



2019 MHI PA Matrix Updates Log

2019 Q2 Updates								
RECEIPT	RECEIVED	EFFECTIVE	SERVICE CATEGORY	UPDATE TYPE	CODES	HEALTH PLANS	LOB(S)	NOTES
N/A	12/13/2018	4/1/2019	Durable Medical Equipment	Added/PA Required	K0013	All Plans	Medicare, MMP Medicare, MMOP, MMCP	
267 / Ad Hoc	1/15/2019	4/1/2019	Experimental Investigational	Added/PA Required	81503	All Plans	Medicaid, Medicare, MMP Medicaid, MMP Medicare, MMOP, MMCP, Marketplace	Originally requested by MI IL - effective 7/1/2019 MI - non-covered benefit for Medicaid; accepts for Marketplace and Medicare NY - non-covered benefit for Medicaid WA - non-covered benefit for Medicaid; accepts Marketplace and Medicare effective 7/1/2019 WI - non-covered benefit for Medicaid and no PA for all LOBs
MHI Q2	9/7/2018	4/1/2019	Experimental Investigational	Added/PA Required	0509T, 0510T, 0511T, 0512T, 0513T, 0514T, 0515T, 0516T, 0517T, 0518T, 0519T, 0520T, 0521T, 0522T, 0523T, 0524T, 0525T, 0526T, 0527T, 0528T, 0529T, 0530T, 0531T, 0532T, 0533T, 0534T, 0535T, 0536T, 0537T, 0538T, 0539T, 0540T, 0541T, 0542T	All Plans	Medicaid, Medicare, MMP Medicaid, MMP Medicare, MMOP, MMCP, Marketplace	New Codes IL - 0539T, 0540T, 0541T, 0542T effective 7/1/2019, all other codes effective 4/1/2019 NY - all codes not accept per state fee schedule WA - 0537T, 0538T, 0539T PA exception for Medicaid, effective 2/1/2019 to require PA for Marketplace (request #271); 0540T, 0541T PA exception for Medicaid and Marketplace; all others accept effective 1/1/2019 for all lines
MHI Pharmacy	3/11/2019	4/1/2019	Healthcare Administered Drug	Added/PA Required	J3591	All Plans	Medicaid, Medicare, MMP Medicaid, MMP Medicare, MMOP, MMCP, Marketplace	New codes
266	1/11/2019	4/1/2019	Durable Medical Equipment	Removal/No PA Required	K0903	All Plans	Medicaid, Medicare, MMP Medicaid, MMP Medicare, MMOP, MMCP, Marketplace	Termed code (12/31/18)
MHI Pharmacy	3/11/2019	4/1/2019	Healthcare Administered Drug	Removal/No PA Required	J2430, J9060, J9100, J9181, J9209, J9370, J9351*	All Plans	Medicaid, Marketplace	*J9351 removed from Medicaid only
266	1/11/2019	4/1/2019	Outpatient Hospital/Ambulatory Surgery Center Procedures	Removal/No PA Required	97762	All Plans	Medicaid, Medicare, MMP Medicaid, MMP Medicare, MMOP, MMCP, Marketplace	Termed code (12/31/17)
MHI Pharmacy	2/6/2019	4/1/2019	Healthcare Administered Drug	Update PA	N/A	All Plans	Medicaid, Medicare, MMP Medicaid, MMP Medicare, MMOP, MMCP, Marketplace	Pharmacy Drug Coverage Newly FDA approved medications such as "buy-and-bill" drugs are considered non-formulary and subject to non-formulary policies and other non-formulary utilization criteria until a coverage decision is rendered by the Molina Pharmacy and Therapeutics Committee. "Buy-and-bill" drugs are pharmaceuticals which a provider purchases and administers, and for which the provider submits a claim to Molina Healthcare for reimbursement. Many self-administered and office-administered injectable products require Prior Authorization (PA). In some cases they will be made available through Molina Healthcare's vendor, Caremark Specialty Pharmacy. Molina's pharmacy vendor will coordinate with MHC and ship the prescription directly to your office or the member's home. All packages are individually marked for each member, and refrigerated drugs are shipped in insulated packages with frozen gel packs. The service also offers the additional convenience of enclosing needed ancillary supplies (needles, syringes and alcohol swabs) with each prescription at no charge. Please contact your Provider Relations Representative with any further questions about the program.
MHI Pharmacy	12/17/2018	4/1/2019	Healthcare Administered Drug	Update PA	N/A	All Plans	Medicaid, Medicare, MMP Medicaid, MMP Medicare, MMOP, MMCP, Marketplace	Rename "Specialty Pharmacy Drug" service category into "Healthcare Administered Drug"
MHI Marketplace	2/27/2019	4/1/2019	N/A	Update PA	N/A	All Plans	Marketplace	Adding disclaimer to the top red general statement section "Marketplace: Most gene therapy is not covered. Molina covers limited gene therapy services in accordance with our medical policies, subject to Prior Authorization"

N/A	1/18/2019	4/1/2019	Pain Management Procedures	Update PA	N/A	All Plans	Medicare, MMP Medicare, MMOP, MMCP	Remove "Acupuncture is not a Medicare covered benefit" under Pain Management Procedures
273	2/6/2019	4/1/2019	Transplant Services	Update PA	Q2041, Q2042	All Plans	Medicaid; Marketplace; MMP Medicare; MMP Medicaid; MMO; MMOP; MMCP	Relocate the CAR T codes from "Healthcare Administered Drugs" category to "Transplant Services" category
MHI Pharmacy	3/11/2019	4/1/2019	Healthcare Administered Drug	Removal/No PA Required	J2916	CA, MI, NM, TX, WA	Medicaid, Marketplace	
MHI Pharmacy	3/11/2019	4/1/2019	Healthcare Administered Drug	Removal/No PA Required	J9267	CA, MI, SC, WA	Medicaid, Marketplace	
279	3/8/2019	4/1/2019	Neuropsychological & Psychological Tests (in any setting)	Removal/No PA Required	96127	IL	Medicaid; MMP Medicaid	
N/A	3/20/2019	4/1/2019	Neuropsychological & Psychological Tests	Removal/No PA Required	96110	IL	Medicaid; MMP Medicaid	
265	1/10/2019	4/1/2019	Durable Medical Equipment	Added/PA Required	E0652	MI	Medicaid; Marketplace	
N/A	2/21/2019	1/1/2019	Healthcare Administered Drug	Added/PA Required	J3245, Q5107, Q5109	MI	Medicaid, Marketplace	Covered benefit as of 1/1/2019
N/A	2/21/2019	4/1/2019	Neuropsychological & Psychological Tests (in any setting)	Added/PA Required	96110, 96127	MI	Medicaid, Marketplace	Covered benefit as of 1/1/2019
276	2/21/2019	4/1/2019	Outpatient Hospital/Ambulatory Surgery Center Procedures	Added/PA Required	33979	MI	Medicaid; Marketplace; MMP Medicare; MMP Medicaid; MMO; MMOP	
275	2/21/2019	4/1/2019	Office visit and office-based procedure	Removal/No PA Required	95911, 95912, 95913	MI	Medicaid, Medicare, MMP Medicaid, MMP Medicare, MMOP, MMCP, Marketplace	
258	12/14/2018	4/1/2019	Radiation Therapy and Radiosurgery	Removal/No PA Required	77334	MI	Medicaid, Marketplace	
268	1/23/2019	1/1/2019	Occupational Therapy	Update PA	92526, 92610, 95851, 97016, 97018, 97022, 97032, 97034, 97035, 97110, 97112, 97116, 97124, 97139, 97140, 97530, 97533, 97535, 97542, 97760, S9129^	MI	Medicaid, Marketplace	Per state regulation/requirement - PT and OT benefit is 36 visits per calendar year (no PA for the first 36 visits), after which PA is required (codes in bold blue listed for both PT & OT). S9129^ = Medicaid Only
268	1/23/2019	1/1/2019	Physical Therapy	Update PA	97012, 97014, 97016, 97018, 97022, 97024, 97026, 97028, 97032, 97033, 97034, 97035, 97036, 97039, 97110, 97112, 97116, 97124, 97139, 97140, 97530, 97535, 97542, 97760	MI	Medicaid, Marketplace	Per state regulation/requirement - PT and OT benefit is 36 visits per calendar year (no PA for the first 36 visits), after which PA is required (codes in bold blue listed for both PT & OT).
282	3/14/2019	4/1/2019	Durable Medical Equipment	Added/PA Required	A9277, A9278, K0553, K0554	MI	Medicaid	newly covered benefits effective 4/1/19
MHI Pharmacy	3/11/2019	4/1/2019	Healthcare Administered Drug	Removal/No PA Required	J9000	MI, SC, WA	Medicaid, Marketplace	
256	12/12/2018	1/1/2019	Behavioral Health: Mental Health, Alcohol and Chemical Dependency Services	Added/PA Required	0901, 0912, 0913, 1001, 1002, 90867, 90868, 90869, 90870, 97151, 97152, 97153, 97154, 97155, 97156, 97157, 97158, H0012^, H0017, H0031^, H0032^, H0035, H0046, H2012^, H2013, H2014^, H2015, H2016, H2017^, H2018, H2019^, H2020^, S0201, S5111, S5150^, T1023^, T1025^, T1026^, T1027^, T1028^, T2013^, T2040^	NM	Marketplace	^PA required for all plans only when submitted with Autism Dx. [ICD9: 299.00, 299.01, 299.10, 299.11, 299.80, 299.81, 299.90, 299.91 and ICD10: F84.0, F84.5, F84.8, F84.9]
256	12/12/2018	1/1/2019	Neuropsychological & Psychological Tests	Added/PA Required	95956, 95957, 96105, 96110, 96112, 96113, 96116, 96121, 96125, 96127, 96130, 96131, 96132, 96133, 96136, 96137, 96138, 96139, 96146	NM	Marketplace	
270	1/25/2019	1/1/2019	Behavioral Health: Mental Health, Alcohol and Chemical Dependency Services	Removal/No PA Required	90791, H0004, H0036, H2017, H0038	NY	Medicaid	The Medicaid Managed Care Organization Children's System Transformation Requirements and Standards currently restricts Medicaid Managed Care Plans from applying utilization management review criteria for a period of 90 days from the implementation date of children's specialty benefits for all services newly carved into managed care . The State is extending the utilization management prohibition for Other Licensed Practitioner (OLP), Community Psychiatric Support and Treatment (CPST), and Psychosocial Rehabilitation (PSR) from 90 to 180 days . MMCPs are restricted from conducting utilization management on OLP, CPST, and PSR from January 1, 2019 through June 30, 2019 for all MMCP enrolled children receiving these three services . Please see NY tab for modifiers associated with these codes
277	2/22/2019	4/1/2019	Behavioral Health: Mental Health, Alcohol and Chemical Dependency Services	Added/PA Required	S9485, H0010, H0011, H0018, H0019	WA	Medicaid, Marketplace	
269	1/23/2019	1/1/2019	Behavioral Health: Mental Health, Alcohol and Chemical Dependency Services	Removal/No PA Required	96110	WA	Medicaid, Marketplace	ROI analysis

281	3/11/2019	4/1/2019	Behavioral Health: Mental Health, Alcohol and Chemical Dependency Services	Removal/No PA Required	96130, 96131, 96136, 96137, 96138, 96139	WA	Medicaid	State allows up to 7 hours of psychological testing for the evaluation of autism when performed by a center of excellence for a member suspected of having a diagnosis of autism. Per the HCA: Services related to the evaluation using CPT® codes 96130, 96131, 96136, 96137, 96138, or 96139 done by a center of excellence (COE) for a child suspected of having autism spectrum disorder, limitation of up to 7 units per lifetime for clients age 20 or younger. These evaluations must be billed using UC modifier and EPA #870001315
280	3/8/2019	4/1/2019	Neuropsychological & Psychological Tests (in any setting)	Removal/No PA Required	96127	WA	Medicaid, Marketplace	
278	2/28/2019	4/1/2019	Speech Therapy	Update PA	92507, 92508	WA	Medicaid	Medicaid LOB, Speech Therapy for Children < 21 y.o. - update PA requirement to no authorization required for 12 ST visits per calendar year (currently listed no auth needed for 6 ST visits)
257	12/13/2018	4/1/2019	Home Healthcare Services	Added/PA Required	99600	WI	Medicaid	The state of Wisconsin uses this code for Home health services related to Personal care services. All Personal care services requires an <u>authorization</u>
N/A	2/1/2019	4/1/2019	Neuropsychological & Psychological Tests (in any setting)	Added/PA Required	96105, 96110, 96112, 96113, 96121, 96125, 96127, 96130, 96131, 96132, 96133, 96136, 96137, 96138, 96139, 96146	WI	Medicaid, Marketplace	WI - previously accepted for 2/1/2019, updated effective date to 4/1/2019

2019 Q1 Updates								
RECEIPT	RECEIVED	EFFECTIVE	SERVICE CATEGORY	UPDATE TYPE	CODES	HEALTH PLANS	LOB(S)	NOTES
N/A	11/12/2018	1/1/2019	Non-PAR Offices/Providers/Facilities	Update PA	N/A	All Plans	Medicaid, Medicare, MMP Medicaid, MMP Medicare, MMOP, MMCP, Marketplace	PA is waived for professional component services or services billed with Modifier 26 in ANY place of service setting SC - accept for MMP, not to accept for Medicaid MS - effective 2/1/2019
N/A	10/4/2018	1/1/2019	Genetic Counseling and Testing	Added/PA Required	0037U, 0045U, 0046U, 0047U, 0048U, 0049U, 0050U, 0053U, 0055U, 0056U, 0057U, 0058U, 0059U, 0060U	All Plans	Medicaid, Medicare, MMP Medicaid, MMP Medicare, MMOP, MMCP, Marketplace	New Codes IL - all codes effective 4/1/2019 WI - all codes non-covered for Medicaid, accepts all codes for Marketplace and Medicare CA - all codes not to accept for MediCal, NC benefits. Other LOBs effective 2/1/2019 WA - all codes not to accept for Medicaid, non-covered benefits MI - all codes not to accept for Medicaid and Marketplace as not covered benefit NY - all codes not to accept for Medicaid as not on NYS fee schedule/not reimbursable MS - effective 2/1/2019
207	7/12/2018	1/1/2019	Behavioral Health, Mental Health, Alcohol & Chemical Dependency	Added/PA Required	90867, 90868, 90869	All Plans	Medicaid, Medicare, MMP Medicaid, MMP Medicare, MMOP, MMCP, Marketplace	Codes currently listed under OP Procedures; will be also adding to BH section TX - all codes Marketplace and Medicaid was effective in Q4 2018 WI - all codes non-covered for Medicaid, accepts all codes for Marketplace and Medicare CA - all codes not to accept for MediCal, NC benefits. Other LOBs effective 2/1/2019 MI - all codes not to accept for Medicaid and Marketplace as not covered benefit MS - effective 2/1/2019 PR - all codes not to accept, 90867 and 90869 NC benefits
N/A	7/18/2018	1/1/2019	Cosmetic, Plastic & Reconstructive	Added/PA Required	30400, 30410, 30420, 30430, 30435, 30450	All Plans	Medicare	Medicare covers with certain diagnosis codes outlined in Local Coverage Determinations (LCDs), limit coverage to the LCD diagnosis codes, add to require PA for Molina Medicare. (already on Medicaid/Marketplace) CA - effective 2/1/2019

228	8/15/2018	1/1/2019	Durable Medical Equipment (DME)	Added/PA Required	A9276, A9277, A9278, K0553, K0554	All Plans	Medicaid	<p>NY - all codes Medicaid was effective in Q4 2018</p> <p>IL - all codes effective 4/1/2019</p> <p>WI - all codes non-covered for Medicaid</p> <p>CA - all codes not to accept for MediCal, NC benefits. Other LOBs effective 2/1/2019</p> <p>MI - all codes not to accept for Medicaid and Marketplace as MDHHS has not confirmed this is covered benefit</p> <p>MS - effective 2/1/2019</p>
222	8/3/2018	1/1/2019	Genetic Counseling and Testing	Added/PA Required	81161, 81243, 81244	All Plans	Medicaid, Medicare, MMP Medicaid, MMP Medicare, MMOP, MMCP, Marketplace	<p>TX - all codes Marketplace and Medicaid was effective in Q4 2018</p> <p>IL - excludes 81243 and 81244 for Q1 2019, accepts 81161 effective 4/1/2019</p> <p>CA - all codes not to accept for Medical - currently do not require PA for FFS MediCal. Other LOBs effective 2/1/2019</p> <p>WA - all codes not to accept for Medicaid and Marketplace (tests done as parental tests and claims already configured not require PA for parental use)</p> <p>MS - effective 2/1/2019</p>
N/A	8/23/2018	1/1/2019	Non-PAR Offices/Providers/Facilities	Update PA	N/A	All Plans	Medicaid, Medicare, MMP Medicaid, MMP Medicare, MMOP, MMCP, Marketplace	<p>PA is waived for all radiology, anesthesiology, and pathology services when billed in POS 19, 21, 22, 23 or 24</p> <p>CA - effective 2/1/2019</p> <p>SC - accept for MMP, not to accept for Medicaid</p> <p>TX - CPT code 00170 Medicaid STAR contract require PA on dental anesthesia for member 0-6 years old at all POS (effective since 6/1/2017)</p> <p>MS - effective 2/1/2019</p>
N/A	9/7/2018	1/1/2019	Specialty Pharmacy	Added/PA Required	Q5108, Q5110	All Plans	Medicaid, Medicare, MMP Medicaid, MMP Medicare, MMOP, MMCP, Marketplace	<p>New Codes</p> <p>IL - all codes effective 4/1/2019</p> <p>WI - Pharmacy is carved out for Medicaid and not adding PA requirement; accepting PA requirement all codes for Marketplace and Medicare</p> <p>CA - all codes not to accept for MediCal, NC benefits. Other LOBs effective 2/1/2019</p> <p>WA - accepts for Marketplace, all codes not to accept for Medicaid as non-covered benefit</p> <p>MS - Q5110 "No PA required" on MS DOM fee schedule, Q5108 effective 2/1/2019</p>
204/205	6/29/2018	1/1/2019	Specialty Pharmacy	Added/PA Required	C9030*, C9031*, C9032*	All Plans	Medicaid	<p>WA - Q4 Matrix Log - all codes retro to 7/1/18;</p> <p>MI - Q4 Matrix Log - all codes effective 10/1/18 (Medicaid and Marketplace)</p> <p>IL - all codes effective 4/1/2019</p> <p>WI - Pharmacy is carved out for Medicaid, not adding PA requirement</p> <p>CA, MS - effective 2/1/2019</p> <p>Encoder Pro update:</p> <p>*C9030 deleted, replaced with J9057</p> <p>*C9031 deleted, replaced with A9513</p> <p>*C9032 deleted, replaced with J3398</p>
233	9/12/2018	1/1/2019	Specialty Pharmacy	Added/PA Required	Q9994*	All Plans	Medicaid, Medicare, MMP Medicaid, MMP Medicare, MMOP, MMCP, Marketplace	<p>Pharmacy MCP developed and approved in March 2018; drug been out since 2015, received own billing codes as of 7/1/2018.</p> <p>WA - Q4 2018 Matrix Log</p> <p>IL - all codes effective 4/1/2019</p> <p>WI - Pharmacy is carved out for Medicaid and not adding PA requirement; accepting PA requirement for Marketplace and Medicare</p> <p>CA - not to accept for MediCal, NC benefits. Other LOBs effective 2/1/2019</p> <p>MS - effective 2/1/2019</p> <p>Encoder Pro update:</p> <p>*Q9994 deleted, replaced with B4105</p>
N/A	9/28/2018	1/1/2019	Physical and Occupational Therapy	Update PA	N/A	All Plans	Medicare	<p>Keep on PA Guide. Configure to benefit cap. PA required beyond benefit cap.</p> <p>CA - effective 2/1/2019</p>

N/A	9/28/2018	1/1/2019	Physical and Occupational Therapy	Update PA	N/A	All Plans	Medicaid	Require PA after initial eval +24 treatment visits IL - keep at Initial eval + 12 visits CA - effective 2/1/2019 SC - continue with eval +6 visits (PA required for <18 after eval plus six (6) visits per calendar year for outpatient settings no PA required for >19.) TX - continue with PA required after eval for all therapies PR - per ASES, PT: eval + 15 visits; OT: unlimited visits MS - effective 2/1/2019 PT and OT PA after initial eval + 24 visits; Q2-Q4 2018 PA required after initial evaluation plus six (6) visits per calendar year, for office and out-patient settings.
N/A	9/28/2018	1/1/2019	Physical and Occupational Therapy	Removed/No PA Required	N/A	All Plans	Marketplace	Remove from PA guide. Configure to benefit cap CA - effective 2/1/2019 TX - continue with PA required after eval for all therapies OH - eval +24 visits in 2019 (eval +20 visits in 2018)
N/A	9/28/2018	1/1/2019	Outpatient Hospital/Ambulatory Surgery Center Procedures	Added/PA Required	33206, 33207, 33208, 33212*, 33213*, 33214*, 33221*, 33224, 33225, 33227*, 33228*, 33229*, 33230, 33231, 33240, 33249, 33262*, 33263*, 33264*, 33270	All Plans	Medicaid, Medicare, MMP Medicaid, MMP Medicare, MMOP, MMCP, Marketplace	Annual Review approved by Code Governance Committee to be effective all plans all LOB for Cardiac Services CA, MS - effective 2/1/2019 SC - all codes exception for Medicaid and MMP not to require PA WA - *exception applies to Medicaid and Marketplace
N/A	9/28/2018	1/1/2019	Outpatient Hospital/Ambulatory Surgery Center Procedures	Added/PA Required	23470, 27438	All Plans	Medicaid, Medicare, MMP Medicaid, MMP Medicare, MMOP, MMCP, Marketplace	Annual Review approved by Code Governance Committee to be effective all plans all LOB for Musculoskeletal CA, MS - effective 2/1/2019 PR - low utilization in Puerto Rico, not to accept PA requirement
N/A	12/5/2018	1/1/2019	Unlisted & Miscellaneous	PA Update	J7999, J8499	All Plans	Medicaid, Medicare, MMP Medicaid, MMP Medicare, MMOP, MMCP, Marketplace	codes listed under both Specialty Pharmacy and Unlisted & Miscellaneous, removing from Specialty Pharmacy.
N/A	12/11/2018	1/1/2019	Specialty Pharmacy	Added/PA Required	A9513, B4105, C9038, J0185, J0517, J0567, J0584, J0599, J1301, J1454, J1628, J1746, J2797, J3245^, J3316, J3398, J7170, J7177, J7203, J7318, J7329, J9044, J9057, J9153, J9173, J9229, J9311, J9312, Q2042, Q5107^, Q5109^, Q5111	All Plans	Medicaid, Marketplace	IL - all codes effective 4/1/2019 MI - ^none covered codes, exception for Medicaid and Marketplace
N/A	12/11/2018	1/1/2019	Specialty Pharmacy	Added/PA Required	C9035, C9036, C9037, C9039, C9407, C9408, J0841, J1095, J2062, J2186, J2787, J3304, J3397	All Plans	Medicaid, Marketplace	
N/A	12/18/2018	1/1/2019	Multiple Service Categories	Removal of Deleted Codes	0159T, 0188T, 0189T, 0190T, 0195T, 0196T, 0337T, 0359T, 0360T, 0361T, 0363T, 0364T, 0365T, 0366T, 0367T, 0368T, 0369T, 0370T, 0371T, 0372T, 0374T, 0406T, 0407T, 77058, 77059, 81211, 81213, 81214, 96101, 96102, 96103, 96118, 96119, 96120, 33282, 33284, 64550, 96111, C8904, C8907, C9014", C9015", C9016", C9024", C9028", C9029", C9030", C9031", C9032", C9463", C9492", C9493", C9741, J0833", Q2040", Q9994, Q9995, 10022, 11100, 11101, 20005, 27370, 31595, 41500, 43760, 46762, 50395, 61332, 61480, 61610, 61612, 63615, 64508, 66220, 76001, 78270, 78271, 78272, 92275, 95974, 95975, 95978, 95979, 99090, 0001M, 0346T, 0387T, 0388T, 0389T, 0390T,	All Plans	Medicaid, Medicare, MMP Medicaid, MMP Medicare, MMOP, MMCP, Marketplace	Deleted codes to be removed CA - ^exception, not on MediCal update list; remainder of the codes effective 2/1/2019
N/A	12/18/2018	1/1/2019	Multiple Service Categories	Added/PA Required	33289*, 77046, 77047, 77048, 77049, 81163, 81164, 81165, 81166, 96130, 96131, 96132, 96133, 96136, 96137, 96138, 96139, 96146, 97151", 97152", 97153^", 97154^", 97155^", 97156^", 97157^", 97158^"	All Plans	Medicaid, Medicare, MMP Medicaid, MMP Medicare, MMOP, MMCP, Marketplace	Replacement codes of deleted codes 33289* - configure under Outpatient Hospital/ASC service category for all LOBs IL - all codes 4/1/2019 WA - excepts ABA codes in green, and add 81167 to require PA effective 1/1/2019 WI - ^none covered code for Medicaid - replacement codes for 0363T, 0371T, 0372T CA - ^exception for Medicaid and marketplace (not MediCal billable codes); remainder of the codes effective 2/1/2019
N/A	12/11/2018	1/1/2019	Neuropsychological & Psychological Tests (in any setting)	Added/PA Required	96112, 96113, 96121, 96130, 96131, 96132, 96133, 96136, 96137, 96138, 96139, 96146	All Plans	Medicare, MMP Medicare, MMOP, MMCP	New Codes (purple - all LOBs), Replacement codes of deleted codes (black - all LOBs) UT, ID, IL - all codes effective 4/1/2019 CA - all codes effective 2/1/2019
N/A	12/11/2018	1/1/2019	BH - Applied Behavioral Analysis	Added/PA Required	97151, 97152, 97153, 97154, 97155, 97156, 97157, 97158	All Plans	Medicare, MMP Medicare, MMOP, MMCP	Replacement codes of deleted codes UT, ID, IL - all codes effective 4/1/2019 WA - all codes not to accept CA - all codes effective 2/1/2019

N/A	12/11/2018	1/1/2019	Neuropsychological & Psychological Tests (in any setting)	Added/PA Required	96105, 96110^, 96112*, 96113*, 96121*, 96125^, 96127, 96130*, 96131*, 96132*, 96133*, 96136*, 96137*, 96138, 96139, 96146	All Plans	Medicaid, Marketplace	New Codes (purple - all LOBs), Replacement codes of deleted codes (black - all LOBs), New codes (red - Marketplace & Medicaid Only) OH - Medicaid 96112*, 96113*, 96121*, 96130*, 96131*, 96132*, 96133*, 96136*, 96137* + existing code 96116 effective 1/1/2019 PA not required by CBHC agencies certified by Ohio MHAS for up to 20 hours per calendar year, additional visits/hours and all other provider types PA required. 96138, 96139, 96146 NC Medicaid Benefit NY - accepts 96105 only per NYS Medicaid fee schedule effective 1/1/2019 UT , IL - all codes effective 4/1/2019 WI - all codes effective 2/1/2019 CA - except 96125, not valid MediCal billable code MI - ^not covered, exception for Medicaid and Marketplace; all other codes effective 1/1/2019
N/A	11/1/2018	10/1/2018	Speech Therapy	Added/PA Required	92507, 92508	FL	Medicaid; Marketplace	per health plan Speech therapy DOES require an authorization after the initial eval/vist
232	9/7/2018	1/1/2019	Durable Medical Equipment (DME)	Added/PA Required	E2402	IL	Medicaid, MMP Medicaid, MMP Medicare	
238	9/20/2018	1/1/2019	Durable Medical Equipment (DME)	Added/PA Required	E0601	IL	Medicaid; MMP Medicare; MMP Medicaid	
Q4 '18 Review	9/7/2018	1/1/2019	Durable Medical Equipment (DME)	Added/PA Required	C2624, K0903	IL	Medicaid	K0903 : covered benefit, add to require PA for 1/1/19 C2624 : HFS non covered benefits but require PA (1/1/19)
Q4 '18 Review	9/7/2018	1/1/2019	Out Patient Hospital/ASC Procedures	Added/PA Required	C9741	IL	Medicaid	HFS non covered benefit but require PA (1/1/19)
Q4 '18 Review	9/7/2018	1/1/2019	Pain Management	Added/PA Required	97810, 97811, 97813, 97814, S8930	IL	Medicaid	All non covered benefit but still require PA 1/1/19
N/A	11/6/2018	1/1/2019	Specialty Pharmacy	Removed/No PA Required	C9136, J7205, C9441, Q9970, C9461, A9515	MI	Medicaid, Medicare, MMP Medicaid, MMP Medicare, MMOP, MMCP, Marketplace	update PA code matrix - C codes are no longer valid and replacement codes not require PA for MI plan C9136 no longer valid (MI remove PA 1/1/2017), replaced by J7205 (MI remove PA 4/1/2016), C9441 no longer valid (MI remove PA 1/1/2017), replaced by Q9970 (MHI remove PA 4/1/2017), C9461 no longer valid (MI remove PA 1/1/2017), replaced by A9515 (MHI not requiring PA since code replacement)
N/A	12/10/2018	2/1/2019	Home Health	Update PA	N/A	MS	Medicaid	Update PA requirement to PA Eval +6 treatment visits (MHI Standard) effective 2/1/2019 (Q2 to 1/31/2019: All home health services require PA after initial evaluation)

N/A	12/19/2018	1/1/2019	Specialty Pharmacy	Added/PA Required	90281, 90283, 90284, 90378, A9542, A9543, C9014, C9015, C9016, C9024, C9028, J0129, J0135, J0178, J0180, J0202, J0207, J0220, J0256, J0257, J0287, J0289, J0364, J0480, J0485, J0490, J0585, J0586, J0587, J0588, J0594, J0597, J0598, J0637, J0638, J0640, J0641, J0714, J0717, J0725, J0775, J0800, J0850, J0875, J0878, J0881, J0885, J0888, J0894, J0895, J0897, J1230, J1290, J1300, J1322, J1324, J1325, J1438, J1439, J1442, J1447, J1453, J1458, J1459, J1460, J1556, J1557, J1559, J1560, J1561, J1566, J1568, J1569, J1570, J1571, J1572, J1573, J1575, J1595, J1599, J1645, J1650, J1652, J1675, J1740, J1743, J1744, J1745, J1750, J1756, J1786, J1826, J1830, J1930, J1950, J1955, J2020, J2170, J2182, J2248, J2315, J2323, J2353, J2357, J2425, J2430, J2469, J2503, J2505, J2507, J2562, J2597, J2724, J2778, J2783, J2786, J2793, J2820, J2840, J2916, J3060, J3090, J3095, J3110, J3145, J3240, J3262, J3285, J3315, J3357, J3380, J3385, J3396, J3489, J3490, J3590, J7175, J7178, J7179, J7180, J7181, J7183, J7186, J7187, J7188, J7189, J7190, J7192, J7194, J7196, J7197, J7198, J7199, J7200, J7201, J7202, J7205, J7207, J7209, J7312, J7313, J7316, J7320, J7321, J7323, J7324, J7325, J7326, J7327, J7328, J7340, J7504, J7511, J7527, J8670, J9000, J9015, J9017, J9019, J9025, J9027, J9032, J9033, J9035*, J9040, J9041, J9042, J9043, J9045, J9047, J9050, J9055, J9060, J9065, J9070, J9100, J9120, J9130, J9150, J9155, J9160, J9171, J9178, J9179, J9181, J9185, J9190, J9200, J9201, J9202, J9205, J9206, J9207, J9208, J9209, J9211, J9214, J9215, J9216, J9217, J9218, J9225, J9226, J9228, J9230, J9245, J9261, J9262, J9263, J9264, J9266, J9267, J9268, J9271, J9280, J9293, J9295, J9299, J9301, J9302, J9303, J9305, J9306, J9307, J9308, J9310, J9315, J9325, J9328, J9330, J9340, J9351, J9352, J9354, J9355, J9360, J9370, J9371, J9390, J9395, J9400, J9999, Q0138, Q0139, Q2050, Q3027, Q3028	MS	Medicaid	267 Pharmacy codes to be added back to MS Matrix (please double click codes tab to reveal complete list)
Q4 2018	9/21/2018	1/1/2019	Specialty Pharmacy	Removed/No PA Required	J9276	NM	All	Notes from Q4 2018: Invalid code reviewed by Tim Crum to be removed
Q4 2018	4/25/2018	1/1/2019	Cosmetic, Plastic & Reconstructive procedures	Added/PA Required	11900, 11901	NM	Marketplace	Notes from Q4 2018: PA required regardless of diagnosis
Q4 2018	6/26/2018	1/1/2019	Durable Medical Equipment (DME)	Added/PA Required	C2624, K0903	NM	Marketplace	
Q4 2018	5/31/2018	1/1/2019	Experimental/Investigational	Added/PA Required	0505T, 0506T, 0507T, 0508T	NM	All	Notes from Q4 2018: New Codes
Q4 2018	3/20/2018	1/1/2019	Genetic Counseling & Testing	Added/PA Required	0026U, 0027U, 0028U, 0029U, 0030U, 0031U, 0032U, 0033U, 0034U, 81407	NM	All	
Q4 2018	10/1/2018	1/1/2019	Genetic Counseling & Testing	Removed/No PA Required	0028U	NM	All	Notes from Q4 2018: code terminated on 9/30/2018
Q4 2018	6/26/2018	1/1/2019	Out Patient Hospital/ASC Procedures	Added/PA Required	C9741	NM	Marketplace	
Q4 2018	6/12/2018	1/1/2019	Pain Management	Added/PA Required	97810, 97811, 97813, 97814, S8930	NM	Marketplace	Notes from Q4 2018: Invalid code reviewed by Tim Crum to be removed
Q4 2018	5/22/2018	1/1/2019	Sleep Studies	PA Update	No PA required for POS12 services (home sleep studies).	NM	All	Notes from Q4 2018: No PA required for POS12 services (home sleep studies).
Q4 2018	4/5/2018	1/1/2019	Specialty Pharmacy	Added/PA Required	C9463, J7322, Q5103, Q5104, Q2041, Q9991, Q9992, Q9995	NM	All	Notes from Q4 2018: New Codes
Q4 2018	6/11/2018	1/1/2019	Unlisted & Miscellaneous	Added/PA Required	A4649, E0769, E0770, K0899, L5999, L7499, Q0507, Q0508, Q0509	NM	All	
Q3 2018	3/20/2018	1/1/2019	Specialty Pharmacy	Added/PA Required	Q5103, Q5104, Q2041	NM	All	
Q3 2018	3/20/2018	1/1/2019	Genetic Counseling & Testing	Added/PA Required	0026U, 0027U, 0028U, 0029U, 0030U, 0031U, 0032U, 0033U, 0034U, 81407	NM	All	
Q3 2018	4/5/2018	1/1/2019	Specialty Pharmacy	Added/PA Required	J7322	NM	Marketplace	
Q3 2018	4/9/2018	1/1/2019	Behavioral Health, Mental Health, Alcohol & Chemical Dependency	PA Update	F84.2, F84.3	NM	Marketplace	Notes from Q3 2018: No PA required when associated with Autism Dx.
Q3 2018	3/28/2018	1/1/2019	Specialty Pharmacy	Removal of Deleted Codes	C9494, J1725, J9265, Q5102	NM	All	
Q3 2018	4/18/2018	1/1/2019	Specialty Pharmacy	Added/PA Required	J1726, J1729	NM	All	Notes from Q3 2018: Replacement codes, retro to 4/1/18.
Q3 2018	5/9/2018	1/1/2019	Unlisted/Miscellaneous Codes	Matrix Update	Refer to Unlisted/Misc section for specific codes	NM	All	Notes from Q3 2018: Adding codes back to matrix
249	11/7/2018	1/1/2019	Behavioral Health, Mental Health, Alcohol & Chemical Dependency	Update PA	H2017	NY	Medicaid	H2017 requires an auth for Adult HCBS (went live 7/1/18) H2017 does NOT require an auth for Children's MMC < 21 years of age.

251	11/15/2018	1/1/2019	Behavioral Health, Mental Health, Alcohol & Chemical Dependency	Update PA	90791, H0004, H0036, H2017	NY	Medicaid	Children's Carve-In benefits; auth requirements impacts mainstream members < 21 years of age and younger ONLY.
236	9/19/2018	1/1/2019	Behavioral Health, Mental Health, Alcohol & Chemical Dependency	Removed/No PA Required	90870	OH	Medicaid; Marketplace; MMP Medicare; MMP Medicaid	
234	9/19/2018	1/1/2019	Durable Medical Equipment (DME)	Added/PA Required	E2402	OH	Medicaid; Marketplace; MMP Medicare; MMP Medicaid	
235	9/19/2018	1/1/2019	Outpatient Hospital/Ambulatory Surgery Center Procedures	Removed/No PA Required	20930, 22552, 22614, 22634, 22842, 22845	OH	Medicaid; Marketplace; MMP Medicare; MMP Medicaid	
237	9/19/2018	1/1/2019	Outpatient Hospital/Ambulatory Surgery Center Procedures	Removed/No PA Required	62368, 62369, 62370	OH	Medicaid; Marketplace; MMP Medicare; MMP Medicaid	
239	9/24/2018	1/1/2019	Unlisted & Miscellaneous	Removed/No PA Required	T2042, G0299, G0155, T2043, T2044, T2045, T2046	OH	Medicaid, MMP Medicaid	Non-Par Hospice will no longer require Prior Auth. (Hospice is not covered by Molina, Medicaid system set up for denial already)
N/A	11/20/2018	1/1/2019	Behavioral Health, Mental Health, Alcohol & Chemical Dependency	Added/PA Required	0900, 0901, 0905, 0912, 0913, 99324, 99325, 99326, 99327, 99328, 99334, 99335, 99336, 99337, 99342, 99343, 99344, 99345, 99348, 99349, 99350	PR	Medicaid	
N/A	11/20/2018	1/1/2019	Outpatient Hospital/Ambulatory Surgery Center Procedures	Added/PA Required	33210, 33211, 33233, 33236, 33237, 33241, 33243, 33244	PR	Medicaid	
262	12/20/2018	1/1/2019	PT OT ST (Home Health and Home Health Services)	Update PA	N/A	SC	Medicaid	PA is required after the initial eval including home based PT/OT/ST, this is an exception from MHI's PA requirement (which is PA required after the eval plus first 6 visits, including home based PT/OT/ST)
Q4 '18 Review	8/3/2018	1/1/2019	Specialty Pharmacy	Added/PA Required	Q9995	SC	Medicaid, MMP Medicaid, MMP Medicare	Encoder Pro update: Q9995 deleted, replaced with J7170 Update PA requirement to PA required after initial visit (MHI Standard)
252	11/16/2018	1/1/2019	Home Health	Update PA	N/A	SC	MMP Medicare	
245	10/19/2018	10/1/2018	Specialty Pharmacy	Removed/No PA Required	L0648, L0649, L0651, J7296	SC	Medicaid	
245	10/19/2018	1/1/2019	Specialty Pharmacy	Removed/No PA Required	L0648, L0649, L0651, J7296	SC	Medicaid	
244	10/19/2018	1/1/2019	Specialty Pharmacy	Added/PA Required	J0592, J0740, J3030	SC	MMP Medicare	
244	10/19/2018	1/1/2019	Durable Medical Equipment	Added/PA Required	E0470, E0471, E0472, E0601, E2402, K0013, K0606	SC	MMP Medicare	
244	10/19/2018	1/1/2019	Home Health Care	Added/PA Required	G0281, G0283, G0329	SC	MMP Medicare	
244	10/19/2018	1/1/2019	Prosthetics and Orthotics	Added/PA Required	L0624, L0627, L0629, L0630, L0631, L0632, L0634, L0636	SC	MMP Medicare	
254	11/30/2018	1/1/2019	All categories	PA Update	All codes on SC exception tab	SC	MMP Medicare, MMP Medicaid, Medicaid	Updating PA requirement on all codes for all LOB
206	7/11/2018	1/1/2019	Out Patient Hospital/ASC Procedures	Added/PA Required	0762	TX	Marketplace	update PA Code Matrix and PA Guide for Marketplace to state "PA Required for Observation stays longer than 48 hours"
243	10/12/2018	1/1/2019	Genetic Counseling and Testing	Added/PA Required	81240, 81241	TX	Medicaid; Marketplace; MMP Medicaid	
261	12/18/2018	1/1/2019	PT OT ST	Update PA	92526, 92609, 92521, 92522, 92523, 92524, S91529, 70129, 7014 97016, 97018, 97022, 97024, 97026, 97028, 97032, 97033, 97034, 97035, 97036, 97039, 97113, 97116, 97124, 97139, 97140, 97150, 97530, 97533, 97535, 97537, 97542, 97750, 97760, 97761, 97762, 97161, 97162, 97163, 97164, 97165, 97166, 97167, 97168	WA	Medicaid	adding codes with updated PT OT benefit limits (see notes for each code listed on WA exception tab) OT/PT >21 years: PA required after initial evaluation plus twenty-four (24) visits per calendar year for office, and outpatient settings. OT/PT <21 years: No PA – No limits Speech (all ages): PA required after initial evaluation plus six (6) visits for office, and outpatient setting
N/A	10/2/2018	10/2/2018	Home Health	Update PA	N/A	WA	Medicare	Update PA requirement to PA Eval +6 treatment visits (effective 10/2/2018)
259	12/17/2018	1/1/2019	Office visit and office based procedure	Update PA	95165	WA	Medicaid	Per WA HCA guidelines this code is allowed up to 50 units per client per year. PA is required after 50 units.
260	12/18/2018	3/1/2019	Specialty Pharmacy	Added/PA Required	S1090	WA	Medicaid	Effective 3/1/2019
N/A	12/20/2018	1/1/2019	Experimental Investigational	Added/PA Required	0509T, 0510T, 0511T, 0512T, 0513T, 0514T, 0515T, 0516T, 0517T, 0518T, 0519T, 0520T, 0521T, 0522T, 0523T, 0524T, 0525T, 0526T, 0527T, 0528T, 0529T, 0530T, 0531T, 0532T, 0533T, 0534T, 0535T, 0536T, 0542T	WA	Medicaid, Medicare, MMP Medicaid, MMP Medicare, MMOP, MMCP, Marketplace	WA accepts code for earlier implementation 1/1/2019 (MHI wide effective 4/1/2019)
N/A	12/26/2018	1/1/2019	Experimental Investigational	Update PA	93998, 0373T, 31237, 31299	WI	Medicaid	93998 removed MHI wide and replaced with 0337T 8/1/2015. Effective 1/1/2019 0337T replaced with 93998 NC benefit for WI Medicaid [deleted (replaced with)] Replacement code for 0337T (93998), 0363T, 0371T, 0372T (0373T), 0374T (0373T), 0406T & 0407T (31237, 31299)

N/A	12/26/2018	1/1/2019	Specialty Pharmacy	Update PA	J3398, Q2042, B4105, J7170	WI	Medicaid	Replacement codes for C9032, Q2040, Q9994, Q9995 - NC benefit for WI Medicaid
-----	------------	----------	--------------------	-----------	----------------------------	----	----------	---



Medicaid & Market Place Prior Auth (PA) Code Matrix

Effective Q2, 2019

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

These codes are for Out-Patient services only.

No PA Required for Emergency Services.

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

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

No PA Required for referrals to PAR Network Specialists.

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

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

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

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

For additional information on a member's grace period status, please contact Molina Healthcare.

Marketplace: Most gene therapy is not covered. Molina covers limited gene therapy services in accordance with our medical policies, subject to Prior Authorization.

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

Behavioral Health, Mental Health, Alcohol & Chemical Dependency Services

Medicaid	Market Place
Inpatient, Residential Treatment, Partial Hospitalization, Electroconvulsive Therapy (ECT), Applied Behavior Analysis (ABA) for tx of Autism Spectrum Disorder (ASD). *Refer to CA tabs/pages for exception.	Transitional Substance Abuse Residential Treatment, Inpatient, Residential Treatment, Partial Hospitalization, Electroconvulsive Therapy (ECT), Applied Behavior Analysis (ABA) for tx of Autism Spectrum Disorder (ASD).

Refer to CA, FL, IL, MI, MS, NM, NY, OH, PR, TX, WI tabs/pages for PA exceptions.

0901	1001	90867	90870	97153	97156	H0012	H2013	H2016	H2019	H0032	S0201	S5111	T1025	T1027	T2013
0912	1002	90868	97151	97154	97157	H0017	H2014	H2017	H2020	H0035	S5150	T1023	T1026	T1028	T2040
0913	2106	90869	97152	97155	97158	H2012	H2015	H2018	H0031	H0046					

PA required for all plans only when submitted with Autism Dx. (Refer to Dx Codes Tab for related ICD's)

Cosmetic, Plastic & Reconstructive Procedures [In Any Setting]

Refer to ID, NY, UT, WA tabs/pages for PA exceptions

11900	15775	15781	15788	15793	15822	15825	15829	15834	15837	15847	15878	19300	19324	19330	19350	30400	30430	30460	67906
11901	15776	15782	15789	15820	15823	15826	15832	15835	15838	15876	15879	19316	19325	19340	19355	30410	30435	30462	67908
11920	15780	15783	15792	15821	15824	15828	15833	15836	15839	15877	17380	19318	19328	19342	19396	30420	30450	67904	69300

PA required, except with breast CA Dx's that include ICD10 codes: C50 - C50.929, D05.00 - D05.92 and Z85.3 [See Dx Codes tab]

Durable Medical Equipment (DME)

Refer to CA, FL, NY, MI, OH, PR, SC, WI tabs/pages for PA exceptions

A7025	E0266	E0328	E0694	E0849	E1010	E1232	E2202	E2313	E2351	E2397	E2611	E2626	K0553	K0820	K0836	K0852	K0864	K0890	V2531
A9276	E0277	E0329	E0747	E0855	E1012	E1233	E2203	E2321	E2361	E2500	E2612	E2627	K0554	K0821	K0837	K0853	K0868	K0891	
A9277	E0292	E0371	E0748	E0983	E1014	E1234	E2204	E2322	E2366	E2502	E2613	E2628	K0606	K0822	K0838	K0854	K0869	K0900	
A9278	E0293	E0372	E0749	E0984	E1020	E1235	E2227	E2325	E2367	E2504	E2614	E2629	K0800	K0823	K0839	K0855	K0870	L3761	
A9900	E0294	E0373	E0760	E0986	E1029	E1236	E2228	E2326	E2368	E2506	E2615	E2630	K0801	K0824	K0840	K0856	K0871	L7700	



Medicaid & Market Place Prior Auth (PA) Code Matrix

Effective Q2, 2019

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

These codes are for Out-Patient services only.

No PA Required for Emergency Services.

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

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

No PA Required for referrals to PAR Network Specialists.

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

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

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

Prior Authorization is not a guarantee of payment for services. Payment is made in accordance with a determination of the member's eligibility

on the date(s) of service (for Market Place members this includes grace period status), benefit limitations or exclusions and other

applicable standards during the claim review, including the terms of any applicable provider agreement.

For additional information on a member's grace period status, please contact Molina Healthcare.

Marketplace: Most gene therapy is not covered. Molina covers limited gene therapy services in accordance with our medical policies, subject to Prior Authorization.

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

A9901	E0295	E0462	E0762	E0988	E1030	E1237	E2291	E2327	E2369	E2508	E2616	E2631	K0802	K0825	K0841	K0857	K0877	L8625
C2624	E0296	E0465	E0764	E1002	E1035	E1238	E2292	E2328	E2370	E2510	E2617	K0008	K0806	K0826	K0842	K0858	K0878	L8694
E0194	E0297	E0466	E0766	E1003	E1036	E1296	E2293	E2329	E2373	E2511	E2620	K0009	K0807	K0827	K0843	K0859	K0879	S1034
E0255	E0300	E0481	E0782	E1004	E1161	E1298	E2294	E2330	E2374	E2605	E2621	K0010	K0808	K0828	K0848	K0860	K0880	S1035
E0256	E0301	E0483	E0783	E1005	E1225	E1310	E2295	E2340	E2375	E2606	E2622	K0011	K0813	K0829	K0849	K0861	K0884	S1036
E0260	E0302	E0691	E0784	E1006	E1226	E1399	E2310	E2341	E2376	E2607	E2623	K0012	K0814	K0830	K0850	K0862	K0885	S1037
E0261	E0303	E0692	E0785	E1007	E1227	E1700	E2311	E2342	E2377	E2608	E2624	K0014	K0815	K0831	K0851	K0863	K0886	V2530
E0265	E0304	E0693	E0786	E1008	E1230	E2201	E2312	E2343	E2378	E2609	E2625	K0108	K0816	K0835	Codes applicable to Medicaid only			

Experimental/Investigational

Refer to NY, MI, NM, WA, WI, IL tabs/pages for PA exceptions

0042T	0106T	0198T	0215T	0221T	0267T	0298T	0339T	0362T	0408T	0422T	0436T	0474T	0488T	0502T	0516T	0530T	31237	97154
0054T	0107T	0200T	0216T	0222T	0268T	0312T	0342T	0373T	0409T	0423T	0437T	0475T	0489T	0503T	0517T	0531T	31299	97155
0055T	0108T	0201T	0217T	0228T	0269T	0313T	0347T	0394T	0410T	0424T	0439T	0476T	0490T	0504T	0518T	0532T	67299	97156
0058T	0109T	0202T	0218T	0229T	0270T	0314T	0348T	0395T	0411T	0425T	0440T	0477T	0491T	0505T	0519T	0533T	81503	97157
0071T	0110T	0205T	0219T	0230T	0271T	0315T	0349T	0396T	0412T	0426T	0441T	0478T	0492T	0506T	0520T	0534T	82016	97158
0072T	0111T	0206T	0220T	0231T	0272T	0316T	0350T	0397T	0413T	0427T	0442T	0479T	0493T	0507T	0521T	0535T	82017	99499
0075T	0126T	0207T	0221T	0234T	0273T	0317T	0351T	0398T	0414T	0428T	0443T	0480T	0494T	0508T	0522T	0536T	83987	Q4161
0076T	0163T	0208T	0222T	0235T	0274T	0329T	0352T	0399T	0415T	0429T	0444T	0481T	0495T	0509T	0523T	0537T	84145	Q4162
0085T	0164T	0209T	0228T	0253T	0275T	0330T	0353T	0400T	0416T	0430T	0445T	0482T	0496T	0510T	0524T	0538T	86316	Q4163
0095T	0165T	0210T	0229T	0254T	0278T	0331T	0354T	0401T	0417T	0431T	0469T	0483T	0497T	0511T	0525T	0539T	86343	Q4164
0098T	0174T	0211T	0230T	0263T	0290T	0332T	0355T	0402T	0418T	0432T	0470T	0484T	0498T	0512T	0526T	0540T	93998	Q4165
0100T	0175T	0212T	0231T	0264T	0295T	0333T	0356T	0403T	0419T	0433T	0471T	0485T	0499T	0513T	0527T	0541T	97151	
0101T	0184T	0213T	0234T	0265T	0296T	0335T	0357T	0404T	0420T	0434T	0472T	0486T	0500T	0514T	0528T	0542T	97152	
0102T	0191T	0214T	0235T	0266T	0297T	0338T	0358T	0405T	0421T	0435T	0473T	0487T	0501T	0515T	0529T	22899	97153	

Refer to NM tab/page for modifier exceptions on these codes.



Medicaid & Market Place Prior Auth (PA) Code Matrix

Effective Q2, 2019

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

These codes are for Out-Patient services only.

No PA Required for Emergency Services.

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

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

No PA Required for referrals to PAR Network Specialists.

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

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

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

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

For additional information on a member's grace period status, please contact Molina Healthcare.

Marketplace: Most gene therapy is not covered. Molina covers limited gene therapy services in accordance with our medical policies, subject to Prior Authorization.

Genetic Counseling & Testing

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

Refer to CA, IL, MI, NY, OH, TX, WA, WI tabs/pages for PA exceptions

0004M	0013U	0033U	0055U	81109	81166	81219	81235	81266	81297	81324	81364	81410	81425	81436	81455	81520	81545	88271	S3841
0006M	0014U	0034U	0056U	81110	81175	81222	81238	81269	81298	81325	81400	81411	81426	81437	81460	81521	81551	88369	S3842
0007M	0016U	0037U	0057U	81111	81176	81223	81243	81272	81300	81328	81401	81412	81427	81438	81465	81525	81595	88373	S3852
0009M *	0017U	0045U	0058U	81112	81201	81225	81244	81273	81311	81334	81402	81413	81430	81439	81470	81528	83006	88374	S3854
0005U	0026U	0046U	0059U	81120	81203	81226	81246	81283	81313	81335	81403	81414	81431	81440	81471	81535	84999 *	88377	S3861
0008U	0027U	0047U	0060U	81121	81210	81227	81247	81287	81314	81346	81404	81415	81432	81442	81493	81536	86008	G9143	S3865
0009U	0029U	0048U	81105	81161	81212	81228	81248	81291	81317	81355	81405	81416	81433	81445	81504	81538	86152	S3722	S3866
0010U	0030U	0049U	81106	81162	81215	81229	81249	81292	81319	81361	81406	81417	81434	81448	81507 *	81540	86153	S3800	S3870
0011U	0031U	0050U	81107	81163	81216	81230	81258	81294	81321	81362	81407	81420 *	81435	81450	81519	81541	88261	S3840	
0012U	0032U	0053U	81108	81164	81217	81231	81259	81295	81323	81363	81408	81422 *							
Code 84999: Including Oncotype Dx				81165	81218	81232	81265												

* Refer to WA tab for PA exceptions on codes.

Healthcare Administered Drugs

Pharmacy Drug Coverage

Newly FDA approved medications such as "buy-and-bill" drugs are considered non-formulary and subject to non-formulary policies and other non-formulary utilization criteria until a coverage decision is rendered by the Molina Pharmacy and Therapeutics Committee. "Buy-and-bill" drugs are pharmaceuticals which a provider purchases and administers, and for which the provider submits a claim to Molina Healthcare for reimbursement.

Many self-administered and office-administered injectable products require Prior Authorization (PA). In some cases they will be made available through Molina Healthcare's vendor, Caremark Specialty Pharmacy. Molina's pharmacy vendor will coordinate with MHC and ship the prescription directly to your office or the member's home. All packages are individually marked for each member, and refrigerated drugs are shipped in insulated packages with frozen gel packs. The service also offers the additional convenience of enclosing needed ancillary supplies (needles, syringes and alcohol swabs) with each prescription at no charge. Please contact your Provider Relations Representative with any further questions about the program.



Medicaid & Market Place Prior Auth (PA) Code Matrix

Effective Q2, 2019

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

These codes are for Out-Patient services only.

No PA Required for Emergency Services.

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

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

No PA Required for referrals to PAR Network Specialists.

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

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

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

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

For additional information on a member's grace period status, please contact Molina Healthcare.

Marketplace: Most gene therapy is not covered. Molina covers limited gene therapy services in accordance with our medical policies, subject to Prior Authorization.

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

Refer to CA, MI, MS, NM, NY, OH, WI, WA tabs/pages for PA exceptions.

90281	C9488	J0567	J0725	J1428	J1571	J1746	J2353	J2820	J3385	J7188	J7308	J7511	*J9035*	J9153	J9214	J9280	J9352	Q5104
90283	J0129	J0570	J0775	J1438	J1572	J1750	J2354	J2840	J3396	J7189	J7309	J7527	J9039	J9155	J9215	J9285	J9354	Q5107
90284	J0135	J0584	J0800	J1439	J1573	J1756	J2357	J2860	J3397	J7190	J7310	J7639	J9040	J9160	J9216	J9293	J9355	Q5108
90378	J0178	J0585	J0841	J1442	J1575	J1786	J2425	J2916	J3398	J7191	J7311	J7682	J9041	J9171	J9217	J9295	J9357	Q5109
A9513	J0180	J0586	J0850	J1447	J1595	J1826	J2469	J2941	J3398	J7192	J7312	J7686	J9042	J9173	J9218	J9299	J9360	Q5110
A9542	J0185	J0587	J0875	J1453	J1599	J1830	J2502	J3060	J3489	J7193	J7313	J8520	J9043	J9176	J9219	J9301	J9371	Q5111
A9543	J0202	J0588	J0878	J1454	J1602	J1833	J2503	J3090	J3490	J7194	J7316	J8521	J9044	J9178	J9225	J9302	J9390	Q9991
B4105	J0205	J0594	J0881	J1458	J1627	J1930	J2504	J3095	J3590	J7195	J7318	J8655	J9045	J9179	J9226	J9303	J9395	Q9992
C9035	J0207	J0596	J0885	J1459	J1628	J1931	J2505	J3110	J3591	J7196	J7320	J8670	J9047	J9185	J9228	J9305	J9400	S0073
C9036	J0220	J0597	J0888	J1460	J1628	J1950	J2507	J3145	J7170	J7197	J7321	J8700	J9050	J9190	J9229	J9306	J9600	S0122
C9037	J0221	J0598	J0894	J1555	J1640	J1955	J2562	J3240	J7175	J7198	J7322	J9000	J9055	J9200	J9229	J9307	J9999	S0126
C9038	J0256	J0599	J0895	J1556	J1645	J2020	J2597	J3245	J7177	J7199	J7323	J9015	J9057	J9201	J9230	J9308	Q0138	S0128
C9039	J0257	J0604	J0897	J1557	J1650	J2062	J2724	J3262	J7178	J7200	J7324	J9017	J9065	J9202	J9245	J9310	Q0139	S0132
C9130	J0287	J0606	J1095	J1559	J1652	J2170	J2778	J3285	J7179	J7201	J7325	J9019	J9070	J9203	J9261	J9311	Q2043	S0145
C9131	J0289	J0637	J1230	J1560	J1675	J2182	J2783	J3304	J7180	J7202	J7326	J9022	J9098	J9205	J9262	J9312	Q2050	S0148
C9132	J0364	J0638	J1290	J1561	J1726	J2186	J2786	J3315	J7181	J7203	J7327	J9023	J9120	J9206	J9263	J9315	Q3027	S0157
C9257	J0480	J0640	J1300	J1562	J1729	J2248	J2787	J3316	J7182	J7205	J7328	J9025	J9130	J9207	J9264	J9325	Q3028	
C9293	J0485	J0641	J1301	J1566	J1740	J2315	J2793	J3355	J7183	J7207	J7329	J9027	J9145	J9208	J9266	J9328	Q4074	
C9399	J0490	J0695	J1322	J1568	J1743	J2323	J2796	J3357	J7185	J7209	J7330	J9032	J9150	J9211	J9267	J9330	Q5101	
C9407	J0517	J0714	J1324	J1569	J1744	J2326	J2797	J3358	J7186	J7210	J7340	J9033			J9268	J9340	Q5103	
C9408	J0565	J0717	J1325	J1570	J1745	J2350		J3380	J7187	J7211	J7504	J9034			J9271	J9351		

Medicaid only

Marketplace Only

J9035: No PA required when associated with ocular Dx's. (See Dx Codes tab for related ICD9 & ICD10 Codes). *Not indicated for ocular conditions, use C5257.

Home Health Care Services



Medicaid & Market Place Prior Auth (PA) Code Matrix

Effective Q2, 2019

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

These codes are for Out-Patient services only.

No PA Required for Emergency Services.

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

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

No PA Required for referrals to PAR Network Specialists.

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

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

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

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

For additional information on a member's grace period status, please contact Molina Healthcare.

Marketplace: Most gene therapy is not covered. Molina covers limited gene therapy services in accordance with our medical policies, subject to Prior Authorization.

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

All home health services require PA after initial evaluation plus six (6) visits per calendar year, including home-based OT/PT & ST.

Refer to FL, IL, OH, and PR tabs/pages for PA exceptions.

G0151	G0153	G0156	G0158	G0160	G0162	G0300	G0493	G0495	S9122	S9124	S9129	S5130	S5151	S9977	T1002	T1005	T1030
G0152	G0155	G0157	G0159	G0161	G0299	G0490	G0494	G0496	S9123	S9128	S9131	S5135	S9470	T1000	T1003	T1022	T1031

Hyperbaric Therapy

99183	G0277	Q4176	Q4177	Q4178	Q4179	Q4180	Q4181	Q4182
-------	-------	-------	-------	-------	-------	-------	-------	-------

Imaging – Advanced & Specialty

C8900	C8912	C8935	70480	70498	70551	71551	72132	72158	73200	73225	73723	74181	75559	76377	76380	78206	78472	78609
C8901	C8913	C8936	70481	70540	70552	71552	72133	72159	73201	73700	73725	74182	75561	76380	76390	78320	78473	78647
C8902	C8914	G0288	70482	70542	70553	71555	72141	72191	73202	73701	74150	74183	75563	75565	76497	78451	78481	78710
C8903	C8918	G0297	70486	70543	70554	72125	72142	72192	73206	73702	74160	74185	75565	75571	76498	78452	78483	78811
C8905	C8919	S8042	70487	70544	70555	72126	72146	72193	73218	73706	74170	74261	75571	75572	77046	78453	78491	78812
C8906	C8920	S8080	70488	70545	71250	72127	72147	72194	73219	73718	74174	74262	75572	75573	77047	78454	78492	78813
C8908	C8931	70336	70490	70546	71260	72128	72148	72195	73220	73719	74175	74263	75573	75574	77048	78459	78494	78814
C8909	C8932	70450	70491	70547	71270	72129	72149	72196	73221	73720	74176	74712	75574	75635	77049	78466	78496	78815
C8910	C8933	70460	70492	70548	71275	72130	72156	72197	73222	73721	74177	74713	75635	76376	77084	78468	78607	78816
C8911	C8934	70470	70496	70549	71550	72131	72157	72198	73223	73722	74178	75557	76376	76377	78205	78469	78608	

Long Term Services & Support [LTSS]

All LTSS Codes/Services Require Prior Authorization regardless of code(s).

Refer to PR, MS, and WI tabs/pages for PA exceptions

Neuropsychological & Psychological Tests (in any setting)

Refer to NM, NY, OH and PR tabs/pages for PA exceptions.



Medicaid & Market Place Prior Auth (PA) Code Matrix

Effective Q2, 2019

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

These codes are for Out-Patient services only.

No PA Required for Emergency Services.

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

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

No PA Required for referrals to PAR Network Specialists.

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

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

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

Prior Authorization is not a guarantee of payment for services. Payment is made in accordance with a determination of the member's eligibility

on the date(s) of service (for Market Place members this includes grace period status), benefit limitations or exclusions and other

applicable standards during the claim review, including the terms of any applicable provider agreement.

For additional information on a member's grace period status, please contact Molina Healthcare.

Marketplace: Most gene therapy is not covered. Molina covers limited gene therapy services in accordance with our medical policies, subject to Prior Authorization.

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

95950	95953	95957	96110	96113	96121	96127	96130	96131	96132	96133	96136	96137	96138	96139	96146
95951	95956	96105	96112	96116	96125										

Non-PAR Offices/Providers/Facilities

Refer to OH, SC, TX tabs/pages for PA exceptions. *CA, MS effective 2/1/2019

PA is waived for all radiology, anesthesiology, and pathology services when billed in POS 19, 21, 22, 23 or 24 *

PA is waived for professional component services or services billed with Modifier 26 in ANY place of service setting *

PA required for 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 - PA required after initial evaluation plus twenty four (24) visits per calendar year, for office and out-patient settings. (CA, MS effective 2/1/2019)

Marketplace - Configured to benefit cap. (CA effective 2/1/2019)

Refer to FL, IL, NY, OH, PR, SC, TX, UT, WA & WI tabs/pages for PA exceptions or details.

97110 97112 97763

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

Refer to CA, FL, NY, MS, OH, PR, SC, TX, WA, WI tabs/pages for PA exceptions.

10040	21154	22222	22808	23470	28092	28208	28300	29806	29893	33221	36475	38573	49255	58291	58673	61886	63056	67900	96931
15730	21155	22224	22810	25447	28100	28210	28302	29807	29894	33224	36476	43644	49904	58292	58700	62324	63057	67901	96932
15733	21159	22226	22812	26499	28102	28220	28304	29819	29895	33225	36478	43645	49905	58293	58720	62325	63064	67902	96933
15786	21160	22505	22818	27120	28103	28222	28305	29820	29897	33227	36479	43647	49906	58294	58740	62326	63066	67903	96934
15787	21172	22526	22819	27122	28104	28225	28306	29821	29898	33228	36482	43648	50590	58321	58750	62327	63075	67909	96935



Medicaid & Market Place Prior Auth (PA) Code Matrix

Effective Q2, 2019

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

These codes are for Out-Patient services only.

No PA Required for Emergency Services.

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

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

No PA Required for referrals to PAR Network Specialists.

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

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

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

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

For additional information on a member's grace period status, please contact Molina Healthcare.

Marketplace: Most gene therapy is not covered. Molina covers limited gene therapy services in accordance with our medical policies, subject to Prior Authorization.

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

15819	21175	22527	22830	27125	28106	28226	28307	29822	29899	33229	36483	43653	52441	58322	58752	62369	63076	67950	96936
15830	21240	22532	22840	27130	28107	28230	28308	29823	29914	33230	36514	43770	52442	58323	58760	62370	63077	69714	C2616
17004	21242	22533	22841	27132	28108	28232	28309	29824	29915	33231	37191	43771	52649	58345	58770	62380	63078	69715	C9734
17360	21243	22534	22842	27134	28110	28234	28310	29825	29916	33240	37243	43772	53850	58350	58940	63001	63081	69717	C9738
19294	21270	22548	22843	27137	28111	28238	28312	29826	30465	33249	37700	43773	53852	58356	58943	63003	63082	69718	C9739
20930	21280	22551	22844	27138	28112	28240	28313	29827	30520	33262	37718	43774	54401	58540	58950	63005	63085	69930	C9740
20939	21282	22552	22845	27438	28113	28250	28315	29828	30540	33263	37722	43775	54405	58541	58951	63011	63086	90867	C9746
21073	21295	22554	22846	27440	28114	28260	28320	29873	30545	33264	37735	43842	55874	58542	58952	63012	63087	90868	C9747
21120	21296	22556	22847	27441	28116	28261	28322	29874	31253	33270	37760	43843	57288	58543	58953	63015	63088	90869	C9748
21121	22100	22558	22848	27442	28118	28262	28340	29875	31257	33251	37761	43845	57289	58544	58954	63016	63090	95249	S2095
21122	22101	22585	22849	27443	28119	28264	28341	29876	31259	33254	37765	43846	58150	58545	58956	63017	63091	93229	
21123	22102	22586	22850	27445	28120	28270	28344	29877	31295	33261	37766	43847	58180	58546	58957	63020	63101	96567	
21125	22103	22590	22852	27446	28122	28272	28345	29879	31296	33265	37780	43848	58152	58548	58958	63030	63102	96570	
21127	22110	22595	22855	27447	28124	28280	28360	29880	31297	33266	37785	43881	58200	58550	58970	63035	63103	96571	
21137	22112	22600	22856	27486	28126	28285	28705	29881	31298	33289	38204	43882	58210	58552	58974	63040	64553	96573	
21138	22114	22610	22857	27487	28130	28286	28715	29882	31660	34713	38207	43886	58240	58553	58976	63042	64568	96574	
21139	22116	22612	22861	28005	28140	28288	28725	29883	31661	34714	38208	43887	58260	58554	59070	63043	64569	96900	
21141	22206	22614	22862	28008	28150	28289	28730	29884	32491	34715	38209	43888	58262	58570	59072	63044	64570	96902	
21142	22207	22630	22864	28010	28153	28291	28735	29885	32994	34716	38210	47380	58263	58571	59074	63045	64590	96904	
21143	22208	22632	22865	28011	28160	28292	28737	29886	33206	36460	38211	47381	58267	58572	59076	63046	64595	96910	
21145	22210	22633	22867	28035	28171	28295	28740	29887	33207	36465	38212	47382	58270	58573	61863	63047	64912	96912	
21146	22212	22634	22868	28060	28173	28296	28750	29888	33208	36466	38213	47605	58275	58660	61864	63048	64913	96913	
21147	22214	22800	22869	28062	28175	28297	28755	29889	33212	36468	38214	47610	58280	58661	61867	63050	65771	96920	
21150	22216	22802	22870	28080	28200	28298	28760	29891	33213	36470	38215	47612	58285	58662	61868	63051	65772	96921	
21151	22220	22804	23412	28090	28202	28299	28890	29892	33214	36471	38232	47620	58290	58672	61885	63055	65775	96922	



Medicaid & Market Place Prior Auth (PA) Code Matrix

Effective Q2, 2019

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

These codes are for Out-Patient services only.

No PA Required for Emergency Services.

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

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

No PA Required for referrals to PAR Network Specialists.

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

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

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

Prior Authorization is not a guarantee of payment for services. Payment is made in accordance with a determination of the member's eligibility

on the date(s) of service (for Market Place members this includes grace period status), benefit limitations or exclusions and other

applicable standards during the claim review, including the terms of any applicable provider agreement.

For additional information on a member's grace period status, please contact Molina Healthcare.

Marketplace: Most gene therapy is not covered. Molina covers limited gene therapy services in accordance with our medical policies, subject to Prior Authorization.

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

Pain Management Procedures

Refer to FL, OH, SC, WA, NY, MI, WI tabs/pages for PA exceptions.

27096	62264	62322	62323	62362	63650	63662	63685	64462	64480	64486	64489	64492	64495	64634	64640	97811	G0260
27279	62320	62350	62360	62367	63655	63663	63688	64463	64483	64487	64490	64493	64600	64635	77003	97813	S8930
62263	62321	62351	62361	62368	63661	63664	64461	64479	64484	64488	64491	64494	64633	64636	97810	97814	

Physical Therapy

Medicaid - PA required after initial evaluation plus twenty four (24) visits per calendar year, for office and out-patient settings. (CA, MS effective 2/1/2019)

Marketplace - Configured to benefit cap (CA effective 2/1/2019)

Refer to FL, IL, NY, OH, PR, SC, TX, UT, WA, WI, IL tabs/pages for PA exceptions or details.

97110	97112	97763
-------	-------	-------

Prosthetics & Orthotics

Refer to PR tab/page for PA exceptions

L0452	L0486	L0650	L1005	L1685	L1720	L1834	L1846	L1904	L1940	L1960	L1990	L2010	L2034	L2038	L2080	L2108	L2232	L5856	L8614
L0480	L0622	L0700	L1110	L1700	L1730	L1840	L1860	L1907	L1945	L1970	L2000	L2020	L2036	L2050	L2090	L2126	L2800	L6026	L8692
L0482	L0637	L0710	L1640	L1710	L1755	L1844	L1900	L1920	L1950	L1980	L2005	L2030	L2037	L2060	L2106	L2128	L4631	L7259	S1040
L0484	L0640	L1000	L1680																

Radiation Therapy & Radio Surgery

77520	77522	77523	77525	G0339	G0340	G6015	G6016	G6017	Q9950
-------	-------	-------	-------	-------	-------	-------	-------	-------	-------

Sleep Studies

Home Sleep Studies [POS12] Do Not Require PA

Refer to FL, PR, TX, OH, MI, PR tabs/pages for PA exceptions.

95800	95801	95803	95805	95806	95807	95808	95810	95811
-------	-------	-------	-------	-------	-------	-------	-------	-------



Medicaid & Market Place Prior Auth (PA) Code Matrix

Effective Q2, 2019

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

These codes are for Out-Patient services only.

No PA Required for Emergency Services.

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

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

No PA Required for referrals to PAR Network Specialists.

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

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

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

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

For additional information on a member's grace period status, please contact Molina Healthcare.

Marketplace: Most gene therapy is not covered. Molina covers limited gene therapy services in accordance with our medical policies, subject to Prior Authorization.

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

Speech Therapy

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

Refer to FL, MI, NY, OH, PR, SC, TX, UT, WA & WI tabs/pages for PA exceptions or details.

92507 92508

Transplant Services (Including Solid Organ and Bone Marrow)

Corneal Transplants do not require PA.

Refer to PR tab/page for PA exceptions.

38205	38240	38243	44721	47140	47143	47146	48550	48554	50320	50327	50340	50370	S2054	S2061	S2140	S2152
38206	38241	44715	47133	47141	47144	47147	48551	48556	50323	50328	50360	50380	S2055	S2065	S2142	Q2041
38230	38242	44720	47135	47142	47145	48160	48552	50300	50325	50329	50365	S2053	S2060	S2107	S2150	Q2042

Transportation Services

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

Refer to PR & TX tabs/pages PA for exceptions.

A0430 A0431 A0999 S9960 S9961

Unlisted/Miscellaneous Codes

Molina requires PA, as well as medical necessity documentation and rationale be submitted with the PA request for all Unlisted/Miscellaneous codes*

Refer to WI, FL, NY, MI, WI specific tabs/pages PA for exceptions.

01999	23929	31599	39599	44238	47999	55899	66999	76496	78299	81599	88099	92499	97799	A6262	E1399	J8499	L3999	Q2039	T5999
15999	24999	31899	40799	44799	48999	58578	67299	76497	78399	84999	88199	92700	99199	A9698	E1699	J8597	L5999	Q4050	V2199
17999	25999	32999	40899	44899	49329	58579	67399	76498	78499	85999	88299	93799	99429	A9699	G0235	J8999	L7499	Q4051	V2797
19499	26989	33999	41599	44979	49659	58679	67599	76499	78599	86486	88399	94799	99499	A9900	G0501	J9999	L8039	Q4082	V2799
20999	27299	36299	42299	45399	49999	58999	67999	76999	78699	86849	88749	95199	99600	A9999	G9012	K0812	L8499	Q4100	V5298



Medicaid & Market Place Prior Auth (PA) Code Matrix

Effective Q2, 2019

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

These codes are for Out-Patient services only.

No PA Required for Emergency Services.

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

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

No PA Required for referrals to PAR Network Specialists.

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

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

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

Prior Authorization is not a guarantee of payment for services. Payment is made in accordance with a determination of the member's eligibility

on the date(s) of service (for Market Place members this includes grace period status), benefit limitations or exclusions and other

applicable standards during the claim review, including the terms of any applicable provider agreement.

For additional information on a member's grace period status, please contact Molina Healthcare.

Marketplace: Most gene therapy is not covered. Molina covers limited gene therapy services in accordance with our medical policies, subject to Prior Authorization.

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

21089	27599	37501	42699	45499	50549	59897	68399	77299	78799	86999	89240	95999	A0999	B9998	H0046	K0898	L8699	S0590	V5299
21299	27899	37799	42999	45999	50949	59898	68899	77399	78999	87797	89398	96379	A4421	B9999	J7599	K0899	P9603	S3870	
21499	28899	38129	43289	46999	51999	59899	69399	77499	79999	87798	90399	96549	A4641	C2698	J7699	L0999	P9604	S8189	
21899	29999	38589	43499	47379	53899	60659	69799	77799	80299	87799	90749	96999	A4649	C2699	J7799	L1499	Q0507	S9110	
22899	30999	38999	43659	47399	54699	60699	69949	78099	81099	87899	90899	97039	A4913	E0769	J7999	L2999	Q0508	T1999	
22999	31299	39499	43999	47579	55559	64999	69979	78199	81479	87999	91299	97139	A6261	E0770	J8498	L3649	Q0509	T2025	

Cosmetic/Reconstructive Procedures			C9257 & J9035 Dx Related Codes				Autism Dx Related Codes			
No PA required when associated with Breast CA Dx codes listed below			No PA Required when associated with Ocular Dx's codes listed below				No PA Required when associated with Autism Dx			
ICD-10	Medicaid	Marketplace	ICD-9	ICD-10	Medicaid	Marketplace	ICD-9	ICD-10	Medicaid	Marketplace
C50.011	N	N	115.02	B39.4	N	N		F84.0	N	N
C50.012	N	N	115.12	B39.5	N	N		F84.2	N	N
C50.019	N	N	115.92	B39.9	N	N		F84.3	N	N
C50.021	N	N	360.21	E08.311	N	N		F84.4	N	N
C50.022	N	N	362.36	E08.319	N	N		F84.5	N	N
C50.029	N	N	362.30	E08.3211	N	N		F84.8	N	N
C50.111	N	N	362.35	E08.3212	N	N		F84.9	N	N
C50.112	N	N	364.42	E08.3213	N	N				
C50.119	N	N	362.52	E08.3219	N	N				
C50.121	N	N	362.53	E08.3311	N	N				
C50.122	N	N	362.15	E08.3312	N	N				
C50.129	N	N	362.01-362.07	E08.3313	N	N				
C50.211	N	N	362.16	E08.3319	N	N				
C50.212	N	N	362.25-362.27	E08.3411	N	N				
C50.219	N	N	362.29	E08.3412	N	N				
C50.221	N	N	362.83	E08.3413	N	N				
C50.222	N	N	362.84	E08.3419	N	N				
C50.229	N	N	363.43	E08.3491	N	N				
C50.311	N	N	365.63	E08.3492	N	N				
C50.312	N	N	365.89	E08.3493	N	N				
C50.319	N	N		E08.3499	N	N				
C50.321	N	N		E08.3511	N	N				
C50.322	N	N		E08.3512	N	N				
C50.329	N	N		E08.3513	N	N				
C50.411	N	N		E08.3519	N	N				
C50.412	N	N		E08.3521	N	N				
C50.419	N	N		E08.3522	N	N				
C50.421	N	N		E08.3523	N	N				
C50.422	N	N		E08.3529	N	N				
C50.429	N	N		E08.3531	N	N				

Cosmetic/Reconstructive Procedures			C9257 & J9035 Dx Related Codes				Autism Dx Related Codes			
No PA required when associated with Breast CA Dx codes listed below			No PA Required when associated with Ocular Dx's codes listed below				No PA Required when associated with Autism Dx			
ICD-10	Medicaid	Marketplace	ICD-9	ICD-10	Medicaid	Marketplace	ICD-9	ICD-10	Medicaid	Marketplace
C50.511	N	N		E08.3532	N	N				
C50.512	N	N		E08.3533	N	N				
C50.519	N	N		E08.3539	N	N				
C50.521	N	N		E08.3541	N	N				
C50.522	N	N		E08.3542	N	N				
C50.529	N	N		E08.3543	N	N				
C50.611	N	N		E08.3549	N	N				
C50.612	N	N		E08.3551	N	N				
C50.619	N	N		E08.3552	N	N				
C50.621	N	N		E08.3553	N	N				
C50.622	N	N		E08.3559	N	N				
C50.629	N	N		E08.3591	N	N				
C50.811	N	N		E08.3592	N	N				
C50.812	N	N		E08.3593	N	N				
C50.819	N	N		E08.3599	N	N				
C50.821	N	N		E09.311	N	N				
C50.822	N	N		E09.319	N	N				
C50.829	N	N		E09.3211	N	N				
C50.911	N	N		E09.3212	N	N				
C50.912	N	N		E09.3213	N	N				
C50.919	N	N		E09.3219	N	N				
C50.921	N	N		E09.3311	N	N				
C50.922	N	N		E09.3312	N	N				
C50.929	N	N		E09.3313	N	N				
D05.01	N	N		E09.3319	N	N				
D05.02	N	N		E09.3411	N	N				
D05.10	N	N		E09.3412	N	N				
D05.11	N	N		E09.3413	N	N				
D05.12	N	N		E09.3419	N	N				
D05.80	N	N		E09.3491	N	N				

Cosmetic/Reconstructive Procedures			C9257 & J9035 Dx Related Codes				Autism Dx Related Codes			
No PA required when associated with Breast CA Dx codes listed below			No PA Required when associated with Ocular Dx's codes listed below				No PA Required when associated with Autism Dx			
ICD-10	Medicaid	Marketplace	ICD-9	ICD-10	Medicaid	Marketplace	ICD-9	ICD-10	Medicaid	Marketplace
D05.81	N	N		E09.3492	N	N				
D05.90	N	N		E09.3493	N	N				
D05.91	N	N		E09.3499	N	N				
D05.92	N	N		E09.3511	N	N				
DO5.00	N	N		E09.3512	N	N				
DO5.82	N	N		E09.3513	N	N				
Z85.3	N	N		E09.3519	N	N				
				E09.3521	N	N				
				E09.3522	N	N				
				E09.3523	N	N				
				E09.3529	N	N				
				E09.3531	N	N				
				E09.3532	N	N				
				E09.3533	N	N				
				E09.3539	N	N				
				E09.3541	N	N				
				E09.3542	N	N				
				E09.3543	N	N				
				E09.3549	N	N				
				E09.3551	N	N				
				E09.3552	N	N				
				E09.3553	N	N				
				E09.3559	N	N				
				E09.3591	N	N				
				E09.3592	N	N				
				E09.3593	N	N				
				E09.3599	N	N				
				E10.311	N	N				
				E10.319	N	N				
				E10.3211	N	N				

Cosmetic/Reconstructive Procedures			C9257 & J9035 Dx Related Codes				Autism Dx Related Codes			
No PA required when associated with Breast CA Dx codes listed below			No PA Required when associated with Ocular Dx's codes listed below				No PA Required when associated with Autism Dx			
ICD-10	Medicaid	Marketplace	ICD-9	ICD-10	Medicaid	Marketplace	ICD-9	ICD-10	Medicaid	Marketplace
				E10.3212	N	N				
				E10.3213	N	N				
				E10.3219	N	N				
				E10.3311	N	N				
				E10.3312	N	N				
				E10.3313	N	N				
				E10.3319	N	N				
				E10.3411	N	N				
				E10.3412	N	N				
				E10.3413	N	N				
				E10.3419	N	N				
				E10.3491	N	N				
				E10.3492	N	N				
				E10.3493	N	N				
				E10.3499	N	N				
				E10.3511	N	N				
				E10.3512	N	N				
				E10.3513	N	N				
				E10.3519	N	N				
				E10.3521	N	N				
				E10.3522	N	N				
				E10.3523	N	N				
				E10.3529	N	N				
				E10.3531	N	N				
				E10.3532	N	N				
				E10.3533	N	N				
				E10.3539	N	N				
				E10.3541	N	N				
				E10.3542	N	N				
				E10.3543	N	N				

Cosmetic/Reconstructive Procedures			C9257 & J9035 Dx Related Codes				Autism Dx Related Codes			
No PA required when associated with Breast CA Dx codes listed below			No PA Required when associated with Ocular Dx's codes listed below				No PA Required when associated with Autism Dx			
ICD-10	Medicaid	Marketplace	ICD-9	ICD-10	Medicaid	Marketplace	ICD-9	ICD-10	Medicaid	Marketplace
				E10.3549	N	N				
				E10.3551	N	N				
				E10.3552	N	N				
				E10.3553	N	N				
				E10.3559	N	N				
				E10.3591	N	N				
				E10.3592	N	N				
				E10.3593	N	N				
				E10.3599	N	N				
				E11.311	N	N				
				E11.319	N	N				
				E11.3211	N	N				
				E11.3212	N	N				
				E11.3213	N	N				
				E11.3219	N	N				
				E11.3311	N	N				
				E11.3312	N	N				
				E11.3313	N	N				
				E11.3319	N	N				
				E11.3391	N	N				
				E11.3392	N	N				
				E11.3393	N	N				
				E11.3399	N	N				
				E11.3411	N	N				
				E11.3412	N	N				
				E11.3413	N	N				
				E11.3419	N	N				
				E11.3491	N	N				
				E11.3492	N	N				
				E11.3493	N	N				

Cosmetic/Reconstructive Procedures			C9257 & J9035 Dx Related Codes				Autism Dx Related Codes			
No PA required when associated with Breast CA Dx codes listed below			No PA Required when associated with Ocular Dx's codes listed below				No PA Required when associated with Autism Dx			
ICD-10	Medicaid	Marketplace	ICD-9	ICD-10	Medicaid	Marketplace	ICD-9	ICD-10	Medicaid	Marketplace
				E11.3499	N	N				
				E11.3511	N	N				
				E11.3512	N	N				
				E11.3513	N	N				
				E11.3519	N	N				
				E11.3521	N	N				
				E11.3522	N	N				
				E11.3523	N	N				
				E11.3529	N	N				
				E11.3531	N	N				
				E11.3532	N	N				
				E11.3533	N	N				
				E11.3539	N	N				
				E11.3541	N	N				
				E11.3542	N	N				
				E11.3543	N	N				
				E11.3549	N	N				
				E11.3551	N	N				
				E11.3552	N	N				
				E11.3553	N	N				
				E11.3559	N	N				
				E11.3591	N	N				
				E11.3592	N	N				
				E11.3593	N	N				
				E11.3599	N	N				
				E13.311	N	N				
				E13.319	N	N				
				E13.3211	N	N				
				E13.3212	N	N				
				E13.3213	N	N				

Cosmetic/Reconstructive Procedures			C9257 & J9035 Dx Related Codes				Autism Dx Related Codes			
No PA required when associated with Breast CA Dx codes listed below			No PA Required when associated with Ocular Dx's codes listed below				No PA Required when associated with Autism Dx			
ICD-10	Medicaid	Marketplace	ICD-9	ICD-10	Medicaid	Marketplace	ICD-9	ICD-10	Medicaid	Marketplace
				E13.3219	N	N				
				E13.3311	N	N				
				E13.3312	N	N				
				E13.3313	N	N				
				E13.3319	N	N				
				E13.3411	N	N				
				E13.3412	N	N				
				E13.3413	N	N				
				E13.3419	N	N				
				E13.3491	N	N				
				E13.3492	N	N				
				E13.3493	N	N				
				E13.3499	N	N				
				E13.3511	N	N				
				E13.3512	N	N				
				E13.3513	N	N				
				E13.3519	N	N				
				E13.3521	N	N				
				E13.3522	N	N				
				E13.3523	N	N				
				E13.3529	N	N				
				E13.3531	N	N				
				E13.3532	N	N				
				E13.3533	N	N				
				E13.3539	N	N				
				E13.3541	N	N				
				E13.3542	N	N				
				E13.3543	N	N				
				E13.3549	N	N				
				E13.3551	N	N				

Cosmetic/Reconstructive Procedures			C9257 & J9035 Dx Related Codes				Autism Dx Related Codes			
No PA required when associated with Breast CA Dx codes listed below			No PA Required when associated with Ocular Dx's codes listed below				No PA Required when associated with Autism Dx			
ICD-10	Medicaid	Marketplace	ICD-9	ICD-10	Medicaid	Marketplace	ICD-9	ICD-10	Medicaid	Marketplace
				E13.3552	N	N				
				E13.3553	N	N				
				E13.3559	N	N				
				E13.3591	N	N				
				E13.3592	N	N				
				E13.3593	N	N				
				E13.3599	N	N				
				H21.1X1	N	N				
				H21.1X2	N	N				
				H21.1X3	N	N				
				H21.1X9	N	N				
				H32	N	N				
				H34.8110	N	N				
				H34.8111	N	N				
				H34.8112	N	N				
				H34.8120	N	N				
				H34.8121	N	N				
				H34.8122	N	N				
				H34.8130	N	N				
				H34.8131	N	N				
				H34.8132	N	N				
				H34.8190	N	N				
				H34.8191	N	N				
				H34.8192	N	N				
				H34.821	N	N				
				H34.822	N	N				
				H34.823	N	N				
				H34.829	N	N				
				H34.8310	N	N				
				H34.8311	N	N				

Cosmetic/Reconstructive Procedures			C9257 & J9035 Dx Related Codes				Autism Dx Related Codes			
No PA required when associated with Breast CA Dx codes listed below			No PA Required when associated with Ocular Dx's codes listed below				No PA Required when associated with Autism Dx			
ICD-10	Medicaid	Marketplace	ICD-9	ICD-10	Medicaid	Marketplace	ICD-9	ICD-10	Medicaid	Marketplace
				H34.8312	N	N				
				H34.8320	N	N				
				H34.8321	N	N				
				H34.8322	N	N				
				H34.8330	N	N				
				H34.8331	N	N				
				H34.8332	N	N				
				H34.8390	N	N				
				H34.8391	N	N				
				H34.8392	N	N				
				H34.9	N	N				
				H35.00	N	N				
				H35.011	N	N				
				H35.012	N	N				
				H35.013	N	N				
				H35.019	N	N				
				H35.021	N	N				
				H35.022	N	N				
				H35.023	N	N				
				H35.029	N	N				
				H35.031	N	N				
				H35.032	N	N				
				H35.033	N	N				
				H35.039	N	N				
				H35.041	N	N				
				H35.042	N	N				
				H35.043	N	N				
				H35.049	N	N				
				H35.051	N	N				
				H35.052	N	N				

Cosmetic/Reconstructive Procedures			C9257 & J9035 Dx Related Codes				Autism Dx Related Codes			
No PA required when associated with Breast CA Dx codes listed below			No PA Required when associated with Ocular Dx's codes listed below				No PA Required when associated with Autism Dx			
ICD-10	Medicaid	Marketplace	ICD-9	ICD-10	Medicaid	Marketplace	ICD-9	ICD-10	Medicaid	Marketplace
				H35.053	N	N				
				H35.059	N	N				
				H35.061	N	N				
				H35.062	N	N				
				H35.063	N	N				
				H35.069	N	N				
				H35.071	N	N				
				H35.072	N	N				
				H35.073	N	N				
				H35.079	N	N				
				H35.09	N	N				
				H35.141	N	N				
				H35.142	N	N				
				H35.143	N	N				
				H35.149	N	N				
				H35.151	N	N				
				H35.152	N	N				
				H35.153	N	N				
				H35.159	N	N				
				H35.161	N	N				
				H35.162	N	N				
				H35.163	N	N				
				H35.169	N	N				
				H35.20	N	N				
				H35.21	N	N				
				H35.22	N	N				
				H35.23	N	N				
				H35.3210	N	N				
				H35.3211	N	N				
				H35.3212	N	N				

Cosmetic/Reconstructive Procedures			C9257 & J9035 Dx Related Codes				Autism Dx Related Codes			
No PA required when associated with Breast CA Dx codes listed below			No PA Required when associated with Ocular Dx's codes listed below				No PA Required when associated with Autism Dx			
ICD-10	Medicaid	Marketplace	ICD-9	ICD-10	Medicaid	Marketplace	ICD-9	ICD-10	Medicaid	Marketplace
				H35.3213	N	N				
				H35.3220	N	N				
				H35.3221	N	N				
				H35.3222	N	N				
				H35.3223	N	N				
				H35.3230	N	N				
				H35.3231	N	N				
				H35.3232	N	N				
				H35.3233	N	N				
				H35.3290	N	N				
				H35.3291	N	N				
				H35.3292	N	N				
				H35.3293	N	N				
				H35.33	N	N				
				H35.351	N	N				
				H35.352	N	N				
				H35.353	N	N				
				H35.359	N	N				
				H35.81	N	N				
				H35.82	N	N				
				H40.50X0	N	N				
				H40.50X1	N	N				
				H40.50X2	N	N				
				H40.50X3	N	N				
				H40.50X4	N	N				
				H40.51X0	N	N				
				H40.51X1	N	N				
				H40.51X2	N	N				
				H40.51X3	N	N				
				H40.51X4	N	N				

Cosmetic/Reconstructive Procedures			C9257 & J9035 Dx Related Codes				Autism Dx Related Codes			
No PA required when associated with Breast CA Dx codes listed below			No PA Required when associated with Ocular Dx's codes listed below				No PA Required when associated with Autism Dx			
ICD-10	Medicaid	Marketplace	ICD-9	ICD-10	Medicaid	Marketplace	ICD-9	ICD-10	Medicaid	Marketplace
				H40.52X0	N	N				
				H40.52X1	N	N				
				H40.52X2	N	N				
				H40.52X3	N	N				
				H40.52X4	N	N				
				H40.53X0	N	N				
				H40.53X1	N	N				
				H40.53X2	N	N				
				H40.53X3	N	N				
				H40.53X4	N	N				
				H40.89	N	N				
				H44.20	N	N				
				H44.21	N	N				
				H44.22	N	N				
				H44.23	N	N				

NY CODE/BENEFIT EXCEPTIONS

♦ **OT, PT & ST:** PA Required for Home PT. No PA required for other OP Services, benefit limit of 40 visits per calendar year (effective 7/1/2018).

Y: PA REQUIRED / N: NO PA REQUIRED / NC: NOT COVERED

Code	Medicaid	Notes
11900	N	Covered by FFS per NYS Post Mastectomy Breast Reconstructure Surgery Mandate
11901	N	Covered by FFS per NYS Post Mastectomy Breast Reconstructure Surgery Mandate
11981	N	No PA for IP and OP
17340	Y	
40799	Y	
43631	Y	
55970	N	
55980	N	
67909	Y	
67911	Y	
67912	Y	
67924	Y	
81503	NC	
90791	Y	90791 EP; 90791 EP, SC
95806	NC	
96105	Y	
96110	NC	
96112	NC	
96113	NC	
96116	Y	
96118	Y	
96119	Y	
96120	Y	
96121	NC	
96125	NC	

NY CODE/BENEFIT EXCEPTIONS

♦ **OT, PT & ST:** PA Required for Home PT. No PA required for other OP Services, benefit limit of 40 visits per calendar year (effective 7/1/2018).

Y: PA REQUIRED / N: NO PA REQUIRED / NC: NOT COVERED

Code	Medicaid	Notes
96127	NC	
96130	NC	
96131	NC	
96132	NC	
96133	NC	
96136	NC	
96137	NC	
96138	NC	
96139	NC	
96146	NC	
97810	NC	
97811	NC	
97813	NC	
97814	NC	
0026U	NC	
0027U	NC	
0028U	NC	
0029U	NC	
0030U	NC	
0031U	NC	
0032U	NC	
0033U	NC	
0034U	NC	
0037U	NC	
0045U	NC	
0046U	NC	
0047U	NC	

NY CODE/BENEFIT EXCEPTIONS

♦ **OT, PT & ST:** PA Required for Home PT. No PA required for other OP Services, benefit limit of 40 visits per calendar year (effective 7/1/2018).

Y: PA REQUIRED / N: NO PA REQUIRED / NC: NOT COVERED

Code	Medicaid	Notes
0048U	NC	
0049U	NC	
0050U	NC	
0053U	NC	
0055U	NC	
0056U	NC	
0057U	NC	
0058U	NC	
0059U	NC	
0060U	NC	
0505T	NC	
0506T	NC	
0507T	NC	
0508T	NC	
0509T	NC	
0510T	NC	
0511T	NC	
0512T	NC	
0513T	NC	
0514T	NC	
0515T	NC	
0516T	NC	
0517T	NC	
0518T	NC	
0519T	NC	
0520T	NC	
0521T	NC	

NY CODE/BENEFIT EXCEPTIONS

♦ **OT, PT & ST:** PA Required for Home PT. No PA required for other OP Services, benefit limit of 40 visits per calendar year (effective 7/1/2018).

Y: PA REQUIRED / N: NO PA REQUIRED / NC: NOT COVERED

Code	Medicaid	Notes
0522T	NC	
0523T	NC	
0524T	NC	
0525T	NC	
0526T	NC	
0527T	NC	
0528T	NC	
0529T	NC	
0530T	NC	
0531T	NC	
0532T	NC	
0533T	NC	
0534T	NC	
0535T	NC	
0536T	NC	
0537T	NC	
0538T	NC	
0539T	NC	
0540T	NC	
0541T	NC	
0542T	NC	
0905	Y	
0906	Y	
A4649	NC	
A9901	NC	
C9741	NC	
E0194	NC	

NY CODE/BENEFIT EXCEPTIONS

♦ **OT, PT & ST:** PA Required for Home PT. No PA required for other OP Services, benefit limit of 40 visits per calendar year (effective 7/1/2018).

Y: PA REQUIRED / N: NO PA REQUIRED / NC: NOT COVERED

Code	Medicaid	Notes
E0255	NC	
E0260	NC	
E0265	NC	
E0292	NC	
E0293	NC	
E0294	NC	
E0295	NC	
E0296	NC	
E0297	NC	
E0300	NC	
E0303	NC	
E0304	NC	
E0329	NC	
E0373	NC	
E0462	NC	
E0691	NC	
E0692	NC	
E0693	NC	
E0694	NC	
E0749	NC	
E0762	NC	
E0764	NC	
E0766	NC	
E0769	NC	
E0770	NC	
E0782	NC	
E0783	NC	

NY CODE/BENEFIT EXCEPTIONS

♦ **OT, PT & ST:** PA Required for Home PT. No PA required for other OP Services, benefit limit of 40 visits per calendar year (effective 7/1/2018).

Y: PA REQUIRED / N: NO PA REQUIRED / NC: NOT COVERED

Code	Medicaid	Notes
E0785	NC	
E0786	NC	
E0983	NC	
E0984	NC	
E0988	NC	
E1029	NC	
E1030	NC	
E1035	NC	
E1036	NC	
E1227	NC	
E1230	NC	
E1232	NC	
E1235	NC	
E1237	NC	
E1238	NC	
E1296	NC	
E1310	NC	
E1700	NC	
E2227	NC	
E2228	NC	
E2293	NC	
E2294	NC	
E2295	NC	
E2321	NC	
E2322	NC	
E2351	NC	
E2397	NC	

NY CODE/BENEFIT EXCEPTIONS

♦ **OT, PT & ST:** PA Required for Home PT. No PA required for other OP Services, benefit limit of 40 visits per calendar year (effective 7/1/2018).

Y: PA REQUIRED / N: NO PA REQUIRED / NC: NOT COVERED

Code	Medicaid	Notes
E2609	NC	
G0506	Y	
G9005	Y	
H0004	Y	H0004 EP; H0004 HQ, EP; H0004 HR; H0004 HS; H0004 SC; H0004 EP, HQ, SC
H0015	Y	
H0036	Y	H0036 EP; H0036 EP, HQ; H0036 EP, SC; H0036 EP, HQ, SC
H0038	Y	H0038 EP, UK; H0038 EP, UK, HQ; H0038 EP, UK, SC; H0038 EP, HQ, SC, UK; H0038 EP; H0038 EP, HQ
H0040	Y	
H2014	Y	PA required regardless of DX
H2017	Y	H2017 EP; H2017 EP, HQ; H2017 EP, SC; H2017 EP, HQ, SC
H2023	Y	
H2025	Y	
J0185	NC	
J0740	Y	
J7322	NC	
K0008	NC	
K0010	NC	
K0011	NC	
K0012	NC	
K0014	NC	
K0830	NC	
K0831	NC	
K0899	NC	
L5999	NC	
L7499	NC	
Q0507	NC	

NY CODE/BENEFIT EXCEPTIONS

♦ **OT, PT & ST:** PA Required for Home PT. No PA required for other OP Services, benefit limit of 40 visits per calendar year (effective 7/1/2018).

Y: PA REQUIRED / N: NO PA REQUIRED / NC: NOT COVERED

Code	Medicaid	Notes
Q0508	NC	
Q0509	NC	
Q9991	NC	
Q9992	NC	
Q9995	NC	
S1034	NC	
S1035	NC	
S1036	NC	
S1037	NC	
S8930	NC	
S9480	Y	
T2013	Y	PA required regardless of DX
T2015	Y	
T2017	Y	
T2019	Y	
T2022	Y	Modifiers U1, U2 & U3
V2530	NC	
V2531	NC	
C9030	Y	
C9031	Y	
C9032	Y	
J0129	Y	
J0178	Y	
J0490	Y	
J0585	Y	
J0587	Y	
J0641	Y	

NY CODE/BENEFIT EXCEPTIONS

♦ **OT, PT & ST:** PA Required for Home PT. No PA required for other OP Services, benefit limit of 40 visits per calendar year (effective 7/1/2018).

Y: PA REQUIRED / N: NO PA REQUIRED / NC: NOT COVERED

Code	Medicaid	Notes
J0881	Y	
J0897	Y	
J1447	Y	
J1459	Y	
J1561	Y	
J1569	Y	
J1572	Y	
J1602	Y	
J1745	Y	
J1950	Y	
J2323	Y	
J2353	Y	
J2357	Y	
J2505	Y	
J2778	Y	
J2796	Y	
J3262	Y	
J3380	Y	
J3396	Y	
J7175	Y	
J7179	Y	
J7180	Y	
J7181	Y	
J7182	Y	
J7185	Y	
J7186	Y	
J7187	Y	

NY CODE/BENEFIT EXCEPTIONS

♦ **OT, PT & ST:** PA Required for Home PT. No PA required for other OP Services, benefit limit of 40 visits per calendar year (effective 7/1/2018).

Y: PA REQUIRED / N: NO PA REQUIRED / NC: NOT COVERED

Code	Medicaid	Notes
J7188	Y	
J7189	Y	
J7190	Y	
J7191	Y	
J7192	Y	
J7193	Y	
J7194	Y	
J7195	Y	
J7197	Y	
J7198	Y	
J7199	Y	
J7200	Y	
J7201	Y	
J7202	Y	
J7205	Y	
J7207	Y	
J7209	Y	
J9033	Y	
J9035	Y	
J9041	Y	
J9055	Y	
J9070	Y	
J9155	Y	
J9171	Y	
J9217	Y	
J9226	Y	
J9263	Y	

NY CODE/BENEFIT EXCEPTIONS

♦ **OT, PT & ST:** PA Required for Home PT. No PA required for other OP Services, benefit limit of 40 visits per calendar year (effective 7/1/2018).

Y: PA REQUIRED / N: NO PA REQUIRED / NC: NOT COVERED

Code	Medicaid	Notes
J9264	Y	
J9271	Y	
J9299	Y	
J9305	Y	
J9306	Y	
J9308	Y	
J9310	Y	
J9354	Y	
J9355	Y	
Q5101	Y	
Q5103	Y	
Q5104	Y	
Q5105	Y	
Q5106	Y	
Q5108	Y	
Q5510	Y	
Q9994	Y	