUMENT CHANGE TRACKING.....	3
BEHAVIORAL HEALTH, MENTAL HEALTH, ALCOHOL & CHEMICAL DEPENDENCY SERVICES	8
COSMETIC, PLASTIC & RECONSTRUCTIVE PROCEDURES (IN ANY SETTING)	8
DURABLE MEDICAL EQUIPMENT (DME)	9
EXPERIMENTAL/INVESTIGATIONAL	10
GENETIC COUNSELING & TESTING	11
HOME HEALTH CARE & HOME INFUSION	11
HYPERBARIC THERAPY	11
IMAGING – ADVANCED & SPECIALTY	12
IN-PATIENT ADMISSIONS	12
LONG TERM SERVICES & SUPPORT	13
NEUROPSYCHOLOGICAL & PSYCHOLOGICAL TESTS (IN ANY SETTING)	13
NON-PAR OFFICES/PROVIDERS/FACILITIES.....	13
OCCUPATIONAL THERAPY.....	14
OUT-PATIENT (OP) HOSPITAL/AMBULATORY SURGERY CENTER (ASC) PROCEDURES.....	14
PAIN MANAGEMENT PROCEDURES.....	16
PAR OFFICE VISITS & OFFICE BASED SURGICAL PROCEDURES AT PARTICIPATING PROVIDERS	16
PHYSICAL THERAPY	16
PROSTHETICS & ORTHOTICS.....	17
RADIATION THERAPY & RADIO SURGERY	17
SLEEP STUDIES.....	17
SPECIALTY PHARMACY DRUGS.....	18
SPEECH THERAPY	19
TRANSPLANT SERVICES (INCLUDING SOLID ORGAN AND BONE MARROW)	19
TRANSPORTATION SERVICES (NON-EMERGENT AIR AMBULANCE).....	19
UNLISTED/MISCELLANEOUS CODES	20
MOLINA PLAN CODE EXCEPTIONS	21

DOCUMENT CHANGE TRACKING

[\[Click here for tracking information from May 2014 to November 2015\]](#)

RECEIVED DATE	EFFECTIVE DATE	SPECIALTY/SERVICE	CHANGE/UPDATE DESCRIPTION	EXCEPTIONS/NOTES
12/02/15	01/01/16	Specialty Pharmacy Drugs	Removed/Termed Code: J3488	Applies to All Plans.
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 *MHSC: PA Required
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	Applies to All Plans. New Codes effective 01.01.16
12/17/15	01/01/16	Pain Management	Added/PA Required: 64461, 64462, 64463	Applies to All Plans. New Codes effective 01.01.16
12/17/15	01/01/16	Imaging – Advanced & Specialty	Added/PA Required: 74712, 74713, G0297	Applies to All Plans. 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	Applies to All Plans. 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	Applies to All Plans. New Codes effective 01.01.16
12/17/15	01/01/16	DME	Added/PA Required: E0465, E0466, E1012	Applies to All Plans. New Codes effective 01.01.16
12/17/15	01/01/16	Experimental/Investigational	Added/PA Required: Q4161, Q4162, Q4163, Q4164, Q4165	Applies to All Plans. New Codes effective 01.01.16
12/17/15	01/01/16	Home Health & Home Infusion	Added/PA Required: G0299, G0300	Applies to All Plans. New Codes effective 01.01.16
12/17/15	01/01/16	Radiation Therapy	Added/PA Required: Q9950	Applies to All Plans. 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	Applies to All Plans
12/17/15	01/01/16	Transplants	Removed Termed Codes: 47136	Applies to All Plans
12/17/15	01/01/16	Home Health & Home Infusion	Removed Termed Codes: G0154,	Applies to All Plans
12/17/15	01/01/16	DME	Removed Termed Codes: E0450, E0460, E0461, E0463 E0464	Applies to All Plans
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	Applies to All Plans
12/17/15	01/01/16	Unlisted/Miscellaneous Codes	Removed Termed Codes: G6021	Applies to All Plans
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
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

2017-Q1 PA Code Matrix (Effective 01.01.17)

Services Requiring Auth and Benefit Exclusions

RECEIVED DATE	EFFECTIVE DATE	SPECIALTY/SERVICE	CHANGE/UPDATE DESCRIPTION	EXCEPTIONS/NOTES
02/02/16	04/01/16	Genetic Counseling & Testing	Added/PA Required: 81210, 81225, 81281, 81324, 81504, 86152, 86153, G9143, S3722	Applies to All Plans
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	Applies to All Plans
02/10/16	04/01/16	Pain Management Procedures	Added/PA Required: 27279	Applies to All Plans
02/10/16	04/01/16	Physical Therapy	Removed IP Rev Codes: 0420, 0421, 0422, 0423, 0424, 0429	Applies to All Plans
02/10/16	04/01/16	Occupational Therapy	Removed IP Rev Codes: 0430, 0431, 0432, 0433, 0434, 0439	Applies to All Plans
02/10/16	04/01/16	Physical Therapy	Added/PA Required: G0151, G0157, G0159	MHFL: No PA Required
02/10/16	04/01/16	Occupational Therapy	Added/PA Required: 97110, G0152, G0158, G0160	MHFL: No PA Required
02/10/16	04/01/16	OP Hospital/ASC procedures	Removed/No PA Required: 9001F	Applies to All Plans
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
02/23/16	04/01/16	Home Health Care	Added/PA Required: S9214	Applies to 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	Applies to all Plans MHPR: PA Required
03/07/16	04/01/16	Imaging, Advanced & Specialty	Added/PA Required: S8080	Applies to All Plans (Per MCG-127)
03/07/16	04/01/16	Experimental/Investigational	Added/PA Required: 0346T	Applies to All Plans
03/08/16	04/01/16	Home Health Care	Added/PA Required: S9123, S9124	Applies to All Plans
03/08/16	04/01/16	Specialty Pharmacy Drugs	Removed/No PA Required: J0202, J1575, J7328, J9299, J3380, J0596, J1833, J8655, J9308, J7188, J0714, J2502, J9032, J0695, J7340, J0875, J7205, J9039, J2860, J1447, J7313, J9271, J3090	Applies to MHMI only
03/18/16	04/01/16	Physical Therapy	Added as NC Codes for Medicaid: G0157, G0159, 97110, S9123, S9124	Applies to MHMI only
03/28/16	04/01/16	Experimental/Investigational	Added as NC Codes for Medicaid: 0346T	Applies to MHMI only
03/28/16	04/01/16	Imaging, Advanced & Specialty	Added as NC Codes for Medicaid: S8080	Applies to MHMI only
03/28/16	04/01/16	OP Hospital/ASC procedures	Added as NC Codes for Medicaid: 9001F	Applies to MHMI only
03/28/16	04/01/16	Occupational Therapy	Added as NC Codes for Medicaid: G0152, G0158, G0160	Applies to MHMI only
03/28/16	07/01/16	Behavioral Health	Removed IP Rev Codes: 0114, 0124, 0134, 0144, 0154, 0190, 0204	Applies to All Plans. All IP Codes require PA
03/23/16	07/01/16	Home Health Care	Added/PA Required: S9140	Applies to MHNM only
03/27/16	07/01/16	Specialty Pharmacy Drugs	Removed Termed Code: J3487	Applies to All Plans
03/28/16	07/01/16	Physical/Occupational Therapy	Removed/No PA Required: 97110	Applies to MHIL only
03/29/16	07/01/16	Long Term Support and Services	Added/PA Required: T1001, 97532, 97537, H2025, H2023, S5170, T2038, 94657, S5199	Applies to MHTX only
03/29/16	07/01/16	Neuro and Psychological Testing	Removed/No PA Required: 95950, 95951, 95953, 95956, 95957	Applies to MHTX only
03/29/16	07/01/16	Unlisted/Misc.	Removed/No PA Required: T1999, 99429	Applies to MHTX only
04/02/16	07/01/16	Physical Therapy	Removed/No PA Required: S9131	Applies to MHSC only; PA required for ≤18 y/o
04/02/16	07/01/16	Occupational Therapy	Removed/No PA Required: S9129	Applies to MHSC only; PA required for ≤18 y/o
04/02/16	07/01/16	Pain Management	Added/PA Required: 64615	Applies to MHSC only
04/04/16	07/01/16	Imaging, Advanced & Specialty	Added/PA Required: 76390, S8032*, S8042*,	Applies to all Plans. *NCB for Medicare MHIL: effective 10.01.16 MHMI: NCB *MHTX: NCB
04/04/16	07/01/16	Imaging, Advanced & Specialty	Removed IP Procedure Codes: 70557, 70558, 70559	All IP Codes require PA MHTX: NCB
04/06/16	07/01/16	Imaging, Advanced & Specialty	Removed/No PA Required: 78999, 79999	MHPR: PA Required
04/07/16	07/01/16	Speech Therapy	Removed/No PA Required: 92606	MHIL & MHPR: PA Required

2017-Q1 PA Code Matrix (Effective 01.01.17)

Services Requiring Auth and Benefit Exclusions

RECEIVED DATE	EFFECTIVE DATE	SPECIALTY/SERVICE	CHANGE/UPDATE DESCRIPTION	EXCEPTIONS/NOTES
				MHMI & MHTX: NCB
04/11/16	07/01/16	Home Health	Added/PA Required: 99600	Applies to MHWI only
04/11/16	07/01/16	Behavioral Health	Added/PA Required: H0018	Applies to SC (all LOBs) and MHWI Marketplace only
04/11/16	07/01/16	Specialty Pharmacy	Added/PA Required: C9137, C9138, C9470, C9471, C9472, C9473, C9474, C9475, 90281, J0364, J2724, J9015, J9261, S0126, 90283, J0637, J2783, J9043, J9357, S0128, A9542, J0725, J3355, J9050, L8605, S0132, A9543, J1640, J3365, J9098, S0157, C9293, J2325, J8520, J9160, J0205, J2425, J8700, J9215, Q3025, Q3026, S0122	Applies to MHIL; MHNH; MHOH; MHPR; MHSC and MHWI.
04/12/16	07/01/16	Imaging, Advanced & Specialty	Reclassified Code: 76380	Applies to all plans Medicaid/Marketplace only. NC for Medicare.
04/21/16	07/01/16	Long Term Care Services & Support	Added/PA Required: 99509	Applies to MNM only.
04/11/16	07/01/16	Specialty Pharmacy	Added/PA Required: C9137, C9138, C9470, C9471, C9472, C9473, C9474, C9475, 90281, J0364, J2724, J9015, J9261, S0126, 90283, J0637, J2783, J9043, J9357, S0128, A9542, J0725, J3355, J9050, L8605, S0132, A9543, J1640, J3365, J9098, S0157, C9293, J2325, J8520, J9160, J0205, J2425, J8700, J9215, S0122	Applies to rest of Plans No PA Required for: Medicare; MSC Market Place
05/13/16	07/01/16	Neuro and Psychological Testing	Removed/No PA Required: 95950, 95951, 95953, 95957	Applies to MFL only (all LOBs)
06/14/16	07/01/16	Specialty Pharmacy	Removed/No PA Required: Q3025; Q3026	MPR: PA Required
06/03/16	07/01/16	Specialty Pharmacy	Added/PA Required: J0130, J0289, J0583, J0592, J0641, J0878, J0882, J0894, J1453, J1740, J1955, J2020, J2248, J2562, J2788, J2790, J2791, J2792, J3101, J3364, J8521, J9017, J9025, J9033, J9041, J9055, J9120, J9155, J9171, J9179, J9201, J9206, J9263, J9264, J9266, J9303, J9305, J9330, J9355, J9395, J9999, Q4081	Applies to MCA/MTX/MUT only
06/03/16	07/01/16	Specialty Pharmacy	Removed/No PA Required: J0215, J0888, J0890, J2355, J7505, J7510, J7513, J7525, J8562, Q0515	Applies to MCA/MTX/MUT only
06/25/16	07/01/16	Specialty Pharmacy	Added/PA Required: J0596	Applies to MMI Marketplace only
06/25/16	07/01/16	Behavioral Health	Added/PA Required: 90832*, 90833*, 90834*, 90836*, 90837*, 90838*, 90846*, 90847*, 90849*, *90853, H0011, H0015, H0018, H0019, H2014, H2017, H2030, H2037, S9482	Applies to MSC Medicaid only *After 24 visits per benefit year
06/25/16	07/01/16	Neuropsychological & Psychological testing	Added/PA Required: 96110, 96111	Applies to MSC Medicaid only
06/25/16	08/01/16	Specialty Pharmacy	Added/PA Required: C9136, J0180, J0221, J0596, J0597, J0598, J0638, J0800, J0833, J1290, J1300, J1324, J1458, J1743, J1931, J1955, J2315, J2504, J2793, J3060, J3365, J3385, J3485, J3490, J7178, J7180, J7181, J7182, J7183, J7185, J7186, J7187, J7189, J7190, J7191, J7192, J7193, J7194, J7195, J7196, J7197, J7198, J7199, J7200, J7201, J7323, J9041, J9047, J0834, S0017, S0145, S0148	Applies MMI only (See exceptions for LOBs)
06/25/16	08/01/16	Specialty Pharmacy	Removed/No PA Required: C9441, J7517, J0740, S0073, J3488	Applies to MMI Medicaid & Marketplace
05/20/16	10/01/16	Specialty Pharmacy	Added/PA Required: B4164, B4193, B4168, B4197, B4185, B4172, B4199, B4176, B4216, B5000, B4178, B4220, B4180, B4222, B4189, B5100, B5200	Applies to MNM only (all LOBs)
05/31/16	10/01/16	Experimental/Investigational	Removed/No PA Required: 0359T, 0362T, 0363T, 0368T, 0369T, 0370T, 0371T	Applies to MWA Medicaid only
05/31/16	10/01/16	OP Hospital/ASC Procedures	Removed/No PA Required: 95911	Applies to MMI, MNM, MSC only (all LOBs)
07/03/16	10/01/16	Specialty Pharmacy	Added/PA Required: J0289, J0592, J0641, J0878, J0882, J0888, J0894, J1453, J1740, J1955, J2020, J2248, J2562, J2788, J2790, J2791, J2792, J3060,	Applies to all plans (See exceptions for LOBs).

2017-Q1 PA Code Matrix (Effective 01.01.17)

Services Requiring Auth and Benefit Exclusions

RECEIVED DATE	EFFECTIVE DATE	SPECIALTY/SERVICE	CHANGE/UPDATE DESCRIPTION	EXCEPTIONS/NOTES
07/03/16	10/01/16	Specialty Pharmacy	J8521, J9017, J9025, J9033, J9041, J9055, J9120, J9155, J9171, J9179, J9201, J9206, J9263, J9264, J9266, J9303, J9305, J9330, J9355, J9395, J9999 Removed/No PA Required: J0130, J0215, J0583, J0890, J2278, J2325, J2355, J3101, J3240, J3364, J3365, J7505, J7510, J7513, J7516, J7525, J8562, J9212, J9213, Q0515, Q2028, Q4081, Q4101, Q4139, Q4145, Q4149,	Applies to all plans.
08/22/16	10/01/16	Specialty Pharmacy	Removed/No PA Required: J2212, J2440, J2940, J3030, J7525, J7517, J7515	Applies to MMI only all LOBs.
07/01/16	10/01/16	Experimental/Investigational	Added/PA Required: (new codes) 0438T, 0439T, 0442T, 0443T, 0444T, 0437T, 0441T, 0445T, 0440T	Applies to all Plans, all LOBs. MI/PR/WA: NCB.
07/14/16	10/01/16	Genetic Counseling and Testing	Added/PA Required: S3854	Applies to all Plans Medicaid/ Marketplace. NCB Medicare.
07/20/16	10/01/16	Home Health Care	Added/PA Required: S9977	Applies to Medicare only.
08/01/16	10/01/16	Specialty Pharmacy	Added/PA Required: Q5102, Q9981, C9476, C9477, C9478, C9480	New Codes. Applies to all Plans, all LOBs.
08/11/16	10/01/16	Behavioral Health	Added/PA Required: H0035	Applies to all Plans, all LOBs.
08/11/16	10/01/16	Pain Management	Removed/No PA Required: 77003	Applies to MMI and MSC only, all LOBs.
08/22/16	10/01/16	Sleep Studies	Removed/No PA Required: 95800, 95801, 95806	Applies to MWA Medicaid only.
08/30/16	10/01/16	Radiation Therapy & Radio Surgery	Removed/No PA Required: 77334	Applies to MMI only. (Code removed by MHI 8.2015)
09/12/16	10/01/16	Specialty Pharmacy	Added/PA Required: 90281, 90283, A9542, A9543, C9137, C9138, C9293, C9470, C9471, C9472, C9473, C9474, C9475, J0364, J0637, J2425, J2783, J3355, J8520, J8700, J9015, J9043, J9050, J9098, J9160, J9215, J9261, J9357, L8605, S0122, S0126, S0128, S0132, S0157	Applies to MWI Market Place. (All these codes already require PA in MHI Matrix)
9/22/16	10/01/16	Neuropsychological & Psychological testing	Added/PA Required: 96110, 96111	Applies to MUT MKPL only when billed with a Dx of Autism (System already configured)
10/20/16	11/01/16	Out-Patient Hospital/ASC Procedures	Removed/NC Codes: 31660, 31661	Applies to MHW Medicaid only
11/14/16	12/01/16	Out-Patient Hospital/ASC Procedures	Removed/No PA Required: 58660, 58661, 58662	Applies to MWA Medicaid only.
11/10/16	12/01/16	Sleep Studies	Removed/NC Codes: 95801, 95803, 95806	Applies to MOH Medicaid only.
11/08/16	01/01/17	Behavioral Health	Added/PA Required: H2012	Clarification for MHWI: Code requires auth regardless of Dx.
11/21/16	01/01/17	Behavioral Health	Removed/NC Codes: 1001, 1002	Applies to Medicare only.
10/04/16	01/01/17	Genetic Counseling & Testing	Added/PA Required: 0009M, 81420, 81507	Applies to all Plans all LOBs.
11/15/16	01/01/17	Genetic Counseling & testing	Added/PA Required: 81235, 88261, 88271	Applies to all Plans (All LOBs) MHW: Change eff. 02/01/17
11/15/16	01/01/17	Genetic Counseling & testing	Removed/Termed Codes: 81280, 81281, 81282,	Applies to all Plans (All LOBs) MHW: Change eff. 02/01/17
11/15/16	01/01/17	Genetic Counseling & testing	Removed/No PA Required: 0010M	Applies to all Plans (All LOBs)
10/04/16	01/01/17	Home Health Care & Home Infusion	Removed/No PA Required: G0151, G0152, G0153, G0155, G0156, G0157, G0158, G0159, G0160, G0161, G0162, G0163, G0164, G0299, G0300, 95800*, 95801, * 95806*	Applies to MSC Medicaid Only. *Applies to MSC Medicaid & MMP
10/04/16	01/01/17	Home Health Care & Home Infusion	Added/PA Required: G0490, G9679, G9680, G9681, G9682*, G9683*, G9684*	Applies to All Plans/All LOBs MWA: All codes NC 10.01.16 *MWI: NC eff. 10.01.16
11/15/16	01/01/17	Home Health Care & Home Infusion	Added/PA Required : S5130, S5135, S5151, S9470, T1000, T1002, T1003, T1005, T1022, T1030, T1031	Applies to all Plans (All LOBs)
11/17/16	01/01/17	Home Health Care & Home Infusion	Removed/No PA Required: S9977	Applies to Medicare only.
10/04/16	01/01/17	Imaging	Removed Termed Code: S8032	Applies to all Plans/All LOBs. (Use G0297 already in Matrix).
10/04/16	01/01/17	Out-Patient Hospital/ASC Procedures	Added/PA Required: 55979, 55980	Applies to All Plans MKPL only.

2017-Q1 PA Code Matrix (Effective 01.01.17)

Services Requiring Auth and Benefit Exclusions

RECEIVED DATE	EFFECTIVE DATE	SPECIALTY/SERVICE	CHANGE/UPDATE DESCRIPTION	EXCEPTIONS/NOTES
10/20/16	01/01/17	Out-Patient Hospital/ASC Procedures	Removed/No PA Required: 30520	Applies to MHWA MKPL and Medicaid only
11/08/16	01/01/17	Out-Patient Hospital/ASC Procedures	Added/PA Required: A9276, A9277, A9278	Applies to MHWI Medicaid only
11/14/16	01/01/17	Out-Patient Hospital/ASC Procedures	Removed/No PA Required: 29799, 96360, 96361, 96365, 96374, 97012, 97022, 97026, 97028, 97032, 97533, 97605, 99144, E0652, E0667, E0668, E2402	Applies MMI only (all LOBs)
11/15/16	01/01/17	Out-Patient Hospital/ASC Procedures	Added/PA Required: 43886, 43887, 43888, 43899,	Applies to all Plans (All LOBs) MHWA: Change eff. 02/01/17
11/21/16	01/01/17	Out-Patient Hospital/ASC Procedures	Removed/No PA Required: 29848	Applies to MWA Medicaid & Market Place only.
11/14/16	01/01/17	Prosthetics & Orthotics	Removed/No PA Required: L0456, L0457, L0631, L0637, L0639, L0650, L1200, L1843, L1845, L5629, L5695, L5964, L6707, L8470	Applies MMI only (all LOBs)
10/04/16	01/01/17	Sleep Studies	Removed/NC Code: 95800	Applies to MOH Medicaid only.
11/14/16	01/01/17	Specialty Pharmacy	Removed/No PA Required: C9136, C9441, C9461, J0890, J2278, J2355, J2504, J2940, J3240, J3357, J7513	Applies MMI only (all LOBs)
10/04/16	01/01/17	Specialty Pharmacy	Added/PA Required: J2469	Applies to MSC Medicaid only.
10/04/16	01/01/17	Specialty Pharmacy	Added/PA Required: C9139, C9481, C9483, J0287, J2504, J9045, J9265, Q0138, Q0139, Q9970, S0073	Applies to All Plans/All LOBs
10/04/16	01/01/17	Specialty Pharmacy	Removed/No PA Required: J0882, J2788, J2790, J2791, J2792, J8499, J8530, J8999,	Applies to All Plans/All LOBs

BEHAVIORAL HEALTH, MENTAL HEALTH, ALCOHOL & CHEMICAL DEPENDENCY SERVICES

Medicare: Inpatient, Partial Hospitalization, Electroconvulsive Therapy (ECT).

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

Market Place: Inpatient, Transitional Substance Abuse Residential Treatment, Partial hospitalization, 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 Beacon Health at 800-221-5487 (all LOBs)
- **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		
2106					H0012	H2018	S0201				H0012*	H2018	S0201
0901					H0017	H2019^	S5150^				H0017	H2019^	S5150^
0912					H2012^~	H2020	T1023^				H2012^~	H2020	T1023^
0913					H2013	H0031^	T1025^				H2013	H0031^	T1025^
90870					H2014^	H0032^	T1026^				H2014^	H0032^	T1026^
					H2015	H0046	T1027^				H2015	H0046	T1027^
					H2016	H0035	T1028^				H2016	H0035	T1028^
					H2017^	S5111	T2013^				H2017^	S5111	T2013^
					1001	1002	T2040^				1001	1002	T2040^

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

*MHWI: applies to Marketplace Residential Transitional Care

~MHWI: PA required regardless of Dx

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										MEDICAID ONLY	MEDI CARE	MKTPL ONLY
0019T	0126T	0205T	0236T	0284T	0308T	0354T	0395T	0419T	0441T	0329T	0333T	
0042T	0159T	0206T	0237T	0285T	0309T	0355T	0396T	0420T	0445T	0330T	0331T	
0051T	0163T	0207T	0238T	0286T	0310T	0356T	0397T	0421T	0440T	0332T		
0052T	0164T	0208T	0249T	0287T	0312T	0357T	0398T	0422T	82016			
0053T	0165T	0209T	0253T	0288T	0313T	0358T	0399T	0423T	82017			
0054T	0169T	0210T	0254T	0289T	0314T	0359T	0400T	0424T	83987			
0055T	0171T	0211T	0255T	0290T	0315T	0360T	0401T	0425T	84145			
0058T	0172T	0212T	0263T	0291T	0316T	0361T	0402T	0426T	86316			
0071T	0174T	0213T	0264T	0292T	0317T	0362T	0403T	0427T	86343			
0072T	0175T	0214T	0265T	0293T	0335T	0363T	0404T	0428T	Q4161			
0075T	0178T	0215T	0266T	0294T	0336T	0364T	0405T	0429T	Q4162			
0076T	0179T	0216T	0267T	0295T	0337T	0365T	0406T	0430T	Q4163			
0085T	0180T	0217T	0268T	0296T	0338T	0366T	0407T	0431T	Q4164			
0095T	0184T	0218T	0269T	0297T	0339T	0367T	0408T	0432T	Q4165			
0098T	0188T	0219T	0270T	0298T	0340T	0368T	0409T	0433T				
0100T	0189T	0220T	0271T	0299T	0342T	0369T	0410T	0434T				
0101T	0190T	0221T	0272T	0300T	0347T	0370T	0411T	0435T				
0102T	0191T	0222T	0273T	0301T	0348T	0371T	0412T	0436T				
0106T	0195T	0228T	0274T	0302T	0349T	0372T	0413T	0438T				
0107T	0196T	0229T	0275T	0303T	0350T	0373T	0414T	0439T				
0108T	0198T	0230T	0278T	0304T	0351T	0374T	0415T	0442T				
0109T	0200T	0231T	0281T	0305T	0346T	0392T	0416T	0443T				
0110T	0201T	0234T	0282T	0306T	0352T	0393T	0417T	0444T				
0111T	0202T	0235T	0283T	0307T	0353T	0394T	0418T	0437T				

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	81227	81319	81426	81504	S3841	S3866	S3840			S3722		
0006M	81228	81321	81427	81507	S3842	S3870	S3722			S3854		
0007M	81229	81323	81430	81519	S3861	S3852	S3854					
0008M	81235	81324	81431	81528	S3865	S3800						
0009M	81246	81325	81432	81535								
81162	81265	81355	81433	81536								
81201	81266	81400	81434	81538								
81203	81272	81401	81435	81540								
81210	81273	81402	81436	81545								
81211	81276	81403	81437	81595								
81212	81287	81404	81438	83006								
81213	81291	81405	81440	86152								
81214	81292	81406	81442	86153								
81215	81294	81408	81445	88261								
81216	81295	81410	81450	88271								
81217	81297	81411	81455	88369								
81218	81298	81412	81460	88373								
81219	81300	81415	81465	88374								
81222	81311	81416	81470	88377								
81223	81313	81417	81471	84999*								
81225	81314	81420	81493	G9143								
81226	81317	81425	81493									

*Including Oncotype Dx

HOME HEALTH CARE & HOME INFUSION – INCLUDING HOME PT/OT OR ST

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

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	G0299	G9683	T1000	T1022	S9122			027X	043X	G0151	S9122	G0151
G0155	G0300	G9684	T1002	T1030	S9123			029X	044X	G0152	S9123	G0152
G0156	G0490	S5130	T1003	T1031	S9124			042X	055X	G0157	S9124	G0157
G0161	G9679	S5135	T1005					032X	056X	G0158	S9128	G0158
G0162	G9680	S5151						033X	057X	G0159	S9129	G0159
G0163	G9681	S9470						034X	060X	G0160	S9131	G0160
G0164	G9682							0023	062X			

HYPERBARIC 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	72156	74175	78469	S8080	76390			S8080	76390
C8901	70540	72157	74176	78472	S8042	76380			S8042	76380
C8902	70542	72158	74177	78473						
C8903	70543	72159	74178	78481						
C8904	70544	72191	74181	78483						
C8905	70545	72192	74182	78491						
C8906	70546	72193	74183	78492						
C8907	70547	72194	74185	78494						
C8908	70548	72195	74261	78496						
C8909	70549	72196	74262	78607						
C8910	70551	72197	74263	78608						
C8911	70552	72198	75557	78609						
C8912	70553	73200	75559	78647						
C8913	70554	73201	75561	78710						
C8914	70555	73202	75563	78811						
C8918	71250	73206	75565	78812						
C8919	71260	73218	75571	78813						
C8920	71270	73219	75572	78814						
C8931	71275	73220	75573	78815						
C8932	71550	73221	75574	78816						
C8933	71551	73222	75635	74712						
C8934	71552	73223	76376	74713						
C8935	71555	73225	76377	G0288						
C8936	72125	73700	76497	G0297						
70336	72126	73701	76498							
70450	72127	73702	77058							
70460	72128	73706	77059							
70470	72129	73718	77084							
70480	72130	73719	78205							
70481	72131	73720	78206							
70482	72132	73721	78320							
70486	72133	73722	78451							
70487	72141	73723	78452							
70488	72142	73725	78453							
70490	72146	74150	78454							
70491	72147	74160	78459							
70492	72148	74170	78466							
70496	72149	74174	78468							

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				

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	
95950	96101	96119								
95951	96102	96120								
95953	96103	96125								
95956	96116									
95957	96118									

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

OCCUPATIONAL THERAPY

Medicaid/Market Place: After initial evaluation plus twenty four (24) visits per calendar year for office and out-patient settings.

Medicare: After therapy benefit cap has been reached.

NOTE:

- **Molina of Florida:** No PA Required
- **Molina of Illinois:** After initial Eval plus twelve (12) visits for Medicare/Medicaid
- **Molina of Michigan Medicaid:** After initial Eval plus thirty (36) visits per treatment year. For Marketplace – 30 visits PT/OT combined with no PA, deny after 30 visits (benefit limit)
- **Molina of Ohio Medicaid:** PA required after 30 dates of service. Marketplace: Deny after 20 visits (Benefit limit)
- **Molina of Puerto Rico:** PA Required After Initial Visit/Eval Only
- **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 – No PA Required (Benefit limit of 20 visits)

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

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

- **Site of Service Authorizations: Some procedures require authorization when performed in an outpatient hospital setting rather than an Ambulatory Surgery Center.**

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			55979
15786	22114	22830	28035	28240	28740	29916	38215	58152	58700	63042	69710			55980
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			
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	43659			
21270	22632	27442	28202	28322	29889	37780	52441	58553	63003	64595	43886			
21280	22633	27443	28208	28340	29891	37785	52442	58554	63005	65771	43887			
21282	22634	27445	28210	28344	29892	38204	52649	58570	63011	65772	43888			
21295	22800	27446	28220	28345	29893	38207	53850	58571	63012	65775	43899			
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	63650	64483	64600		97814				97814	
27096	63655	64484	64633							
27279	63661	64486	64634							
62263	63662	64487	64635							
62264	63663	64490	64636							
62310	63664	64491	64640							
62311	63685	64492	77003*							
62350	63688	64488								
62351	64461	64489								
62360	64462	64493								
62361	64463	64494								
62362	64479	64495								
62367	64480									
62368										

*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/Market Place: After initial evaluation plus twenty four (24) visits per calendar year for office and outpatient settings.

Medicare: After therapy benefit cap has been reached.

PLEASE NOTE:

- **Molina of Florida:** No PA Required
- **Molina of Illinois:** After initial Eval plus twelve (12) visits for Medicare/Medicaid
- **Molina of Michigan:** Medicaid – After initial Eval plus thirty (36) visits per treatment year. For marketplace allow 30 visits PT/OT combined with no PA, then deny after 30 visits
- **Molina of Ohio:** Medicaid: PA required after 30 dates of service. Marketplace: Deny after 20 visits (Benefit limit)
- **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 – No PA Required (Benefit limit of 20 visits)

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

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					
77522	77525	G0340	G6016	Q9950					

SLEEP STUDIES

PLEASE NOTE:

- 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					
95801	95805	95807	95810						

SPECIALTY PHARMACY DRUGS

MEDICARE / MEDICAID & MKT PLACE								MEDICAID ONLY		MEDICARE ONLY		MKT PLACE ONLY	
90281	J0289	J1300	J1786	J3285	J7313	J9120	J9315	S0122	S0132			S0122	S0132
90283	J0364	J1322	J1826	J3315	J7316	J9155	J9330	S0126	S0145			S0126	S0145
90284	J0401	J1324	J1830	J3355	J7321	J9160	J9351	S0128	S0148			S0128	S0148
90378	J0480	J1325	J1833	J3357	J7323	J9171	J9354		S0157				S0157
A9542	J0485	J1438	J1930	J3380	J7324	J9179	J9355						
A9543	J0490	J1442	J1931	J3385	J7325	J9201	J9357						
C9132	J0572	J1447	J1950	J3396	J7326	J9202	J9371						
C9137	J0573	J1453	J1955	J3489	J7327	J9206	J9395						
C9138	J0574	J1458	J2020	J3490	J7328	J9207	J9400						
C9139	J0575	J1459	J2170	J3590	J7330	J9214	J9600						
C9257*	J0585	J1460	J2248	J7178	J7340	J9215	J9999						
C9293	J0586	J1556	J2315	J7180	J7504	J9216	L8605						
C9399	J0587	J1557	J2323	J7181	J7527	J9217	Q0138						
C9470	J0588	J1559	J2353	J7182	J7639	J9218	Q0139						
C9471	J0592	J1560	J2354	J7183	J7682	J9219	Q2043						
C9472	J0596	J1561	J2357	J7185	J7686	J9225	Q2050						
C9473	J0597	J1562	J2425	J7186	J7999	J9226	Q3027						
C9474	J0598	J1566	J2426	J7187	J8520	J9228	Q3028						
C9475	J0637	J1568	J2502	J7188	J8521	J9245	Q4074						
C9476	J0638	J1569	J2503	J7189	J8655	J9261	Q5101						
C9477	J0641	J1571	J2504	J7190	J8700	J9262	Q5102						
C9478	J0695	J1572	J2505	J7191	J9015	J9263	Q9980						
C9480	J0714	J1573	J2507	J7192	J9017	J9264	Q9981						
C9481	J0717	J1575	J2562	J7193	J9019	J9266	Q9970						
C9483	J0725	J1595	J2597	J7194	J9025	J9267	S0073						
J0129	J0775	J1599	J2724	J7195	J9032	J9271							
J0135	J0800	J1602	J2778	J7196	J9033	J9293							
J0178	J0850	J1640	J2783	J7197	J9035*	J9299							
J0180	J0875	J1645	J2793	J7198	J9039	J9301							
J0202	J0878	J1650	J2796	J7199	J9041	J9265							
J0205	J0881	J1652	J2820	J7200	J9042	J9302							
J0207	J0885	J1675	J2860	J7201	J9043	J9303							
J0220	J0888	J1725	J2941	J7205	J9045	J9305							
J0221	J0894	J1740	J3060	J7309	J9047	J9306							
J0256	J0895	J1743	J3090	J7310	J9050	J9307							
J0257	J0897	J1744	J3110	J7311	J9055	J9308							
J0287	J1290	J1745	J3262	J7312	J9098	J9310							

*No PA required when used with ocular diagnosis

SPEECH THERAPY

After initial evaluation plus six (6) visits for office & outpatient 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: PA Required After Initial Visit/Eval Only**
- **Molina of Washington: For Marketplace 25 visits of PT/OT/ST combined (benefit limit)**
- **Molina of Wisconsin: Benefit limit of 20 visits**

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

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			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							MEDICAID ONLY		MEDICARE ONLY		MKT PLACE ONLY	
01999	40799	54699	69949	88099	99499	L8699	T5999	V5298			T5999	V5298
15999	40899	55559	69979	88199	99199	Q0507	T1999	S0590			T1999	S0590
17999	41599	55899	76499	88299	A4649	Q0508						
19105	43999	58578	76999	88399	A4913	Q0509						
19499	44238	58579	77799	88749	A9999	V2199						
20999	44799	58679	78099	89240	B9999	V2399						
21299	44899	58999	78199	89398	E0769	V2797						
21499	44979	59897	78299	90399	E0770	V2799						
22899	45399	59898	78399	90749	E2599	V5299						
22999	45499	60659	78499	90899	J7599							
23929	45999	60699	78599	91299	K0898							
24999	46999	64999	78699	92499	K0899							
25999	47379	66999	78799	92700	L0999							
27899	47399	67299	81099	93799	L1499							
28899	47579	67399	81479	94799	L2999							
29999	47999	67599	81599	95199	L3649							
30999	48999	67999	85999	96999	L3999							
31299	49329	68399	86486	97039	L5999							
31899	49999	68899	86849	97139	L7499							
36299	51999	69399	86999	97799	L8039							
37799	53899	69799	87999	99429	L8499							

MOLINA PLANS' CODE EXCEPTIONS

CALIFORNIA EXCEPTIONS

PA REQUIRED:

Submit clinical information supporting use of these codes:

MEDICARE/MEDICAID & MKT PLACE					MEDICAID ONLY				MKT PLACE ONLY			
00170	G0154											

NO PA REQUIRED:

MEDICARE/MEDICAID & MKT PLACE					MEDICAID ONLY				MKT PLACE ONLY			

FLORIDA EXCEPTIONS

NOTE: THIS LIST MAY NOT BE AN ALL-INCLUSIVE LIST. PLEASE 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			
0420	92507	G0151	G0158	S9131								
0421	92508	G0152	G0159									
0422	97110	G0157	G0160									
0423	97112											
0424												
0429												

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			
92606											

NO PA REQUIRED:

MEDICARE/MEDICAID & MKT PLACE				MEDICAID ONLY				MKT PLACE ONLY			
0420	0423	97110									
0421	0424	97112									
0422	0429	59131									

NOT COVERED:

MEDICARE/MEDICAID & MKT PLACE				MEDICAID ONLY				MKT PLACE ONLY			

MICHIGAN EXCEPTIONS

NOTE: THIS LIST MAY NOT BE AN ALL-INCLUSIVE LIST. PLEASE REFER TO MHMI 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		
59840	59855	63620	L1300	J0833	J3485				
59841	59856	77372	L3010	J0834	E0445				
59850	59857	77373	L3020	S0017	E0651				
59851	59866	77385							
59852	61798	77425							

NO PA REQUIRED:

MEDICARE/MEDICAID & MKT PLACE				MEDICAID ONLY			MKT PLACE ONLY		
C9136	J0890	J2504	J3357						
C9441	J2278	J2940	J7513						
C9461	J2355	J3240	77003						

NON-COVERED:

MEDICARE/MEDICAID & MKT PLACE									MEDICAID ONLY		MKT PLACE ONLY	
G0475	81218	0398T	0409T	0420T	0431T	96933	81438	D7881	G0157	97110	G0478	
G0477	81219	0399T	0410T	0421T	0432T	96934	81442	92606	G0159	9001F		
G0479	81272	0400T	0411T	0422T	0433T	96935	81490		G0152	G0478		
G0480	81273	0401T	0412T	0423T	0434T	96936	81493		G0158	S8042		
G0481	81276	0402T	0413T	0424T	0435T	99177	81525		G0160	76390		
G0482	81311	0403T	0414T	0425T	0436T	81314	81528		S8080			
G0483	90625	0404T	0415T	0426T	99415	81412	81535		0346T			
G0296	0394T	0405T	0416T	0427T	99416	81432	81536		S9123			
G0297	0395T	0406T	0417T	0428T	50606	81433	81538		S9124			
81162	0396T	0407T	0418T	0429T	96931	81434	81540					
81170	0397T	0408T	0419T	0430T	96932	81437	D1354					

NEW MEXICO EXCEPTIONS

PA REQUIRED:

Submit clinical information supporting use of these codes:

MEDICARE/MEDICAID & MKT PLACE				MEDICAID ONLY				MKT PLACE ONLY			
41899	B4222	S5160		A4520	T4534	B4149	E0424	52402	58559		
B4164	B5000	S5161		A4554	T4535	B4152	E0431	55500	58800		
B4168	B5100	S5170		T4521	T4536	B4154	E0434	55530	58805		
B4172	B5200	S9140		T4522	T4537	B4157	E0439	55535	58920		
B4176	L3001	S9214		T4523	T4539	B4159	E0425	55550			
B4178	L3002	99509		T4524	T4540	B4161	E0433	55870			
B4180	L3003			T4525	T4541	B4103	E0435				
B4185	L3010			T4526	T4542	B4150	E0440				
B4189	L3020			T4527	T4543	B4153	E1390				
B4193	L3030			T4528	B4034	B4155	E1391				
B4197	L3031			T4529	B4036	B4158	E1392				
B4199				T4530	B4035	B4160					
B4216				T4531	B4087	B4162					
B4220				T4532	B4102						
				T4533							

NO PA REQUIRED:

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

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			

NON-COVERED:

MEDICARE/MEDICAID & MKT PLACE					MEDICAID ONLY				MKT PLACE ONLY			
					95800	95801	95803	95806				

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.

NOTE: THIS LIST MAY NOT BE AN ALL-INCLUSIVE LIST. 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			
32850	96110	90853*	E0635	E2364	H0011	L0640	A9900	S9127	T1030	T1031
32851	96111	A8003	E0638	E2365	H0015	L0648	J2469			
32852	97012	A8004	E0640	E2371	H0018	L0649				
32853	97810	A9543	E0641	E2372	H0019	L0650				
32854	97811	C9474	E0656	E2381	H2014	L0651				
32855	97813	C9475	E0657	E2382	H2017	L8614				
32856	97814	C9476	E0670	E2383	H2030	L8615				
33930	0437T	C9477	E0675	E2384	H2037	L8616				
33933	0438T	C9478	E0744	E2385	J2325	L8617				
33935	0439T	C9480	E1011	E2386	K0002	L8618				
33940	0440T	E0193	E1037	E2387	K0003	L8619				
33944	0441T	E0217	E1050	E2388	K0004	L8621				
33945	0442T	E0248	E1060	E2389	K0005	L8622				
36415	0443T	E0433	E1065	E2390	K0006	L8623				
59400	0444T	E0434	E1070	E2391	K0669	L8624				
59409	0445T	E0435	E1229	E2393	K0733	L8629				
59410	90832*	E0439	E2218	E2394	L0624	L9900				
59412	90833*	E0440	E2227	E2395	L0626	Q3025				
59618	90834*	E0442	E2323	E2396	L0627	Q3026				
59620	90836*	E0444	E2324	E2402	L0629	S1040				
59622	90837*	E0472	E2331	E2512	L0630	S9482				
64615	90838*	E0575	E2359	E2598	L0631	T5001				
90283	90846*	E0601	E2360	E8000	L0632	T5999				
92526	90847*	E0625	E2362	E8001	L0634					
92609	90849*	E0630	E2363	E8002	L0636					

*PA required after 24 visits (per benefit year)

NO PA REQUIRED:

MMP (Dual Options) and MEDICAID						MEDICAID ONLY			
A7025	E1225	E2607	E2620	S9131	95800	G0151	G0162		
E0277	E1226	E2608	E2621	S9152	95801	G0152	G0163		
E0372	E2201	E2611	E2622	77003	95806	G0153	G0164		
E0747	E2202	E2612	E2623	95909		G0155	G0299		
E0784	E2203	E2613	E2624	95910		G0156	G0300		
E1014	E2228	E2614	E2625	95911		G0157			
E1020	E2605	E2615	S9129	95912		G0158			
E1029	E2606	E2616		95913		G0159			
						G0160			
						G0161			

TEXAS EXCEPTIONS

NOTE: THIS LIST MAY NOT BE AN ALL-INCLUSIVE LIST. PLEASE REFER TO MHTX CODE MATRIX FOR MORE SPECIFICS ON PA REQUIREMENTS & EXCEPTIONS: [CLICK HERE](#)

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. Claims payment is dependent on payable National Drug Code upon claims submission.
- Incontinence Supplies/Diapers for Texas Medicaid require authorization on members **20 and under ONLY**.
- Pain management requires authorization in any setting.
- Habilitative, Occupational, Physical and Speech therapies require authorization after initial evaluation in all locations.

MEDICARE / MEDICAID & MKT PLACE				MEDICAID ONLY						MKT PLACE ONLY		
29799	97018	97113	G0329	A4554	B4155	B4180	B9006	T4523	T4535			
61798	97022	97116	S1040	B4034	B4157	B4185	B9998	T4524	T4536			
63620	97024	97124	H2023	B4035	B4158	B4189	B9999	T4525	T4537			
77334	97026	97140	H2025	B4036	B4159	B4193	S9123	T4526	T4539			
77372	97028	97150	94657	B4102	B4160	B4197	S9124	T4527	T4540			
77373	97032	97530		B4103	B4161	B4199	S9152	T4528	T4541			
77385	97033	97532		B4104	B4162	B4216	S9153	T4529	T4542			
77425	97034	97533		B4149	B4164	B5100	T1000	T4530	T4543			
97010	97035	97535		B4150	B4168	B5200	T1002	T4531	T1001			
97012	97036	97537		B4152	B4172	B9000	T1003	T4532	T2038			
97014	97110	G0281		B4153	B4176	B9002	T4521	T4533	S5170			
97016	97112	G0283		B4154	B4178	B9004	T4522	T4534	S5199			

NO PA Required

MEDICARE/MEDICAID & MKT PLACE				MEDICAID ONLY				MKT PLACE ONLY			
95800	95808	A9900	95953								
95801	95810	T1999									
95805	95811	99429									
95806	95803	95950									
95807	G0398	95951									

Nursing Facility Rate Grouped Members Behavioral Health Requests Below Require Authorization

MEDICARE/MEDICAID					
90791	90792	90832	90834	90837	90846
90847	99211	99212	99213	99214	99215

NON-COVERED:

MEDICARE/MEDICAID & MKT PLACE						MEDICAID ONLY			MKT PLACE ONLY		
G0297	70557	70558	70559	92606	76390	S8042					

PUERTO RICO EXCEPTIONS

NOTE: THIS MAY NOT BE AN ALL-INCLUSIVE LIST. PLEASE REFER TO MHPR'S CODE MATRIX FOR MORE SPECIFICS ON PA REQUIREMENTS & EXCEPTIONS: [CLICK HERE](#)

PA REQUIRED ALWAYS:

Submit clinical information supporting use of these codes:

MEDICAID ONLY											
0115	15220	33203	33506	43214	43273	64561	88350	93352	96368	081X	J1443
0125	15221	33206	33507	43215	43274	64565	92920	93355	96369	082X	J2407
0135	15240	33207	33508	43216	43275	64566	92921	93452	96370	A0426	J2547
0145	15241	33208	33510	43217	43276	64568	92924	93454	96371	A0428	J7121
0235	15260	33210	33511	43220	43277	64569	92925	93455	97001	A0430	J7503
0650	15261	33211	33512	43223	43278	64570	92928	93458	97002	A0431	J7512
0651	19357	33212	33513	43226	45330	64575	92929	93459	97003	A0999	L6420
0652	19361	33213	33514	43227	45331	64580	92933	93701	97004	A4337	Q0138
0655	19364	33214	33516	43228	45332	64581	92934	93702	97010	A4337	Q0139
0657	19366	33214	33517	43229	45334	64585	92937	93784	97012	A4575	Q9978
0658	19367	33215	33518	43231	45335	64595	92938	93786	97014	A6550	Q9979
0659	19368	33216	33519	43232	45337	65710	92941	93788	97016	A7000	J0740
11042	19369	33217	33521	43234	45338	65730	92943	93790	97018	B4103	J2212
11043	19371	33221	33522	43235	45340	65750	92944	93880	97022	B4150	J2440
11044	19380	33224	33523	43236	45341	65755	92973	93882	97024	B4153	J2940
11045	20900	33225	33530	43237	45342	77371	92974	93886	97026	B4154	J3030
11046	20902	33225	33533	43238	45347	77372	93050	93888	97150	B4155	J7336
11047	20910	33228	33534	43239	45349	77373	93224	93890	97530	B4157	J7500
11920	20912	33229	33535	43240	45350	77386	93225	93892	97532	B4158	J7502
11922	20920	33230	33536	43241	45378	77432	93226	93893	97533	B4159	J7507
11950	20922	33231	33542	43242	45379	77520	93227	93895	97535	B4159	J7508
11954	20924	33240	33545	43243	45380	77522	93228	93922	97537	B4160	J7515
15040	20926	33241	33548	43244	45381	77525	93268	93923	97542	B4161	S0271
15050	20930	33249	37252	43245	45382	78013	93269	93924	97545	B4162	S2900
15100	20931	33250	37253	43246	45384	78018	93270	93925	97546	C1721	S9152
15101	20936	33255	43180	43247	45385	78226	93271	93926	97597	C1722	S9960
15110	20937	33256	43191	43248	45386	78227	93272	93930	97598	C1777	S9961
15111	20938	33257	43192	43249	45388	78300	93278	93931	97602	C1785	T2042
15115	20950	33258	43193	43250	45389	78305	93303	93965	97605	C1786	T2043
15116	20955	33259	43194	43251	45390	78306	93304	93970	97606	C1822	T2044
15120	20956	33262	43195	43252	45391	78315	93306	93971	97607	C1882	T2045
15121	20957	33263	43196	43253	45392	78600	93307	93975	97608	C1895	T2046
15130	20962	33264	43197	43254	45393	78601	93312	93976	97610	C1896	S0073
15131	20969	33271	43198	43255	45398	78605	93313	93978	97760	C2619	C9441
15135	20970	33272	43200	43257	50590	78610	93314	93979	97761	C2620	C9497
15136	20972	33273	43201	43259	50592	78700	93315	93980	97762	E0446	78999
15150	20973	33282	43202	43260	50593	78701	93316	93981	97810	E2402	79999
15151	20974	33284	43204	43261	52353	78707	93317	93982	98777	G0129	92606
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		

PUERTO RICO EXCEPTIONS (CONT.)

NO PA REQUIRED:

MEDICAID ONLY											

NON-COVERED:

MEDICAID ONLY											
11920	15792	15835	21122	22865	38213	58752	95808	0402T	0417T	0432T	G0399
11921	15793	15836	21123	30400	38214	58760	95810	0403T	0418T	0433T	G0400
11922	15819	15837	21125	30410	38215	58970	95811	0404T	0419T	0434T	Q4161
11950	15820	15838	21127	30420	38230	58974	96931	0405T	0420T	0435T	Q4162
11951	15821	15839	21137	30430	38232	58976	97811	0406T	0421T	0436T	Q4163
11952	15822	15847	21138	30435	54400	69300	97813	0407T	0422T	0437T	Q4164
11954	15823	15859	21139	30450	54401	89240	97814	0408T	0423T	0438T	Q4165
15775	15824	15876	21270	36468	54405	90867	0394T	0409T	0424T	0439T	S0199
15776	15825	15877	21280	38204	54406	95782	0395T	0410T	0425T	0440T	S2260
15780	15826	15878	21282	38207	54408	95783	0396T	0411T	0426T	0441T	S2266
15781	15828	15879	22856	38208	54410	95800	0397T	0412T	0427T	0442T	S2267
15782	15829	17380	22857	38209	54415	95801	0398T	0413T	0428T	0443T	
15783	15832	19300	22861	38210	54417	95805	0399T	0414T	0429T	0444T	
15788	15833	21120	22862	38211	58345	95806	0400T	0415T	0430T	0445T	
15789	15834	21121	22864	38212	58750	95807	0401T	0416T	0431T	G0398	

UTAH EXCEPTIONS

PA REQUIRED:

Submit clinical information supporting use of these codes

MEDICARE/MEDICAID & MKT PLACE					MEDICAID ONLY				MKT PLACE ONLY			
59400	59409	59412	59620		J2325	J2425			J2325	96110*		
59622	59410	59618							J2425	96111*		

*When billed with a Dx of Autism only.

NO PA REQUIRED:

MEDICARE/MEDICAID & MKT PLACE					MEDICAID ONLY				MKT PLACE ONLY			
					C9137	C9470	J0725		C9137	C9470	J0725	
					C9138		J9098		C9138		J9098	

WASHINGTON EXCEPTIONS

PA REQUIRED:

Submit clinical information supporting use of these codes

MEDICARE/MEDICAID & MKT PLACE					MEDICAID ONLY				MKT PLACE ONLY			
61798	77373	77299										
63620	77385	77399										
77334	77425	93998										
77372	41899	97532										

NO PA REQUIRED:

MEDICARE/MEDICAID & MKT PLACE					MEDICAID ONLY				MKT PLACE ONLY			
					0359T	0369T	30520	95800	30520			
					0362T	0370T	58660	95801	29848			
					0363T	0371T	58661	95806				
					0368T	29848	58662	C9137				
								C9138				

NON-COVERED:

MEDICARE/MEDICAID & MKT PLACE					MEDICAID ONLY				MKT PLACE ONLY			
0438T	0444T	0440T	G9679	G9683	31660							
0439T	0437T	C9744	G9680	G9684	31661							
0442T	0441T	G0490	G9681	G9685								
0443T	0445T	G0498	G9682	G9686								

WISCONSIN EXCEPTIONS

PA REQUIRED:

Submit clinical information supporting use of these codes

MEDICARE/MEDICAID & MKT PLACE				MEDICAID ONLY				MKT PLACE ONLY			
V5210	V5220	V5170	V5261	99600	97799*	97139*	92507*	H0018			
V5256	V5257	V5260	V5180	A9276	A9277	A9278					

*PA required when used in conjunction with Home Health

NO PA REQUIRED:

MEDICARE/MEDICAID & MKT PLACE				MEDICAID ONLY				MKT PLACE ONLY			

NOT A COVERED BENEFIT:

MEDICARE/MEDICAID & MKT PLACE				MEDICAID ONLY				MKT PLACE ONLY			
G9682	G9685										
G9683	G9686										
G9684											