9581162– IMPORTANT NOTICES –

IMPORTANT NOTE: This document is updated quarterly. Codes requiring prior authorization may be added or deleted. Please check this document prior to submitting your prior authorization request as changes may occur.

To search this document, use [Ctrl + F] keys
Then enter the Code in search navigation pane
Press <Enter>

- **Office visits and/or office based procedures at Participating Network Providers do NOT require Prior Authorization**
- **Referrals to Participating/Network Specialists do NOT require Prior Authorization**

Some services listed may not be covered by Molina Healthcare or the South Carolina Healthy Connections program. Please refer to your regulatory agency for specific non-covered codes

Authorization is not a guarantee of payment for services. Payment is made in accordance with a determination of the member's eligibility, benefit limitation/exclusions, and evidence of medical necessity during the claim review.

Table of Contents

ABBREVIATIONS

PA Prior Authorization

PAR Participating Molina Network Provider

Behavioral Health, Mental Health, Alcohol & Chemical Dependency Services

All Inpatient, Residential Treatment, Partial Hospitalization, Day Treatment, Electroconvulsive Therapy (ECT), Applied Behavioral Analysis (ABA) for treatment of Autism Spectrum Disorder (ASD)

MEDICAID					
0901	90832*	H0011	H2012^	S5111	T1023^
0912	90833*	H0012^	H2013	S0201	T1025^
0913	90834*	H0015	H2014	S5150^	T1026^
1001	90836*	H0017	H2015	S9482	T1027^
1002	90837*	H0018	H2016		T1028^
2106	90838*	H0019	H2017		T2013^
	90846*	H0031^	H2018		T2040^
	90847*	H0032^	H2019^		
	90849*	H0035	H2020		
	90853*	H0046	H2030		
	90870		H2037		

^ PA required only when submitted with Autism Diagnosis

***Authorization required after 24 visits annually (7/1 – 6/30)**

Cosmetic, Plastic & Reconstructive Procedures (in ANY setting)

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

Durable Medical Equipment (DME)

MEDICAID								
A8003	E0462	E1002	E2204	E2370	E2609	K0820	K0870	V2530
A8004	E0465	E1003	E2218	E2371	E2617	K0821	K0871	V2531
A9900	E0466	E1004	E2227	E2372	E2626	K0822	K0877	Q0479
C2624	E0472	E1005	E2227	E2373	E2627	K0823	K0878	S1034
E0193	E0481	E1006	E2291	E2374	E2628	K0824	K0879	S1035
E0194	E0483	E1007	E2292	E2375	E2629	K0825	K0880	S1036
E0217	E0575	E1008	E2293	E2376	E2630	K0826	K0884	S1037
E0248	E0601	E1010	E2294	E2377	E2631	K0827	K0885	S1040
E0255	E0625	E1011	E2295	E2378	E8000	K0828	K0886	T5001
E0256	E0630	E1012	E2310	E2381	E8001	K0829	K0890	T5999
E0260	E0635	E1030	E2311	E2382	E8002	K0830	K0891	X1916
E0261	E0638	E1035	E2312	E2383	K0002	K0831	K0900	
E0265	E0640	E1036	E2313	E2384	K0003	K0835	L0624	
E0266	E0641	E1037	E2321	E2385	K0004	K0836	L0626	
E0292	E0656	E1050	E2322	E2386	K0005	K0837	L0627	
E0293	E0657	E1060	E2323	E2387	K0006	K0838	L0629	
E0294	E0670	E1161	E2324	E2388	K0007	K0839	L0630	
E0295	E0675	E1065	E2325	E2389	K0008	K0840	L0631	
E0296	E0744	E1070	E2326	E2390	K0009	K0841	L0632	
E0297	E0691	E1227	E2327	E2391	K0010	K0842	L0634	
E0300	E0692	E1229	E2328	E2392	K0011	K0843	L0636	
E0301	E0693	E1230	E2329	E2394	K0012	K0848	L0640	
E0302	E0694	E1232	E2330	E2395	K0014	K0849	L0648	
E0303	E0748	E1233	E2331	E2396	K0108	K0850	L0649	
E0304	E0749	E1234	E2340	E2397	K0606	K0851	L0650	
E0328	E0760	E1235	E2341	E2402	K0669	K0852	L0651	
E0329	E0762	E1236	E2342	E2500	K0733	K0853	L8614	
E0371	E0764	E1237	E2343	E2502	K0800	K0854	L8615	
E0373	E0782	E1238	E2351	E2504	K0801	K0855	L8616	
E0433	E0783	E1296	E2359	E2506	K0802	K0856	L8617	
E0434	E0785	E1298	E2360	E2508	K0806	K0857	L8618	
E0435	E0786	E1310	E2361	E2510	K0807	K0858	L8619	
E0439	E0849	E1399	E2362	E2511	K0808	K0859	L8621	
E0440	E0855	E1700	E2363	E2512	K0813	K0860	L8622	
E0442	E0983		E2364	E2599	K0814	K0861	L8623	
E0444	E0984		E2365		K0815	K0862	L8624	
	E0986		E2366		K0816	K0863	L8629	
	E0988		E2367			K0864	L9900	
			E2368			K0868		
			E2369			K0869		

XXXXX = New codes effective 1/1/2016

Experimental/Investigational

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

XXXXX = New codes effective 1/1/2016
XXXXX = New codes effective 7/1/2016

Genetic Counseling & Testing

PLEASE NOTE: ***Prenatal diagnosis of congenital disorders of the unborn child through amniocentesis and genetic test screening of newborns mandated by State regulations***

MEDICAID							
0004M	81217	81280	81319	81411	81437	81528	G9143
0006M	81218	81281	81321	81412	81438	81535	S3722
0007M	81219	81282	81323	81415	81440	81536	S3840
0008M	81222	81287	81324	81416	81442	81538	S3841
0010M	81223	81291	81325	81417	81445	81540	S3842
81162	81225	81292	81355	81425	81450	81545	S3852
81201	81226	81294	81400	81426	81455	81595	S3854
81203	81227	81295	81401	81427	81460	83006	S3861
81210	81228	81297	81402	81430	81465	84999*	S3865
81211	81229	81298	81403	81431	81470	86152	S3866
81212	81246	81300	81404	81432	81471	86153	S3870
81213	81265	81311	81405	81433	81493	88369	S3800
81214	81266	81313	81406	81434	81504	88373	
81215	81272	81314	81408	81435	81519	88374	
81216	81273	81317	81410	81436	81525	88377	

*Including Oncotype DX

XXXXX = New codes effective 1/1/2016

Habilitative Therapy

NOTE: Please refer to the 'Speech Therapy' section later in this document.

Home Health Care & Home Infusion

Effective 11/1/2016: First six (6) visits (excluding initial evaluation) require notification only. Prior authorization required for visit 7 and beyond.

Prior Authorization may be required for medications associated with Home Infusion

MEDICAID			
36415	S9123	99601	T1021
	S9124	99602	T1028
	S9127		T1030
	S9379		T1031

** Red highlighted code requires prior authorization when provided with Home Health Care only*

Hospice

Requires Notification Only

MEDICAID			
Q5001	Q5004	Q5007	Q5010
Q5002	Q5005	Q5008	
Q5003	Q5006	Q5009	

Hyperbaric Therapy

MEDICAID			
G0277	99183		

Incontinent Supplies

Do Not Require Prior Authorization up to Allowable Amounts

Imaging – Advanced & Specialty

All Inpatient

MEDICAID				
C8900	70498	72147	74150	78451
C8901	70540	72148	74160	78452
C8902	70542	72149	74170	78453
C8903	70543	72156	74174	78454
C8904	70544	72157	74175	78459
C8905	70545	72158	74176	78466
C8906	70546	72159	74177	78468
C8907	70547	72191	74178	78469
C8908	70548	72192	74181	78472
C8909	70549	72193	74182	78473
C8910	70551	72194	74183	78481
C8911	70552	72195	74185	78483
C8912	70553	72196	74261	78491
C8913	70554	72197	74262	78492
C8914	70555	72198	74263	78494
C8918	71250	73200	74712	78496
C8919	71260	73201	74713	78607
C8920	71270	73202	75557	78608
C8931	71275	73206	75559	78609
C8932	71550	73218	75561	78647
C8933	71551	73219	75563	78710
C8934	71552	73220	75565	78811
C8935	71555	73221	75571	78812
C8936	72125	73222	75572	78813
70336	72126	73223	75573	78814
70450	72127	73225	75574	78815
70460	72128	73700	75635	78816
70470	72129	73701	76376	G0288
70480	72130	73702	76377	G0297
70481	72131	73706	76380	S8080
70482	72132	73718	77058	
70486	72133	73719	77059	
70487	72141	73720	77084	
70488	72142	73721	78205	
70490	72146	73722	78206	
70491		73723	78320	
70492		73725		
70496				

XXXX = New codes effective 1/1/2016

In-Patient Admissions

Acute Hospital, Skilled Nursing Facilities (SNF), Rehabilitation, Long Term Acute Care (LTAC) Facility

MEDICAID
All elective inpatient; SNF, Rehab and LTAC admissions require prior authorization with the exception of hospice. Hospice does NOT require prior authorization but rather simply notification of services.
All urgent/emergent inpatient admissions require that authorization be obtained and Molina notified of the admission within 1 business day.

MEDICAID
All Codes

Long Term Services & Support

MEDICAID	
S5100	S5126
S5101	S9122
S5102	T1019
S5105	T1020
S5125	T1021

Neuropsychological & Psychological Testing

MEDICAID		
95951	96110	96120
95956	96111	96125
96101	96116	95950
96102	96118	95957
96103	96119	

Non-Participating Offices/Providers/Facilities

Authorization is required for all Non-Par Office Visits, Procedures, Labs, Diagnostic Studies, In-patient stays, <u>except for</u>:

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

Occupational Therapy

Effective 1/1/2016 age 18 and younger require prior authorization after initial evaluation plus six (6) visits for outpatient and home settings. Ages 19 and over do NOT require prior authorization for occupational therapy services.

MEDICAID			
97010	97033	97150	G0152
97012	97034	97530	G0158
97014	97035	97533	G0160
97016	97036	97535	G0281
97018	97110	97537	G0283
97022	97112	97542	G0329
97024	97113	97760	S9129
97026	97116	97761	
97028	97124	97762	
97032	97140		

Office Visits & Office Based Surgical Procedures for Participating (PAR) Providers

Participating Physician/Provider office-based procedures do NOT require Prior Authorization.

Non-Participating Offices/Providers/Facilities – see section above entitled "Non-Participating Offices/Providers/Facilities" for authorization requirements.

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

NOTE: Codes listed in this section do not require authorization when performed in a participating Physician/Provider office or participating free-standing Diagnostic Center.

MEDICAID											
10040	22112	22819	28011	28238	28737	29915	38214	58150	58673	63040	69310
15786	22114	22830	28035	28240	28740	29916	38215	58152	58700	63042	69710
15787	22116	22840	28060	28250	28750	30465	38232	58180	58720	63043	69711
15819	22206	22841	28062	28260	28755	30520	43644	58200	58740	63044	69714
15830	22207	22842	28080	28261	28760	30540	43645	58210	58750	63045	69715
17004	22208	22843	28090	28262	28890	30545	43647	58240	58752	63046	69717
17360	22210	22844	28092	28264	28341	31295	43648	58260	58760	63047	69718
20930	22212	22845	28100	28270	29806	31296	43653	58262	58770	63048	69930
21073	22214	22846	28102	28272	29807	31297	43770	58263	58940	63050	90867
21120	22216	22847	28103	28280	29819	31660	43771	58267	58943	63051	90868
21121	22220	22848	28104	28285	29820	31661	43772	58270	58950	63055	90869
21122	22222	22849	28106	28286	29821	32491	43773	58275	58951	63056	93229
21123	22224	22850	28107	28288	29822	33251	43774	58280	58952	63057	95965
21125	22226	22851	28108	28289	29823	33254	43775	58285	58953	63064	96567
21127	22505	22852	28110	28290	29824	33261	43842	58290	58954	63066	96570
21137	22526	22855	28111	28292	29825	33265	43843	58291	58956	63075	96571
21138	22527	22856	28112	28293	29826	33266	43845	58292	58957	63076	96900
21139	22532	22857	28113	28294	29827	36460	43846	58293	58958	63077	96902

MEDICAID											
21141	22533	22861	28114	28296	29828	36468	43847	58294	58970	63078	96904
21142	22534	22862	28116	28297	29848	36470	43848	58321	58974	63081	96910
21143	22548	22864	28118	28298	29873	36471	43881	58322	58976	63082	96912
21145	22551	22865	28119	28299	29874	36475	43882	58323	59070	63085	96913
21146	22552	23412	28120	28300	29875	36476	45499	58345	59072	63086	96920
21147	22554	25447	28122	28302	29876	36478	47380	58350	59074	63087	96921
21150	22556	26499	28124	28304	29877	36479	47381	58356	59076	63088	96922
21151	22558	27120	28126	28305	29879	36514	47382	58540	59899	63090	96931
21154	22585	27122	28130	28306	29880	37191	47600	58541	61863	63091	96932
21155	22586	27125	28140	28307	29881	37700	47605	58542	61864	63101	96933
21159	22590	27130	28150	28308	29882	37718	47610	58543	61867	63102	96934
21160	22595	27132	28153	28309	29883	37722	47612	58544	61868	63103	96935
21172	22600	27134	28160	28310	29884	37735	47620	58545	61885	64553	96936
21175	22610	27137	28171	28312	29885	37760	49255	58546	61886	64568	
21240	22612	27138	28173	28313	29886	37761	49904	58548	62369	64569	
21242	22614	27440	28175	28315	29887	37765	49905	58550	62370	64570	
21243	22630	27441	28200	28320	29888	37766	49906	58552	63001	64590	
21270	22632	27442	28202	28322	29889	37780	52441	58553	63003	64595	
21280	22633	27443	28208	28340	29891	37785	52442	58554	63005	65771	
21282	22634	27445	28210	28344	29892	38204	52649	58570	63011	65772	
21295	22800	27446	28220	28345	29893	38207	53850	58571	63012	65775	
21296	22802	27447	28222	28360	29894	38208	53852	58572	63015	67900	
22100	22804	27486	28225	28705	29895	38209	53855	58573	63016	67901	
22101	22808	27487	28226	28715	29897	38210	54401	58660	63017	67902	
22102	22810	28005	28230	28725	29898	38211	54405	58661	63020	67903	
22103	22812	28008	28232	28730	29899	38212	57288	58662	63030	67909	
22110	22818	28010	28234	28735	29914	38213	57289	58672	63035	67950	

XXXXX = New codes effective 1/1/2016

Pain Management Procedures

Except trigger point injections

MEDICAID			
G0260	62368	64486	64495
27096	63650	64487	64600
27279	63655	64479	64633
62263	63661	64480	64634
62264	63662	64483	64635
62310	63663	64484	64636
62311	63664	64488	64640
62350	63685	64490	64489
62351	63688	64491	97810
62360	64461	64492	97811
62361	64462	64493	97813
62362	64463	64494	97814
62367			

XXXXX – New Codes Effective 1/1/2016

Physical Therapy

Effective 1/1/2016 ages 18 and younger require authorization after initial evaluation plus six (6) visits for outpatient and home settings. Ages 19 and over do NOT require prior authorization for physical therapy services.

MEDICAID			
97010	97032	97140	G0151
97012	97033	97150	G0157
97014	97034	97530	G0159
97016	97035	97533	G0281
97018	97036	97535	G0283
97022	97110	97537	G0329
97024	97112	97542	S9131
97026	97113	97760	
97028	97116	97761	
	97124	97762	

Pregnancy and Delivery

Notification Only

MEDICAID			
59400	59510	59610	59620
59409	59514	59612	59622
59410	59515	59618	

Prosthetics & Orthotics

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

Radiation Therapy & Radio Surgery

MEDICAID				
77520	77523	G0339	G6015	G6017
77522	77525	G0340	G6016	Q9950

Sleep Studies

PLEASE NOTE: ***Home Sleep Studies do NOT require prior authorization***

MEDICAID		
95805	95810	
95807	95811	
95808	95803	

Speech Therapy

Prior Authorization required for all visits after the initial evaluation for office, outpatient and home settings

MEDICAID			
92507	92606	92526	
92508	92609	S9128	

Specialty Pharmacy Drugs (Injectable)

MEDICAID												
64615	J0180	J0637	J1290	J1602	J2020	J2790	J7181	J7309	J7639	J9120	J9271	L8605
90281	J0202	J0638	J1300	J1640	J2170	J2791	J7182	J7310	J7682	J9155	J9293	Q2043
90283	J0205	J0641	J1322	J1645	J2248	J2792	J7200	J7311	J7999	J9160	J9299	Q2050
90284	J0207	J0695	J1324	J1650	J2315	J2793	J7178	J7312	J8499	J9171	J9301	Q3025
90378	J0220	J0714	J1325	J1652	J2323	J2796	J7180	J7313	J8520	J9179	J9302	Q3026
A9542	J0221	J0717	J1438	J1675	J2353	J2820	J7183	J7316	J8521	J9201	J9303	Q3027
A9543	J0256	J0725	J1442	J1725	J2354	J2860	J7185	J7321	J8530	J9202	J9305	Q3028
C9132	J0257	J0775	J1447	J1740	J2357	J2941	J7186	J7323	J8655	J9206	J9306	Q4074
C9136	J0289	J0800	J1453	J1743	J2425	J3060	J7187	J7324	J8700	J9207	J9307	Q5101
C9137	J0364	J0850	J1458	J1744	J2426	J3090	J7188	J7325	J8999	J9214	J9308	Q5102
C9138	J0401	J0875	J1459	J1743	J2469	J3110	J7189	J7326	J9015	J9215	J9310	Q9980
C9257*	J0480	J0878	J1460	J1745	J2502	J3262	J7190	J7327	J9017	J9216	J9315	Q9981
C9293	J0485	J0888	J1556	J1786	J2503	J3285	J7191	J7328	J9019	J9217	J9330	S0122
C9399	J0490	J0881	J1557	J1826	J2505	J3315	J7192	J7330	J9025	J9218	J9351	S0126
C9470	J0572	J0882	J1559	J1830	J2507	J3355	J7193	J7340	J9032	J9219	J9354	S0128
C9471	J0573	J0885	J1560	J1833	J2562	J3357	J7194	J7504	J9033	J9225	J9355	S0132
C9472	J0574	J0894	J1561	J1930	J2597	J3380	J7195	J7527	J9035*	J9226	J9357	S0145
C9473	J0575	J0895	J1562	J1931	J2724	J3385	J7196		J9039	J9228	J9371	S0148
C9474	J0585	J0897	J1566	J1950	J2778	J3396	J7197		J9041	J9245	J9395	
C9475	J0586		J1568	J1955	J2783	J3489	J7198		J9042	J9261	J9400	
C9476	J0587		J1569			J3490	J7199		J9043	J9262	J9600	
C9477	J0588		J1571				J7201		J9047	J9263	J9999	
C9478	J0592		J1572				J7205		J9050	J9264		
C9480	J0596		J1573						J9055	J9266		
J0129	J0597		J1575						J9098	J9267		
J0135	J0598		J1595									
J0178			J1599									

*No prior authorization is required when used for intravitreal injection (67028) for ocular diagnoses

XXXXX – New Codes Effective 1/1/2016

XXXXX = New codes effective 7/1/2016

Transplant Services (Including Solid Organ and Bone Marrow)

Corneal Transplants do NOT require Prior Authorization

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

Transportation Services (Non-Emergent)

Prior Authorization is required for Non-Emergent Ambulance (air or ground). Emergent transport does not require Prior Authorization

MEDICAID			
A0426	A0428	A0430	A0431
A0999	S9960	S9961	

Unlisted/Miscellaneous Codes

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

MEDICAID								
01999	40799	51999	69399	81599	96999	L5999	0397T	0420T
15999	40899	53899	69799	85999	97039	L7499	0398T	0420T
17999	41599	54699	69949	86486	97139	L8039	0399T	0421T
19105	42299	55559	69979	86849	97799	L8499	0400T	0422T
19499	43289	55899	76496	86999	99199	L8699	0403T	0425T
20999	43659	58578	76497	87999	99429	Q0507	0404T	0426T
21299	43999	58579	76498	88099	99499	Q0508	0405T	0427T
21499	44238	58679	76499	88199	A4649	Q0509	0406T	0428T
22899	44799	58999	76999	88299	A4913	S0590	0407T	0429T
22999	44899	59897	77799	88399	A9999	T1999	0408T	0430T
23929	44979	59898	78099	88749	B9999	T5999	0409T	0431T
24999	45399	66999	78199	89240	E0769	V2199	0410T	0432T
25999	45499	67299	78299	89398	E0770	V2399	0411T	0433T
27899	45999	67399	78399	90399	E2599	V2797	0412T	0434T

28899	46999	67599	78499	90749	J7599	V2799	0413T	0435T
29999	47379	67999	78599	90899	K0898	V5298	0414T	0436T
30999	47399	60659	78699	91299	K0899	V5299	0415T	
31299	47579	60699	78799	92499	L0999	0394T	0417T	
31899	47999	64999	78999	92700	L1499	0395T	0418T	
36299	48999	68399	79999	93799	L2999	0396T	0419T	
33999	49329	68899	81099	94799	L3649	0401T	0423T	
37799	49999		81479	95199	L3999	0402T	0424T	

XXXXX = New codes effective 1/1/2016

Molina Plan Code Exceptions

South Carolina Exceptions

MEDICAID
Providers: Refer to the South Carolina Dept. of Health and Human Services (SC-DHHS) Provider Manuals and Fee Schedules to identify non-covered services. **Request for any code or service not found on the SC-DHHS Medicaid Fee Schedule requires Molina review.**