

2017 MHI PA Matrix Updates Log

2017 Q4 Updates

Received	Effective	Specialty/Service	Update	Applies to	LOB	Notes
6/14/2017	10/1/2017	Specialty Pharmacy	Add/PA Required: C9490*, J7511, J0640, J1230, J1570, J7308, J9000, J9065, J9070, J9100, J9130, J9150, J9181, J9190, J9200, J9208, J9209, J9211, J9213, J9230, J9268, J9280, J9328, J9340, J9360, Q9985*, Q9986*, Q9989*	All Plans	All	*MWI: NC for Medicaid
6/28/2017	10/1/2017	Specialty Pharmacy	Remove Termed Code: C9487	All Plans	All	Replaced by Q9989
6/28/2017	10/1/2017	Out Patient Hospital/ASC Procedures	Added/PA Required: 37243, C2616, C9734, C9746, C9747	All Plans	All	
6/28/2017	10/1/2017	Out Patient Hospital/ASC Procedures	Added/PA Required: S2095	All Plans	Medicaid/Marketplace	
6/28/2017	10/1/2017	Specialty Pharmacy	Added/PA Required: J0571, 67028	All Plans	All	
6/28/2017	10/1/2017	Home Health Care Services	Added/PA Required: G0495, G0496	All Plans	All	
6/29/2017	10/1/2017	Genetic Counseling & Testing	Added/PA Required: 0004U, 0005U	All Plans	All	MWI: NC for Medicaid
6/29/2017	10/1/2017	Experimental & Investigational	Added/PA Required: 0469T, 0470T, 0471T, 0473T, 0474T, 0475T, 0476T, 0477T, 0478T	All Plans	All	MWI/MPR: NC for Medicaid
7/12/2017	10/1/2017	Out Patient Hospital/ASC Procedures	Remove/No PA Required: 47600	All Plans	All	
7/13/2017	10/1/2017	DME	Added/PA Required: E0603, E0604	MFL	Medicaid/Marketplace	
7/17/2017	10/1/2017	Genetic Counseling & Testing	PA Update: 0009M, 81420, 81422, 81507, 84999: PA required regardless of Dx.	MWA	Medicaid/Marketplace	
7/27/2017	9/1/2017	OT, PT & ST	PA Update: PA Required for all therapy services after initial eval.	MTX	Medicaid/Marketplace	
7/24/2017	7/25/2017	Experimental & Investigational	Remove NC Code: 0042T	All Plans	Medicare	
7/31/2017	10/1/2017	DME	Added/PA Required: E2301	MWA	Medicaid/Marketplace	
8/3/2017	10/1/2017	Cosmetic, Plastic and Reconstructive Procedures	Added/PA Required: 11900, 11901, 11920	All Plans	Medicare	Codes already require PA for Medicaid/Marketplace
8/18/2017	10/1/2017	Sleep Studies	PA Update: IL allows one sleep study per year with NO PA; after that codes will require PA: 95803 (MMP Only), 95800,95801,95806, 95807,95805,95808, 95810, 95811	MIL	Medicaid	
9/1/2017	10/1/2017	Specialty Pharmacy	PA Update: J9035 - added Dx-related ICD Codes.	All Plans	Medicaid/Marketplace	See Dx Codes tab for list of related ICD's.
9/7/2017	10/1/2017	DME	Added/PA Required: E0766	All Plans	All	
9/12/2017	10/1/2017	Specialty Pharmacy	PA Update: C9484, C9489 NC Codes	All Plans	All	
9/13/2017	10/1/2017	Behavioral Health & Neuropsychological/ Psychological Testing	Added/PA Required: 0905, 0906, 96101, 96105, 96102, 96103, 96111, 96116, 96118, 96119, 96120, H0040, H0015, S9480	MNY	Medicaid	10/1/17: Non-HARP members managed by MNY. Beacon Health manages HARP members.
9/20/2017	10/1/2017	Specialty Pharmacy	Added/PA Required: C9491, C9492, C9493, C9494	All Plans	All	
9/25/2017	11/1/2017	Genetic Counseling & Testing	Added/PA Required: 0008U, 0009U 0010U 0011U, 0012U, 0013U, 0014U, 0015U, 0016U, 0017U	All Plans	All	Plans' effective date may be differ from MHI. Plans may follow their current provider notification standards. MWI: Not Covered
10/2/2017	11/1/2017	Out Patient Hospital/ASC Procedures	Removed/No PA Required: 95909, 95911, 95912, 95913	All Plans	Medicaid/Marketplace	
9/25/2017	11/1/2017	Specialty Pharmacy	PA Update: C9484 PA required for OP Facility only	MWA	Medicaid/Marketplace	
9/29/2017	11/1/2017	Prosthetics & Orthotics	Remove/No PA Required: L1907, L1940, L1960	MWA	Medicaid	

2017 Q3 Updates

Received	Effective	Specialty/Service	Update	Applies to	LOB	Notes
3/20/2017	1/1/2017	Home Health Care Services	Remove Non Covered (NC) code: G0155	MMI	Medicaid	Retro to 1/1/17
3/28/2017	5/1/2017	Pain Management	Added/PA Required: 62320, 62321, 62322, 62323	MNM	Medicaid/Marketplace	
3/28/2017	5/1/2017	Sleep Studies	Added/PA Required: 95782, 95783	MNM	Medicaid/Marketplace	
3/22/2017	7/1/2017	Specialty Pharmacy	Added/PA Required: C9485*, C9486*, C9487*, C9488*, J1750, J1756, J2916, J3145, J7320	All Plans	All	*MWI Medicaid NC codes. MFL: Effective 08.01.17
3/22/2017	7/1/2017	Specialty Pharmacy	Added/PA Required: C9484	All Plans	Medicare	MFL: Effective 08.01.17
3/23/2017	7/1/2017	Out Patient Hospital/ASC Procedures	Added/PA Required: C9739, C9740	All Plans	All	MFL: Effective 08.01.17
4/4/2017	7/1/2017	Out Patient Hospital/ASC Procedures	Removed/No PA Required: 22853, 22854, 22859	All Plans	All	MFL: Effective 08.01.17
4/20/2017	1/1/2017	OT & PT	PA update: PA Required after initial eval plus 12 visits	MIL	Medicaid	Retro to 1/1/17
5/12/2017	4/1/2017	OT, PT & ST	PA update: Medicaid and Standard Marketplace: Pediatric Membership: After initial evaluation plus six (6) visits for office, outpatient and home settings. Adult Membership: After initial evaluation plus twenty-four (24) visits per calendar year for office and outpatient settings. Consumer Choice/Marketplace Options Plan(s): 35 visit benefit limit per calendar year; no PA required for PT, OT, ST. Chiropractic and Habilitative	MTX	Medicaid/Marketplace	Retro to 4/1/17
4/20/2017	6/18/2017	OT & PT	PA update: PA required after twelve (12) visits per calendar year for Medicaid/Marketplace.	MNM	Medicaid/Marketplace	
3/25/2017	4/1/2017	OT & PT	PA update: Benefit limit of 20 visits per calendar year	MOH	Marketplace	Retro to 4/1/17

2017 MHI PA Matrix Updates Log

4/1/2017	1/1/2017	OT, PT & ST	PA update: PA required after initial visit/eval only	MPR	Medicaid	Retro to 1/1/17
5/1/2017	7/1/2017	BH, Mental Health, Alcohol & Chemical Dependency	PA update: All BH members managed by Beacon Health until 09/30/17. On 10/01/17 Beacon Health will manage services for HARP Members only.	MNY	Medicaid	
5/1/2017	7/1/2017	Neuro Psych and Psychological Testing	PA update: All NP and P Testing services managed by Beacon Health.	MNY	Medicaid	
5/1/2017	7/1/2017	OT, PT & ST	PA update: PA Required for only for Home OT, PT & ST. No PA required for OP Services, benefit limit of 20 visits per year for PT/OT or ST.	MNY	Medicaid	
5/11/2017	7/1/2017	BH, Mental Health, Alcohol & Chemical Dependency	Remove/No PA Required: H0012, H2012, H2020	MOH	Medicaid/Marketplace	
5/3/2017	7/1/2017	BH, Mental Health, Alcohol & Chemical Dependency	Remove Medicare NC Rev Codes: 0912, 0913	All Plans	Medicare	MFL: Effective 08.01.17
5/3/2017	7/1/2017	Cosmetic, Plastic and Reconstructive Procedures	Added/PA Required: 15823	All Plans	Medicare	Already requires PA for Medicaid/Marketplace. MFL: Effective 08.01.17
5/11/2017	7/1/2017	Specialty Pharmacy	Removed/No PA Required: J0401, J0592, J2426	MNY	Medicaid	
5/11/2017	7/1/2017	Specialty Pharmacy	Added/PA Required: J9070, J0740	MNY	Medicaid	
5/11/2017	7/1/2017	Home Health Care Services	Remove NC Service Codes: 0023, 027X, 029X, 032X, 033X, 034X, 060X, 062X	All Plans	Medicare	MFL: Effective 08.01.17
5/11/2017	7/1/2017	Home Health Care Services	Remove/No PA Required: G0490	All Plans	Medicare	MFL: Effective 08.01.17
5/11/2017	7/1/2017	Home Health Care Services	Remove NC Codes: T1000, T1002, T1003, T1005, T1022, T1030, T1031	All Plans	Medicare	MFL: Effective 08.01.17
5/10/2017	7/1/2017	BH, Mental Health, Alcohol & Chemical Dependency	Added/PA Required: 90791, 90792, 96111, G0396, G0397, H0001, H0036, H0040, H2017, H2019, H2034, H2036	MOH	Medicaid	
5/11/2017	7/1/2017	Specialty Pharmacy	Remove/No PA Required: J2315, J2426	MOH	Medicaid	
5/17/2017	8/1/2017	Hospice	Added/PA Required: RV185, 0651, 0652, 0655, 0656, 0657, 0551, 0561, 0185	MFL	Medicaid	
5/17/2017	8/1/2017	Out Patient Hospital/ASC Procedures	Added/PA Required: 95004, 95017, 95018, 95024, 95027, 95028, 95044, 95052, 95056, 95060, 95065, 95070, 95071	MFL	Medicaid	Allergy Testing Codes
5/20/2017	7/1/2017	Durable Medical Equipment (DME)	NC Codes at plan level: E0300, E0692, E0693, E0694, E0782, E0783, E0785, E0786, E0983, E0984, E0988, E1030, E1035, E1036, E1227, E1230, E1232, E1235, E1236, E1237, E2227, E2228, E2293, E2294, E2295, E2321, E2322, E2351, E2397, K0900, S1034, S1035, S1036, S1037, V2530, V2531	MNY	Medicaid	Based on fee schedule.
5/20/2017	7/1/2017	Transportation Services	NC Codes at plan level: A0430, A0431, A0999, S9960, S9961	MNY	Medicaid	
5/20/2017	7/1/2017	Cosmetic, Plastic and Reconstructive Procedures	PA Update: No PA Required with breast CA Dx*: 19300, 19316, 19318, 19324, 19325, 19328, 19330, 19340, 19342, 19350, 19355, 19396, 11900, 11901, 11920	All Plans	Medicaid/Marketplace	See DX Codes tab for affected codes. MFL: Effective 08.01.17
5/20/2017	7/1/2017	Cosmetic, Plastic and Reconstructive Procedures	Added/PA Required: 17340, 67911, 67912, 56800, 56810, 67914, 67924, 67909, 40790, 40799, 43631	MNY	Medicaid	
5/26/2017	7/1/2017	BH, Mental Health, Alcohol & Chemical Dependency	Removed/No PA Required: H2012, H2017, H2019	MOH	All	
5/24/2017	8/1/2017	OT & ST	Added/PA Required: 97530, 92609	MFL	Medicaid	
5/24/2017	8/1/2017	OT, PT & ST	PA Update: PA Required after initial eval.	MFL	Medicaid	
5/30/2017	7/1/2017	Cosmetic, Plastic and Reconstructive Procedures	Added/PA Required: 15780, 15781, 15782, 15783, 15793, 15820, 15821, 15822, 15832, 15833, 15834, 15835, 15836, 15837, 15838, 15839, 15847, 19300, 19316, 19318, 19324, 19325, 19328, 19330, 19342, 19350, 19355, 19396, 30460, 30462, 67904, 67906, 67908	All Plans	Medicare	These codes already require PA for Medicaid/Marketplace. MFL: Effective 08.01.17
6/12/2017	7/1/2017	Out Patient Hospital/ASC Procedures	Added PA/Required: 43233, 95860, 95861, 95863, 95870, 95872, 95885, 95886, 95887, 95907, 95908, 95910	MPR	Medicaid	Q3 Plan updates
6/12/2017	7/1/2017	Radiation Therapy & Radio Surgery	Added PA/Required: 63621	MPR	Medicaid	Q3 Plan updates
6/12/2017	7/1/2017	Imaging, Advanced & Specialty	Removed/No PA required: 78015	MPR	Medicaid	Q3 Plan updates
6/12/2017	7/1/2017	Imaging, Advanced & Specialty	Added/PA Required: 78264, 78265, 78266	MPR	Medicaid	Q3 Plan updates
6/13/2017	1/1/2017	BH, Mental Health, Alcohol & Chemical Dependency	PA Update: Code H0018 covered only for SSI Population	MWI	Medicaid	Per State contract. Retro to 1/1/17.
6/19/2017	7/1/2017	Home Health Care Services	Added/PA Required: G9006, however, NO PA required when billed with modifiers U1 or U2	MNM	Medicaid	
6/20/2017	7/1/2017	OT, PT & ST	PA Update: No PA Required. Benefit limit of 25 visits combined per calendar year with no PA.	MWA	Marketplace	
6/1/2017	12/1/2013	Long Term Services and Support	PA Update: All LTSS codes require PA	MFL	Medicaid	Documentation update only.
6/25/2017	7/1/2017	Specialty Pharmacy	PA Update: B4168, added "U" Modifiers	MNM	Medicaid	

2017 Q2 updates

Received	Effective	Specialty/Service	Update	Applies to	LOB	Notes
12/14/2016	2/1/2017	Home Health Care Services	Removed/No PA Required: T1002, T1005, T1022	MWA	Medicaid/Marketplace	
12/21/2016	4/1/2017	BH, Mental Health, Alcohol & Chemical Dependency	Removed/No PA Required: 0912, 0913	MWI	Medicaid/Marketplace	

2017 MHI PA Matrix Updates Log

12/21/2016	4/1/2007	BH, Mental Health, Alcohol & Chemical Dependency	Added/PA Required: 0900	MWI	Medicaid/Marketplace	
1/4/2017	4/1/2017	Specialty Pharmacy	Removed/No PA Required: L8605*, Q9970	All Plans	All	*MWA Code NC for Medicaid.
1/4/2017	4/1/2017	Specialty Pharmacy	Added/PA Required: C9140*, J0570, J0594, J1439, J2430, J2469, J9027, J9040, J9060, J9178, J9185, J9250, J9260, J9370, J9390	All Plans	All	MIL change effective 07/01/17. *MWA Code NC for Medicaid.
1/6/2017	4/1/1947	Unlisted/Miscellaneous	Added/PA Required: T4521, T4522, T4523, T4524, T4525, T4526, T4527, T4528, T4529, T4530, T4531, T4532, T4533, T4534, T4535, T4536, T4537, T4539, T4540, T4541, T4542, T4543	MNM	Medicaid	
1/6/2017	4/1/2017	Experimental/Investigational	Added 'U' Modifiers: T1026, 0364T, 0366T, 0367T, 0368T, 0369T, 0370T, 0371T, 0372T, 0373T	MNM	Medicaid	
1/23/2017	4/1/2017	Experimental/Investigational Out-Patient Hospital/ASC Procedures Pain Management Specialty Pharmacy Home Health Care	Removed Termed Codes: 0019T, 0169T, 0171T, 0172T, 0281T, 0282T, 0283T, 0284T, 0285T, 0286T, 0287T, 0288T, 0289T, 0291T, 0292T, 0336T, 0392T, 0393T, 22851, 28290, 28293, 28294, 62310, 62311, C9137, C9138, C9139, C9470, C9471, C9472, C9473, C9474, C9475, C9476, C9477, C9478, C9480, C9481, G0163, G0164, Q9980, Q9981	All Plans	All	
1/23/2017	4/1/2017	Out-Patient Hospital/ASC Procedures	Added/PA Required: 22853, 22854, 22859, 22867, 22868, 22869, 22870, 28291^, 28295^, 62324, 62325, 62326, 62327, 62380	All Plans	All	MIL change effective 07/01/17. ^MWA codes NC.
1/23/2017	4/1/2017	Genetic Counseling & Testing	Added/PA Required: 81413, 81414, 81422, 81439	All Plans	All	MIL change effective 07/01/17. MMI All codes NC.
1/23/2017	4/1/2017	Unlisted/Miscellaneous	Added/PA Required: C1889	All Plans	All	MIL change effective 07/01/17. MWA Code NC for Medicaid.
1/23/2017	4/1/2017	Specialty Pharmacy	Added/PA Required: J1942, J2182, J2786, J2840, J7175, J7179, J7202, J7207*, J7209*, J8670, J9034, J9145, J9176, J9205, J9295, J9325, J9352	All Plans	All	MIL change effective 07/01/17. *MWA Codes NC for Medicaid.
1/23/2017	4/1/2017	Home Health Care Services	Added/PA Required: G0493, G0494	All Plans	All	MIL change effective 07/01/17. MWA Codes NC for Medicaid.
1/23/2017	4/1/2017	Pain Management	Added/PA Required: 62320, 62321, 62322, 62323	MWA	Medicaid/Marketplace	
1/26/2017	1/1/2017	BH, Mental Health, Alcohol & Chemical Dependency	Assigned code as NC: H0035	MWI	Medicaid	Retro to 01.01.17
1/31/2017	4/1/2017	Home Health Care Services	Removed/No PA Required: G9679, G9680, G9681, G9682, G9683, G9684	All Plans	All	
1/31/2017	4/1/2017	Out-Patient Hospital/ASC Procedures	Removed/No PA Required: 30465	MWA	Medicaid/Marketplace	
2/2/2017	4/1/2017	BH, Mental Health, Alcohol & Chemical Dependency	Removed/No PA Required: 0912, 0913, H2012	MNM	Medicaid	
2/9/2017	4/1/2017	Out-Patient Hospital/ASC Procedures	Removed/No PA Required: 29848	All Plans	All	Originally requested by MMI
3/6/2017	4/1/2017	Home Health Care Services	Added/PA Required: G0495, G0496	MWI	Medicaid/Marketplace	
3/13/2017	4/1/2017	Imaging, Advanced & Specialty	Added/PA Required: G0296	MOH	Medicaid/Marketplace	

2017 Q1 updates

Received	Effective	Specialty/Service	Update	Applies to	LOB	Notes
11/8/2016	1/1/2017	BH, Mental Health, Alcohol & Chemical Dependency	Code Clarification: H2012	MWI	All	Code requires auth regardless of Dx.
11/21/2016	1/1/2017	BH, Mental Health, Alcohol & Chemical Dependency	Removed/ Medicare NC Codes: 1001, 1002	All Plans	Medicare	WA/OH effective 02/01/17
10/4/2016	1/1/2017	Genetic Counseling & Testing	Added/PA Required: 0009M, 81235, 81420, 81507, 88261, 88271	All Plans	All	MWA & MOH: Change eff. 02/01/17
11/15/2016	1/1/2017	Genetic Counseling & testing	Removed/Termed Codes: 81280, 81281, 81282	All Plans	All	MWA & MOH: Change eff. 02/01/17
11/15/2016	1/1/2017	Genetic Counseling & testing	Removed/No PA Required: 0010M	All Plans	All	MWA & MOH: Change eff. 02/01/17
10/4/2016	1/1/2017	Home Health Care Services	Removed/No PA Required: G0151, G0152, G0153, G0155, G0156, G0157, G0158, G0159, G0160, G0161, G0162, G0163, G0164, G0299, G0300, 95800*, 95801*, 95806*	MSC	Medicaid	*Apply to MSC/Medicaid & MMP
10/4/2016	1/1/2017	Home Health Care Services	Added/PA Required: G0490, G9679, G9680, G9681, G9682*, G9683*, G9684*	All Plans	All	MWA: All codes NC 10.01.16 *MWI: NC eff. 10.01.16 MOH: Change eff. 02/01/17 MWA & MOH: Change eff. 02/01/17
11/15/2016	1/1/2017	Home Health Care Services	Added/PA Required : S5130, S5135, S5151, S9470, T1000, T1002, T1003, T1005, T1022, T1030, T1031	All Plans	All	
11/17/2016	1/1/2017	Home Health Care Services	Removed/No PA Required: S9977	All Plans	All	
10/4/2016	1/1/2017	Imaging, Advanced & Specialty	Removed/Termed Code: S8032	All Plans	All	Use code G0297 already in Matrix



Source: (Unaudited Financials)

2017 MHI PA Matrix Updates Log

10/4/2016	1/1/2017	Out-Patient Hospital/ASC Procedures	Added/PA Required: 55970, 55980	All Plans	Marketplace	MWA & MOH: Change eff. 02/01/17
10/20/2016	1/1/2017	Out-Patient Hospital/ASC Procedures	Removed/No PA Required: 30520	MWA	Medicaid/Marketplace	
11/8/2016	1/1/2017	Out-Patient Hospital/ASC Procedures	Added/PA Required: A9276, A9277, A9278	MWI	Medicaid	
11/14/2016	1/1/2017	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	MMI	All	
11/15/2016	1/1/2017	Out-Patient Hospital/ASC Procedures	Added/PA Required: 43886, 43887, 43888	All Plans	All	MWA & MOH: Change eff. 02/01/17
11/21/2016	1/1/2017	Out-Patient Hospital/ASC Procedures	Removed/No PA Required: 29848	MWA	Medicaid/Marketplace	
11/14/2016	1/1/2017	Prosthetics & Orthotics	Removed/No PA Required: L0456, L0457, L0631, L0637, L0639, L0650, L1200, L1843, L1845, L5629, L5695, L5964, L6707, L8470	MMI	All	
10/4/2016	1/1/2017	Sleep Studies	Removed/NC Code: 95800	MOH	Medicaid	
11/14/2016	1/1/2017	Specialty Pharmacy	Removed/No PA Required: C9136, C9441, C9461, J0890, J2278, J2355, J2504, J2940, J3240, J7513, J0882, J2788, J2790, J2791, J2792, J8499, J8530, J8999	MMI	All	
10/4/2016	1/1/2017	Specialty Pharmacy	Added/PA Required: C9139, C9481, C9483, J0287, J2504, J9045, J9265, Q0138, Q0139, Q9970, S0073	All Plans	All	MWA & MOH: Change eff. 02/01/17
10/4/2016	1/1/2017	Specialty Pharmacy	Added/PA Required: J2469	MSC	Medicaid	
12/15/2016	1/1/2017	Specialty Pharmacy	Removed/No PA Required: J2790	All Plans	All	
12/7/2016	1/1/2007	Experimental/Investigational	Removed/No PA Required: 0346T	All Plans	All	MWA & MOH: Change eff. 02/01/17
12/14/2016	1/1/2017	Home Health Care Services	Moved Home Therapy codes from PT to HH: G0151, G0157, G0159	All Plans	All	
12/14/2016	1/1/2017	Home Health Care Services	Moved Home Therapy codes from OT to HH: G0152, G0158, G0160	All Plans	All	

2018 Q1 Updates

RECEIVED	EFFECTIVE	SERVICE	UPDATE	CODES	Applies to	LOB(S)	NOTES
7/1/2017	1/1/2018	Occupational & Physical Therapy	PA Update	All	All Plans	Medicaid & Marketplace	PA required after initial evaluation plus 12 visits per calendar year for each specialty. (Plan contractual exceptions will remain in place)
7/1/2017	1/1/2018	Home Health Care Services	PA Update	All	All Plans	Medicare	PA required for all home health services after initial visit/eval, including home OT/PT & ST. (Plan contractual exceptions will remain in place)
7/1/2017	1/1/2018	Long Term Services & Support (LTSS)	PA Update	All	All Plans	Medicaid & Marketplace	Removed LTSS codes listed under this section. Added statement under specialty: All LTSS services require PA regardless of code(s). LTSS not covered by Medicare.
8/1/2017	1/1/2018	Unlisted/Miscellaneous Codes	PA Update	All	All Plans	All	Removed codes listed under this section. Molina requires PA for <u>all</u> unlisted/ misc. codes. (Exceptions may exist).
8/18/2017	1/1/2018	Unlisted/Miscellaneous Codes	Removed/No PA Required	90999	All Plans	All	
8/31/2017	1/1/2018	All Services	PA Update		All Plans	Medicare	Office Visits to Network Specialists May Require a Referral From A Participating Primary Care Provider
9/22/2017	1/1/2018	Specialty Pharmacy	Added/PA Required	95199, J3095, J3240	All Plans	All	
9/26/2017	1/1/2018	Prosthetics & Orthotics	Added/PA Required	L0637, L0650, L8614, L5856	All Plans	All	
9/26/2017	1/1/2018	Out Patient Hospital/ASC Procedures	Added/PA Required	50590	All Plans	All	
9/26/2017	1/1/2018	Long Term Services & Support (LTSS)	Added/PA Required	S5165	All Plans	Medicaid & Marketplace	
10/6/2017	1/1/2018	Specialty Pharmacy	Removed/No PA Required	67028			
10/12/2017	1/1/2018	Pain Management Procedures	Added/PA Required	62320, 62321, 62322, 62323, 64479, 64480	All Plans	All	
11/1/2017	1/1/2018	Out Patient Hospital/ASC Procedures	Added/PA Required	97810, 97811, 97813	MOH	Medicaid	PA at the 31st visit per calendar year per the OAC

Medicaid, Market Place and Essential Plan Prior Auth (PA) Code Matrix Effective Q1, 2018

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

These codes are for Out-Patient services only.

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

No PA required for office visits 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.

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

Behavioral Health, Mental Health, Alcohol & Chemical Dependency Services

Medicaid

Inpatient, Residential Treatment, Partial Hospitalization, Electroconvulsive Therapy (ECT), Applied Behavior Analysis (ABA) for tx of Autism Spectrum Disorder (ASD).

Market Place

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 FL, IL, NM, OH, NY, PR & WI tabs/pages for PA exceptions.

0901	0913	1002	90870	H0017	H2013	H2015	H2017	H2019	H0031	H0035	S0201	S5111	T1025	T1027	T2013
0912	1001	2106	H0012	H2012	H2014	H2016	H2018	H2020	H0032	H0046	S5150	T1023	T1026	T1028	T2040

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

Cosmetic, Plastic & Reconstructive Procedures [In Any Setting]

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 and D05.00 - D05.92 [See Dx Codes tab]

Durable Medical Equipment (DME)

A7025	E0293	E0371	E0747	E0849	E1008	E1227	E1399	E2295	E2330	E2373	E2510	E2616	E2630	K0802	K0824	K0839	K0855	K0870	S1034
A9900	E0294	E0372	E0748	E0855	E1010	E1230	E1700	E2310	E2340	E2374	E2511	E2617	E2631	K0806	K0825	K0840	K0856	K0871	S1035
A9901	E0295	E0373	E0749	E0983	E1012	E1232	E2201	E2311	E2341	E2375	E2605	E2620	K0008	K0807	K0826	K0841	K0857	K0877	S1036
E0194	E0296	E0462	E0760	E0984	E1014	E1233	E2202	E2312	E2342	E2376	E2606	E2621	K0009	K0808	K0827	K0842	K0858	K0878	S1037
E0255	E0297	E0465	E0762	E0986	E1020	E1234	E2203	E2313	E2343	E2377	E2607	E2622	K0010	K0813	K0828	K0843	K0859	K0879	V2530
E0256	E0300	E0466	E0764	E0988	E1029	E1235	E2204	E2321	E2351	E2378	E2608	E2623	K0011	K0814	K0829	K0848	K0860	K0880	V2531
E0260	E0301	E0481	E0766	E1002	E1030	E1236	E2227	E2322	E2361	E2397	E2609	E2624	K0012	K0815	K0830	K0849	K0861	K0884	
E0261	E0302	E0483	E0782	E1003	E1035	E1237	E2228	E2325	E2366	E2500	E2611	E2625	K0014	K0816	K0831	K0850	K0862	K0885	
E0265	E0303	E0691	E0783	E1004	E1036	E1238	E2291	E2326	E2367	E2502	E2612	E2626	K0108	K0820	K0835	K0851	K0863	K0886	
E0266	E0304	E0692	E0784	E1005	E1161	E1296	E2292	E2327	E2368	E2504	E2613	E2627	K0606	K0821	K0836	K0852	K0864	K0890	
E0277	E0328	E0693	E0785	E1006	E1225	E1298	E2293	E2328	E2369	E2506	E2614	E2628	K0800	K0822	K0837	K0853	K0868	K0891	
E0292	E0329	E0694	E0786	E1007	E1226	E1310	E2294	E2329	E2370	E2508	E2615	E2629	K0801	K0823	K0838	K0854	K0869	K0900	

Experimental/Investigational

0042T	0095T	0159T	0190T	0209T	0216T	0253T	0271T	0297T	0308T	0331T	0349T	0360T	0371T	0401T	0412T	0423T	0434T	0445T	82016
0051T	0098T	0163T	0191T	0210T	0217T	0254T	0272T	0298T	0309T	0332T	0350T	0361T	0372T	0402T	0413T	0424T	0435T	0469T	82017
0052T	0100T	0164T	0195T	0211T	0218T	0255T	0273T	0299T	0310T	0333T	0351T	0362T	0373T	0403T	0414T	0425T	0438T	0470T	83987

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0053T	0101T	0165T	0196T	0212T	0219T	0263T	0274T	0300T	0312T	0335T	0352T	0363T	0374T	0404T	0415T	0426T	0439T	0471T	84145
0054T	0102T	0174T	0198T	0213T	0230T	0264T	0275T	0301T	0313T	0337T	0353T	0364T	0394T	0405T	0416T	0427T	0442T	0472T	86316
0055T	0106T	0175T	0200T	0214T	0231T	0265T	0278T	0302T	0314T	0338T	0354T	0365T	0395T	0406T	0417T	0428T	0443T	0473T	86343
0058T	0107T	0178T	0201T	0215T	0234T	0266T	0290T	0303T	0315T	0339T	0355T	0366T	0396T	0407T	0418T	0429T	0444T	0474T	Q4161
0071T	0108T	0179T	0202T	0220T	0235T	0267T	0293T	0304T	0316T	0340T	0356T	0367T	0397T	0408T	0419T	0430T	0436T	0475T	Q4162
0072T	0109T	0180T	0205T	0221T	0236T	0268T	0294T	0305T	0317T	0342T	0357T	0368T	0398T	0409T	0420T	0431T	0437T	0476T	Q4163
0075T	0110T	0184T	0206T	0222T	0237T	0269T	0295T	0306T	0329T	0347T	0358T	0369T	0399T	0410T	0421T	0432T	0440T	0477T	Q4164
0076T	0111T	0188T	0207T	0228T	0238T	0270T	0296T	0307T	0330T	0348T	0359T	0370T	0400T	0411T	0422T	0433T	0441T	0478T	Q4165
0085T	0126T	0189T	0208T	0229T	0249T														

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

Genetic Counseling & Testing

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

0004M	0008U	0015U	81211	81218	81228	81273	81298	81321	81402	81411	81420*	81432	81439	81465	81528	83006	88373	S3841	S3870
0006M	0009U	0016U	81212	81219	81229	81287	81300	81323	81403	81412	81422*	81433	81440	81470	81535	84999*	88374	S3842	
0007M	0010U	0017U	81213	81222	81235	81291	81311	81324	81404	81413	81425	81434	81442	81471	81536	86152	88377	S3852	
0008M	0011U	81162	81214	81223	81246	81292	81313	81325	81405	81414	81426	81435	81445	81493	81538	86153	G9143	S3854	
0009M*	0012U	81201	81215	81225	81265	81294	81314	81355	81406	81415	81427	81436	81450	81504	81540	88261	S3722	S3861	
0004U	0013U	81203	81216	81226	81266	81295	81317	81400	81408	81416	81430	81437	81455	81507*	81545	88271	S3800	S3865	
0005U	0014U	81210	81217	81227	81272	81297	81319	81401	81410	81417	81431	81438	81460	81519	81595	88369	S3840	S3866	

Code 84999: Including Oncotype Dx

*Refer to WA tab/page for PA exceptions on these codes.

Home Health Care Services

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

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

Hyperbaric Therapy

G0277 99183

Imaging - Advanced & Specialty

C8900	C8909	C8931	S8080	70487	70543	70553	71552	72132	72157	72197	73221	73719	74174	74261	75565	76390	78451	78473	78609
C8901	C8910	C8932	70336	70488	70544	70554	71555	72133	72158	72198	73222	73720	74175	74262	75571	76497	78452	78481	78647
C8902	C8911	C8933	70450	70490	70545	70555	72125	72141	72159	73200	73223	73721	74176	74263	75572	76498	78453	78483	78710
C8903	C8912	C8934	70460	70491	70546	71250	72126	72142	72191	73201	73225	73722	74177	74712	75573	77058	78454	78491	78811

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C8904	C8913	C8935	70470	70492	70547	71260	72127	72146	72192	73202	73700	73723	74178	74713	75574	77059	78459	78492	78812
C8905	C8914	C8936	70480	70496	70548	71270	72128	72147	72193	73206	73701	73725	74181	75557	75635	77084	78466	78494	78813
C8906	C8918	G0288	70481	70498	70549	71275	72129	72148	72194	73218	73702	74150	74182	75559	76376	78205	78468	78496	78814
C8907	C8919	G0297	70482	70540	70551	71550	72130	72149	72195	73219	73706	74160	74183	75561	76377	78206	78469	78607	78815
C8908	C8920	S8042	70486	70542	70552	71551	72131	72156	72196	73220	73718	74170	74185	75563	76380	78320	78472	78608	78816

Long Term Services & Support [LTSS]

All LTSS Services Require Prior Authorization regardless of code(s). [MPR: NC Benefit]

Neuropsychological & Psychological Tests (in any setting)

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

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

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

PA required after initial evaluation plus ~~twelve~~ ~~twenty-four~~ (12) 4 visits per calendar year, for office and out-patient settings.

Refer to Plan Tabs/Pages for PA exceptions.

97110	97112
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Out-Patient (OP) Hospital/Ambulatory Surgery Center (ASC) Procedures

10040	21155	22216	22633	22862	28005	28124	28264	28320	29826	29914	37191	43653	49905	58292	58662	59076	63043	63103	96571
15786	21159	22220	22634	22864	28008	28126	28270	28322	29827	29915	37243	43770	49906	58293	58672	61863	63044	64553	96900
15787	21160	22222	22800	22865	28010	28130	28272	28340	29828	29916	37700	43771	52441	58294	58573	61864	63045	64568	96902
15819	21172	22224	22802	22867	28011	28140	28280	28344	29873	30465	37718	43772	52442	58321	58673	61867	63046	64569	96904
15830	21175	22226	22804	22868	28035	28150	28285	28345	29874	30520	37722	43773	52649	58322	58700	61868	63047	64570	96910
17004	21240	22505	22808	22869	28060	28153	28286	28360	29875	30540	37735	43774	53850	58323	58720	61885	63048	64590	96912
17360	21242	22526	22810	22870	28062	28160	28288	28705	29876	30545	37760	43775	53852	58345	58740	61886	63050	64595	96913
20930	21243	22527	22812	23412	28080	28171	28289	28715	29877	31295	37761	43842	54401	58350	58750	62324	63051	65771	96920
21073	21270	22532	22818	25447	28090	28173	28291	28725	29879	31296	37765	43843	54405	58356	58752	62325	63055	65772	96921

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21120	21280	22533	22819	26499	28092	28175	28292	28730	29880	31297	37766	43845	57288	58540	58760	62326	63056	65775	96922
21121	21282	22534	22830	27120	28100	28200	28295	28735	29881	31660	37780	43846	57289	58541	58770	62327	63057	67900	96931
21122	21295	22548	22840	27122	28102	28202	28296	28737	29882	31661	37785	43847	58150	58542	58940	62369	63064	67901	96932
21123	21296	22551	22841	27125	28103	28208	28297	28740	29883	32491	38204	43848	58152	58543	58943	62370	63066	67902	96933
21125	22100	22552	22842	27130	28104	28210	28298	28750	29884	33251	38207	43881	58180	58544	58950	62380	63075	67903	96934
21127	22101	22554	22843	27132	28106	28220	28299	28755	29885	33254	38208	43882	58200	58545	58951	63001	63076	67909	96935
21137	22102	22556	22844	27134	28107	28222	28300	28760	29886	33261	38209	43886	58210	58546	58952	63003	63077	67950	96936
21138	22103	22558	22845	27137	28108	28225	28302	28890	29887	33265	38210	43887	58240	58548	58953	63005	63078	69714	C2616
21139	22110	22585	22846	27138	28110	28226	28304	28341	29888	33266	38211	43888	58260	58550	58954	63011	63081	69715	C9734
21141	22112	22586	22847	27440	28111	28230	28305	29806	29889	36460	38212	47380	58262	58552	58956	63012	63082	69717	C9739
21142	22114	22590	22848	27441	28112	28232	28306	29807	29891	36468	38213	47381	58263	58553	58957	63015	63085	69718	C9740
21143	22116	22595	22849	27442	28113	28234	28307	29819	29892	36470	38214	47382	58267	58554	58958	63016	63086	69930	C9746
21145	22206	22600	22850	27443	28114	28238	28308	29820	29893	36471	38215	47605	58270	58570	58970	63017	63087	90867	C9747
21146	22207	22610	22852	27445	28116	28240	28309	29821	29894	36475	38232	47610	58275	58571	58974	63020	63088	90868	S2095
21147	22208	22612	22855	27446	28118	28250	28310	29822	29895	36476	43644	47612	58280	58572	58976	63030	63090	90869	
21150	22210	22614	22856	27447	28119	28260	28312	29823	29897	36478	43645	47620	58285	58573	59070	63035	63091	93229	
21151	22212	22630	22857	27486	28120	28261	28313	29824	29898	36479	43647	49255	58290	58660	59072	63040	63101	96567	
21154	22214	22632	22861	27487	28122	28262	28315	29825	29899	36514	43648	49904	58291	58661	59074	63042	63102	96570	

Pain Management Procedures

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

Physical Therapy

PA required after initial evaluation plus ~~twelve~~ ~~twenty-four~~ (12) 4 visits per calendar year, for office and out-patient settings.

Refer to Plan Tabs/Pages for PA exceptions.

97110 97112

Prosthetics & Orthotics

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

Radiation Therapy & Radio Surgery

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77520 77522 77523 77525 G0339 G0340 G6015 G6016 G6017 Q9950

Sleep Studies

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

95800 95801 95803 95805 95806 95807 95808 95810 95811

Specialty Pharmacy Drugs

90281	C9491	J0401	J0598	J0895	J1559	J1652	J2020	J2562	J3240	J7183	J7202	J7328	J9017	J9065	J9201	J9230	J9302	J9371	Q9989
90283	C9492	J0480	J0637	J0897	J1560	J1675	J2170	J2597	J3262	J7185	J7205	J7330	J9019	J9070	J9202	J9245	J9303	J9370	S0073
90284	C9493	J0485	J0638	J1230	J1561	J1725	J2182	J2724	J3285	J7186	J7207	J7340	J9025	J9098	J9205	J9250	J9305	J9390	S0122
90378	C9494	J0490	J0640	J1290	J1562	J1740	J2248	J2778	J3315	J7187	J7209	J7504	J9027	J9100	J9206	J9260	J9306	J9395	S0126
95199	J0129	J0570	J0641	J1300	J1566	J1743	J2315	J2783	J3355	J7188	J7308	J7511	J9032	J9120	J9207	J9261	J9307	J9400	S0128
A9542	J0135	J0571	J0695	J1322	J1568	J1744	J2323	J2786	J3357	J7189	J7309	J7527	J9033	J9130	J9208	J9262	J9308	J9600	S0132
A9543	J0178	J0572	J0714	J1324	J1569	J1745	J2353	J2793	J3380	J7190	J7310	J7639	J9034	J9150	J9209	J9263	J9310	J9999	S0145
C9132	J0180	J0573	J0717	J1325	J1570	J1750	J2354	J2796	J3385	J7191	J7311	J7682	J9035	J9155	J9211	J9264	J9315	Q0138	S0148
C9140	J0202	J0574	J0725	J1438	J1571	J1756	J2357	J2820	J3396	J7192	J7312	J7686	J9039	J9160	J9213	J9265	J9325	Q2043	S0157
C9257	J0205	J0575	J0775	J1439	J1572	J1786	J2425	J2840	J3489	J7193	J7313	J7999	J9040	J9171	J9214	J9266	J9328	Q0139	62320
C9293	J0207	J0585	J0800	J1442	J1573	J1826	J2426	J2860	J3490	J7194	J7316	J8499	J9041	J9178	J9215	J9267	J9330	Q2050	62321
C9399	J0220	J0586	J0850	J1447	J1575	J1830	J2430	J2916	J3590	J7195	J7320	J8520	J9042	J9179	J9216	J9268	J9340	Q3027	62322
C9483	J0221	J0587	J0875	J1453	J1595	J1833	J2469	J2941	J7175	J7196	J7321	J8521	J9043	J9181	J9217	J9271	J9351	Q3028	62323
C9485	J0256	J0588	J0878	J1458	J1599	J1930	J2502	J3060	J7178	J7197	J7323	J8655	J9045	J9185	J9218	J9280	J9352	Q4074	
C9486	J0257	J0592	J0881	J1459	J1602	J1931	J2503	J3090	J7179	J7198	J7324	J8670	J9047	J9145	J9219	J9293	J9354	Q5101	
C9488	J0287	J0594	J0885	J1460	J1640	J1942	J2504	J3095	J7180	J7199	J7325	J8700	J9050	J9176	J9225	J9295	J9355	Q5102	
C9490	J0289	J0596	J0888	J1556	J1645	J1950	J2505	J3110	J7181	J7200	J7326	J9000	J9055	J9190	J9226	J9299	J9357	Q9985	
	J0364	J0597	J0894	J1557	J1650	J1955	J2507	J3145	J7182	J7201	J7327	J9015	J9060	J9200	J9228	J9301	J9360	Q9986	

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

Speech Therapy

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

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

92507 92508

Transplant Services (Including Solid Organ and Bone Marrow)

Corneal Transplants do not require PA.

Refer to PR tab/page for PA exceptions.

Medicaid, Market Place and Essential Plan Prior Auth (PA) Code Matrix Effective Q1, 2018

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

These codes are for Out-Patient services only.

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

No PA required for office visits 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.

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

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

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 medical necessity documentation and rationale be submitted with the PA request for Unlisted/Miscellaneous codes.

Code 90999 Does not require PA

Cosmetic/Reconstructive Procedures			J9035 Dx Related Codes			
No PA required when associated with Breast CA Dx			No PA Required when associated with Ocular Dx's			
ICD-10	Medicaid	Marketplace	ICD-9	ICD-10	Medicaid	Marketplace
C50.011	N	N	115.02	B39.4	N	N
C50.012	N	N	115.12	B39.5	N	N
C50.019	N	N	115.92	B39.9	N	N
C50.021	N	N	360.21	E08.311	N	N
C50.022	N	N	362.36	E08.319	N	N
C50.029	N	N	362.30	E08.3211	N	N
C50.111	N	N	362.35	E08.3212	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
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

Dx Codes

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
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
			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

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
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

Dx Codes

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
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
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
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
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
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
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

Dx Codes

	H40.51X0	N	N
	H40.51X1	N	N
	H40.51X2	N	N
	H40.51X3	N	N
	H40.51X4	N	N
	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

MNY EXCEPTIONS

- * **BH:** HARP Members managed by Beacon Health. 1 (844) 265-7592.
- * **Neuropsychological and psychological testing:** Managed by Beacon Health
- * **OT, PT & ST:** PA Required for Home PT. No PA required for other OP Services, benefit limit of 20 visits per calendar year.

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

Code	Medicaid	Notes
0905	Y	
0906	Y	
17340	Y	
40799	Y	
43631	Y	
55970	N	
55980	N	
67909	Y	
67911	Y	
67912	Y	
67924	Y	
96101	Y	
96102	Y	
96103	Y	
96105	Y	
96111	Y	
96116	Y	
96118	Y	
96119	Y	
96120	Y	
H0015	Y	
H0040	Y	
J0401	N	
J0592	N	
J0740	Y	
J2426	N	
S9480	Y	