

MHSC 2019 Q1 Code Matrix Effective 1/1/2019

Y: Prior Auth Required / N: No Prior Auth Required

NC: Not Covered / NOTO: Notification Only

This document is updated quarterly. Please check this document prior to submitting a Prior Authorization Request as codes may be removed or added.

ACTIVE MARKETS				
CODE	CATEGORY	MMP	MEDICAID	NOTES
0901	Behavioral Health	Y	Y	
0912	Behavioral Health	N	Y	
0913	Behavioral Health	N	Y	
1001	Behavioral Health	NC	Y	
1002	Behavioral Health	NC	Y	
01999	Unlisted/Misc			Molina requires that medical necessity documentation and rationale be submitted with the Prior Auth request for any unlisted and miscellaneous codes.
		Y	Y	
2106	Behavioral Health	Y	Y	
10040	OP/ASC Procedures	Y	Y	
11900	Cosmetic and Reconstructive Procedures	Y	Y	
11901	Cosmetic and Reconstructive Procedures	Y	Y	
11920	Cosmetic and Reconstructive Procedures			Prior auth NOT required with breast cancer diagnosis (ICD-10 codes C50.01 thru C50.929 and D05.11 thru D05.92 and X85.3)
		Y	Y	
15730	OP/ASC Procedures	Y	N	
15733	OP/ASC Procedures	Y	N	
15775	Cosmetic and Reconstructive Procedures	N	Y	Prior Auth required in any setting
15776	Cosmetic and Reconstructive Procedures	N	Y	Prior Auth required in any setting
15780	Cosmetic and Reconstructive Procedures	Y	Y	Prior Auth required in any setting
15781	Cosmetic and Reconstructive Procedures	Y	Y	Prior Auth required in any setting
15782	Cosmetic and Reconstructive Procedures	Y	Y	Prior Auth required in any setting
15783	Cosmetic and Reconstructive Procedures	Y	Y	Prior Auth required in any setting
15786	OP/ASC Procedures	Y	Y	
15787	OP/ASC Procedures	Y	Y	
15788	Cosmetic and Reconstructive Procedures	N	Y	Prior Auth required in any setting
15789	Cosmetic and Reconstructive Procedures	N	Y	Prior Auth required in any setting
15792	Cosmetic and Reconstructive Procedures	N	Y	Prior Auth required in any setting
15793	Cosmetic and Reconstructive Procedures	Y	Y	Prior Auth required in any setting
15819	OP/ASC Procedures	Y	Y	
15820	Cosmetic and Reconstructive Procedures	Y	Y	Prior Auth required in any setting
15821	Cosmetic and Reconstructive Procedures	Y	Y	Prior Auth required in any setting
15822	Cosmetic and Reconstructive Procedures	Y	Y	Prior Auth required in any setting
15823	Cosmetic and Reconstructive Procedures	Y	Y	Prior Auth required in any setting
15824	Cosmetic and Reconstructive Procedures	N	Y	Prior Auth required in any setting
15825	Cosmetic and Reconstructive Procedures	N	Y	Prior Auth required in any setting
15826	Cosmetic and Reconstructive Procedures	N	Y	Prior Auth required in any setting
15828	Cosmetic and Reconstructive Procedures	N	Y	Prior Auth required in any setting
15829	Cosmetic and Reconstructive Procedures	N	Y	Prior Auth required in any setting
15830	OP/ASC Procedures	Y	Y	
15832	Cosmetic and Reconstructive Procedures	Y	Y	Prior Auth required in any setting
15833	Cosmetic and Reconstructive Procedures	Y	Y	Prior Auth required in any setting
15834	Cosmetic and Reconstructive Procedures	Y	Y	Prior Auth required in any setting
15835	Cosmetic and Reconstructive Procedures	Y	Y	Prior Auth required in any setting
15836	Cosmetic and Reconstructive Procedures	Y	Y	Prior Auth required in any setting

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CODE	CATEGORY	MMP	MEDICAID	NOTES
15837	Cosmetic and Reconstructive Procedures	Y	Y	Prior Auth required in any setting
15838	Cosmetic and Reconstructive Procedures	Y	Y	Prior Auth required in any setting
15839	Cosmetic and Reconstructive Procedures	Y	Y	Prior Auth required in any setting
15847	Cosmetic and Reconstructive Procedures	Y	Y	Prior Auth required in any setting
15876	Cosmetic and Reconstructive Procedures	N	Y	Prior Auth required in any setting
15877	Cosmetic and Reconstructive Procedures	N	Y	Prior Auth required in any setting
15878	Cosmetic and Reconstructive Procedures	N	Y	Prior Auth required in any setting
15879	Cosmetic and Reconstructive Procedures	N	Y	Prior Auth required in any setting
15999	Unlisted/Misc	Y	Y	Molina requires that medical necessity documentation and rationale be submitted with the Prior Auth request for any unlisted and miscellaneous codes.
17004	OP/ASC Procedures	Y	Y	
17360	OP/ASC Procedures	Y	Y	
17380	Cosmetic and Reconstructive Procedures	N	Y	Prior Auth required in any setting
17999	Unlisted/Misc	Y	Y	Molina requires that medical necessity documentation and rationale be submitted with the Prior Auth request for any unlisted and miscellaneous codes.
19105	Unlisted/Misc	N	Y	Molina requires that medical necessity documentation and rationale be submitted with the Prior Auth request for any unlisted and miscellaneous codes.
19294	OP/ASC Procedures	Y	N	
19300	Cosmetic and Reconstructive Procedures	Y	Y	Prior auth NOT required with breast cancer diagnosis (ICD-10 codes C50.01 thru C50.929 and D05.11 thru D05.92 and X85.3)
19316	Cosmetic and Reconstructive Procedures	Y	Y	Prior auth NOT required with breast cancer diagnosis (ICD-10 codes C50.01 thru C50.929 and D05.11 thru D05.92 and X85.3)
19318	Cosmetic and Reconstructive Procedures	Y	Y	Prior auth NOT required with breast cancer diagnosis (ICD-10 codes C50.01 thru C50.929 and D05.11 thru D05.92 and X85.3)
19324	Cosmetic and Reconstructive Procedures	Y	Y	Prior auth NOT required with breast cancer diagnosis (ICD-10 codes C50.01 thru C50.929 and D05.11 thru D05.92 and X85.3)
19325	Cosmetic and Reconstructive Procedures	Y	Y	Prior auth NOT required with breast cancer diagnosis (ICD-10 codes C50.01 thru C50.929 and D05.11 thru D05.92 and X85.3)
19328	Cosmetic and Reconstructive Procedures	Y	Y	Prior auth NOT required with breast cancer diagnosis (ICD-10 codes C50.01 thru C50.929 and D05.11 thru D05.92 and X85.3)
19330	Cosmetic and Reconstructive Procedures	Y	Y	Prior auth NOT required with breast cancer diagnosis (ICD-10 codes C50.01 thru C50.929 and D05.11 thru D05.92 and X85.3)
19340	Cosmetic and Reconstructive Procedures	N	Y	Prior auth NOT required with breast cancer diagnosis (ICD-10 codes C50.01 thru C50.929 and D05.11 thru D05.92 and X85.3)
19342	Cosmetic and Reconstructive Procedures	Y	Y	Prior auth NOT required with breast cancer diagnosis (ICD-10 codes C50.01 thru C50.929 and D05.11 thru D05.92 and X85.3)
19350	Cosmetic and Reconstructive Procedures	Y	Y	Prior auth NOT required with breast cancer diagnosis (ICD-10 codes C50.01 thru C50.929 and D05.11 thru D05.92 and X85.3)
19355	Cosmetic and Reconstructive Procedures	Y	Y	Prior auth NOT required with breast cancer diagnosis (ICD-10 codes C50.01 thru C50.929 and D05.11 thru D05.92 and X85.3)

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CODE	CATEGORY	MMP	MEDICAID	NOTES
19396	Cosmetic and Reconstructive Procedures	Y	Y	Prior auth NOT required with breast cancer diagnosis (ICD-10 codes C50.01 thru C50.929 and D05.11 thru D05.92 and X85.3)
19499	Unlisted/Misc	Y	Y	Molina requires that medical necessity documentation and rationale be submitted with the Prior Auth request for any unlisted and miscellaneous codes.
20930	OP/ASC Procedures	Y	Y	
20939	OP/ASC Procedures	Y	N	
20999	Unlisted/Misc	Y	Y	Molina requires that medical necessity documentation and rationale be submitted with the Prior Auth request for any unlisted and miscellaneous codes.
21073	OP/ASC Procedures	Y	Y	
21089	Unlisted/Misc	Y	Y	Molina requires that medical necessity documentation and rationale be submitted with the Prior Auth request for any unlisted and miscellaneous codes.
21120	OP/ASC Procedures	Y	Y	
21121	OP/ASC Procedures	Y	Y	
21122	OP/ASC Procedures	Y	Y	
21123	OP/ASC Procedures	Y	Y	
21125	OP/ASC Procedures	Y	Y	
21127	OP/ASC Procedures	Y	Y	
21137	OP/ASC Procedures	Y	Y	
21138	OP/ASC Procedures	Y	Y	
21139	OP/ASC Procedures	Y	Y	
21141	OP/ASC Procedures	Y	Y	
21142	OP/ASC Procedures	Y	Y	
21143	OP/ASC Procedures	Y	Y	
21145	OP/ASC Procedures	Y	Y	
21146	OP/ASC Procedures	Y	Y	
21147	OP/ASC Procedures	Y	Y	
21150	OP/ASC Procedures	Y	Y	
21151	OP/ASC Procedures	Y	Y	
21154	OP/ASC Procedures	Y	Y	
21155	OP/ASC Procedures	Y	Y	
21159	OP/ASC Procedures	Y	Y	
21160	OP/ASC Procedures	Y	Y	
21172	OP/ASC Procedures	Y	Y	
21175	OP/ASC Procedures	Y	Y	
21240	OP/ASC Procedures	Y	Y	
21242	OP/ASC Procedures	Y	Y	
21243	OP/ASC Procedures	Y	Y	
21270	OP/ASC Procedures	Y	Y	
21280	OP/ASC Procedures	Y	Y	
21282	OP/ASC Procedures	Y	Y	
21295	OP/ASC Procedures	Y	Y	

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CODE	CATEGORY	MMP	MEDICAID	NOTES
21296	OP/ASC Procedures	Y	Y	
21299	Unlisted/Misc	Y	Y	Molina requires that medical necessity documentation and rationale be submitted with the Prior Auth request for any unlisted and miscellaneous codes.
21499	Unlisted/Misc	Y	Y	Molina requires that medical necessity documentation and rationale be submitted with the Prior Auth request for any unlisted and miscellaneous codes.
21899	Unlisted/Misc	Y	Y	Molina requires that medical necessity documentation and rationale be submitted with the Prior Auth request for any unlisted and miscellaneous codes.
22100	OP/ASC Procedures	Y	Y	
22101	OP/ASC Procedures	Y	Y	
22102	OP/ASC Procedures	Y	Y	
22103	OP/ASC Procedures	Y	Y	
22110	OP/ASC Procedures	Y	Y	
22112	OP/ASC Procedures	Y	Y	
22114	OP/ASC Procedures	Y	Y	
22116	OP/ASC Procedures	Y	Y	
22206	OP/ASC Procedures	Y	Y	
22207	OP/ASC Procedures	Y	Y	
22208	OP/ASC Procedures	Y	Y	
22210	OP/ASC Procedures	Y	Y	
22212	OP/ASC Procedures	Y	Y	
22214	OP/ASC Procedures	Y	Y	
22216	OP/ASC Procedures	Y	Y	
22220	OP/ASC Procedures	Y	Y	
22222	OP/ASC Procedures	Y	Y	
22224	OP/ASC Procedures	Y	Y	
22226	OP/ASC Procedures	Y	Y	
22505	OP/ASC Procedures	Y	Y	
22526	OP/ASC Procedures	Y	Y	
22527	OP/ASC Procedures	Y	Y	
22532	OP/ASC Procedures	Y	Y	
22533	OP/ASC Procedures	Y	Y	
22534	OP/ASC Procedures	Y	Y	
22548	OP/ASC Procedures	Y	Y	
22551	OP/ASC Procedures	Y	Y	
22552	OP/ASC Procedures	Y	Y	
22554	OP/ASC Procedures	Y	Y	
22556	OP/ASC Procedures	Y	Y	
22558	OP/ASC Procedures	Y	Y	
22585	OP/ASC Procedures	Y	Y	
22586	OP/ASC Procedures	Y	Y	
22590	OP/ASC Procedures	Y	Y	

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		MMP	MEDICAID	
22595	OP/ASC Procedures	Y	Y	
22600	OP/ASC Procedures	Y	Y	
22610	OP/ASC Procedures	Y	Y	
22612	OP/ASC Procedures	Y	Y	
22614	OP/ASC Procedures	Y	Y	
22630	OP/ASC Procedures	Y	Y	
22632	OP/ASC Procedures	Y	Y	
22633	OP/ASC Procedures	Y	Y	
22634	OP/ASC Procedures	Y	Y	
22800	OP/ASC Procedures	Y	Y	
22802	OP/ASC Procedures	Y	Y	
22804	OP/ASC Procedures	Y	Y	
22808	OP/ASC Procedures	Y	Y	
22810	OP/ASC Procedures	Y	Y	
22812	OP/ASC Procedures	Y	Y	
22818	OP/ASC Procedures	Y	Y	
22819	OP/ASC Procedures	Y	Y	
22830	OP/ASC Procedures	Y	Y	
22840	OP/ASC Procedures	Y	Y	
22841	OP/ASC Procedures	Y	Y	
22842	OP/ASC Procedures	Y	Y	
22843	OP/ASC Procedures	Y	Y	
22844	OP/ASC Procedures	Y	Y	
22845	OP/ASC Procedures	Y	Y	
22846	OP/ASC Procedures	Y	Y	
22847	OP/ASC Procedures	Y	Y	
22848	OP/ASC Procedures	Y	Y	
22849	OP/ASC Procedures	Y	Y	
22850	OP/ASC Procedures	Y	Y	
22852	OP/ASC Procedures	Y	Y	
22853	OP/ASC Procedures	N	Y	
22854	OP/ASC Procedures	N	Y	
22855	OP/ASC Procedures	Y	Y	
22856	OP/ASC Procedures	Y	Y	
22857	OP/ASC Procedures	Y	Y	
22859	OP/ASC Procedures	N	Y	
22861	OP/ASC Procedures	Y	Y	
22862	OP/ASC Procedures	Y	Y	
22864	OP/ASC Procedures	Y	Y	
22865	OP/ASC Procedures	Y	Y	
22867	OP/ASC Procedures	Y	Y	
22868	OP/ASC Procedures	Y	Y	
22869	OP/ASC Procedures	Y	Y	
22870	OP/ASC Procedures	Y	Y	

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CODE	CATEGORY	MMP	MEDICAID	NOTES
22899	Unlisted/Misc	Y	Y	Molina requires that medical necessity documentation and rationale be submitted with the Prior Auth request for any unlisted and miscellaneous codes.
22999	Unlisted/Misc	Y	Y	Molina requires that medical necessity documentation and rationale be submitted with the Prior Auth request for any unlisted and miscellaneous codes.
23412	OP/ASC Procedures	Y	Y	
23470	OP/ASC Procedures	Y	Y	
23929	Unlisted/Misc	Y	Y	Molina requires that medical necessity documentation and rationale be submitted with the Prior Auth request for any unlisted and miscellaneous codes.
24999	Unlisted/Misc	Y	Y	Molina requires that medical necessity documentation and rationale be submitted with the Prior Auth request for any unlisted and miscellaneous codes.
25447	OP/ASC Procedures	Y	Y	
25999	Unlisted/Misc	Y	Y	Molina requires that medical necessity documentation and rationale be submitted with the Prior Auth request for any unlisted and miscellaneous codes.
26499	OP/ASC Procedures	Y	Y	
26989	Unlisted/Misc	Y	Y	Molina requires that medical necessity documentation and rationale be submitted with the Prior Auth request for any unlisted and miscellaneous codes.
27096	Pain Management	Y	Y	
27120	OP/ASC Procedures	Y	Y	
27122	OP/ASC Procedures	Y	Y	
27125	OP/ASC Procedures	Y	Y	
27130	OP/ASC Procedures	Y	Y	
27132	OP/ASC Procedures	Y	Y	
27134	OP/ASC Procedures	Y	Y	
27137	OP/ASC Procedures	Y	Y	
27138	OP/ASC Procedures	Y	Y	
27279	Pain Management	Y	Y	
27299	Unlisted/Misc	Y	Y	Molina requires that medical necessity documentation and rationale be submitted with the Prior Auth request for any unlisted and miscellaneous codes.
27438	OP/ASC Procedures	Y	Y	
27440	OP/ASC Procedures	Y	Y	
27441	OP/ASC Procedures	Y	Y	
27442	OP/ASC Procedures	Y	Y	
27443	OP/ASC Procedures	Y	Y	
27445	OP/ASC Procedures	Y	Y	
27446	OP/ASC Procedures	Y	Y	
27447	OP/ASC Procedures	Y	Y	
27486	OP/ASC Procedures	Y	Y	

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CODE	CATEGORY	MMP	MEDICAID	NOTES
27487	OP/ASC Procedures	Y	Y	
27599	Unlisted/Misc	Y	Y	Molina requires that medical necessity documentation and rationale be submitted with the Prior Auth request for any unlisted and miscellaneous codes.
27899	Unlisted/Misc	Y	Y	Molina requires that medical necessity documentation and rationale be submitted with the Prior Auth request for any unlisted and miscellaneous codes.
28005	OP/ASC Procedures	Y	Y	
28008	OP/ASC Procedures	Y	Y	
28010	OP/ASC Procedures	Y	Y	
28011	OP/ASC Procedures	Y	Y	
28035	OP/ASC Procedures	Y	Y	
28060	OP/ASC Procedures	Y	Y	
28062	OP/ASC Procedures	Y	Y	
28080	OP/ASC Procedures	Y	Y	
28090	OP/ASC Procedures	Y	Y	
28092	OP/ASC Procedures	Y	Y	
28100	OP/ASC Procedures	Y	Y	
28102	OP/ASC Procedures	Y	Y	
28103	OP/ASC Procedures	Y	Y	
28104	OP/ASC Procedures	Y	Y	
28106	OP/ASC Procedures	Y	Y	
28107	OP/ASC Procedures	Y	Y	
28108	OP/ASC Procedures	Y	Y	
28110	OP/ASC Procedures	Y	Y	
28111	OP/ASC Procedures	Y	Y	
28112	OP/ASC Procedures	Y	Y	
28113	OP/ASC Procedures	Y	Y	
28114	OP/ASC Procedures	Y	Y	
28116	OP/ASC Procedures	Y	Y	
28118	OP/ASC Procedures	Y	Y	
28119	OP/ASC Procedures	Y	Y	
28120	OP/ASC Procedures	Y	Y	
28122	OP/ASC Procedures	Y	Y	
28124	OP/ASC Procedures	Y	Y	
28126	OP/ASC Procedures	Y	Y	
28130	OP/ASC Procedures	Y	Y	
28140	OP/ASC Procedures	Y	Y	
28150	OP/ASC Procedures	Y	Y	
28153	OP/ASC Procedures	Y	Y	
28160	OP/ASC Procedures	Y	Y	
28171	OP/ASC Procedures	Y	Y	
28173	OP/ASC Procedures	Y	Y	
28175	OP/ASC Procedures	Y	Y	

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CODE	CATEGORY	ACTIVE MARKETS		NOTES
		MMP	MEDICAID	
28200	OP/ASC Procedures	Y	Y	
28202	OP/ASC Procedures	Y	Y	
28208	OP/ASC Procedures	Y	Y	
28210	OP/ASC Procedures	Y	Y	
28220	OP/ASC Procedures	Y	Y	
28222	OP/ASC Procedures	Y	Y	
28225	OP/ASC Procedures	Y	Y	
28226	OP/ASC Procedures	Y	Y	
28230	OP/ASC Procedures	Y	Y	
28232	OP/ASC Procedures	Y	Y	
28234	OP/ASC Procedures	Y	Y	
28238	OP/ASC Procedures	Y	Y	
28240	OP/ASC Procedures	Y	Y	
28250	OP/ASC Procedures	Y	Y	
28260	OP/ASC Procedures	Y	Y	
28261	OP/ASC Procedures	Y	Y	
28262	OP/ASC Procedures	Y	Y	
28264	OP/ASC Procedures	Y	Y	
28270	OP/ASC Procedures	Y	Y	
28272	OP/ASC Procedures	Y	Y	
28280	OP/ASC Procedures	Y	Y	
28285	OP/ASC Procedures	Y	Y	
28286	OP/ASC Procedures	Y	Y	
28288	OP/ASC Procedures	Y	Y	
28289	OP/ASC Procedures	Y	Y	
28291	OP/ASC Procedures	Y	Y	
28292	OP/ASC Procedures	Y	Y	
28295	OP/ASC Procedures	Y	Y	
28296	OP/ASC Procedures	Y	Y	
28297	OP/ASC Procedures	Y	Y	
28298	OP/ASC Procedures	Y	Y	
28299	OP/ASC Procedures	Y	Y	
28300	OP/ASC Procedures	Y	Y	
28302	OP/ASC Procedures	Y	Y	
28304	OP/ASC Procedures	Y	Y	
28305	OP/ASC Procedures	Y	Y	
28306	OP/ASC Procedures	Y	Y	
28307	OP/ASC Procedures	Y	Y	
28308	OP/ASC Procedures	Y	Y	
28309	OP/ASC Procedures	Y	Y	
28310	OP/ASC Procedures	Y	Y	
28312	OP/ASC Procedures	Y	Y	
28313	OP/ASC Procedures	Y	Y	
28315	OP/ASC Procedures	Y	Y	

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CODE	CATEGORY	MMP	MEDICAID	NOTES
28320	OP/ASC Procedures	Y	Y	
28322	OP/ASC Procedures	Y	Y	
28340	OP/ASC Procedures	Y	Y	
28341	OP/ASC Procedures	Y	Y	
28344	OP/ASC Procedures	Y	Y	
28345	OP/ASC Procedures	Y	Y	
28360	OP/ASC Procedures	Y	Y	
28705	OP/ASC Procedures	Y	Y	
28715	OP/ASC Procedures	Y	Y	
28725	OP/ASC Procedures	Y	Y	
28730	OP/ASC Procedures	Y	Y	
28735	OP/ASC Procedures	Y	Y	
28737	OP/ASC Procedures	Y	Y	
28740	OP/ASC Procedures	Y	Y	
28750	OP/ASC Procedures	Y	Y	
28755	OP/ASC Procedures	Y	Y	
28760	OP/ASC Procedures	Y	Y	
28890	OP/ASC Procedures	Y	Y	
28899	Unlisted/Misc	Y	Y	Molina requires that medical necessity documentation and rationale be submitted with the Prior Auth request for any unlisted and miscellaneous codes.
29806	OP/ASC Procedures	Y	Y	
29807	OP/ASC Procedures	Y	Y	
29819	OP/ASC Procedures	Y	Y	
29820	OP/ASC Procedures	Y	Y	
29821	OP/ASC Procedures	Y	Y	
29822	OP/ASC Procedures	Y	Y	
29823	OP/ASC Procedures	Y	Y	
29824	OP/ASC Procedures	Y	Y	
29825	OP/ASC Procedures	Y	Y	
29826	OP/ASC Procedures	Y	Y	
29827	OP/ASC Procedures	Y	Y	
29828	OP/ASC Procedures	Y	Y	
29873	OP/ASC Procedures	Y	Y	
29874	OP/ASC Procedures	Y	Y	
29875	OP/ASC Procedures	Y	Y	
29876	OP/ASC Procedures	Y	Y	
29877	OP/ASC Procedures	Y	Y	
29879	OP/ASC Procedures	Y	Y	
29880	OP/ASC Procedures	Y	Y	
29881	OP/ASC Procedures	Y	Y	
29882	OP/ASC Procedures	Y	Y	
29883	OP/ASC Procedures	Y	Y	
29884	OP/ASC Procedures	Y	Y	

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CODE	CATEGORY	MMP	MEDICAID	NOTES
29885	OP/ASC Procedures	Y	Y	
29886	OP/ASC Procedures	Y	Y	
29887	OP/ASC Procedures	Y	Y	
29888	OP/ASC Procedures	Y	Y	
29889	OP/ASC Procedures	Y	Y	
29891	OP/ASC Procedures	Y	Y	
29892	OP/ASC Procedures	Y	Y	
29893	OP/ASC Procedures	Y	Y	
29894	OP/ASC Procedures	Y	Y	
29895	OP/ASC Procedures	Y	Y	
29897	OP/ASC Procedures	Y	Y	
29898	OP/ASC Procedures	Y	Y	
29899	OP/ASC Procedures	Y	Y	
29914	OP/ASC Procedures	Y	Y	
29915	OP/ASC Procedures	Y	Y	
29916	OP/ASC Procedures	Y	Y	
29999	Unlisted/Misc	Y	Y	Molina requires that medical necessity documentation and rationale be submitted with the Prior Auth request for any unlisted and miscellaneous codes.
30400	Cosmetic and Reconstructive Procedures	Y	Y	Prior Auth required in any setting
30410	Cosmetic and Reconstructive Procedures	Y	Y	Prior Auth required in any setting
30420	Cosmetic and Reconstructive Procedures	Y	Y	Prior Auth required in any setting
30430	Cosmetic and Reconstructive Procedures	Y	Y	Prior Auth required in any setting
30435	Cosmetic and Reconstructive Procedures	Y	Y	Prior Auth required in any setting
30450	Cosmetic and Reconstructive Procedures	Y	Y	Prior Auth required in any setting
30460	Cosmetic and Reconstructive Procedures	Y	Y	Prior Auth required in any setting
30462	Cosmetic and Reconstructive Procedures	Y	Y	Prior Auth required in any setting
30465	OP/ASC Procedures	Y	Y	
30520	OP/ASC Procedures	Y	Y	
30540	OP/ASC Procedures	Y	Y	
30545	OP/ASC Procedures	Y	Y	
30999	Unlisted/Misc	Y	Y	Molina requires that medical necessity documentation and rationale be submitted with the Prior Auth request for any unlisted and miscellaneous codes.
31237	Experimental & Investigational	Y	Y	
31253	OP/ASC Procedures	Y	Y	
31257	OP/ASC Procedures	Y	Y	
31259	OP/ASC Procedures	Y	Y	
31295	OP/ASC Procedures	Y	Y	
31296	OP/ASC Procedures	Y	Y	
31297	OP/ASC Procedures	Y	Y	
31298	OP/ASC Procedures	Y	Y	

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31599	Unlisted/Misc	Y	Y	Molina requires that medical necessity documentation and rationale be submitted with the Prior Auth request for any unlisted and miscellaneous codes.
31660	OP/ASC Procedures	Y	Y	
31661	OP/ASC Procedures	Y	Y	
31899	Unlisted/Misc	Y	Y	Molina requires that medical necessity documentation and rationale be submitted with the Prior Auth request for any unlisted and miscellaneous codes.
32491	OP/ASC Procedures	Y	Y	
32850	OP/ASC Procedures	N	Y	
32851	Transplant Services	N	Y	Corneal transplants do NOT require PA
32852	Transplant Services	N	Y	Corneal transplants do NOT require PA
32853	Transplant Services	N	Y	Corneal transplants do NOT require PA
32854	Transplant Services	N	Y	Corneal transplants do NOT require PA
32855	Transplant Services	N	Y	Corneal transplants do NOT require PA
32856	Transplant Services	N	Y	Corneal transplants do NOT require PA
32994	OP/ASC Procedures	Y	N	
32999	Unlisted/Misc	Y	Y	Molina requires that medical necessity documentation and rationale be submitted with the Prior Auth request for any unlisted and miscellaneous codes.
33251	OP/ASC Procedures	Y	Y	
33254	OP/ASC Procedures	Y	Y	
33261	OP/ASC Procedures	Y	Y	
33265	OP/ASC Procedures	Y	Y	
33266	OP/ASC Procedures	Y	Y	
33289	OP/ASC Procedures	Y	Y	
33930	Transplant Services	N	Y	Corneal transplants do NOT require PA
33933	Transplant Services	N	Y	Corneal transplants do NOT require PA
33935	Transplant Services	N	Y	Corneal transplants do NOT require PA
33940	Transplant Services	N	Y	Corneal transplants do NOT require PA
33944	Transplant Services	N	Y	Corneal transplants do NOT require PA
33945	Transplant Services	N	Y	Corneal transplants do NOT require PA
33999	Unlisted/Misc	Y	Y	Molina requires that medical necessity documentation and rationale be submitted with the Prior Auth request for any unlisted and miscellaneous codes.
34713	OP/ASC Procedures	Y	N	
34714	OP/ASC Procedures	Y	N	
34715	OP/ASC Procedures	Y	N	
34716	OP/ASC Procedures	Y	N	

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ACTIVE MARKETS				
CODE	CATEGORY	MMP	MEDICAID	NOTES
36299	Unlisted/Misc	Y	Y	Molina requires that medical necessity documentation and rationale be submitted with the Prior Auth request for any unlisted and miscellaneous codes.
36415	Home Health Care	N	Y	Prior auth is required after initial evaluation/visit for all home health services including home based PT/OT and Speech Therapy. <i>Prior Auth may be required for medications associated with Home Infusion.</i>
36460	OP/ASC Procedures	Y	Y	
36465	OP/ASC Procedures	Y	Y	
36466	OP/ASC Procedures	Y	Y	
36468	OP/ASC Procedures	Y	Y	
36470	OP/ASC Procedures	Y	Y	
36471	OP/ASC Procedures	Y	Y	
36475	OP/ASC Procedures	Y	Y	
36476	OP/ASC Procedures	Y	Y	
36478	OP/ASC Procedures	Y	Y	
36479	OP/ASC Procedures	Y	Y	
36482	OP/ASC Procedures	Y	Y	
36483	OP/ASC Procedures	Y	Y	
36514	OP/ASC Procedures	Y	Y	
37191	OP/ASC Procedures	Y	Y	
37243	OP/ASC Procedures	Y	Y	
37501	Unlisted/Misc	Y	Y	Molina requires that medical necessity documentation and rationale be submitted with the Prior Auth request for any unlisted and miscellaneous codes.
37700	OP/ASC Procedures	Y	Y	
37718	OP/ASC Procedures	Y	Y	
37722	OP/ASC Procedures	Y	Y	
37735	OP/ASC Procedures	Y	Y	
37760	OP/ASC Procedures	Y	Y	
37761	OP/ASC Procedures	Y	Y	
37765	OP/ASC Procedures	Y	Y	
37766	OP/ASC Procedures	Y	Y	
37780	OP/ASC Procedures	Y	Y	
37785	OP/ASC Procedures	Y	Y	
37799	Unlisted/Misc	Y	Y	Molina requires that medical necessity documentation and rationale be submitted with the Prior Auth request for any unlisted and miscellaneous codes.
38129	Unlisted/Misc	Y	Y	Molina requires that medical necessity documentation and rationale be submitted with the Prior Auth request for any unlisted and miscellaneous codes.
38204	OP/ASC Procedures	Y	Y	
38205	Transplant Services	Y	Y	Corneal transplants do NOT require PA
38206	Transplant Services	Y	Y	Corneal transplants do NOT require PA
38207	OP/ASC Procedures	Y	Y	

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ACTIVE MARKETS				
CODE	CATEGORY	MMP	MEDICAID	NOTES
38208	OP/ASC Procedures	Y	Y	
38209	OP/ASC Procedures	Y	Y	
38210	OP/ASC Procedures	Y	Y	
38211	OP/ASC Procedures	Y	Y	
38212	OP/ASC Procedures	Y	Y	
38213	OP/ASC Procedures	Y	Y	
38214	OP/ASC Procedures	Y	Y	
38215	OP/ASC Procedures	Y	Y	
38230	Transplant Services	Y	Y	Corneal transplants do NOT require PA
38232	OP/ASC Procedures	Y	Y	
38240	Transplant Services	Y	Y	Corneal transplants do NOT require PA
38241	Transplant Services	Y	Y	Corneal transplants do NOT require PA
38242	Transplant Services	Y	Y	Corneal transplants do NOT require PA
38243	Transplant Services	Y	Y	Corneal transplants do NOT require PA
38573	OP/ASC Procedures	Y	N	
38589	Unlisted/Misc	Y	Y	Molina requires that medical necessity documentation and rationale be submitted with the Prior Auth request for any unlisted and miscellaneous codes.
38999	Unlisted/Misc	Y	Y	Molina requires that medical necessity documentation and rationale be submitted with the Prior Auth request for any unlisted and miscellaneous codes.
39499	Unlisted/Misc	Y	Y	Molina requires that medical necessity documentation and rationale be submitted with the Prior Auth request for any unlisted and miscellaneous codes.
39599	Unlisted/Misc	Y	Y	Molina requires that medical necessity documentation and rationale be submitted with the Prior Auth request for any unlisted and miscellaneous codes.
40799	Unlisted/Misc	Y	Y	Molina requires that medical necessity documentation and rationale be submitted with the Prior Auth request for any unlisted and miscellaneous codes.
40899	Unlisted/Misc	Y	Y	Molina requires that medical necessity documentation and rationale be submitted with the Prior Auth request for any unlisted and miscellaneous codes.
41599	Unlisted/Misc	Y	Y	Molina requires that medical necessity documentation and rationale be submitted with the Prior Auth request for any unlisted and miscellaneous codes.
42299	Unlisted/Misc	Y	Y	Molina requires that medical necessity documentation and rationale be submitted with the Prior Auth request for any unlisted and miscellaneous codes.
42699	Unlisted/Misc	Y	Y	Molina requires that medical necessity documentation and rationale be submitted with the Prior Auth request for any unlisted and miscellaneous codes.

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ACTIVE MARKETS				
CODE	CATEGORY	MMP	MEDICAID	NOTES
42999	Unlisted/Misc	Y	Y	Molina requires that medical necessity documentation and rationale be submitted with the Prior Auth request for any unlisted and miscellaneous codes.
43289	Unlisted/Misc	Y	Y	Molina requires that medical necessity documentation and rationale be submitted with the Prior Auth request for any unlisted and miscellaneous codes.
43499	Unlisted/Misc	Y	Y	Molina requires that medical necessity documentation and rationale be submitted with the Prior Auth request for any unlisted and miscellaneous codes.
43644	OP/ASC Procedures	Y	Y	
43645	OP/ASC Procedures	Y	Y	
43647	OP/ASC Procedures	Y	Y	
43648	OP/ASC Procedures	Y	Y	
43653	OP/ASC Procedures	Y	Y	
43659	Unlisted/Misc	Y	Y	Molina requires that medical necessity documentation and rationale be submitted with the Prior Auth request for any unlisted and miscellaneous codes.
43770	OP/ASC Procedures	Y	Y	
43771	OP/ASC Procedures	Y	Y	
43772	OP/ASC Procedures	Y	Y	
43773	OP/ASC Procedures	Y	Y	
43774	OP/ASC Procedures	Y	Y	
43775	OP/ASC Procedures	Y	Y	
43842	OP/ASC Procedures	Y	Y	
43843	OP/ASC Procedures	Y	Y	
43845	OP/ASC Procedures	Y	Y	
43846	OP/ASC Procedures	Y	Y	
43847	OP/ASC Procedures	Y	Y	
43848	OP/ASC Procedures	Y	Y	
43881	OP/ASC Procedures	Y	Y	
43882	OP/ASC Procedures	Y	Y	
43886	OP/ASC Procedures	Y	Y	
43887	OP/ASC Procedures	Y	Y	
43888	OP/ASC Procedures	Y	Y	
43999	Unlisted/Misc	Y	Y	Molina requires that medical necessity documentation and rationale be submitted with the Prior Auth request for any unlisted and miscellaneous codes.
44238	Unlisted/Misc	Y	Y	Molina requires that medical necessity documentation and rationale be submitted with the Prior Auth request for any unlisted and miscellaneous codes.
44715	Transplant Services	Y	Y	Corneal transplants do NOT require PA
44720	Transplant Services	Y	Y	Corneal transplants do NOT require PA
44721	Transplant Services	Y	Y	Corneal transplants do NOT require PA

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ACTIVE MARKETS				
CODE	CATEGORY	MMP	MEDICAID	NOTES
44799	Unlisted/Misc	Y	Y	Molina requires that medical necessity documentation and rationale be submitted with the Prior Auth request for any unlisted and miscellaneous codes.
44899	Unlisted/Misc	Y	Y	Molina requires that medical necessity documentation and rationale be submitted with the Prior Auth request for any unlisted and miscellaneous codes.
44979	Unlisted/Misc	Y	Y	Molina requires that medical necessity documentation and rationale be submitted with the Prior Auth request for any unlisted and miscellaneous codes.
45399	Unlisted/Misc	Y	Y	Molina requires that medical necessity documentation and rationale be submitted with the Prior Auth request for any unlisted and miscellaneous codes.
45499	Unlisted/Misc	Y	Y	Molina requires that medical necessity documentation and rationale be submitted with the Prior Auth request for any unlisted and miscellaneous codes.
45999	Unlisted/Misc	Y	Y	Molina requires that medical necessity documentation and rationale be submitted with the Prior Auth request for any unlisted and miscellaneous codes.
46999	Unlisted/Misc	Y	Y	Molina requires that medical necessity documentation and rationale be submitted with the Prior Auth request for any unlisted and miscellaneous codes.
47133	Transplant Services	Y	Y	Corneal transplants do NOT require PA
47135	Transplant Services	Y	Y	Corneal transplants do NOT require PA
47140	Transplant Services	Y	Y	Corneal transplants do NOT require PA
47141	Transplant Services	Y	Y	Corneal transplants do NOT require PA
47142	Transplant Services	Y	Y	Corneal transplants do NOT require PA
47143	Transplant Services	Y	Y	Corneal transplants do NOT require PA
47144	Transplant Services	Y	Y	Corneal transplants do NOT require PA
47145	Transplant Services	Y	Y	Corneal transplants do NOT require PA
47146	Transplant Services	Y	Y	Corneal transplants do NOT require PA
47147	Transplant Services	Y	Y	Corneal transplants do NOT require PA
47379	Unlisted/Misc	Y	Y	Molina requires that medical necessity documentation and rationale be submitted with the Prior Auth request for any unlisted and miscellaneous codes.
47380	OP/ASC Procedures	Y	Y	
47381	OP/ASC Procedures	Y	Y	
47382	OP/ASC Procedures	Y	Y	
47399	Unlisted/Misc	Y	Y	Molina requires that medical necessity documentation and rationale be submitted with the Prior Auth request for any unlisted and miscellaneous codes.
47579	Unlisted/Misc	Y	Y	Molina requires that medical necessity documentation and rationale be submitted with the Prior Auth request for any unlisted and miscellaneous codes.
47605	OP/ASC Procedures	Y	Y	

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ACTIVE MARKETS				
CODE	CATEGORY	MMP	MEDICAID	NOTES
47610	OP/ASC Procedures	Y	Y	
47612	OP/ASC Procedures	Y	Y	
47620	OP/ASC Procedures	Y	Y	
47999	Unlisted/Misc	Y	Y	Molina requires that medical necessity documentation and rationale be submitted with the Prior Auth request for any unlisted and miscellaneous codes.
48160	Transplant Services	N	Y	Corneal transplants do NOT require PA
48550	Transplant Services	Y	Y	Corneal transplants do NOT require PA
48551	Transplant Services	Y	Y	Corneal transplants do NOT require PA
48552	Transplant Services	Y	Y	Corneal transplants do NOT require PA
48554	Transplant Services	Y	Y	Corneal transplants do NOT require PA
48556	Transplant Services	Y	Y	Corneal transplants do NOT require PA
48999	Unlisted/Misc	Y	Y	Molina requires that medical necessity documentation and rationale be submitted with the Prior Auth request for any unlisted and miscellaneous codes.
49255	OP/ASC Procedures	Y	Y	
49329	Unlisted/Misc	Y	Y	Molina requires that medical necessity documentation and rationale be submitted with the Prior Auth request for any unlisted and miscellaneous codes.
49659	Unlisted/Misc	Y	Y	Molina requires that medical necessity documentation and rationale be submitted with the Prior Auth request for any unlisted and miscellaneous codes.
49904	OP/ASC Procedures	Y	Y	
49905	OP/ASC Procedures	Y	Y	
49906	OP/ASC Procedures	Y	Y	
49999	Unlisted/Misc	Y	Y	Molina requires that medical necessity documentation and rationale be submitted with the Prior Auth request for any unlisted and miscellaneous codes.
50300	Transplant Services	Y	Y	Corneal transplants do NOT require PA
50320	Transplant Services	Y	Y	Corneal transplants do NOT require PA
50323	Transplant Services	Y	Y	Corneal transplants do NOT require PA
50325	Transplant Services	Y	Y	Corneal transplants do NOT require PA
50327	Transplant Services	Y	Y	Corneal transplants do NOT require PA
50328	Transplant Services	Y	Y	Corneal transplants do NOT require PA
50329	Transplant Services	Y	Y	Corneal transplants do NOT require PA
50340	Transplant Services	Y	Y	Corneal transplants do NOT require PA
50360	Transplant Services	Y	Y	Corneal transplants do NOT require PA
50365	Transplant Services	Y	Y	Corneal transplants do NOT require PA
50370	Transplant Services	Y	Y	Corneal transplants do NOT require PA
50380	Transplant Services	Y	Y	Corneal transplants do NOT require PA
50549	Unlisted/Misc	Y	Y	Molina requires that medical necessity documentation and rationale be submitted with the Prior Auth request for any unlisted and miscellaneous codes.
50590	OP/ASC Procedures	Y	Y	

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CODE	CATEGORY	MMP	MEDICAID	NOTES
50949	Unlisted/Misc	Y	Y	Molina requires that medical necessity documentation and rationale be submitted with the Prior Auth request for any unlisted and miscellaneous codes.
51999	Unlisted/Misc	Y	Y	Molina requires that medical necessity documentation and rationale be submitted with the Prior Auth request for any unlisted and miscellaneous codes.
52441	OP/ASC Procedures	Y	Y	
52442	OP/ASC Procedures	Y	Y	
52649	OP/ASC Procedures	Y	Y	
53850	OP/ASC Procedures	Y	Y	
53852	OP/ASC Procedures	Y	Y	
53899	Unlisted/Misc	Y	Y	Molina requires that medical necessity documentation and rationale be submitted with the Prior Auth request for any unlisted and miscellaneous codes.
54401	OP/ASC Procedures	Y	Y	
54405	OP/ASC Procedures	Y	Y	
54699	Unlisted/Misc	Y	Y	Molina requires that medical necessity documentation and rationale be submitted with the Prior Auth request for any unlisted and miscellaneous codes.
55559	Unlisted/Misc	Y	Y	Molina requires that medical necessity documentation and rationale be submitted with the Prior Auth request for any unlisted and miscellaneous codes.
55874	OP/ASC Procedures	Y	N	
55899	Unlisted/Misc	Y	Y	Molina requires that medical necessity documentation and rationale be submitted with the Prior Auth request for any unlisted and miscellaneous codes.
57288	OP/ASC Procedures	Y	Y	
57289	OP/ASC Procedures	Y	Y	
58150	OP/ASC Procedures	Y	Y	
58152	OP/ASC Procedures	Y	Y	
58180	OP/ASC Procedures	Y	Y	
58200	OP/ASC Procedures	Y	Y	
58210	OP/ASC Procedures	Y	Y	
58240	OP/ASC Procedures	Y	Y	
58260	OP/ASC Procedures	Y	Y	
58262	OP/ASC Procedures	Y	Y	
58263	OP/ASC Procedures	Y	Y	
58267	OP/ASC Procedures	Y	Y	
58270	OP/ASC Procedures	Y	Y	
58275	OP/ASC Procedures	Y	Y	
58280	OP/ASC Procedures	Y	Y	
58285	OP/ASC Procedures	Y	Y	
58290	OP/ASC Procedures	Y	Y	
58291	OP/ASC Procedures	Y	Y	

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CODE	CATEGORY	MMP	MEDICAID	NOTES
58292	OP/ASC Procedures	Y	Y	
58293	OP/ASC Procedures	Y	Y	
58294	OP/ASC Procedures	Y	Y	
58321	OP/ASC Procedures	Y	Y	
58322	OP/ASC Procedures	Y	Y	
58323	OP/ASC Procedures	Y	Y	
58345	OP/ASC Procedures	Y	Y	
58350	OP/ASC Procedures	Y	Y	
58356	OP/ASC Procedures	Y	Y	
58540	OP/ASC Procedures	Y	Y	
58541	OP/ASC Procedures	Y	Y	
58542	OP/ASC Procedures	Y	Y	
58543	OP/ASC Procedures	Y	Y	
58544	OP/ASC Procedures	Y	Y	
58545	OP/ASC Procedures	Y	Y	
58546	OP/ASC Procedures	Y	Y	
58548	OP/ASC Procedures	Y	Y	
58550	OP/ASC Procedures	Y	Y	
58552	OP/ASC Procedures	Y	Y	
58553	OP/ASC Procedures	Y	Y	
58554	OP/ASC Procedures	Y	Y	
58570	OP/ASC Procedures	Y	Y	
58571	OP/ASC Procedures	Y	Y	
58572	OP/ASC Procedures	Y	Y	
58573	OP/ASC Procedures	Y	Y	
58578	Unlisted/Misc	Y	Y	Molina requires that medical necessity documentation and rationale be submitted with the Prior Auth request for any unlisted and miscellaneous codes.
58579	Unlisted/Misc	Y	Y	Molina requires that medical necessity documentation and rationale be submitted with the Prior Auth request for any unlisted and miscellaneous codes.
58660	OP/ASC Procedures	Y	Y	
58661	OP/ASC Procedures	Y	Y	
58662	OP/ASC Procedures	Y	Y	
58672	OP/ASC Procedures	Y	Y	
58673	OP/ASC Procedures	Y	Y	
58679	Unlisted/Misc	Y	Y	Molina requires that medical necessity documentation and rationale be submitted with the Prior Auth request for any unlisted and miscellaneous codes.
58700	OP/ASC Procedures	Y	Y	
58720	OP/ASC Procedures	Y	Y	
58740	OP/ASC Procedures	Y	Y	
58750	OP/ASC Procedures	Y	Y	
58752	OP/ASC Procedures	Y	Y	

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ACTIVE MARKETS				
CODE	CATEGORY	MMP	MEDICAID	NOTES
58760	OP/ASC Procedures	Y	Y	
58770	OP/ASC Procedures	Y	Y	
58940	OP/ASC Procedures	Y	Y	
58943	OP/ASC Procedures	Y	Y	
58950	OP/ASC Procedures	Y	Y	
58951	OP/ASC Procedures	Y	Y	
58952	OP/ASC Procedures	Y	Y	
58953	OP/ASC Procedures	Y	Y	
58954	OP/ASC Procedures	Y	Y	
58956	OP/ASC Procedures	Y	Y	
58957	OP/ASC Procedures	Y	Y	
58958	OP/ASC Procedures	Y	Y	
58970	OP/ASC Procedures	Y	Y	
58974	OP/ASC Procedures	Y	Y	
58976	OP/ASC Procedures	Y	Y	
58999	Unlisted/Misc	Y	Y	Molina requires that medical necessity documentation and rationale be submitted with the Prior Auth request for any unlisted and miscellaneous codes.
59070	OP/ASC Procedures	Y	Y	
59072	OP/ASC Procedures	Y	Y	
59074	OP/ASC Procedures	Y	Y	
59076	OP/ASC Procedures	Y	Y	
59400	Pregnancy & Delivery	N	NOTO	Notification Only
59409	Pregnancy & Delivery	N	NOTO	Notification Only
59410	Pregnancy & Delivery	N	NOTO	Notification Only
59510	Pregnancy & Delivery	N	NOTO	Notification Only
59515	Pregnancy & Delivery	N	NOTO	Notification Only
59610	Pregnancy & Delivery	N	NOTO	Notification Only
59612	Pregnancy & Delivery	N	NOTO	Notification Only
59618	Pregnancy & Delivery	N	NOTO	Notification Only
59620	Pregnancy & Delivery	N	NOTO	Notification Only
59622	Pregnancy & Delivery	N	NOTO	Notification Only
59897	Unlisted/Misc	Y	Y	Molina requires that medical necessity documentation and rationale be submitted with the Prior Auth request for any unlisted and miscellaneous codes.
59898	Unlisted/Misc	Y	Y	Molina requires that medical necessity documentation and rationale be submitted with the Prior Auth request for any unlisted and miscellaneous codes.
59899	Unlisted/Misc	Y	Y	Molina requires that medical necessity documentation and rationale be submitted with the Prior Auth request for any unlisted and miscellaneous codes.
60659	Unlisted/Misc	Y	Y	Molina requires that medical necessity documentation and rationale be submitted with the Prior Auth request for any unlisted and miscellaneous codes.

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ACTIVE MARKETS				
CODE	CATEGORY	MMP	MEDICAID	NOTES
60699	Unlisted/Misc	Y	Y	Molina requires that medical necessity documentation and rationale be submitted with the Prior Auth request for any unlisted and miscellaneous codes.
61863	OP/ASC Procedures	Y	Y	
61864	OP/ASC Procedures	Y	Y	
61867	OP/ASC Procedures	Y	Y	
61868	OP/ASC Procedures	Y	Y	
61885	OP/ASC Procedures	Y	Y	
61886	OP/ASC Procedures	Y	Y	
62263	Pain Management	Y	Y	
62264	Pain Management	Y	Y	
62320	Pain Management	Y	Y	
62321	Pain Management	Y	Y	
62322	Pain Management	Y	Y	
62323	Pain Management	Y	Y	
62324	OP/ASC Procedures	Y	Y	
62325	OP/ASC Procedures	Y	Y	
62326	OP/ASC Procedures	Y	Y	
62327	OP/ASC Procedures	Y	Y	
62350	Pain Management	Y	Y	
62351	Pain Management	Y	Y	
62360	Pain Management	Y	Y	
62361	Pain Management	Y	Y	
62362	Pain Management	Y	Y	
62367	Pain Management	Y	Y	
62368	Pain Management	Y	Y	
62369	OP/ASC Procedures	Y	Y	
62370	OP/ASC Procedures	Y	Y	
62380	OP/ASC Procedures	Y	Y	
63001	OP/ASC Procedures	Y	Y	
63003	OP/ASC Procedures	Y	Y	
63005	OP/ASC Procedures	Y	Y	
63011	OP/ASC Procedures	Y	Y	
63012	OP/ASC Procedures	Y	Y	
63015	OP/ASC Procedures	Y	Y	
63016	OP/ASC Procedures	Y	Y	
63017	OP/ASC Procedures	Y	Y	
63020	OP/ASC Procedures	Y	Y	
63030	OP/ASC Procedures	Y	Y	
63035	OP/ASC Procedures	Y	Y	
63040	OP/ASC Procedures	Y	Y	
63042	OP/ASC Procedures	Y	Y	
63043	OP/ASC Procedures	Y	Y	
63044	OP/ASC Procedures	Y	Y	

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CODE	CATEGORY	MMP	MEDICAID	NOTES
63045	OP/ASC Procedures	Y	Y	
63046	OP/ASC Procedures	Y	Y	
63047	OP/ASC Procedures	Y	Y	
63048	OP/ASC Procedures	Y	Y	
63050	OP/ASC Procedures	Y	Y	
63051	OP/ASC Procedures	Y	Y	
63055	OP/ASC Procedures	Y	Y	
63056	OP/ASC Procedures	Y	Y	
63057	OP/ASC Procedures	Y	Y	
63064	OP/ASC Procedures	Y	Y	
63066	OP/ASC Procedures	Y	Y	
63075	OP/ASC Procedures	Y	Y	
63076	OP/ASC Procedures	Y	Y	
63077	OP/ASC Procedures	Y	Y	
63078	OP/ASC Procedures	Y	Y	
63081	OP/ASC Procedures	Y	Y	
63082	OP/ASC Procedures	Y	Y	
63085	OP/ASC Procedures	Y	Y	
63086	OP/ASC Procedures	Y	Y	
63087	OP/ASC Procedures	Y	Y	
63088	OP/ASC Procedures	Y	Y	
63090	OP/ASC Procedures	Y	Y	
63091	OP/ASC Procedures	Y	Y	
63101	OP/ASC Procedures	Y	Y	
63102	OP/ASC Procedures	Y	Y	
63103	OP/ASC Procedures	Y	Y	
63650	Pain Management	Y	Y	
63655	Pain Management	Y	Y	
63661	Pain Management	Y	Y	
63662	Pain Management	Y	Y	
63663	Pain Management	Y	Y	
63664	Pain Management	Y	Y	
63685	Pain Management	Y	Y	
63688	Pain Management	Y	Y	
64461	Pain Management	Y	Y	
64462	Pain Management	Y	Y	
64463	Pain Management	Y	Y	
64479	Pain Management	Y	Y	
64480	Pain Management	Y	Y	
64483	Pain Management	Y	Y	
64484	Pain Management	Y	Y	
64486	Pain Management	Y	Y	
64487	Pain Management	Y	Y	
64488	Pain Management	Y	Y	

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ACTIVE MARKETS				
CODE	CATEGORY	MMP	MEDICAID	NOTES
64489	Pain Management	Y	Y	
64490	Pain Management	Y	Y	
64491	Pain Management	Y	Y	
64492	Pain Management	Y	Y	
64493	Pain Management	Y	Y	
64494	Pain Management	Y	Y	
64495	Pain Management	Y	Y	
64553	OP/ASC Procedures	Y	Y	
64568	OP/ASC Procedures	Y	Y	
64569	OP/ASC Procedures	Y	Y	
64570	OP/ASC Procedures	Y	Y	
64590	OP/ASC Procedures	Y	Y	
64595	OP/ASC Procedures	Y	Y	
64600	Pain Management	Y	Y	
64615	OP/ASC Procedures	N	Y	
64633	Pain Management	Y	Y	
64634	Pain Management	Y	Y	
64635	Pain Management	Y	Y	
64636	Pain Management	Y	Y	
64640	Pain Management	Y	Y	
64912	OP/ASC Procedures	Y	N	
64913	OP/ASC Procedures	Y	N	
64999	Unlisted/Misc			Molina requires that medical necessity documentation and rationale be submitted with the Prior Auth request for any unlisted and miscellaneous codes.
		Y	Y	
65771	OP/ASC Procedures	Y	Y	
65772	OP/ASC Procedures	Y	Y	
65775	OP/ASC Procedures	Y	Y	
66999	Unlisted/Misc			Molina requires that medical necessity documentation and rationale be submitted with the Prior Auth request for any unlisted and miscellaneous codes.
		Y	Y	
67299	Unlisted/Misc			Molina requires that medical necessity documentation and rationale be submitted with the Prior Auth request for any unlisted and miscellaneous codes.
		Y	Y	
67399	Unlisted/Misc			Molina requires that medical necessity documentation and rationale be submitted with the Prior Auth request for any unlisted and miscellaneous codes.
		Y	Y	
67599	Unlisted/Misc			Molina requires that medical necessity documentation and rationale be submitted with the Prior Auth request for any unlisted and miscellaneous codes.
		Y	Y	
67900	OP/ASC Procedures	Y	Y	
67901	OP/ASC Procedures	Y	Y	
67902	OP/ASC Procedures	Y	Y	
67903	OP/ASC Procedures	Y	Y	

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ACTIVE MARKETS				
CODE	CATEGORY	MMP	MEDICAID	NOTES
67904	Cosmetic and Reconstructive Procedures	Y	Y	Prior Auth required in any setting
67906	Cosmetic and Reconstructive Procedures	Y	Y	Prior Auth required in any setting
67908	Cosmetic and Reconstructive Procedures	Y	Y	Prior Auth required in any setting
67909	OP/ASC Procedures	Y	Y	
67950	OP/ASC Procedures	Y	Y	
67999	Unlisted/Misc	Y	Y	Molina requires that medical necessity documentation and rationale be submitted with the Prior Auth request for any unlisted and miscellaneous codes.
68399	Unlisted/Misc	Y	Y	Molina requires that medical necessity documentation and rationale be submitted with the Prior Auth request for any unlisted and miscellaneous codes.
68899	Unlisted/Misc	Y	Y	Molina requires that medical necessity documentation and rationale be submitted with the Prior Auth request for any unlisted and miscellaneous codes.
69300	Cosmetic and Reconstructive Procedures	N	Y	Prior Auth required in any setting
69399	Unlisted/Misc	Y	Y	Molina requires that medical necessity documentation and rationale be submitted with the Prior Auth request for any unlisted and miscellaneous codes.
69714	OP/ASC Procedures	Y	Y	
69715	OP/ASC Procedures	Y	Y	
69717	OP/ASC Procedures	Y	Y	
69718	OP/ASC Procedures	Y	Y	
69799	Unlisted/Misc	Y	Y	Molina requires that medical necessity documentation and rationale be submitted with the Prior Auth request for any unlisted and miscellaneous codes.
69930	OP/ASC Procedures	Y	Y	
69949	Unlisted/Misc	Y	Y	Molina requires that medical necessity documentation and rationale be submitted with the Prior Auth request for any unlisted and miscellaneous codes.
69979	Unlisted/Misc	Y	Y	Molina requires that medical necessity documentation and rationale be submitted with the Prior Auth request for any unlisted and miscellaneous codes.
70336	Imaging (Advanced & Specialty)	Y	Y	
70450	Imaging (Advanced & Specialty)	Y	Y	
70460	Imaging (Advanced & Specialty)	Y	Y	
70470	Imaging (Advanced & Specialty)	Y	Y	
70480	Imaging (Advanced & Specialty)	Y	Y	
70481	Imaging (Advanced & Specialty)	Y	Y	
70482	Imaging (Advanced & Specialty)	Y	Y	
70486	Imaging (Advanced & Specialty)	Y	Y	
70487	Imaging (Advanced & Specialty)	Y	Y	
70488	Imaging (Advanced & Specialty)	Y	Y	
70490	Imaging (Advanced & Specialty)	Y	Y	
70491	Imaging (Advanced & Specialty)	Y	Y	

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CODE	CATEGORY	ACTIVE MARKETS		NOTES
		MMP	MEDICAID	
70492	Imaging (Advanced & Specialty)	Y	Y	
70496	Imaging (Advanced & Specialty)	Y	Y	
70498	Imaging (Advanced & Specialty)	Y	Y	
70540	Imaging (Advanced & Specialty)	Y	Y	
70542	Imaging (Advanced & Specialty)	Y	Y	
70543	Imaging (Advanced & Specialty)	Y	Y	
70544	Imaging (Advanced & Specialty)	Y	Y	
70545	Imaging (Advanced & Specialty)	Y	Y	
70546	Imaging (Advanced & Specialty)	Y	Y	
70547	Imaging (Advanced & Specialty)	Y	Y	
70548	Imaging (Advanced & Specialty)	Y	Y	
70549	Imaging (Advanced & Specialty)	Y	Y	
70551	Imaging (Advanced & Specialty)	Y	Y	
70552	Imaging (Advanced & Specialty)	Y	Y	
70553	Imaging (Advanced & Specialty)	Y	Y	
70554	Imaging (Advanced & Specialty)	Y	Y	
70555	Imaging (Advanced & Specialty)	Y	Y	
71250	Imaging (Advanced & Specialty)	Y	Y	
71260	Imaging (Advanced & Specialty)	Y	Y	
71270	Imaging (Advanced & Specialty)	Y	Y	
71275	Imaging (Advanced & Specialty)	Y	Y	
71550	Imaging (Advanced & Specialty)	Y	Y	
71551	Imaging (Advanced & Specialty)	Y	Y	
71552	Imaging (Advanced & Specialty)	Y	Y	
71555	Imaging (Advanced & Specialty)	Y	Y	
72125	Imaging (Advanced & Specialty)	Y	Y	
72126	Imaging (Advanced & Specialty)	Y	Y	
72127	Imaging (Advanced & Specialty)	Y	Y	
72128	Imaging (Advanced & Specialty)	Y	Y	
72129	Imaging (Advanced & Specialty)	Y	Y	
72130	Imaging (Advanced & Specialty)	Y	Y	
72131	Imaging (Advanced & Specialty)	Y	Y	
72132	Imaging (Advanced & Specialty)	Y	Y	
72133	Imaging (Advanced & Specialty)	Y	Y	
72141	Imaging (Advanced & Specialty)	Y	Y	
72142	Imaging (Advanced & Specialty)	Y	Y	
72146	Imaging (Advanced & Specialty)	Y	Y	
72147	Imaging (Advanced & Specialty)	Y	Y	
72148	Imaging (Advanced & Specialty)	Y	Y	
72149	Imaging (Advanced & Specialty)	Y	Y	
72156	Imaging (Advanced & Specialty)	Y	Y	
72157	Imaging (Advanced & Specialty)	Y	Y	
72158	Imaging (Advanced & Specialty)	Y	Y	
72159	Imaging (Advanced & Specialty)	Y	Y	

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		MMP	MEDICAID	
72191	Imaging (Advanced & Specialty)	Y	Y	
72192	Imaging (Advanced & Specialty)	Y	Y	
72193	Imaging (Advanced & Specialty)	Y	Y	
72194	Imaging (Advanced & Specialty)	Y	Y	
72195	Imaging (Advanced & Specialty)	Y	Y	
72196	Imaging (Advanced & Specialty)	Y	Y	
72197	Imaging (Advanced & Specialty)	Y	Y	
72198	Imaging (Advanced & Specialty)	Y	Y	
73200	Imaging (Advanced & Specialty)	Y	Y	
73201	Imaging (Advanced & Specialty)	Y	Y	
73202	Imaging (Advanced & Specialty)	Y	Y	
73206	Imaging (Advanced & Specialty)	Y	Y	
73218	Imaging (Advanced & Specialty)	Y	Y	
73219	Imaging (Advanced & Specialty)	Y	Y	
73220	Imaging (Advanced & Specialty)	Y	Y	
73221	Imaging (Advanced & Specialty)	Y	Y	
73222	Imaging (Advanced & Specialty)	Y	Y	
73223	Imaging (Advanced & Specialty)	Y	Y	
73225	Imaging (Advanced & Specialty)	Y	Y	
73700	Imaging (Advanced & Specialty)	Y	Y	
73701	Imaging (Advanced & Specialty)	Y	Y	
73702	Imaging (Advanced & Specialty)	Y	Y	
73706	Imaging (Advanced & Specialty)	Y	Y	
73718	Imaging (Advanced & Specialty)	Y	Y	
73719	Imaging (Advanced & Specialty)	Y	Y	
73720	Imaging (Advanced & Specialty)	Y	Y	
73721	Imaging (Advanced & Specialty)	Y	Y	
73722	Imaging (Advanced & Specialty)	Y	Y	
73723	Imaging (Advanced & Specialty)	Y	Y	
73725	Imaging (Advanced & Specialty)	Y	Y	
74150	Imaging (Advanced & Specialty)	Y	Y	
74160	Imaging (Advanced & Specialty)	Y	Y	
74170	Imaging (Advanced & Specialty)	Y	Y	
74174	Imaging (Advanced & Specialty)	Y	Y	
74175	Imaging (Advanced & Specialty)	Y	Y	
74176	Imaging (Advanced & Specialty)	Y	Y	
74177	Imaging (Advanced & Specialty)	Y	Y	
74178	Imaging (Advanced & Specialty)	Y	Y	
74181	Imaging (Advanced & Specialty)	Y	Y	
74182	Imaging (Advanced & Specialty)	Y	Y	
74183	Imaging (Advanced & Specialty)	Y	Y	
74185	Imaging (Advanced & Specialty)	Y	Y	
74261	Imaging (Advanced & Specialty)	Y	Y	
74262	Imaging (Advanced & Specialty)	Y	Y	

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ACTIVE MARKETS				
CODE	CATEGORY	MMP	MEDICAID	NOTES
74263	Imaging (Advanced & Specialty)	Y	Y	
74712	Imaging (Advanced & Specialty)	Y	Y	
74713	Imaging (Advanced & Specialty)	Y	Y	
75557	Imaging (Advanced & Specialty)	Y	Y	
75559	Imaging (Advanced & Specialty)	Y	Y	
75561	Imaging (Advanced & Specialty)	Y	Y	
75563	Imaging (Advanced & Specialty)	Y	Y	
75565	Imaging (Advanced & Specialty)	Y	Y	
75571	Imaging (Advanced & Specialty)	Y	Y	
75572	Imaging (Advanced & Specialty)	Y	Y	
75573	Imaging (Advanced & Specialty)	Y	Y	
75574	Imaging (Advanced & Specialty)	Y	Y	
75635	Imaging (Advanced & Specialty)	Y	Y	
76376	Imaging (Advanced & Specialty)	Y	Y	
76377	Imaging (Advanced & Specialty)	Y	Y	
76380	Imaging (Advanced & Specialty)	N	Y	
76390	Imaging (Advanced & Specialty)	N	Y	
76496	Unlisted/Misc	Y	Y	Molina requires that medical necessity documentation and rationale be submitted with the Prior Auth request for any unlisted and miscellaneous codes.
76497	Unlisted/Misc	Y	Y	Molina requires that medical necessity documentation and rationale be submitted with the Prior Auth request for any unlisted and miscellaneous codes.
76498	Unlisted/Misc	Y	Y	Molina requires that medical necessity documentation and rationale be submitted with the Prior Auth request for any unlisted and miscellaneous codes.
76499	Unlisted/Misc	Y	Y	Molina requires that medical necessity documentation and rationale be submitted with the Prior Auth request for any unlisted and miscellaneous codes.
76999	Unlisted/Misc	Y	Y	Molina requires that medical necessity documentation and rationale be submitted with the Prior Auth request for any unlisted and miscellaneous codes.
77003	Pain Management	Y	Y	
77046	Imaging (Advanced & Specialty)	Y	Y	
77047	Imaging (Advanced & Specialty)	Y	Y	
77048	Imaging (Advanced & Specialty)	Y	Y	
77049	Imaging (Advanced & Specialty)	Y	Y	
77084	Imaging (Advanced & Specialty)	Y	Y	
77299	Unlisted/Misc	Y	Y	Molina requires that medical necessity documentation and rationale be submitted with the Prior Auth request for any unlisted and miscellaneous codes.
77399	Unlisted/Misc	Y	Y	Molina requires that medical necessity documentation and rationale be submitted with the Prior Auth request for any unlisted and miscellaneous codes.

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ACTIVE MARKETS				
CODE	CATEGORY	MMP	MEDICAID	NOTES
77499	Unlisted/Misc	Y	Y	Molina requires that medical necessity documentation and rationale be submitted with the Prior Auth request for any unlisted and miscellaneous codes.
77520	Radiation Therapy & Radio Surgery	Y	Y	
77522	Radiation Therapy & Radio Surgery	Y	Y	
77523	Radiation Therapy & Radio Surgery	Y	Y	
77525	Radiation Therapy & Radio Surgery	Y	Y	
77799	Unlisted/Misc	Y	Y	Molina requires that medical necessity documentation and rationale be submitted with the Prior Auth request for any unlisted and miscellaneous codes.
78099	Unlisted/Misc	Y	Y	Molina requires that medical necessity documentation and rationale be submitted with the Prior Auth request for any unlisted and miscellaneous codes.
78199	Unlisted/Misc	Y	Y	Molina requires that medical necessity documentation and rationale be submitted with the Prior Auth request for any unlisted and miscellaneous codes.
78205	Imaging (Advanced & Specialty)	Y	Y	
78206	Imaging (Advanced & Specialty)	Y	Y	
78299	Unlisted/Misc	Y	Y	Molina requires that medical necessity documentation and rationale be submitted with the Prior Auth request for any unlisted and miscellaneous codes.
78320	Imaging (Advanced & Specialty)	Y	Y	
78399	Unlisted/Misc	Y	Y	Molina requires that medical necessity documentation and rationale be submitted with the Prior Auth request for any unlisted and miscellaneous codes.
78451	Imaging (Advanced & Specialty)	Y	Y	
78452	Imaging (Advanced & Specialty)	Y	Y	
78453	Imaging (Advanced & Specialty)	Y	Y	
78454	Imaging (Advanced & Specialty)	Y	Y	
78459	Imaging (Advanced & Specialty)	Y	Y	
78466	Imaging (Advanced & Specialty)	Y	Y	
78468	Imaging (Advanced & Specialty)	Y	Y	
78469	Imaging (Advanced & Specialty)	Y	Y	
78472	Imaging (Advanced & Specialty)	Y	Y	
78473	Imaging (Advanced & Specialty)	Y	Y	
78481	Imaging (Advanced & Specialty)	Y	Y	
78483	Imaging (Advanced & Specialty)	Y	Y	
78491	Imaging (Advanced & Specialty)	Y	Y	
78492	Imaging (Advanced & Specialty)	Y	Y	
78494	Imaging (Advanced & Specialty)	Y	Y	
78496	Imaging (Advanced & Specialty)	Y	Y	
78499	Unlisted/Misc	Y	Y	Molina requires that medical necessity documentation and rationale be submitted with the Prior Auth request for any unlisted and miscellaneous codes.

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ACTIVE MARKETS				
CODE	CATEGORY	MMP	MEDICAID	NOTES
78599	Unlisted/Misc	Y	Y	Molina requires that medical necessity documentation and rationale be submitted with the Prior Auth request for any unlisted and miscellaneous codes.
78607	Imaging (Advanced & Specialty)	Y	Y	
78608	Imaging (Advanced & Specialty)	Y	Y	
78609	Imaging (Advanced & Specialty)	Y	Y	
78647	Imaging (Advanced & Specialty)	Y	Y	
78699	Unlisted/Misc	Y	Y	Molina requires that medical necessity documentation and rationale be submitted with the Prior Auth request for any unlisted and miscellaneous codes.
78710	Imaging (Advanced & Specialty)	Y	Y	
78799	Unlisted/Misc	Y	Y	Molina requires that medical necessity documentation and rationale be submitted with the Prior Auth request for any unlisted and miscellaneous codes.
78811	Imaging (Advanced & Specialty)	Y	Y	
78812	Imaging (Advanced & Specialty)	Y	Y	
78813	Imaging (Advanced & Specialty)	Y	Y	
78814	Imaging (Advanced & Specialty)	Y	Y	
78815	Imaging (Advanced & Specialty)	Y	Y	
78816	Imaging (Advanced & Specialty)	Y	Y	
78999	Unlisted/Misc	Y	Y	Molina requires that medical necessity documentation and rationale be submitted with the Prior Auth request for any unlisted and miscellaneous codes.
79999	Unlisted/Misc	Y	Y	Molina requires that medical necessity documentation and rationale be submitted with the Prior Auth request for any unlisted and miscellaneous codes.
80299	Unlisted/Misc	Y	Y	Molina requires that medical necessity documentation and rationale be submitted with the Prior Auth request for any unlisted and miscellaneous codes.
81099	Unlisted/Misc	Y	Y	Molina requires that medical necessity documentation and rationale be submitted with the Prior Auth request for any unlisted and miscellaneous codes.
81105	Genetic Counseling & Testing	Y	Y	
81106	Genetic Counseling & Testing	Y	Y	
81107	Genetic Counseling & Testing	Y	Y	
81108	Genetic Counseling & Testing	Y	Y	
81109	Genetic Counseling & Testing	Y	Y	
81110	Genetic Counseling & Testing	Y	Y	
81111	Genetic Counseling & Testing	Y	Y	
81112	Genetic Counseling & Testing	Y	Y	
81120	Genetic Counseling & Testing	Y	Y	
81121	Genetic Counseling & Testing	Y	Y	
81161	Genetic Counseling & Testing	Y	Y	
81162	Genetic Counseling & Testing	Y	Y	

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CODE	CATEGORY	ACTIVE MARKETS		NOTES
		MMP	MEDICAID	
81164	Genetic Counseling & Testing	Y	Y	
81165	Genetic Counseling & Testing	Y	Y	
81166	Genetic Counseling & Testing	Y	Y	
81175	Genetic Counseling & Testing	Y	Y	
81176	Genetic Counseling & Testing	Y	Y	
81201	Genetic Counseling & Testing	Y	Y	
81203	Genetic Counseling & Testing	Y	Y	
81210	Genetic Counseling & Testing	Y	Y	
81212	Genetic Counseling & Testing	Y	Y	
81215	Genetic Counseling & Testing	Y	Y	
81216	Genetic Counseling & Testing	Y	Y	
81217	Genetic Counseling & Testing	Y	Y	
81218	Genetic Counseling & Testing	Y	Y	
81219	Genetic Counseling & Testing	Y	Y	
81222	Genetic Counseling & Testing	Y	Y	
81223	Genetic Counseling & Testing	Y	Y	
81225	Genetic Counseling & Testing	Y	Y	
81226	Genetic Counseling & Testing	Y	Y	
81227	Genetic Counseling & Testing	Y	Y	
81228	Genetic Counseling & Testing	Y	Y	
81229	Genetic Counseling & Testing	Y	Y	
81230	Genetic Counseling & Testing	Y	Y	
81231	Genetic Counseling & Testing	Y	Y	
81232	Genetic Counseling & Testing	Y	Y	
81235	Genetic Counseling & Testing	Y	Y	
81238	Genetic Counseling & Testing	Y	Y	
81243	Genetic Counseling & Testing	Y	Y	
81244	Genetic Counseling & Testing	Y	Y	
81246	Genetic Counseling & Testing	Y	Y	
81247	Genetic Counseling & Testing	Y	Y	
81248	Genetic Counseling & Testing	Y	Y	
81249	Genetic Counseling & Testing	Y	Y	
81258	Genetic Counseling & Testing	Y	Y	
81259	Genetic Counseling & Testing	Y	Y	
81265	Genetic Counseling & Testing	Y	Y	
81266	Genetic Counseling & Testing	Y	Y	
81269	Genetic Counseling & Testing	Y	N	
81272	Genetic Counseling & Testing	Y	Y	
81273	Genetic Counseling & Testing	Y	Y	
81283	Genetic Counseling & Testing	Y	Y	
81287	Genetic Counseling & Testing	Y	Y	
81291	Genetic Counseling & Testing	Y	Y	
81292	Genetic Counseling & Testing	Y	Y	
81294	Genetic Counseling & Testing	Y	Y	

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ACTIVE MARKETS				
CODE	CATEGORY	MMP	MEDICAID	NOTES
81295	Genetic Counseling & Testing	Y	Y	
81297	Genetic Counseling & Testing	Y	Y	
81298	Genetic Counseling & Testing	Y	Y	
81300	Genetic Counseling & Testing	Y	Y	
81311	Genetic Counseling & Testing	Y	Y	
81313	Genetic Counseling & Testing	Y	Y	
81314	Genetic Counseling & Testing	Y	Y	
81317	Genetic Counseling & Testing	Y	Y	
81319	Genetic Counseling & Testing	Y	Y	
81321	Genetic Counseling & Testing	Y	Y	
81323	Genetic Counseling & Testing	Y	Y	
81324	Genetic Counseling & Testing	Y	Y	
81325	Genetic Counseling & Testing	Y	Y	
81328	Genetic Counseling & Testing	Y	Y	
81334	Genetic Counseling & Testing	Y	Y	
81335	Genetic Counseling & Testing	Y	Y	
81346	Genetic Counseling & Testing	Y	Y	
81355	Genetic Counseling & Testing	Y	Y	
81361	Genetic Counseling & Testing	Y	Y	
81362	Genetic Counseling & Testing	Y	Y	
81363	Genetic Counseling & Testing	Y	Y	
81364	Genetic Counseling & Testing	Y	Y	
81400	Genetic Counseling & Testing	Y	Y	
81401	Genetic Counseling & Testing	Y	Y	
81402	Genetic Counseling & Testing	Y	Y	
81403	Genetic Counseling & Testing	Y	Y	
81404	Genetic Counseling & Testing	Y	Y	
81405	Genetic Counseling & Testing	Y	Y	
81406	Genetic Counseling & Testing	Y	Y	
81407	Genetic Counseling & Testing	Y	Y	
81408	Genetic Counseling & Testing	Y	Y	
81410	Genetic Counseling & Testing	Y	Y	
81411	Genetic Counseling & Testing	Y	Y	
81412	Genetic Counseling & Testing	Y	Y	
81413	Genetic Counseling & Testing	Y	Y	
81414	Genetic Counseling & Testing	Y	Y	
81415	Genetic Counseling & Testing	Y	Y	
81416	Genetic Counseling & Testing	Y	Y	
81417	Genetic Counseling & Testing	Y	Y	
81420	Genetic Counseling & Testing	Y	Y	Can be auto approved if PA is requested with a pregnancy diagnosis
81422	Genetic Counseling & Testing	Y	Y	Can be auto approved if PA is requested with a pregnancy diagnosis
81425	Genetic Counseling & Testing	Y	Y	
81426	Genetic Counseling & Testing	Y	Y	
81427	Genetic Counseling & Testing	Y	Y	

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ACTIVE MARKETS				
CODE	CATEGORY	MMP	MEDICAID	NOTES
81430	Genetic Counseling & Testing	Y	Y	
81431	Genetic Counseling & Testing	Y	Y	
81432	Genetic Counseling & Testing	Y	Y	
81433	Genetic Counseling & Testing	Y	Y	
81434	Genetic Counseling & Testing	Y	Y	
81435	Genetic Counseling & Testing	Y	Y	
81436	Genetic Counseling & Testing	Y	Y	
81437	Genetic Counseling & Testing	Y	Y	
81438	Genetic Counseling & Testing	Y	Y	
81439	Genetic Counseling & Testing	Y	Y	
81440	Genetic Counseling & Testing	Y	Y	
81442	Genetic Counseling & Testing	Y	Y	
81445	Genetic Counseling & Testing	Y	Y	
81448	Genetic Counseling & Testing	Y	Y	
81450	Genetic Counseling & Testing	Y	Y	
81455	Genetic Counseling & Testing	Y	Y	
81460	Genetic Counseling & Testing	Y	Y	
81465	Genetic Counseling & Testing	Y	Y	
81470	Genetic Counseling & Testing	Y	Y	
81471	Genetic Counseling & Testing	Y	Y	
81479	Unlisted/Misc	Y	Y	Molina requires that medical necessity documentation and rationale be submitted with the Prior Auth request for any unlisted and miscellaneous codes.
81493	Genetic Counseling & Testing	Y	Y	
81504	Genetic Counseling & Testing	Y	Y	
81507	Genetic Counseling & Testing	Y	Y	
81519	Genetic Counseling & Testing	Y	Y	
81520	Genetic Counseling & Testing	Y	Y	PA required, EXCEPT with breast CA Dx. [ICD10 codes: C50 - C50.929 and D05 - D05.92]
81521	Genetic Counseling & Testing	Y	Y	PA required, EXCEPT with breast CA Dx. [ICD10 codes: C50 - C50.929 and D05 - D05.92]
81525	Genetic Counseling & Testing	Y	Y	
81528	Genetic Counseling & Testing	N	Y	
81535	Genetic Counseling & Testing	Y	Y	
81536	Genetic Counseling & Testing	Y	Y	
81538	Genetic Counseling & Testing	Y	Y	
81540	Genetic Counseling & Testing	Y	Y	
81541	Genetic Counseling & Testing	Y	Y	
81545	Genetic Counseling & Testing	Y	Y	
81551	Genetic Counseling & Testing	Y	Y	PA required except for prostate cancer diagnosis
81595	Genetic Counseling & Testing	Y	Y	
81599	Unlisted/Misc	Y	Y	Molina requires that medical necessity documentation and rationale be submitted with the Prior Auth request for any unlisted and miscellaneous codes.

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ACTIVE MARKETS				
CODE	CATEGORY	MMP	MEDICAID	NOTES
82016	Experimental & Investigational	Y	Y	
82017	Experimental & Investigational	Y	Y	
83006	Genetic Counseling & Testing	Y	Y	
83987	Experimental & Investigational	Y	Y	
84145	Experimental & Investigational	Y	Y	
84999	Genetic Counseling & Testing	Y	Y	Including Oncotype Diagnosis
85999	Unlisted/Misc	Y	Y	Molina requires that medical necessity documentation and rationale be submitted with the Prior Auth request for any unlisted and miscellaneous codes.
86008	Genetic Counseling & Testing	Y	N	
86152	Genetic Counseling & Testing	Y	Y	
86153	Genetic Counseling & Testing	Y	Y	
86316	Experimental & Investigational	Y	Y	
86343	Experimental & Investigational	Y	Y	
86486	Unlisted/Misc	Y	Y	Molina requires that medical necessity documentation and rationale be submitted with the Prior Auth request for any unlisted and miscellaneous codes.
86849	Unlisted/Misc	Y	Y	Molina requires that medical necessity documentation and rationale be submitted with the Prior Auth request for any unlisted and miscellaneous codes.
86999	Unlisted/Misc	Y	Y	Molina requires that medical necessity documentation and rationale be submitted with the Prior Auth request for any unlisted and miscellaneous codes.
87797	Unlisted/Misc	Y	Y	Molina requires that medical necessity documentation and rationale be submitted with the Prior Auth request for any unlisted and miscellaneous codes.
87798	Unlisted/Misc	Y	Y	Molina requires that medical necessity documentation and rationale be submitted with the Prior Auth request for any unlisted and miscellaneous codes.
87799	Unlisted/Misc	Y	Y	Molina requires that medical necessity documentation and rationale be submitted with the Prior Auth request for any unlisted and miscellaneous codes.
87899	Unlisted/Misc	Y	Y	Molina requires that medical necessity documentation and rationale be submitted with the Prior Auth request for any unlisted and miscellaneous codes.
87999	Unlisted/Misc	Y	Y	Molina requires that medical necessity documentation and rationale be submitted with the Prior Auth request for any unlisted and miscellaneous codes.
88099	Unlisted/Misc	Y	Y	Molina requires that medical necessity documentation and rationale be submitted with the Prior Auth request for any unlisted and miscellaneous codes.
88199	Unlisted/Misc	Y	Y	Molina requires that medical necessity documentation and rationale be submitted with the Prior Auth request for any unlisted and miscellaneous codes.

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ACTIVE MARKETS				
CODE	CATEGORY	MMP	MEDICAID	NOTES
88261	Genetic Counseling & Testing	Y	Y	
88271	Genetic Counseling & Testing	Y	Y	
88299	Unlisted/Misc	Y	Y	Molina requires that medical necessity documentation and rationale be submitted with the Prior Auth request for any unlisted and miscellaneous codes.
88369	Genetic Counseling & Testing	Y	Y	
88373	Genetic Counseling & Testing	Y	Y	
88374	Genetic Counseling & Testing	Y	Y	
88377	Genetic Counseling & Testing	Y	Y	
88399	Unlisted/Misc	Y	Y	Molina requires that medical necessity documentation and rationale be submitted with the Prior Auth request for any unlisted and miscellaneous codes.
88749	Unlisted/Misc	Y	Y	Molina requires that medical necessity documentation and rationale be submitted with the Prior Auth request for any unlisted and miscellaneous codes.
89240	Unlisted/Misc	Y	Y	Molina requires that medical necessity documentation and rationale be submitted with the Prior Auth request for any unlisted and miscellaneous codes.
89398	Unlisted/Misc	Y	Y	Molina requires that medical necessity documentation and rationale be submitted with the Prior Auth request for any unlisted and miscellaneous codes.
90281	Specialty Pharmacy	Y	Y	
90283	Specialty Pharmacy	Y	Y	
90284	Specialty Pharmacy	Y	Y	
90378	Specialty Pharmacy	Y	Y	
90399	Unlisted/Misc	Y	Y	Molina requires that medical necessity documentation and rationale be submitted with the Prior Auth request for any unlisted and miscellaneous codes.
90749	Unlisted/Misc	Y	Y	Molina requires that medical necessity documentation and rationale be submitted with the Prior Auth request for any unlisted and miscellaneous codes.
90832	Behavioral Health	N	Y	Prior Auth required after 24 visits annually. A year is considered 7/1 thru 6/30
90833	Behavioral Health	N	Y	Prior Auth required after 24 visits annually. A year is considered 7/1 thru 6/30
90834	Behavioral Health	N	Y	Prior Auth required after 24 visits annually. A year is considered 7/1 thru 6/30
90836	Behavioral Health	N	Y	Prior Auth required after 24 visits annually. A year is considered 7/1 thru 6/30
90837	Behavioral Health	N	Y	Prior Auth required after 24 visits annually. A year is considered 7/1 thru 6/30
90838	Behavioral Health	N	Y	Prior Auth required after 24 visits annually. A year is considered 7/1 thru 6/30

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ACTIVE MARKETS				
CODE	CATEGORY	MMP	MEDICAID	NOTES
90846	Behavioral Health	N	Y	Prior Auth required after 24 visits annually. A year is considered 7/1 thru 6/30
90847	Behavioral Health	N	Y	Prior Auth required after 24 visits annually. A year is considered 7/1 thru 6/30
90849	Behavioral Health	N	Y	Prior Auth required after 24 visits annually. A year is considered 7/1 thru 6/30
90853	Behavioral Health	N	Y	Prior Auth required after 24 visits annually. A year is considered 7/1 thru 6/30
90867	Behavioral Health	Y	Y	
90868	Behavioral Health	Y	Y	
90869	Behavioral Health	Y	Y	
90870	Behavioral Health	Y	Y	
90899	Unlisted/Misc	Y	Y	Molina requires that medical necessity documentation and rationale be submitted with the Prior Auth request for any unlisted and miscellaneous codes.
91299	Unlisted/Misc	Y	Y	Molina requires that medical necessity documentation and rationale be submitted with the Prior Auth request for any unlisted and miscellaneous codes.
92499	Unlisted/Misc	Y	Y	Molina requires that medical necessity documentation and rationale be submitted with the Prior Auth request for any unlisted and miscellaneous codes.
92507	Speech Therapy	Y	Y	MMP ONLY: PA required after intial evaluation plus 6 visits for office and outpatient settings. MEDICAID ONLY: Speech therapy services: Ages 18 and younger require authorization after the initial evaluation for outpatient settings. Ages 19 and over do NOT require prior authorization for speech therapy services.
92508	Speech Therapy	Y	Y	MMP ONLY: PA required after intial evaluation plus 6 visits for office and outpatient settings. MEDICAID ONLY: Speech therapy services: Ages 18 and younger require authorization after the initial evaluation for outpatient settings. Ages 19 and over do NOT require prior authorization for speech therapy services.
92526	Speech Therapy	N	Y	MMP ONLY: PA required after intial evaluation plus 6 visits for office and outpatient settings. MEDICAID ONLY: Speech therapy services: Ages 18 and younger require authorization after the initial evaluation for outpatient settings. Ages 19 and over do NOT require prior authorization for speech therapy services.
92606	Speech Therapy	N	Y	MMP ONLY: PA required after intial evaluation plus 6 visits for office and outpatient settings. MEDICAID ONLY: Speech therapy services: Ages 18 and younger require authorization after the initial evaluation for outpatient settings. Ages 19 and over do NOT require prior authorization for speech therapy services.

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ACTIVE MARKETS				
CODE	CATEGORY	MMP	MEDICAID	NOTES
92609	Speech Therapy	N	Y	MMP ONLY: PA required after intial evaluation plus 6 visits for office and outpatient settings. MEDICAID ONLY: Speech therapy services: Ages 18 and younger require authorization after the initial evaluation for outpatient settings. Ages 19 and over do NOT require prior authorization for speech therapy services.
92700	Unlisted/Misc	Y	Y	Molina requires that medical necessity documentation and rationale be submitted with the Prior Auth request for any unlisted and miscellaneous codes.
93229	OP/ASC Procedures	Y	Y	
93799	Unlisted/Misc	Y	Y	Molina requires that medical necessity documentation and rationale be submitted with the Prior Auth request for any unlisted and miscellaneous codes.
93998	Unlisted/Misc	Y	Y	Molina requires that medical necessity documentation and rationale be submitted with the Prior Auth request for any unlisted and miscellaneous codes.
94799	Unlisted/Misc	Y	Y	Molina requires that medical necessity documentation and rationale be submitted with the Prior Auth request for any unlisted and miscellaneous codes.
95199	Unlisted/Misc	Y	Y	Molina requires that medical necessity documentation and rationale be submitted with the Prior Auth request for any unlisted and miscellaneous codes.
95249	OP/ASC Procedures	Y	Y	
95250	OP/ASC Procedures	N	Y	
95251	OP/ASC Procedures	N	Y	
95800	Sleep Studies	Y	N	Home sleep studies do NOT require prior authorization
95801	Sleep Studies	Y	Y	Home sleep studies do NOT require prior authorization
95803	Sleep Studies	Y	Y	Home sleep studies do NOT require prior authorization
95805	Sleep Studies	Y	Y	Home sleep studies do NOT require prior authorization
95806	Sleep Studies	Y	Y	Home sleep studies do NOT require prior authorization
95807	Sleep Studies	Y	Y	Home sleep studies do NOT require prior authorization
95808	Sleep Studies	Y	Y	Home sleep studies do NOT require prior authorization
95810	Sleep Studies	Y	Y	Home sleep studies do NOT require prior authorization
95811	Sleep Studies	Y	Y	Home sleep studies do NOT require prior authorization
95909	OP/ASC Procedures	Y	N	
95911	OP/ASC Procedures	Y	N	
95912	OP/ASC Procedures	Y	N	
95913	OP/ASC Procedures	Y	N	
95950	Neuropsychological and Psychological Testing	Y	Y	
95951	Neuropsychological and Psychological Testing	Y	Y	
95953	Neuropsychological and Psychological Testing	Y	Y	
95956	Neuropsychological and Psychological Testing	Y	Y	
95957	Neuropsychological and Psychological Testing	Y	Y	

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CODE	CATEGORY	MMP	MEDICAID	NOTES
95999	Unlisted/Misc	Y	Y	Molina requires that medical necessity documentation and rationale be submitted with the Prior Auth request for any unlisted and miscellaneous codes.
96110	Neuropsychological and Psychological Testing	N	Y	
96116	Neuropsychological and Psychological Testing	Y	Y	
96125	Neuropsychological and Psychological Testing	Y	Y	
96130	Neuropsychological and Psychological Testing	Y	Y	
96131	Neuropsychological and Psychological Testing	Y	Y	
96132	Neuropsychological and Psychological Testing	Y	Y	
96133	Neuropsychological and Psychological Testing	Y	Y	
96136	Neuropsychological and Psychological Testing	Y	Y	
96137	Neuropsychological and Psychological Testing	Y	Y	
96138	Neuropsychological and Psychological Testing	Y	Y	
96139	Neuropsychological and Psychological Testing	Y	Y	
96146	Neuropsychological and Psychological Testing	Y	Y	
96379	Unlisted/Misc	Y	Y	Molina requires that medical necessity documentation and rationale be submitted with the Prior Auth request for any unlisted and miscellaneous codes.
96549	Unlisted/Misc	Y	Y	Molina requires that medical necessity documentation and rationale be submitted with the Prior Auth request for any unlisted and miscellaneous codes.
96567	OP/ASC Procedures	Y	Y	
96570	OP/ASC Procedures	Y	Y	
96571	OP/ASC Procedures	Y	Y	
96573	OP/ASC Procedures	Y	Y	
96574	OP/ASC Procedures	Y	Y	
96900	OP/ASC Procedures	Y	Y	
96902	OP/ASC Procedures	Y	Y	
96904	OP/ASC Procedures	Y	Y	
96910	OP/ASC Procedures	Y	Y	
96912	OP/ASC Procedures	Y	Y	
96913	OP/ASC Procedures	Y	Y	
96920	OP/ASC Procedures	Y	Y	
96921	OP/ASC Procedures	Y	Y	
96922	OP/ASC Procedures	Y	Y	
96931	OP/ASC Procedures	Y	Y	
96932	OP/ASC Procedures	Y	Y	
96933	OP/ASC Procedures	Y	Y	
96934	OP/ASC Procedures	Y	Y	
96935	OP/ASC Procedures	Y	Y	
96936	OP/ASC Procedures	Y	Y	
96999	Unlisted/Misc	Y	Y	Molina requires that medical necessity documentation and rationale be submitted with the Prior Auth request for any unlisted and miscellaneous codes.

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ACTIVE MARKETS				
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97010	Physical Therapy / Occupational Therapy	N	Y	MEDICAID ONLY: Ages 18 and younger require authorization after the initial evaluation plus six (6) visits for outpatient settings. Ages 19 and over do NOT require prior authorization for physical or occupational therapy services MMP ONLY: PA required after the Medicare therapy benefit cap has been reached
97012	Physical Therapy / Occupational Therapy	N	Y	MEDICAID ONLY: Ages 18 and younger require authorization after the initial evaluation plus six (6) visits for outpatient settings. Ages 19 and over do NOT require prior authorization for physical or occupational therapy services MMP ONLY: PA required after the Medicare therapy benefit cap has been reached
97014	Physical Therapy / Occupational Therapy	N	Y	MEDICAID ONLY: Ages 18 and younger require authorization after the initial evaluation plus six (6) visits for outpatient settings. Ages 19 and over do NOT require prior authorization for physical or occupational therapy services MMP ONLY: PA required after the Medicare therapy benefit cap has been reached
97016	Physical Therapy / Occupational Therapy	N	Y	MEDICAID ONLY: Ages 18 and younger require authorization after the initial evaluation plus six (6) visits for outpatient settings. Ages 19 and over do NOT require prior authorization for physical or occupational therapy services MMP ONLY: PA required after the Medicare therapy benefit cap has been reached
97018	Physical Therapy / Occupational Therapy	N	Y	MEDICAID ONLY: Ages 18 and younger require authorization after the initial evaluation plus six (6) visits for outpatient settings. Ages 19 and over do NOT require prior authorization for physical or occupational therapy services MMP ONLY: PA required after the Medicare therapy benefit cap has been reached
97022	Physical Therapy / Occupational Therapy	N	Y	MEDICAID ONLY: Ages 18 and younger require authorization after the initial evaluation plus six (6) visits for outpatient settings. Ages 19 and over do NOT require prior authorization for physical or occupational therapy services MMP ONLY: PA required after the Medicare therapy benefit cap has been reached
97024	Physical Therapy / Occupational Therapy	N	Y	MEDICAID ONLY: Ages 18 and younger require authorization after the initial evaluation plus six (6) visits for outpatient settings. Ages 19 and over do NOT require prior authorization for physical or occupational therapy services MMP ONLY: PA required after the Medicare therapy benefit cap has been reached
97026	Physical Therapy / Occupational Therapy	N	Y	MEDICAID ONLY: Ages 18 and younger require authorization after the initial evaluation plus six (6) visits for outpatient settings. Ages 19 and over do NOT require prior authorization for physical or occupational therapy services MMP ONLY: PA required after the Medicare therapy benefit cap has been reached

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ACTIVE MARKETS				
CODE	CATEGORY	MMP	MEDICAID	NOTES
97028	Physical Therapy / Occupational Therapy	N	Y	MEDICAID ONLY: Ages 18 and younger require authorization after the initial evaluation plus six (6) visits for outpatient settings. Ages 19 and over do NOT require prior authorization for physical or occupational therapy services MMP ONLY: PA required after the Medicare therapy benefit cap has been reached
97032	Physical Therapy / Occupational Therapy	N	Y	MEDICAID ONLY: Ages 18 and younger require authorization after the initial evaluation plus six (6) visits for outpatient settings. Ages 19 and over do NOT require prior authorization for physical or occupational therapy services MMP ONLY: PA required after the Medicare therapy benefit cap has been reached
97033	Physical Therapy / Occupational Therapy	N	Y	MEDICAID ONLY: Ages 18 and younger require authorization after the initial evaluation plus six (6) visits for outpatient settings. Ages 19 and over do NOT require prior authorization for physical or occupational therapy services MMP ONLY: PA required after the Medicare therapy benefit cap has been reached
97034	Physical Therapy / Occupational Therapy	N	Y	MEDICAID ONLY: Ages 18 and younger require authorization after the initial evaluation plus six (6) visits for outpatient settings. Ages 19 and over do NOT require prior authorization for physical or occupational therapy services MMP ONLY: PA required after the Medicare therapy benefit cap has been reached
97035	Physical Therapy / Occupational Therapy	N	Y	MEDICAID ONLY: Ages 18 and younger require authorization after the initial evaluation plus six (6) visits for outpatient settings. Ages 19 and over do NOT require prior authorization for physical or occupational therapy services MMP ONLY: PA required after the Medicare therapy benefit cap has been reached
97036	Physical Therapy / Occupational Therapy	N	Y	MEDICAID ONLY: Ages 18 and younger require authorization after the initial evaluation plus six (6) visits for outpatient settings. Ages 19 and over do NOT require prior authorization for physical or occupational therapy services MMP ONLY: PA required after the Medicare therapy benefit cap has been reached
97039	Unlisted/Misc	Y	Y	Molina requires that medical necessity documentation and rationale be submitted with the Prior Auth request for any unlisted and miscellaneous codes.
97110	Physical Therapy / Occupational Therapy	Y	Y	MEDICAID ONLY: Ages 18 and younger require authorization after the initial evaluation plus six (6) visits for outpatient settings. Ages 19 and over do NOT require prior authorization for physical or occupational therapy services MMP ONLY: PA required after the Medicare therapy benefit cap has been reached
97113	Physical Therapy / Occupational Therapy	N	Y	MEDICAID ONLY: Ages 18 and younger require authorization after the initial evaluation plus six (6) visits for outpatient settings. Ages 19 and over do NOT require prior authorization for physical or occupational therapy services MMP ONLY: PA required after the Medicare therapy benefit cap has been reached

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ACTIVE MARKETS				
CODE	CATEGORY	MMP	MEDICAID	NOTES
97116	Physical Therapy / Occupational Therapy	N	Y	MEDICAID ONLY: Ages 18 and younger require authorization after the initial evaluation plus six (6) visits for outpatient settings. Ages 19 and over do NOT require prior authorization for physical or occupational therapy services MMP ONLY: PA required after the Medicare therapy benefit cap has been reached
97124	Physical Therapy / Occupational Therapy	N	Y	MEDICAID ONLY: Ages 18 and younger require authorization after the initial evaluation plus six (6) visits for outpatient settings. Ages 19 and over do NOT require prior authorization for physical or occupational therapy services MMP ONLY: PA required after the Medicare therapy benefit cap has been reached
97139	Unlisted/Misc	Y	Y	Molina requires that medical necessity documentation and rationale be submitted with the Prior Auth request for any unlisted and miscellaneous codes.
97140	Physical Therapy / Occupational Therapy	N	Y	MEDICAID ONLY: Ages 18 and younger require authorization after the initial evaluation plus six (6) visits for outpatient settings. Ages 19 and over do NOT require prior authorization for physical or occupational therapy services MMP ONLY: PA required after the Medicare therapy benefit cap has been reached
97150	Physical Therapy / Occupational Therapy	N	Y	MEDICAID ONLY: Ages 18 and younger require authorization after the initial evaluation plus six (6) visits for outpatient settings. Ages 19 and over do NOT require prior authorization for physical or occupational therapy services MMP ONLY: PA required after the Medicare therapy benefit cap has been reached
97151	Behavioral Health	Y	Y	
97152	Behavioral Health	Y	Y	
97153	Behavioral Health	Y	Y	
97154	Behavioral Health	Y	Y	
97155	Behavioral Health	Y	Y	
97156	Behavioral Health	Y	Y	
97157	Behavioral Health	Y	Y	
97158	Behavioral Health	Y	Y	
97530	Physical Therapy / Occupational Therapy	N	Y	MEDICAID ONLY: Ages 18 and younger require authorization after the initial evaluation plus six (6) visits for outpatient settings. Ages 19 and over do NOT require prior authorization for physical or occupational therapy services MMP ONLY: PA required after the Medicare therapy benefit cap has been reached
97533	Physical Therapy / Occupational Therapy	N	Y	MEDICAID ONLY: Ages 18 and younger require authorization after the initial evaluation plus six (6) visits for outpatient settings. Ages 19 and over do NOT require prior authorization for physical or occupational therapy services MMP ONLY: PA required after the Medicare therapy benefit cap has been reached

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ACTIVE MARKETS				
CODE	CATEGORY	MMP	MEDICAID	NOTES
97535	Physical Therapy / Occupational Therapy	N	Y	MEDICAID ONLY: Ages 18 and younger require authorization after the initial evaluation plus six (6) visits for outpatient settings. Ages 19 and over do NOT require prior authorization for physical or occupational therapy services MMP ONLY: PA required after the Medicare therapy benefit cap has been reached
97537	Physical Therapy / Occupational Therapy	N	Y	MEDICAID ONLY: Ages 18 and younger require authorization after the initial evaluation plus six (6) visits for outpatient settings. Ages 19 and over do NOT require prior authorization for physical or occupational therapy services MMP ONLY: PA required after the Medicare therapy benefit cap has been reached
97542	Physical Therapy / Occupational Therapy	N	Y	MEDICAID ONLY: Ages 18 and younger require authorization after the initial evaluation plus six (6) visits for outpatient settings. Ages 19 and over do NOT require prior authorization for physical or occupational therapy services MMP ONLY: PA required after the Medicare therapy benefit cap has been reached
97760	Physical Therapy / Occupational Therapy	N	Y	MEDICAID ONLY: Ages 18 and younger require authorization after the initial evaluation plus six (6) visits for outpatient settings. Ages 19 and over do NOT require prior authorization for physical or occupational therapy services MMP ONLY: PA required after the Medicare therapy benefit cap has been reached
97761	Physical Therapy / Occupational Therapy	N	Y	MEDICAID ONLY: Ages 18 and younger require authorization after the initial evaluation plus six (6) visits for outpatient settings. Ages 19 and over do NOT require prior authorization for physical or occupational therapy services MMP ONLY: PA required after the Medicare therapy benefit cap has been reached
97763	Physical Therapy / Occupational Therapy	Y	Y	MEDICAID ONLY: Ages 18 and younger require authorization after the initial evaluation plus six (6) visits for outpatient settings. Ages 19 and over do NOT require prior authorization for physical or occupational therapy services MMP ONLY: PA required after the Medicare therapy benefit cap has been reached
97799	Unlisted/Misc	Y	Y	Molina requires that medical necessity documentation and rationale be submitted with the Prior Auth request for any unlisted and miscellaneous codes.
99183	Hyperbaric Therapy	Y	Y	
99199	Unlisted/Misc	Y	Y	Molina requires that medical necessity documentation and rationale be submitted with the Prior Auth request for any unlisted and miscellaneous codes.
99429	Unlisted/Misc	Y	Y	Molina requires that medical necessity documentation and rationale be submitted with the Prior Auth request for any unlisted and miscellaneous codes.
99499	Unlisted/Misc	Y	Y	Molina requires that medical necessity documentation and rationale be submitted with the Prior Auth request for any unlisted and miscellaneous codes.

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CODE	CATEGORY	MMP	MEDICAID	NOTES
99600	Unlisted/Misc	Y	Y	Molina requires that medical necessity documentation and rationale be submitted with the Prior Auth request for any unlisted and miscellaneous codes.
99601	Home Health Care	N	Y	Prior auth is required after initial evaluation/visit for all home health services including home based PT/OT and Speech Therapy. <i>Prior Auth may be required for medications associated with Home Infusion.</i>
99602	Home Health Care	N	Y	Prior auth is required after initial evaluation/visit for all home health services including home based PT/OT and Speech Therapy. <i>Prior Auth may be required for medications associated with Home Infusion.</i>
0004M	Genetic Counseling & Testing	Y	Y	
0005U	Genetic Counseling & Testing	Y	Y	
0006M	Genetic Counseling & Testing	Y	Y	
0007M	Genetic Counseling & Testing	Y	Y	
0008U	Genetic Counseling & Testing	Y	Y	
0009M	Genetic Counseling & Testing	Y	Y	
0009U	Genetic Counseling & Testing	Y	Y	
0010U	Genetic Counseling & Testing	Y	Y	
0011U	Genetic Counseling & Testing	Y	Y	
0012U	Genetic Counseling & Testing	Y	Y	
0013U	Genetic Counseling & Testing	Y	Y	
0014U	Genetic Counseling & Testing	Y	Y	
0016U	Genetic Counseling & Testing	Y	Y	
0017U	Genetic Counseling & Testing	Y	Y	
0026U	Genetic Counseling & Testing	Y	Y	
0027U	Genetic Counseling & Testing	Y	Y	
0029U	Genetic Counseling & Testing	Y	Y	
0030U	Genetic Counseling & Testing	Y	Y	
0031U	Genetic Counseling & Testing	Y	Y	
0032U	Genetic Counseling & Testing	Y	Y	
0033U	Genetic Counseling & Testing	Y	Y	
0034U	Genetic Counseling & Testing	Y	Y	
0037U	Genetic Counseling & Testing	Y	Y	
0042T	Experimental & Investigational	N	Y	
0045U	Genetic Counseling & Testing	Y	Y	
0046U	Genetic Counseling & Testing	Y	Y	
0047U	Genetic Counseling & Testing	Y	Y	
0048U	Genetic Counseling & Testing	Y	Y	
0049U	Genetic Counseling & Testing	Y	Y	
0050U	Genetic Counseling & Testing	Y	Y	
0053U	Genetic Counseling & Testing	Y	Y	
0054T	Experimental & Investigational	Y	Y	
0055T	Experimental & Investigational	Y	Y	
0055U	Genetic Counseling & Testing	Y	Y	
0056U	Genetic Counseling & Testing	Y	Y	

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CODE	CATEGORY	ACTIVE MARKETS		NOTES
		MMP	MEDICAID	
0057U	Genetic Counseling & Testing	Y	Y	
0058T	Experimental & Investigational	Y	Y	
0058U	Genetic Counseling & Testing	Y	Y	
0059U	Genetic Counseling & Testing	Y	Y	
0060U	Genetic Counseling & Testing	Y	Y	
0071T	Experimental & Investigational	Y	Y	
0072T	Experimental & Investigational	Y	Y	
0075T	Experimental & Investigational	Y	Y	
0076T	Experimental & Investigational	Y	Y	
0085T	Experimental & Investigational	Y	Y	
0095T	Experimental & Investigational	Y	Y	
0098T	Experimental & Investigational	Y	Y	
0100T	Experimental & Investigational	Y	Y	
0101T	Experimental & Investigational	Y	Y	
0102T	Experimental & Investigational	Y	Y	
0106T	Experimental & Investigational	Y	Y	
0107T	Experimental & Investigational	Y	Y	
0108T	Experimental & Investigational	Y	Y	
0109T	Experimental & Investigational	Y	Y	
0110T	Experimental & Investigational	Y	Y	
0111T	Experimental & Investigational	Y	Y	
0126T	Experimental & Investigational	Y	Y	
0163T	Experimental & Investigational	Y	Y	
0164T	Experimental & Investigational	Y	Y	
0165T	Experimental & Investigational	Y	Y	
0174T	Experimental & Investigational	Y	Y	
0175T	Experimental & Investigational	Y	Y	
0184T	Experimental & Investigational	Y	Y	
0191T	Experimental & Investigational	Y	Y	
0198T	Experimental & Investigational	Y	Y	
0200T	Experimental & Investigational	Y	Y	
0201T	Experimental & Investigational	Y	Y	
0202T	Experimental & Investigational	Y	Y	
0205T	Experimental & Investigational	Y	Y	
0206T	Experimental & Investigational	Y	Y	
0207T	Experimental & Investigational	Y	Y	
0208T	Experimental & Investigational	Y	Y	
0209T	Experimental & Investigational	Y	Y	
0210T	Experimental & Investigational	Y	Y	
0211T	Experimental & Investigational	Y	Y	
0212T	Experimental & Investigational	Y	Y	
0213T	Experimental & Investigational	Y	Y	
0214T	Experimental & Investigational	Y	Y	
0215T	Experimental & Investigational	Y	Y	

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ACTIVE MARKETS				
CODE	CATEGORY	MMP	MEDICAID	NOTES
0216T	Experimental & Investigational	Y	Y	
0217T	Experimental & Investigational	Y	Y	
0218T	Experimental & Investigational	Y	Y	
0219T	Experimental & Investigational	Y	Y	
0220T	Experimental & Investigational	Y	Y	
0221T	Experimental & Investigational	Y	Y	
0222T	Experimental & Investigational	Y	Y	
0228T	Experimental & Investigational	Y	Y	
0229T	Experimental & Investigational	Y	Y	
0230T	Experimental & Investigational	Y	Y	
0231T	Experimental & Investigational	Y	Y	
0234T	Experimental & Investigational	Y	Y	
0235T	Experimental & Investigational	Y	Y	
0236T	Experimental & Investigational	Y	Y	
0237T	Experimental & Investigational	Y	Y	
0238T	Experimental & Investigational	Y	Y	
0249T	Experimental & Investigational	Y	Y	
0253T	Experimental & Investigational	Y	Y	
0254T	Experimental & Investigational	Y	Y	
0263T	Experimental & Investigational	Y	Y	
0264T	Experimental & Investigational	Y	Y	
0265T	Experimental & Investigational	Y	Y	
0266T	Experimental & Investigational	Y	Y	
0267T	Experimental & Investigational	Y	Y	
0268T	Experimental & Investigational	Y	Y	
0269T	Experimental & Investigational	Y	Y	
0270T	Experimental & Investigational	Y	Y	
0271T	Experimental & Investigational	Y	Y	
0272T	Experimental & Investigational	Y	Y	
0273T	Experimental & Investigational	Y	Y	
0274T	Experimental & Investigational	Y	Y	
0275T	Experimental & Investigational	Y	Y	
0278T	Experimental & Investigational	Y	Y	
0290T	Experimental & Investigational	Y	Y	
0295T	Experimental & Investigational	Y	Y	
0296T	Experimental & Investigational	Y	Y	
0297T	Experimental & Investigational	Y	Y	
0298T	Experimental & Investigational	Y	Y	
0308T	Experimental & Investigational	N	Y	
0312T	Experimental & Investigational	Y	Y	
0313T	Experimental & Investigational	Y	Y	
0314T	Experimental & Investigational	Y	Y	
0315T	Experimental & Investigational	Y	Y	
0316T	Experimental & Investigational	Y	Y	

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ACTIVE MARKETS				
CODE	CATEGORY	MMP	MEDICAID	NOTES
0317T	Experimental & Investigational	Y	Y	
0329T	Experimental & Investigational	N	Y	
0330T	Experimental & Investigational	N	Y	
0331T	Experimental & Investigational	N	Y	
0332T	Experimental & Investigational	N	Y	
0333T	Experimental & Investigational	N	Y	
0335T	Experimental & Investigational	Y	Y	
0338T	Experimental & Investigational	Y	Y	
0339T	Experimental & Investigational	Y	Y	
0342T	Experimental & Investigational	Y	Y	
0347T	Experimental & Investigational	Y	Y	
0348T	Experimental & Investigational	Y	Y	
0349T	Experimental & Investigational	Y	Y	
0350T	Experimental & Investigational	Y	Y	
0351T	Experimental & Investigational	Y	Y	
0352T	Experimental & Investigational	Y	Y	
0353T	Experimental & Investigational	Y	Y	
0354T	Experimental & Investigational	Y	Y	
0355T	Experimental & Investigational	Y	Y	
0356T	Experimental & Investigational	Y	Y	
0357T	Experimental & Investigational	Y	Y	
0358T	Experimental & Investigational	Y	Y	
0362T	Experimental & Investigational	Y	Y	
0373T	Experimental & Investigational	Y	Y	
0394T	Experimental & Investigational	Y	Y	
0395T	Experimental & Investigational	Y	Y	
0396T	Experimental & Investigational	Y	Y	
0397T	Experimental & Investigational	Y	Y	
0398T	Experimental & Investigational	Y	Y	
0399T	Experimental & Investigational	Y	Y	
0400T	Experimental & Investigational	Y	Y	
0401T	Experimental & Investigational	Y	Y	
0402T	Experimental & Investigational	Y	Y	
0403T	Experimental & Investigational	Y	Y	
0404T	Experimental & Investigational	Y	Y	
0405T	Experimental & Investigational	Y	Y	
0408T	Experimental & Investigational	Y	Y	
0409T	Experimental & Investigational	Y	Y	
0410T	Experimental & Investigational	Y	Y	
0411T	Experimental & Investigational	Y	Y	
0412T	Experimental & Investigational	Y	Y	
0413T	Experimental & Investigational	Y	Y	
0414T	Experimental & Investigational	Y	Y	
0415T	Experimental & Investigational	Y	Y	

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ACTIVE MARKETS				
CODE	CATEGORY	MMP	MEDICAID	NOTES
0416T	Experimental & Investigational	Y	Y	
0417T	Experimental & Investigational	Y	Y	
0418T	Experimental & Investigational	Y	Y	
0419T	Experimental & Investigational	Y	Y	
0420T	Experimental & Investigational	Y	Y	
0421T	Experimental & Investigational	Y	Y	
0422T	Experimental & Investigational	Y	Y	
0423T	Experimental & Investigational	Y	Y	
0424T	Experimental & Investigational	Y	Y	
0425T	Experimental & Investigational	Y	Y	
0426T	Experimental & Investigational	Y	Y	
0427T	Experimental & Investigational	Y	Y	
0428T	Experimental & Investigational	Y	Y	
0429T	Experimental & Investigational	Y	Y	
042X	Home Health Care	Y	N	Prior auth is required after initial evaluation/visit for all home health services including home based PT/OT and Speech Therapy. <i>Prior Auth may be required for medications associated with Home Infusion.</i>
0430T	Experimental & Investigational	Y	Y	
0431T	Experimental & Investigational	Y	Y	
0432T	Experimental & Investigational	Y	Y	
0433T	Experimental & Investigational	Y	Y	
0434T	Experimental & Investigational	Y	Y	
0435T	Experimental & Investigational	Y	Y	
0436T	Experimental & Investigational	Y	Y	
0437T	Experimental & Investigational	Y	Y	
0439T	Experimental & Investigational	Y	Y	
043X	Home Health Care	Y	N	Prior auth is required after initial evaluation/visit for all home health services including home based PT/OT and Speech Therapy. <i>Prior Auth may be required for medications associated with Home Infusion.</i>
0440T	Experimental & Investigational	Y	Y	
0441T	Experimental & Investigational	Y	Y	
0442T	Experimental & Investigational	Y	Y	
0443T	Experimental & Investigational	Y	Y	
0444T	Experimental & Investigational	Y	Y	
0445T	Experimental & Investigational	Y	Y	
044X	Home Health Care	Y	N	Prior auth is required after initial evaluation/visit for all home health services including home based PT/OT and Speech Therapy. <i>Prior Auth may be required for medications associated with Home Infusion.</i>
0469T	Experimental & Investigational	Y	Y	
0470T	Experimental & Investigational	Y	Y	
0471T	Experimental & Investigational	Y	Y	
0472T	Experimental & Investigational	Y	Y	
0473T	Experimental & Investigational	Y	Y	
0474T	Experimental & Investigational	Y	Y	

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ACTIVE MARKETS				
CODE	CATEGORY	MMP	MEDICAID	NOTES
0475T	Experimental & Investigational	Y	Y	
0476T	Experimental & Investigational	Y	Y	
0477T	Experimental & Investigational	Y	Y	
0478T	Experimental & Investigational	Y	Y	
0479T	Experimental & Investigational	Y	Y	
0480T	Experimental & Investigational	Y	Y	
0481T	Experimental & Investigational	Y	Y	
0482T	Experimental & Investigational	Y	Y	
0483T	Experimental & Investigational	Y	Y	
0484T	Experimental & Investigational	Y	Y	
0485T	Experimental & Investigational	Y	Y	
0486T	Experimental & Investigational	Y	Y	
0487T	Experimental & Investigational	Y	Y	
0488T	Experimental & Investigational	Y	Y	
0489T	Experimental & Investigational	Y	Y	
0490T	Experimental & Investigational	Y	Y	
0491T	Experimental & Investigational	Y	Y	
0492T	Experimental & Investigational	Y	Y	
0493T	Experimental & Investigational	Y	Y	
0494T	Experimental & Investigational	Y	Y	
0495T	Experimental & Investigational	Y	Y	
0496T	Experimental & Investigational	Y	Y	
0497T	Experimental & Investigational	Y	Y	
0498T	Experimental & Investigational	Y	Y	
0499T	Experimental & Investigational	Y	Y	
0500T	Experimental & Investigational	Y	Y	
0501T	Experimental & Investigational	Y	Y	
0502T	Experimental & Investigational	Y	Y	
0503T	Experimental & Investigational	Y	Y	
0504T	Experimental & Investigational	Y	Y	
0505T	Experimental & Investigational	Y	Y	
0506T	Experimental & Investigational	Y	Y	
0507T	Experimental & Investigational	Y	Y	
0508T	Experimental & Investigational	Y	Y	
055X	Home Health Care	Y	N	Prior auth is required after initial evaluation/visit for all home health services including home based PT/OT and Speech Therapy. <i>Prior Auth may be required for medications associated with Home Infusion.</i>
056X	Home Health Care	Y	N	Prior auth is required after initial evaluation/visit for all home health services including home based PT/OT and Speech Therapy. <i>Prior Auth may be required for medications associated with Home Infusion.</i>
057X	Home Health Care	Y	N	Prior auth is required after initial evaluation/visit for all home health services including home based PT/OT and Speech Therapy. <i>Prior Auth may be required for medications associated with Home Infusion.</i>

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ACTIVE MARKETS				
CODE	CATEGORY	MMP	MEDICAID	NOTES
A0426	Transportation	N	Y	Prior Authorization is required for NON-EMEGENT Ambulance (air or ground). Emergent transport does NOT require Prior Authorization
A0428	Transportation	N	Y	Prior Authorization is required for NON-EMEGENT Ambulance (air or ground). Emergent transport does NOT require Prior Authorization
A0430	Transportation	Y	Y	Prior Authorization is required for NON-EMEGENT Ambulance (air or ground). Emergent transport does NOT require Prior Authorization
A0431	Transportation	Y	Y	Prior Authorization is required for NON-EMEGENT Ambulance (air or ground). Emergent transport does NOT require Prior Authorization
A0999	Transportation	Y	Y	Prior Authorization is required for NON-EMEGENT Ambulance (air or ground). Emergent transport does NOT require Prior Authorization
A4421	Unlisted/Misc	Y	Y	Molina requires that medical necessity documentation and rationale be submitted with the Prior Auth request for any unlisted and miscellaneous codes.
A4641	Unlisted/Misc	Y	Y	Molina requires that medical necessity documentation and rationale be submitted with the Prior Auth request for any unlisted and miscellaneous codes.
A4649	Unlisted/Misc	Y	Y	Molina requires that medical necessity documentation and rationale be submitted with the Prior Auth request for any unlisted and miscellaneous codes.
A4913	Unlisted/Misc	Y	Y	Molina requires that medical necessity documentation and rationale be submitted with the Prior Auth request for any unlisted and miscellaneous codes.
A6261	Unlisted/Misc	Y	Y	Molina requires that medical necessity documentation and rationale be submitted with the Prior Auth request for any unlisted and miscellaneous codes.
A6262	Unlisted/Misc	Y	Y	Molina requires that medical necessity documentation and rationale be submitted with the Prior Auth request for any unlisted and miscellaneous codes.
A7025	Durable Medical Equipment	Y	Y	
A8003	Durable Medical Equipment	N	Y	
A8004	Durable Medical Equipment	N	Y	
A9276	Durable Medical Equipment	N	Y	
A9277	Durable Medical Equipment	N	Y	
A9278	Durable Medical Equipment	N	Y	
A9513	Specialty Pharmacy	N	Y	
A9542	Specialty Pharmacy	Y	Y	
A9543	Specialty Pharmacy	Y	Y	
A9698	Unlisted/Misc	Y	Y	Molina requires that medical necessity documentation and rationale be submitted with the Prior Auth request for any unlisted and miscellaneous codes.
A9699	Unlisted/Misc	Y	Y	Molina requires that medical necessity documentation and rationale be submitted with the Prior Auth request for any unlisted and miscellaneous codes.
A9900	Durable Medical Equipment	Y	Y	

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ACTIVE MARKETS				
CODE	CATEGORY	MMP	MEDICAID	NOTES
A9901	Durable Medical Equipment	Y	Y	
A9999	Unlisted/Misc	Y	Y	Molina requires that medical necessity documentation and rationale be submitted with the Prior Auth request for any unlisted and miscellaneous codes.
B4105	Specialty Pharmacy	N	Y	
B9998	Unlisted/Misc	Y	Y	Molina requires that medical necessity documentation and rationale be submitted with the Prior Auth request for any unlisted and miscellaneous codes.
B9999	Unlisted/Misc	Y	Y	Molina requires that medical necessity documentation and rationale be submitted with the Prior Auth request for any unlisted and miscellaneous codes.
C1889	Unlisted/Misc	N	Y	
C2616	OP/ASC Procedures	Y	Y	
C2624	Durable Medical Equipment	Y	Y	
C2698	Unlisted/Misc	Y	Y	Molina requires that medical necessity documentation and rationale be submitted with the Prior Auth request for any unlisted and miscellaneous codes.
C2699	Unlisted/Misc	Y	Y	Molina requires that medical necessity documentation and rationale be submitted with the Prior Auth request for any unlisted and miscellaneous codes.
C8900	Imaging (Advanced & Specialty)	Y	Y	
C8901	Imaging (Advanced & Specialty)	Y	Y	
C8902	Imaging (Advanced & Specialty)	Y	Y	
C8903	Imaging (Advanced & Specialty)	Y	Y	
C8905	Imaging (Advanced & Specialty)	Y	Y	
C8906	Imaging (Advanced & Specialty)	Y	Y	
C8908	Imaging (Advanced & Specialty)	Y	Y	
C8909	Imaging (Advanced & Specialty)	Y	Y	
C8910	Imaging (Advanced & Specialty)	Y	Y	
C8911	Imaging (Advanced & Specialty)	Y	Y	
C8912	Imaging (Advanced & Specialty)	Y	Y	
C8913	Imaging (Advanced & Specialty)	Y	Y	
C8914	Imaging (Advanced & Specialty)	Y	Y	
C8918	Imaging (Advanced & Specialty)	Y	Y	
C8919	Imaging (Advanced & Specialty)	Y	Y	
C8920	Imaging (Advanced & Specialty)	Y	Y	
C8931	Imaging (Advanced & Specialty)	Y	Y	
C8932	Imaging (Advanced & Specialty)	Y	Y	
C8933	Imaging (Advanced & Specialty)	Y	Y	
C8934	Imaging (Advanced & Specialty)	Y	Y	
C8935	Imaging (Advanced & Specialty)	Y	Y	
C8936	Imaging (Advanced & Specialty)	Y	Y	
C9035	Specialty Pharmacy	N	Y	
C9036	Specialty Pharmacy	N	Y	

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CODE	CATEGORY	MMP	MEDICAID	NOTES
C9037	Specialty Pharmacy	N	Y	
C9039	Specialty Pharmacy	N	Y	
C9132	Specialty Pharmacy	Y	Y	
C9257	Specialty Pharmacy	Y	Y	No PA required when used with ocular Dx's. (See "Dx Codes" tab for diagnosis codes ICD9 & ICD10 Codes allowed)
C9293	Specialty Pharmacy	Y	Y	
C9399	Specialty Pharmacy	Y	Y	
C9407	Specialty Pharmacy	N	Y	
C9408	Specialty Pharmacy	N	Y	
C9488	Specialty Pharmacy	Y	Y	
C9734	OP/ASC Procedures	Y	Y	
C9738	OP/ASC Procedures	Y	N	
C9739	OP/ASC Procedures	Y	Y	
C9740	OP/ASC Procedures	Y	Y	
C9746	OP/ASC Procedures	Y	Y	
C9747	OP/ASC Procedures	Y	Y	
C9748	OP/ASC Procedures	Y	N	
E0193	Durable Medical Equipment	N	Y	
E0194	Durable Medical Equipment	Y	Y	
E0217	Durable Medical Equipment	N	Y	
E0248	Durable Medical Equipment	N	Y	
E0255	Durable Medical Equipment	Y	Y	
E0256	Durable Medical Equipment	Y	Y	
E0260	Durable Medical Equipment	Y	Y	
E0261	Durable Medical Equipment	Y	Y	
E0265	Durable Medical Equipment	Y	Y	
E0266	Durable Medical Equipment	Y	Y	
E0277	Durable Medical Equipment	Y	Y	
E0292	Durable Medical Equipment	Y	Y	
E0293	Durable Medical Equipment	Y	Y	
E0294	Durable Medical Equipment	Y	Y	
E0295	Durable Medical Equipment	Y	Y	
E0296	Durable Medical Equipment	Y	Y	
E0297	Durable Medical Equipment	Y	Y	
E0300	Durable Medical Equipment	Y	Y	
E0301	Durable Medical Equipment	Y	Y	
E0302	Durable Medical Equipment	Y	Y	
E0303	Durable Medical Equipment	Y	Y	
E0304	Durable Medical Equipment	Y	Y	
E0328	Durable Medical Equipment	Y	Y	
E0329	Durable Medical Equipment	Y	Y	
E0371	Durable Medical Equipment	Y	Y	
E0372	Durable Medical Equipment	Y	Y	
E0373	Durable Medical Equipment	Y	Y	

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ACTIVE MARKETS				
CODE	CATEGORY	MMP	MEDICAID	NOTES
E0433	Durable Medical Equipment	N	Y	
E0434	Durable Medical Equipment	N	Y	
E0435	Durable Medical Equipment	N	Y	
E0444	Durable Medical Equipment	N	Y	
E0462	Durable Medical Equipment	Y	Y	
E0465	Durable Medical Equipment	Y	Y	
E0466	Durable Medical Equipment	Y	Y	
E0470	Durable Medical Equipment	N	Y	
E0471	Durable Medical Equipment	N	Y	
E0472	Durable Medical Equipment	N	Y	
E0481	Durable Medical Equipment	N	Y	
E0483	Durable Medical Equipment	Y	Y	
E0601	Durable Medical Equipment	N	Y	
E0625	Durable Medical Equipment	N	Y	
E0627	Durable Medical Equipment	N	Y	
E0629	Durable Medical Equipment	N	Y	
E0630	Durable Medical Equipment	N	Y	
E0635	Durable Medical Equipment	N	Y	
E0636	Durable Medical Equipment	N	Y	
E0638	Durable Medical Equipment	N	Y	
E0640	Durable Medical Equipment	N	Y	
E0641	Durable Medical Equipment	N	Y	
E0650	Durable Medical Equipment	N	Y	
E0651	Durable Medical Equipment	N	Y	
E0652	Durable Medical Equipment	N	Y	
E0656	Durable Medical Equipment	N	Y	
E0657	Durable Medical Equipment	N	Y	
E0667	Durable Medical Equipment	N	Y	
E0668	Durable Medical Equipment	N	Y	
E0670	Durable Medical Equipment	N	Y	
E0671	Durable Medical Equipment	N	Y	
E0672	Durable Medical Equipment	N	Y	
E0673	Durable Medical Equipment	N	Y	
E0675	Durable Medical Equipment	N	Y	
E0691	Durable Medical Equipment	Y	Y	
E0692	Durable Medical Equipment	Y	Y	
E0693	Durable Medical Equipment	Y	Y	
E0694	Durable Medical Equipment	Y	Y	
E0731	Durable Medical Equipment	N	Y	
E0740	Durable Medical Equipment	N	Y	
E0744	Durable Medical Equipment	N	Y	
E0747	Durable Medical Equipment	Y	Y	
E0748	Durable Medical Equipment	Y	Y	
E0749	Durable Medical Equipment	Y	Y	

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CODE	CATEGORY	MMP	MEDICAID	NOTES
E0760	Durable Medical Equipment	Y	Y	
E0762	Durable Medical Equipment	Y	Y	
E0764	Durable Medical Equipment	Y	Y	
E0766	Durable Medical Equipment	Y	Y	
E0769	Unlisted/Misc	Y	Y	Molina requires that medical necessity documentation and rationale be submitted with the Prior Auth request for any unlisted and miscellaneous codes.
E0770	Unlisted/Misc	Y	Y	Molina requires that medical necessity documentation and rationale be submitted with the Prior Auth request for any unlisted and miscellaneous codes.
E0782	Durable Medical Equipment	Y	Y	
E0783	Durable Medical Equipment	Y	Y	
E0784	Durable Medical Equipment	Y	Y	
E0785	Durable Medical Equipment	Y	Y	
E0786	Durable Medical Equipment	Y	Y	
E0849	Durable Medical Equipment	Y	Y	
E0855	Durable Medical Equipment	Y	Y	
E0947	Durable Medical Equipment	N	Y	
E0948	Durable Medical Equipment	N	Y	
E0983	Durable Medical Equipment	Y	Y	
E0984	Durable Medical Equipment	Y	Y	
E0986	Durable Medical Equipment	Y	Y	
E0988	Durable Medical Equipment	Y	Y	
E1002	Durable Medical Equipment	Y	Y	
E1003	Durable Medical Equipment	Y	Y	
E1004	Durable Medical Equipment	Y	Y	
E1005	Durable Medical Equipment	Y	Y	
E1006	Durable Medical Equipment	Y	Y	
E1007	Durable Medical Equipment	Y	Y	
E1008	Durable Medical Equipment	Y	Y	
E1010	Durable Medical Equipment	Y	Y	
E1011	Durable Medical Equipment	N	Y	
E1012	Durable Medical Equipment	Y	Y	
E1014	Durable Medical Equipment	Y	Y	
E1020	Durable Medical Equipment	Y	Y	
E1029	Durable Medical Equipment	Y	Y	
E1030	Durable Medical Equipment	Y	Y	
E1035	Durable Medical Equipment	Y	Y	
E1036	Durable Medical Equipment	Y	Y	
E1037	Durable Medical Equipment	N	Y	
E1050	Durable Medical Equipment	N	Y	
E1060	Durable Medical Equipment	N	Y	
E1070	Durable Medical Equipment	N	Y	
E1161	Durable Medical Equipment	Y	Y	

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ACTIVE MARKETS				
CODE	CATEGORY	MMP	MEDICAID	NOTES
E1225	Durable Medical Equipment	Y	Y	
E1226	Durable Medical Equipment	Y	Y	
E1227	Durable Medical Equipment	Y	Y	
E1229	Durable Medical Equipment	N	Y	
E1230	Durable Medical Equipment	Y	Y	
E1232	Durable Medical Equipment	Y	Y	
E1233	Durable Medical Equipment	Y	Y	
E1234	Durable Medical Equipment	Y	Y	
E1235	Durable Medical Equipment	Y	Y	
E1236	Durable Medical Equipment	Y	Y	
E1237	Durable Medical Equipment	Y	Y	
E1238	Durable Medical Equipment	Y	Y	
E1296	Durable Medical Equipment	Y	Y	
E1298	Durable Medical Equipment	Y	Y	
E1310	Durable Medical Equipment	Y	Y	
E1399	Durable Medical Equipment	Y	Y	
E1699	Unlisted/Misc			Molina requires that medical necessity documentation and rationale be submitted with the Prior Auth request for any unlisted and miscellaneous codes.
		Y	Y	
E1700	Durable Medical Equipment	Y	Y	
E2201	Durable Medical Equipment	Y	Y	
E2202	Durable Medical Equipment	Y	Y	
E2203	Durable Medical Equipment	Y	Y	
E2204	Durable Medical Equipment	Y	Y	
E2218	Durable Medical Equipment	N	Y	
E2227	Durable Medical Equipment	Y	Y	
E2228	Durable Medical Equipment	Y	Y	
E2291	Durable Medical Equipment	Y	Y	
E2292	Durable Medical Equipment	Y	Y	
E2293	Durable Medical Equipment	Y	Y	
E2294	Durable Medical Equipment	Y	Y	
E2295	Durable Medical Equipment	Y	Y	
E2310	Durable Medical Equipment	Y	Y	
E2311	Durable Medical Equipment	Y	Y	
E2312	Durable Medical Equipment	Y	Y	
E2313	Durable Medical Equipment	Y	Y	
E2321	Durable Medical Equipment	Y	Y	
E2322	Durable Medical Equipment	Y	Y	
E2323	Durable Medical Equipment	N	Y	
E2324	Durable Medical Equipment	N	Y	
E2325	Durable Medical Equipment	Y	Y	
E2326	Durable Medical Equipment	Y	Y	
E2327	Durable Medical Equipment	Y	Y	
E2328	Durable Medical Equipment	Y	Y	

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ACTIVE MARKETS				
CODE	CATEGORY	MMP	MEDICAID	NOTES
E2329	Durable Medical Equipment	Y	Y	
E2330	Durable Medical Equipment	Y	Y	
E2331	Durable Medical Equipment	N	Y	
E2340	Durable Medical Equipment	Y	Y	
E2341	Durable Medical Equipment	Y	Y	
E2342	Durable Medical Equipment	Y	Y	
E2343	Durable Medical Equipment	Y	Y	
E2351	Durable Medical Equipment	Y	Y	
E2359	Durable Medical Equipment	N	Y	
E2360	Durable Medical Equipment	N	Y	
E2361	Durable Medical Equipment	Y	Y	
E2362	Durable Medical Equipment	N	Y	
E2363	Durable Medical Equipment	N	Y	
E2364	Durable Medical Equipment	N	Y	
E2365	Durable Medical Equipment	N	Y	
E2366	Durable Medical Equipment	Y	Y	
E2367	Durable Medical Equipment	Y	Y	
E2368	Durable Medical Equipment	Y	Y	
E2369	Durable Medical Equipment	Y	Y	
E2370	Durable Medical Equipment	Y	Y	
E2371	Durable Medical Equipment	N	Y	
E2372	Durable Medical Equipment	N	Y	
E2373	Durable Medical Equipment	Y	Y	
E2374	Durable Medical Equipment	Y	Y	
E2375	Durable Medical Equipment	Y	Y	
E2376	Durable Medical Equipment	Y	Y	
E2377	Durable Medical Equipment	Y	Y	
E2378	Durable Medical Equipment	Y	Y	
E2381	Durable Medical Equipment	N	Y	
E2382	Durable Medical Equipment	N	Y	
E2383	Durable Medical Equipment	N	Y	
E2384	Durable Medical Equipment	N	Y	
E2385	Durable Medical Equipment	N	Y	
E2386	Durable Medical Equipment	N	Y	
E2387	Durable Medical Equipment	N	Y	
E2388	Durable Medical Equipment	N	Y	
E2389	Durable Medical Equipment	N	Y	
E2390	Durable Medical Equipment	N	Y	
E2391	Durable Medical Equipment	N	Y	
E2392	Durable Medical Equipment	N	Y	
E2394	Durable Medical Equipment	N	Y	
E2395	Durable Medical Equipment	N	Y	
E2396	Durable Medical Equipment	N	Y	
E2397	Durable Medical Equipment	Y	Y	

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ACTIVE MARKETS				
CODE	CATEGORY	MMP	MEDICAID	NOTES
E2402	Durable Medical Equipment	N	Y	
E2500	Durable Medical Equipment	Y	Y	
E2502	Durable Medical Equipment	Y	Y	
E2504	Durable Medical Equipment	Y	Y	
E2506	Durable Medical Equipment	Y	Y	
E2508	Durable Medical Equipment	Y	Y	
E2510	Durable Medical Equipment	Y	Y	
E2511	Durable Medical Equipment	Y	Y	
E2512	Durable Medical Equipment	N	Y	
E2599	Durable Medical Equipment	N	Y	
E2605	Durable Medical Equipment	Y	N	
E2606	Durable Medical Equipment	Y	N	
E2607	Durable Medical Equipment	Y	N	
E2608	Durable Medical Equipment	Y	N	
E2609	Durable Medical Equipment	Y	Y	
E2611	Durable Medical Equipment	Y	N	
E2612	Durable Medical Equipment	Y	N	
E2613	Durable Medical Equipment	Y	N	
E2614	Durable Medical Equipment	Y	N	
E2615	Durable Medical Equipment	Y	N	
E2616	Durable Medical Equipment	Y	N	
E2617	Durable Medical Equipment	Y	Y	
E2620	Durable Medical Equipment	Y	N	
E2621	Durable Medical Equipment	Y	N	
E2622	Durable Medical Equipment	Y	N	
E2623	Durable Medical Equipment	Y	N	
E2624	Durable Medical Equipment	Y	N	
E2625	Durable Medical Equipment	Y	N	
E2626	Durable Medical Equipment	Y	Y	
E2627	Durable Medical Equipment	Y	Y	
E2628	Durable Medical Equipment	Y	Y	
E2629	Durable Medical Equipment	Y	Y	
E2630	Durable Medical Equipment	Y	Y	
E2631	Durable Medical Equipment	Y	Y	
E8000	Durable Medical Equipment	Y	Y	
E8001	Durable Medical Equipment	Y	Y	
E8002	Durable Medical Equipment	Y	Y	
G0151	Home Health Care			Prior auth is required after initial evaluation/visit for all home health services including home based PT/OT and Speech Therapy. <i>Prior Auth may be required for medications associated with Home Infusion.</i>
G0152	Home Health Care	Y	Y	Prior auth is required after initial evaluation/visit for all home health services including home based PT/OT and Speech Therapy. <i>Prior Auth may be required for medications associated with Home Infusion.</i>

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ACTIVE MARKETS				
CODE	CATEGORY	MMP	MEDICAID	NOTES
G0153	Home Health Care	Y	Y	Prior auth is required after initial evaluation/visit for all home health services including home based PT/OT and Speech Therapy. <i>Prior Auth may be required for medications associated with Home Infusion.</i>
G0155	Home Health Care	Y	Y	Prior auth is required after initial evaluation/visit for all home health services including home based PT/OT and Speech Therapy. <i>Prior Auth may be required for medications associated with Home Infusion.</i>
G0156	Home Health Care	Y	Y	Prior auth is required after initial evaluation/visit for all home health services including home based PT/OT and Speech Therapy. <i>Prior Auth may be required for medications associated with Home Infusion.</i>
G0157	Home Health Care	Y	Y	Prior auth is required after initial evaluation/visit for all home health services including home based PT/OT and Speech Therapy. <i>Prior Auth may be required for medications associated with Home Infusion.</i>
G0158	Home Health Care	Y	Y	Prior auth is required after initial evaluation/visit for all home health services including home based PT/OT and Speech Therapy. <i>Prior Auth may be required for medications associated with Home Infusion.</i>
G0159	Home Health Care	Y	Y	Prior auth is required after initial evaluation/visit for all home health services including home based PT/OT and Speech Therapy. <i>Prior Auth may be required for medications associated with Home Infusion.</i>
G0160	Home Health Care	Y	Y	Prior auth is required after initial evaluation/visit for all home health services including home based PT/OT and Speech Therapy. <i>Prior Auth may be required for medications associated with Home Infusion.</i>
G0161	Home Health Care	Y	Y	Prior auth is required after initial evaluation/visit for all home health services including home based PT/OT and Speech Therapy. <i>Prior Auth may be required for medications associated with Home Infusion.</i>
G0162	Home Health Care	Y	Y	Prior auth is required after initial evaluation/visit for all home health services including home based PT/OT and Speech Therapy. <i>Prior Auth may be required for medications associated with Home Infusion.</i>
G0235	Unlisted/Misc	Y	Y	Molina requires that medical necessity documentation and rationale be submitted with the Prior Auth request for any unlisted and miscellaneous codes.
G0260	Pain Management	Y	Y	
G0277	Hyperbaric Therapy	Y	Y	
G0281	Home Health Care	Y	N	Prior auth is required after initial evaluation/visit for all home health services including home based PT/OT and Speech Therapy. <i>Prior Auth may be required for medications associated with Home Infusion.</i>
G0283	Home Health Care	Y	N	Prior auth is required after initial evaluation/visit for all home health services including home based PT/OT and Speech Therapy. <i>Prior Auth may be required for medications associated with Home Infusion.</i>
G0288	Imaging (Advanced & Specialty)	Y	Y	
G0297	Imaging (Advanced & Specialty)	Y	Y	
G0299	Home Health Care	Y	Y	Prior auth is required after initial evaluation/visit for all home health services including home based PT/OT and Speech Therapy. <i>Prior Auth may be required for medications associated with Home Infusion.</i>

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CODE	CATEGORY	MMP	MEDICAID	NOTES
G0300	Home Health Care	Y	Y	Prior auth is required after initial evaluation/visit for all home health services including home based PT/OT and Speech Therapy. Prior Auth may be required for medications associated with Home Infusion.
G0329	OP/ASC Procedures	Y	N	
G0339	Radiation Therapy & Radio Surgery	Y	Y	
G0340	Radiation Therapy & Radio Surgery	Y	Y	
G0464	Genetic Counseling & Testing	N	Y	
G0493	Home Health Care	Y	Y	Prior auth is required after initial evaluation/visit for all home health services including home based PT/OT and Speech Therapy. Prior Auth may be required for medications associated with Home Infusion.
G0494	Home Health Care	Y	Y	Prior auth is required after initial evaluation/visit for all home health services including home based PT/OT and Speech Therapy. Prior Auth may be required for medications associated with Home Infusion.
G0495	Home Health Care	Y	Y	Prior auth is required after initial evaluation/visit for all home health services including home based PT/OT and Speech Therapy. Prior Auth may be required for medications associated with Home Infusion.
G0496	Home Health Care	Y	Y	Prior auth is required after initial evaluation/visit for all home health services including home based PT/OT and Speech Therapy. Prior Auth may be required for medications associated with Home Infusion.
G0501	Unlisted/Misc	Y	Y	Molina requires that medical necessity documentation and rationale be submitted with the Prior Auth request for any unlisted and miscellaneous codes.
G0515	Home Health Care	N	Y	Prior auth is required after initial evaluation/visit for all home health services including home based PT/OT and Speech Therapy. Prior Auth may be required for medications associated with Home Infusion.
G6015	Radiation Therapy & Radio Surgery	Y	Y	
G6016	Radiation Therapy & Radio Surgery	Y	Y	
G6017	Radiation Therapy & Radio Surgery	Y	Y	
G9012	Unlisted/Misc	Y	Y	Molina requires that medical necessity documentation and rationale be submitted with the Prior Auth request for any unlisted and miscellaneous codes.
G9143	Genetic Counseling & Testing	Y	Y	
G9679	Home Health Care	N	Y	Prior auth is required after initial evaluation/visit for all home health services including home based PT/OT and Speech Therapy. Prior Auth may be required for medications associated with Home Infusion.
G9680	Home Health Care	N	Y	Prior auth is required after initial evaluation/visit for all home health services including home based PT/OT and Speech Therapy. Prior Auth may be required for medications associated with Home Infusion.
G9681	Home Health Care	N	Y	Prior auth is required after initial evaluation/visit for all home health services including home based PT/OT and Speech Therapy. Prior Auth may be required for medications associated with Home Infusion.
G9682	Home Health Care	N	Y	Prior auth is required after initial evaluation/visit for all home health services including home based PT/OT and Speech Therapy. Prior Auth may be required for medications associated with Home Infusion.

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ACTIVE MARKETS				
CODE	CATEGORY	MMP	MEDICAID	NOTES
G9683	Home Health Care	N	Y	Prior auth is required after initial evaluation/visit for all home health services including home based PT/OT and Speech Therapy. <i>Prior Auth may be required for medications associated with Home Infusion.</i>
G9684	Home Health Care	N	Y	Prior auth is required after initial evaluation/visit for all home health services including home based PT/OT and Speech Therapy. <i>Prior Auth may be required for medications associated with Home Infusion.</i>
H0004	Behavioral Health	N	Y	Prior Auth required after 24 visits annually. A year is considered 7/1 thru 6/30
H0005	Behavioral Health	N	Y	Prior Auth required after 24 visits annually. A year is considered 7/1 thru 6/30
H0010	Behavioral Health	N	Y	
H0011	Behavioral Health	N	Y	
H0012	Behavioral Health	N	Y	Prior Auth required after 24 visits annually. A year is considered 7/1 thru 6/30
H0015	Behavioral Health	N	Y	
H0018	Behavioral Health	N	Y	
H0019	Behavioral Health	N	Y	
H0046	Unlisted/Misc	Y	Y	Molina requires that medical necessity documentation and rationale be submitted with the Prior Auth request for any unlisted and miscellaneous codes.
H2014	Behavioral Health	N	Y	
H2017	Behavioral Health	N	Y	
H2030	Behavioral Health	N	Y	
H2035	Behavioral Health	N	Y	PA required for DAODAS Providers Only
H2037	Behavioral Health	N	Y	
J0129	Specialty Pharmacy	Y	Y	
J0135	Specialty Pharmacy	Y	Y	
J0178	Specialty Pharmacy	Y	Y	
J0180	Specialty Pharmacy	Y	Y	
J0185	Specialty Pharmacy	N	Y	
J0202	Specialty Pharmacy	Y	Y	
J0205	Specialty Pharmacy	Y	Y	
J0207	Specialty Pharmacy	Y	Y	
J0220	Specialty Pharmacy	Y	Y	
J0221	Specialty Pharmacy	Y	Y	
J0256	Specialty Pharmacy	Y	Y	
J0257	Specialty Pharmacy	Y	Y	
J0287	Specialty Pharmacy	Y	Y	
J0289	Specialty Pharmacy	Y	Y	
J0364	Specialty Pharmacy	Y	Y	
J0480	Specialty Pharmacy	Y	Y	
J0485	Specialty Pharmacy	Y	Y	
J0490	Specialty Pharmacy	Y	Y	
J0517	Specialty Pharmacy	N	Y	

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ACTIVE MARKETS				
CODE	CATEGORY	MMP	MEDICAID	NOTES
J0565	Specialty Pharmacy	Y	Y	
J0567	Specialty Pharmacy	N	Y	
J0570	Specialty Pharmacy	Y	Y	
J0584	Specialty Pharmacy	N	Y	
J0585	Specialty Pharmacy	Y	Y	
J0586	Specialty Pharmacy	Y	Y	
J0587	Specialty Pharmacy	Y	Y	
J0588	Specialty Pharmacy	Y	Y	
J0592	Specialty Pharmacy	Y	Y	
J0594	Specialty Pharmacy	Y	Y	
J0596	Specialty Pharmacy	Y	Y	
J0597	Specialty Pharmacy	Y	Y	
J0598	Specialty Pharmacy	Y	Y	
J0599	Specialty Pharmacy	N	Y	
J0604	Specialty Pharmacy	Y	Y	
J0606	Specialty Pharmacy	Y	Y	
J0637	Specialty Pharmacy	Y	Y	
J0638	Specialty Pharmacy	Y	Y	
J0640	Specialty Pharmacy	Y	Y	
J0641	Specialty Pharmacy	Y	Y	
J0695	Specialty Pharmacy	Y	Y	
J0714	Specialty Pharmacy	Y	Y	
J0717	Specialty Pharmacy	Y	Y	
J0725	Specialty Pharmacy	Y	Y	
J0740	Specialty Pharmacy	Y	Y	
J0775	Specialty Pharmacy	Y	Y	
J0800	Specialty Pharmacy	Y	Y	
J0841	Specialty Pharmacy	N	Y	
J0850	Specialty Pharmacy	Y	Y	
J0875	Specialty Pharmacy	Y	Y	
J0878	Specialty Pharmacy	Y	Y	
J0881	Specialty Pharmacy	Y	Y	
J0882	Specialty Pharmacy	N	Y	
J0885	Specialty Pharmacy	Y	Y	
J0888	Specialty Pharmacy	Y	Y	
J0894	Specialty Pharmacy	Y	Y	
J0895	Specialty Pharmacy	Y	Y	
J0897	Specialty Pharmacy	Y	Y	
J1095	Specialty Pharmacy	N	Y	
J1230	Specialty Pharmacy	Y	Y	
J1290	Specialty Pharmacy	Y	Y	
J1300	Specialty Pharmacy	Y	Y	
J1301	Specialty Pharmacy	N	Y	
J1322	Specialty Pharmacy	Y	Y	

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CODE	CATEGORY	ACTIVE MARKETS		NOTES
		MMP	MEDICAID	
J1324	Specialty Pharmacy	Y	Y	
J1325	Specialty Pharmacy	Y	Y	
J1428	Specialty Pharmacy	Y	Y	
J1438	Specialty Pharmacy	Y	Y	
J1439	Specialty Pharmacy	Y	Y	
J1442	Specialty Pharmacy	Y	Y	
J1447	Specialty Pharmacy	Y	Y	
J1453	Specialty Pharmacy	Y	Y	
J1454	Specialty Pharmacy	N	Y	
J1458	Specialty Pharmacy	Y	Y	
J1459	Specialty Pharmacy	Y	Y	
J1460	Specialty Pharmacy	Y	Y	
J1555	Specialty Pharmacy	Y	Y	
J1556	Specialty Pharmacy	Y	Y	
J1557	Specialty Pharmacy	Y	Y	
J1559	Specialty Pharmacy	Y	Y	
J1560	Specialty Pharmacy	Y	Y	
J1561	Specialty Pharmacy	Y	Y	
J1562	Specialty Pharmacy	Y	Y	
J1566	Specialty Pharmacy	Y	Y	
J1568	Specialty Pharmacy	Y	Y	
J1569	Specialty Pharmacy	Y	Y	
J1570	Specialty Pharmacy	Y	Y	
J1571	Specialty Pharmacy	Y	Y	
J1572	Specialty Pharmacy	Y	Y	
J1573	Specialty Pharmacy	Y	Y	
J1575	Specialty Pharmacy	Y	Y	
J1595	Specialty Pharmacy	Y	Y	
J1599	Specialty Pharmacy	Y	Y	
J1602	Specialty Pharmacy	Y	Y	
J1627	Specialty Pharmacy	Y	Y	
J1628	Specialty Pharmacy	N	Y	
J1640	Specialty Pharmacy	Y	Y	
J1645	Specialty Pharmacy	Y	Y	
J1650	Specialty Pharmacy	Y	Y	
J1652	Specialty Pharmacy	Y	Y	
J1675	Specialty Pharmacy	Y	Y	
J1726	Specialty Pharmacy	Y	Y	
J1729	Specialty Pharmacy	Y	Y	
J1740	Specialty Pharmacy	Y	Y	
J1743	Specialty Pharmacy	Y	Y	
J1744	Specialty Pharmacy	Y	Y	
J1745	Specialty Pharmacy	Y	Y	
J1746	Specialty Pharmacy	N	Y	

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CODE	CATEGORY	ACTIVE MARKETS		NOTES
		MMP	MEDICAID	
J1750	Specialty Pharmacy	Y	Y	
J1756	Specialty Pharmacy	Y	Y	
J1786	Specialty Pharmacy	Y	Y	
J1826	Specialty Pharmacy	Y	Y	
J1830	Specialty Pharmacy	Y	Y	
J1833	Specialty Pharmacy	Y	Y	
J1930	Specialty Pharmacy	Y	Y	
J1931	Specialty Pharmacy	Y	Y	
J1950	Specialty Pharmacy	Y	Y	
J1955	Specialty Pharmacy	Y	Y	
J2020	Specialty Pharmacy	Y	Y	
J2062	Specialty Pharmacy	N	Y	
J2170	Specialty Pharmacy	Y	Y	
J2182	Specialty Pharmacy	Y	Y	
J2186	Specialty Pharmacy	N	Y	
J2212	Specialty Pharmacy	N	Y	
J2248	Specialty Pharmacy	Y	Y	
J2315	Specialty Pharmacy	Y	Y	
J2323	Specialty Pharmacy	Y	Y	
J2326	Specialty Pharmacy	Y	Y	
J2350	Specialty Pharmacy	Y	Y	
J2353	Specialty Pharmacy	Y	Y	
J2354	Specialty Pharmacy	Y	Y	
J2357	Specialty Pharmacy	Y	Y	
J2425	Specialty Pharmacy	Y	Y	
J2430	Specialty Pharmacy	Y	Y	
J2440	Specialty Pharmacy	NC	Y	
J2469	Specialty Pharmacy	Y	Y	
J2502	Specialty Pharmacy	Y	Y	
J2503	Specialty Pharmacy	Y	Y	
J2504	Specialty Pharmacy	Y	Y	
J2505	Specialty Pharmacy	Y	Y	
J2507	Specialty Pharmacy	Y	Y	
J2562	Specialty Pharmacy	Y	Y	
J2597	Specialty Pharmacy	Y	Y	
J2724	Specialty Pharmacy	Y	Y	
J2778	Specialty Pharmacy	Y	Y	
J2783	Specialty Pharmacy	Y	Y	
J2786	Specialty Pharmacy	Y	Y	
J2787	Specialty Pharmacy	N	Y	
J2793	Specialty Pharmacy	Y	Y	
J2796	Specialty Pharmacy	Y	Y	
J2797	Specialty Pharmacy	N	Y	
J2820	Specialty Pharmacy	Y	Y	

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ACTIVE MARKETS				
CODE	CATEGORY	MMP	MEDICAID	NOTES
J2840	Specialty Pharmacy	Y	Y	
J2860	Specialty Pharmacy	Y	Y	
J2916	Specialty Pharmacy	Y	Y	
J2940	Specialty Pharmacy	N	Y	
J2941	Specialty Pharmacy	Y	Y	
J3030	Specialty Pharmacy	Y	Y	
J3060	Specialty Pharmacy	Y	Y	
J3090	Specialty Pharmacy	Y	Y	
J3095	Specialty Pharmacy	Y	Y	
J3110	Specialty Pharmacy	Y	Y	
J3145	Specialty Pharmacy	Y	Y	
J3240	Specialty Pharmacy	Y	Y	
J3245	Specialty Pharmacy	N	Y	
J3262	Specialty Pharmacy	Y	Y	
J3285	Specialty Pharmacy	Y	Y	
J3304	Specialty Pharmacy	N	Y	
J3315	Specialty Pharmacy	Y	Y	
J3316	Specialty Pharmacy	N	Y	
J3355	Specialty Pharmacy	Y	Y	
J3357	Specialty Pharmacy	Y	Y	
J3358	Specialty Pharmacy	Y	Y	
J3380	Specialty Pharmacy	Y	Y	
J3385	Specialty Pharmacy	Y	Y	
J3396	Specialty Pharmacy	Y	Y	
J3397	Specialty Pharmacy	N	Y	
J3398	Specialty Pharmacy	N	Y	
J3489	Specialty Pharmacy	Y	Y	
J3490	Specialty Pharmacy	Y	Y	
J3590	Specialty Pharmacy	Y	Y	
J7170	Specialty Pharmacy	N	Y	
J7175	Specialty Pharmacy	Y	Y	
J7177	Specialty Pharmacy	N	Y	
J7178	Specialty Pharmacy	Y	Y	
J7179	Specialty Pharmacy	Y	Y	
J7180	Specialty Pharmacy	Y	Y	
J7181	Specialty Pharmacy	Y	Y	
J7182	Specialty Pharmacy	Y	Y	
J7183	Specialty Pharmacy	Y	Y	
J7185	Specialty Pharmacy	Y	Y	
J7186	Specialty Pharmacy	Y	Y	
J7187	Specialty Pharmacy	Y	Y	
J7188	Specialty Pharmacy	Y	Y	
J7189	Specialty Pharmacy	Y	Y	
J7190	Specialty Pharmacy	Y	Y	

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ACTIVE MARKETS				
CODE	CATEGORY	MMP	MEDICAID	NOTES
J7191	Specialty Pharmacy	Y	Y	
J7192	Specialty Pharmacy	Y	Y	
J7193	Specialty Pharmacy	Y	Y	
J7194	Specialty Pharmacy	Y	Y	
J7195	Specialty Pharmacy	Y	Y	
J7196	Specialty Pharmacy	Y	Y	
J7197	Specialty Pharmacy	Y	Y	
J7198	Specialty Pharmacy	Y	Y	
J7199	Specialty Pharmacy	Y	Y	
J7200	Specialty Pharmacy	Y	Y	
J7201	Specialty Pharmacy	Y	Y	
J7202	Specialty Pharmacy	Y	Y	
J7203	Specialty Pharmacy	N	Y	
J7205	Specialty Pharmacy	Y	Y	
J7207	Specialty Pharmacy	Y	Y	
J7209	Specialty Pharmacy	Y	Y	
J7210	Specialty Pharmacy	Y	Y	
J7211	Specialty Pharmacy	Y	Y	
J7308	Specialty Pharmacy	Y	Y	
J7309	Specialty Pharmacy	Y	Y	
J7310	Specialty Pharmacy	Y	Y	
J7311	Specialty Pharmacy	Y	Y	
J7312	Specialty Pharmacy	Y	Y	
J7313	Specialty Pharmacy	Y	Y	
J7316	Specialty Pharmacy	Y	Y	
J7318	Specialty Pharmacy	N	Y	
J7320	Specialty Pharmacy	Y	Y	
J7321	Specialty Pharmacy	Y	Y	
J7322	Specialty Pharmacy	Y	Y	
J7323	Specialty Pharmacy	Y	Y	
J7324	Specialty Pharmacy	Y	Y	
J7325	Specialty Pharmacy	Y	Y	
J7326	Specialty Pharmacy	Y	Y	
J7327	Specialty Pharmacy	Y	Y	
J7328	Specialty Pharmacy	Y	Y	
J7329	Specialty Pharmacy	N	Y	
J7330	Specialty Pharmacy	Y	Y	
J7340	Specialty Pharmacy	Y	Y	
J7504	Specialty Pharmacy	Y	Y	
J7511	Specialty Pharmacy	Y	Y	
J7527	Specialty Pharmacy	Y	Y	
J7599	Unlisted/Misc	Y	Y	Molina requires that medical necessity documentation and rationale be submitted with the Prior Auth request for any unlisted and miscellaneous codes.

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ACTIVE MARKETS				
CODE	CATEGORY	MMP	MEDICAID	NOTES
J7639	Specialty Pharmacy	Y	Y	
J7682	Specialty Pharmacy	Y	Y	
J7686	Specialty Pharmacy	Y	Y	
J7699	Unlisted/Misc	Y	Y	Molina requires that medical necessity documentation and rationale be submitted with the Prior Auth request for any unlisted and miscellaneous codes.
J7799	Unlisted/Misc	Y	Y	Molina requires that medical necessity documentation and rationale be submitted with the Prior Auth request for any unlisted and miscellaneous codes.
J7999	Unlisted/Misc	Y	Y	Molina requires that medical necessity documentation and rationale be submitted with the Prior Auth request for any unlisted and miscellaneous codes.
J8498	Unlisted/Misc	Y	Y	Molina requires that medical necessity documentation and rationale be submitted with the Prior Auth request for any unlisted and miscellaneous codes.
J8499	Unlisted/Misc	Y	Y	Molina requires that medical necessity documentation and rationale be submitted with the Prior Auth request for any unlisted and miscellaneous codes.
J8520	Specialty Pharmacy	Y	Y	
J8521	Specialty Pharmacy	Y	Y	
J8597	Unlisted/Misc	Y	Y	Molina requires that medical necessity documentation and rationale be submitted with the Prior Auth request for any unlisted and miscellaneous codes.
J8655	Specialty Pharmacy	Y	Y	
J8670	Specialty Pharmacy	Y	Y	
J8700	Specialty Pharmacy	Y	Y	
J8999	Unlisted/Misc	Y	Y	Molina requires that medical necessity documentation and rationale be submitted with the Prior Auth request for any unlisted and miscellaneous codes.
J9000	Specialty Pharmacy	Y	Y	
J9015	Specialty Pharmacy	Y	Y	
J9017	Specialty Pharmacy	Y	Y	
J9019	Specialty Pharmacy	Y	Y	
J9022	Specialty Pharmacy	Y	Y	
J9023	Specialty Pharmacy	Y	Y	
J9025	Specialty Pharmacy	Y	Y	
J9027	Specialty Pharmacy	Y	Y	
J9032	Specialty Pharmacy	Y	Y	
J9033	Specialty Pharmacy	Y	Y	
J9034	Specialty Pharmacy	Y	Y	No PA required when used with ocular Dx's. (See "Dx Codes" tab for diagnosis codes ICD9 & ICD10 Codes allowed)
J9035	Specialty Pharmacy	Y	Y	No PA required when used for intravitreal injection (67028) for ocular diagnoses. Please refer to the "Diagnosis" Document on the SC Website as there are far too many ICD-10 codes to list here.

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ACTIVE MARKETS				
CODE	CATEGORY	MMP	MEDICAID	NOTES
J9039	Specialty Pharmacy	Y	Y	
J9040	Specialty Pharmacy	Y	Y	
J9041	Specialty Pharmacy	Y	Y	
J9042	Specialty Pharmacy	Y	Y	
J9043	Specialty Pharmacy	Y	Y	
J9044	Specialty Pharmacy	N	Y	
J9045	Specialty Pharmacy	Y	Y	
J9047	Specialty Pharmacy	Y	Y	
J9050	Specialty Pharmacy	Y	Y	
J9055	Specialty Pharmacy	Y	Y	
J9057	Specialty Pharmacy	N	Y	
J9060	Specialty Pharmacy	Y	Y	
J9065	Specialty Pharmacy	Y	Y	
J9070	Specialty Pharmacy	Y	Y	
J9098	Specialty Pharmacy	Y	Y	
J9100	Specialty Pharmacy	Y	Y	
J9120	Specialty Pharmacy	Y	Y	
J9130	Specialty Pharmacy	Y	Y	
J9145	Specialty Pharmacy	Y	Y	
J9150	Specialty Pharmacy	Y	Y	
J9153	Specialty Pharmacy	N	Y	
J9155	Specialty Pharmacy	Y	Y	
J9160	Specialty Pharmacy	Y	Y	
J9171	Specialty Pharmacy	Y	Y	
J9173	Specialty Pharmacy	N	Y	
J9176	Specialty Pharmacy	Y	Y	
J9178	Specialty Pharmacy	Y	Y	
J9179	Specialty Pharmacy	Y	Y	
J9181	Specialty Pharmacy	Y	Y	
J9185	Specialty Pharmacy	Y	Y	
J9190	Specialty Pharmacy	Y	Y	
J9200	Specialty Pharmacy	Y	Y	
J9201	Specialty Pharmacy	Y	Y	
J9202	Specialty Pharmacy	Y	Y	
J9203	Specialty Pharmacy	Y	Y	Requires detailed clinical information be submitted with auth request
J9205	Specialty Pharmacy	Y	Y	
J9206	Specialty Pharmacy	Y	Y	
J9207	Specialty Pharmacy	Y	Y	
J9208	Specialty Pharmacy	Y	Y	
J9209	Specialty Pharmacy	Y	Y	
J9211	Specialty Pharmacy	Y	Y	
J9214	Specialty Pharmacy	Y	Y	
J9215	Specialty Pharmacy	Y	Y	
J9216	Specialty Pharmacy	Y	Y	

MHSC 2019 Q1 Code Matrix Effective 1/1/2019

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CODE	CATEGORY	ACTIVE MARKETS		NOTES
		MMP	MEDICAID	
J9217	Specialty Pharmacy	Y	Y	
J9218	Specialty Pharmacy	Y	Y	
J9219	Specialty Pharmacy	Y	Y	
J9225	Specialty Pharmacy	Y	Y	
J9226	Specialty Pharmacy	Y	Y	
J9228	Specialty Pharmacy	Y	Y	
J9229	Specialty Pharmacy	N	Y	
J9230	Specialty Pharmacy	Y	Y	
J9245	Specialty Pharmacy	Y	Y	
J9261	Specialty Pharmacy	Y	Y	
J9262	Specialty Pharmacy	Y	Y	
J9263	Specialty Pharmacy	Y	Y	
J9264	Specialty Pharmacy	Y	Y	
J9266	Specialty Pharmacy	Y	Y	
J9267	Specialty Pharmacy	Y	Y	
J9268	Specialty Pharmacy	Y	Y	
J9271	Specialty Pharmacy	Y	Y	
J9280	Specialty Pharmacy	Y	Y	
J9285	Specialty Pharmacy	Y	Y	
J9293	Specialty Pharmacy	Y	Y	
J9295	Specialty Pharmacy	Y	Y	
J9299	Specialty Pharmacy	Y	Y	
J9301	Specialty Pharmacy	Y	Y	
J9302	Specialty Pharmacy	Y	Y	
J9303	Specialty Pharmacy	Y	Y	
J9305	Specialty Pharmacy	Y	Y	
J9306	Specialty Pharmacy	Y	Y	
J9307	Specialty Pharmacy	Y	Y	
J9308	Specialty Pharmacy	Y	Y	
J9311	Specialty Pharmacy	N	Y	
J9312	Specialty Pharmacy	N	Y	
J9315	Specialty Pharmacy	Y	Y	
J9325	Specialty Pharmacy	Y	Y	
J9328	Specialty Pharmacy	Y	Y	
J9330	Specialty Pharmacy	Y	Y	
J9340	Specialty Pharmacy	Y	Y	
J9351	Specialty Pharmacy	Y	Y	
J9352	Specialty Pharmacy	Y	Y	
J9354	Specialty Pharmacy	Y	Y	
J9355	Specialty Pharmacy	Y	Y	
J9357	Specialty Pharmacy	Y	Y	
J9360	Specialty Pharmacy	Y	Y	
J9370	Specialty Pharmacy	Y	Y	
J9371	Specialty Pharmacy	Y	Y	

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ACTIVE MARKETS				
CODE	CATEGORY	MMP	MEDICAID	NOTES
J9390	Specialty Pharmacy	Y	Y	
J9395	Specialty Pharmacy	Y	Y	
J9400	Specialty Pharmacy	Y	Y	
J9600	Specialty Pharmacy	Y	Y	Mandatory review by Medical Director
J9999	Unlisted/Misc	Y	Y	Molina requires that medical necessity documentation and rationale be submitted with the Prior Auth request for any unlisted and miscellaneous codes.
K0002	Durable Medical Equipment	Y	Y	Prior auth required if cost is greater than \$500 (>\$500)
K0003	Durable Medical Equipment	Y	Y	
K0004	Durable Medical Equipment	Y	Y	
K0005	Durable Medical Equipment	Y	Y	
K0006	Durable Medical Equipment	Y	Y	
K0007	Durable Medical Equipment	Y	Y	
K0008	Durable Medical Equipment	Y	Y	
K0009	Durable Medical Equipment	Y	Y	
K0010	Durable Medical Equipment	Y	Y	
K0011	Durable Medical Equipment	Y	Y	
K0012	Durable Medical Equipment	Y	Y	
K0013	Durable Medical Equipment	Y	Y	
K0014	Durable Medical Equipment	Y	Y	
K0108	Durable Medical Equipment	Y	Y	
K0554	Durable Medical Equipment	N	Y	
K0606	Durable Medical Equipment	Y	Y	
K0733	Durable Medical Equipment	Y	Y	
K0800	Durable Medical Equipment	Y	Y	
K0801	Durable Medical Equipment	Y	Y	
K0802	Durable Medical Equipment	Y	Y	
K0806	Durable Medical Equipment	Y	Y	
K0807	Durable Medical Equipment	Y	Y	
K0808	Durable Medical Equipment	Y	Y	
K0812	Unlisted/Misc	Y	Y	Molina requires that medical necessity documentation and rationale be submitted with the Prior Auth request for any unlisted and miscellaneous codes.
K0813	Durable Medical Equipment	Y	Y	
K0814	Durable Medical Equipment	Y	Y	
K0815	Durable Medical Equipment	Y	Y	
K0816	Durable Medical Equipment	Y	Y	
K0820	Durable Medical Equipment	Y	Y	
K0821	Durable Medical Equipment	Y	Y	
K0822	Durable Medical Equipment	Y	Y	
K0823	Durable Medical Equipment	Y	Y	
K0824	Durable Medical Equipment	Y	Y	
K0825	Durable Medical Equipment	Y	Y	
K0826	Durable Medical Equipment	Y	Y	

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ACTIVE MARKETS				
CODE	CATEGORY	MMP	MEDICAID	NOTES
K0827	Durable Medical Equipment	Y	Y	
K0828	Durable Medical Equipment	Y	Y	
K0829	Durable Medical Equipment	Y	Y	
K0830	Durable Medical Equipment	Y	Y	
K0831	Durable Medical Equipment	Y	Y	
K0835	Durable Medical Equipment	Y	Y	
K0836	Durable Medical Equipment	Y	Y	
K0837	Durable Medical Equipment	Y	Y	
K0838	Durable Medical Equipment	Y	Y	
K0839	Durable Medical Equipment	Y	Y	
K0840	Durable Medical Equipment	Y	Y	
K0841	Durable Medical Equipment	Y	Y	
K0842	Durable Medical Equipment	Y	Y	
K0843	Durable Medical Equipment	Y	Y	
K0848	Durable Medical Equipment	Y	Y	
K0849	Durable Medical Equipment	Y	Y	
K0850	Durable Medical Equipment	Y	Y	
K0851	Durable Medical Equipment	Y	Y	
K0852	Durable Medical Equipment	Y	Y	
K0853	Durable Medical Equipment	Y	Y	
K0854	Durable Medical Equipment	Y	Y	
K0855	Durable Medical Equipment	Y	Y	
K0856	Durable Medical Equipment	Y	Y	
K0857	Durable Medical Equipment	Y	Y	
K0858	Durable Medical Equipment	Y	Y	
K0859	Durable Medical Equipment	Y	Y	
K0860	Durable Medical Equipment	Y	Y	
K0861	Durable Medical Equipment	Y	Y	
K0862	Durable Medical Equipment	Y	Y	
K0863	Durable Medical Equipment	Y	Y	
K0864	Durable Medical Equipment	Y	Y	
K0868	Durable Medical Equipment	Y	Y	
K0869	Durable Medical Equipment	Y	Y	
K0870	Durable Medical Equipment	Y	Y	
K0871	Durable Medical Equipment	Y	Y	
K0877	Durable Medical Equipment	Y	Y	
K0878	Durable Medical Equipment	Y	Y	
K0879	Durable Medical Equipment	Y	Y	
K0880	Durable Medical Equipment	Y	Y	
K0884	Durable Medical Equipment	Y	Y	
K0885	Durable Medical Equipment	Y	Y	
K0886	Durable Medical Equipment	Y	Y	
K0890	Durable Medical Equipment	Y	Y	
K0891	Durable Medical Equipment	Y	Y	

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ACTIVE MARKETS				
CODE	CATEGORY	MMP	MEDICAID	NOTES
K0898	Unlisted/Misc	Y	Y	Molina requires that medical necessity documentation and rationale be submitted with the Prior Auth request for any unlisted and miscellaneous codes.
K0899	Unlisted/Misc	Y	Y	Molina requires that medical necessity documentation and rationale be submitted with the Prior Auth request for any unlisted and miscellaneous codes.
K0900	Durable Medical Equipment	Y	Y	
L0452	Prosthetics/Orthotics	Y	Y	
L0480	Prosthetics/Orthotics	Y	Y	
L0482	Prosthetics/Orthotics	Y	Y	
L0484	Prosthetics/Orthotics	Y	Y	
L0486	Prosthetics/Orthotics	Y	Y	
L0622	Prosthetics/Orthotics	Y	Y	
L0624	Prosthetics/Orthotics	Y	Y	
L0626	Prosthetics/Orthotics	N	Y	
L0627	Prosthetics/Orthotics	Y	Y	
L0629	Prosthetics/Orthotics	Y	Y	
L0630	Prosthetics/Orthotics	Y	Y	
L0631	Prosthetics/Orthotics	Y	Y	
L0632	Prosthetics/Orthotics	Y	Y	
L0634	Prosthetics/Orthotics	Y	Y	
L0636	Prosthetics/Orthotics	Y	Y	
L0637	Prosthetics/Orthotics	Y	Y	
L0640	Prosthetics/Orthotics	Y	Y	
L0650	Prosthetics/Orthotics	Y	Y	
L0700	Prosthetics/Orthotics	Y	Y	
L0710	Prosthetics/Orthotics	Y	Y	
L0999	Unlisted/Misc	Y	Y	Molina requires that medical necessity documentation and rationale be submitted with the Prior Auth request for any unlisted and miscellaneous codes.
L1000	Prosthetics/Orthotics	Y	Y	
L1005	Prosthetics/Orthotics	Y	Y	
L1110	Prosthetics/Orthotics	Y	Y	
L1499	Unlisted/Misc	Y	Y	Molina requires that medical necessity documentation and rationale be submitted with the Prior Auth request for any unlisted and miscellaneous codes.
L1640	Prosthetics/Orthotics	Y	Y	
L1680	Prosthetics/Orthotics	Y	Y	
L1685	Prosthetics/Orthotics	Y	Y	
L1700	Prosthetics/Orthotics	Y	Y	
L1710	Prosthetics/Orthotics	Y	Y	
L1720	Prosthetics/Orthotics	Y	Y	
L1730	Prosthetics/Orthotics	Y	Y	
L1755	Prosthetics/Orthotics	Y	Y	

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ACTIVE MARKETS				
CODE	CATEGORY	MMP	MEDICAID	NOTES
L1834	Prosthetics/Orthotics	Y	Y	
L1840	Prosthetics/Orthotics	Y	Y	
L1844	Prosthetics/Orthotics	Y	Y	
L1846	Prosthetics/Orthotics	Y	Y	
L1860	Prosthetics/Orthotics	Y	Y	
L1900	Prosthetics/Orthotics	Y	Y	
L1904	Prosthetics/Orthotics	Y	Y	
L1907	Prosthetics/Orthotics	Y	Y	
L1920	Prosthetics/Orthotics	Y	Y	
L1940	Prosthetics/Orthotics	Y	Y	
L1945	Prosthetics/Orthotics	Y	Y	
L1950	Prosthetics/Orthotics	Y	Y	
L1960	Prosthetics/Orthotics	Y	Y	
L1970	Prosthetics/Orthotics	Y	Y	
L1980	Prosthetics/Orthotics	Y	Y	
L1990	Prosthetics/Orthotics	Y	Y	
L2000	Prosthetics/Orthotics	Y	Y	
L2005	Prosthetics/Orthotics	Y	Y	
L2010	Prosthetics/Orthotics	Y	Y	
L2020	Prosthetics/Orthotics	Y	Y	
L2030	Prosthetics/Orthotics	Y	Y	
L2034	Prosthetics/Orthotics	Y	Y	
L2036	Prosthetics/Orthotics	Y	Y	
L2037	Prosthetics/Orthotics	Y	Y	
L2038	Prosthetics/Orthotics	Y	Y	
L2050	Prosthetics/Orthotics	Y	Y	
L2060	Prosthetics/Orthotics	Y	Y	
L2080	Prosthetics/Orthotics	Y	Y	
L2090	Prosthetics/Orthotics	Y	Y	
L2106	Prosthetics/Orthotics	Y	Y	
L2108	Prosthetics/Orthotics	Y	Y	
L2126	Prosthetics/Orthotics	Y	Y	
L2128	Prosthetics/Orthotics	Y	Y	
L2232	Prosthetics/Orthotics	Y	Y	
L2800	Prosthetics/Orthotics	Y	Y	
L2999	Unlisted/Misc	Y	Y	Molina requires that medical necessity documentation and rationale be submitted with the Prior Auth request for any unlisted and miscellaneous codes.
L3649	Unlisted/Misc	Y	Y	Molina requires that medical necessity documentation and rationale be submitted with the Prior Auth request for any unlisted and miscellaneous codes.
L3999	Unlisted/Misc	Y	Y	Molina requires that medical necessity documentation and rationale be submitted with the Prior Auth request for any unlisted and miscellaneous codes.

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ACTIVE MARKETS				
CODE	CATEGORY	MMP	MEDICAID	NOTES
L4631	Prosthetics/Orthotics	Y	Y	
L5856	Prosthetics/Orthotics	Y	Y	
L5999	Unlisted/Misc	Y	Y	Molina requires that medical necessity documentation and rationale be submitted with the Prior Auth request for any unlisted and miscellaneous codes.
L6026	Prosthetics/Orthotics	Y	Y	
L7259	Prosthetics/Orthotics	Y	Y	
L7499	Unlisted/Misc	Y	Y	Molina requires that medical necessity documentation and rationale be submitted with the Prior Auth request for any unlisted and miscellaneous codes.
L7700	Durable Medical Equipment	Y	Y	
L8039	Unlisted/Misc	Y	Y	Molina requires that medical necessity documentation and rationale be submitted with the Prior Auth request for any unlisted and miscellaneous codes.
L8499	Unlisted/Misc	Y	Y	Molina requires that medical necessity documentation and rationale be submitted with the Prior Auth request for any unlisted and miscellaneous codes.
L8614	Prosthetics/Orthotics	Y	Y	
L8619	Durable Medical Equipment	Y	Y	
L8692	Prosthetics/Orthotics	N	Y	
L8699	Unlisted/Misc	Y	Y	Molina requires that medical necessity documentation and rationale be submitted with the Prior Auth request for any unlisted and miscellaneous codes.
L9900	Prosthetics/Orthotics	N	Y	
P9603	Unlisted/Misc	Y	Y	Molina requires that medical necessity documentation and rationale be submitted with the Prior Auth request for any unlisted and miscellaneous codes.
P9604	Unlisted/Misc	Y	Y	Molina requires that medical necessity documentation and rationale be submitted with the Prior Auth request for any unlisted and miscellaneous codes.
Q0138	Specialty Pharmacy	Y	Y	
Q0139	Specialty Pharmacy	Y	Y	
Q0507	Unlisted/Misc	Y	Y	Molina requires that medical necessity documentation and rationale be submitted with the Prior Auth request for any unlisted and miscellaneous codes.
Q0508	Unlisted/Misc	Y	Y	Molina requires that medical necessity documentation and rationale be submitted with the Prior Auth request for any unlisted and miscellaneous codes.
Q0509	Unlisted/Misc	Y	Y	Molina requires that medical necessity documentation and rationale be submitted with the Prior Auth request for any unlisted and miscellaneous codes.
Q2039	Unlisted/Misc	Y	Y	Molina requires that medical necessity documentation and rationale be submitted with the Prior Auth request for any unlisted and miscellaneous codes.

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ACTIVE MARKETS				
CODE	CATEGORY	MMP	MEDICAID	NOTES
Q2041	Specialty Pharmacy	Y	Y	
Q2042	Specialty Pharmacy	N	Y	
Q2043	Specialty Pharmacy	Y	Y	
Q2050	Specialty Pharmacy	Y	Y	
Q3027	Specialty Pharmacy	Y	Y	
Q3028	Specialty Pharmacy	Y	Y	
Q4050	Unlisted/Misc	Y	Y	Molina requires that medical necessity documentation and rationale be submitted with the Prior Auth request for any unlisted and miscellaneous codes.
Q4051	Unlisted/Misc	Y	Y	Molina requires that medical necessity documentation and rationale be submitted with the Prior Auth request for any unlisted and miscellaneous codes.
Q4074	Specialty Pharmacy	Y	Y	
Q4082	Unlisted/Misc	Y	Y	Molina requires that medical necessity documentation and rationale be submitted with the Prior Auth request for any unlisted and miscellaneous codes.
Q4100	Unlisted/Misc	Y	Y	Molina requires that medical necessity documentation and rationale be submitted with the Prior Auth request for any unlisted and miscellaneous codes.
Q4161	Experimental & Investigational	Y	Y	
Q4162	Experimental & Investigational	Y	Y	
Q4163	Experimental & Investigational	Y	Y	
Q4164	Experimental & Investigational	Y	Y	
Q4165	Experimental & Investigational	Y	Y	
Q4176	Hyperbaric Therapy	Y	Y	
Q4177	Hyperbaric Therapy	Y	Y	
Q4178	Hyperbaric Therapy	Y	Y	
Q4179	Hyperbaric Therapy	Y	Y	
Q4180	Hyperbaric Therapy	Y	Y	
Q4181	Hyperbaric Therapy	Y	Y	
Q4182	Hyperbaric Therapy	Y	Y	
Q5001	Hospice	N	NOTO	Notification Only
Q5002	Hospice	N	NOTO	Notification Only
Q5003	Hospice	N	NOTO	Notification Only
Q5004	Hospice	N	NOTO	Notification Only
Q5005	Hospice	N	NOTO	Notification Only
Q5006	Hospice	N	NOTO	Notification Only
Q5007	Hospice	N	NOTO	Notification Only
Q5008	Hospice	N	NOTO	Notification Only
Q5009	Hospice	N	NOTO	Notification Only
Q5010	Hospice	N	NOTO	Notification Only
Q5101	Specialty Pharmacy	Y	Y	
Q5103	Specialty Pharmacy	Y	Y	
Q5104	Specialty Pharmacy	Y	Y	

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ACTIVE MARKETS				
CODE	CATEGORY	MMP	MEDICAID	NOTES
Q5107	Specialty Pharmacy	N	Y	
Q5108	Specialty Pharmacy	Y	Y	
Q5109	Specialty Pharmacy	N	Y	
Q5111	Specialty Pharmacy	N	Y	
Q5510	Specialty Pharmacy	Y	Y	
Q9950	Radiation Therapy & Radio Surgery	Y	Y	
Q9991	Specialty Pharmacy	Y	Y	
Q9992	Specialty Pharmacy	Y	Y	
S0073	Specialty Pharmacy	N	Y	
S0122	Specialty Pharmacy	N	Y	
S0126	Specialty Pharmacy	N	Y	
S0128	Specialty Pharmacy	N	Y	
S0132	Specialty Pharmacy	N	Y	
S0145	Specialty Pharmacy	N	Y	
S0148	Specialty Pharmacy	N	Y	
S0157	Specialty Pharmacy	N	Y	
S0201	Behavioral Health	N	Y	
S0590	Unlisted/Misc	N	Y	Molina requires that medical necessity documentation and rationale be submitted with the Prior Auth request for any unlisted and miscellaneous codes.
S1034	Durable Medical Equipment	Y	Y	
S1035	Durable Medical Equipment	Y	Y	
S1036	Durable Medical Equipment	Y	Y	
S1037	Durable Medical Equipment	Y	Y	
S1040	Prosthetics/Orthotics	N	Y	
S2053	Transplant Services	N/A	Y	Corneal transplants do NOT require PA
S2054	Transplant Services	N/A	Y	Corneal transplants do NOT require PA
S2055	Transplant Services	N/A	Y	Corneal transplants do NOT require PA
S2060	Transplant Services	N/A	Y	Corneal transplants do NOT require PA
S2061	Transplant Services	N/A	Y	Corneal transplants do NOT require PA
S2065	Transplant Services	N/A	Y	Corneal transplants do NOT require PA
S2095	OP/ASC Procedures	N/A	Y	Invalid code for Medicare, please submit correct CPT code
S2107	Transplant Services	N/A	Y	Corneal transplants do NOT require PA
S2140	Transplant Services	N/A	Y	Corneal transplants do NOT require PA
S2142	Transplant Services	N/A	Y	Corneal transplants do NOT require PA
S2150	Transplant Services	N/A	Y	Corneal transplants do NOT require PA
S2152	Transplant Services	N/A	Y	Corneal transplants do NOT require PA
S3722	Genetic Counseling & Testing	N	Y	
S3800	Genetic Counseling & Testing	N	Y	
S3840	Genetic Counseling & Testing	N	Y	
S3841	Genetic Counseling & Testing	N	Y	
S3842	Genetic Counseling & Testing	N	Y	
S3852	Genetic Counseling & Testing	N	Y	

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ACTIVE MARKETS				
CODE	CATEGORY	MMP	MEDICAID	NOTES
S3854	Genetic Counseling & Testing	N	Y	PA required, EXCEPT with breast CA Dx. [ICD10 codes: C50 - C50.929 and D05 - D05.92]
S3861	Genetic Counseling & Testing	N	Y	
S3865	Genetic Counseling & Testing	N	Y	
S3866	Genetic Counseling & Testing	N	Y	
S3870	Genetic Counseling & Testing	N	Y	
S5102	Home Health Care	N	Y	Prior auth is required after initial evaluation/visit for all home health services including home based PT/OT and Speech Therapy. Prior Auth may be required for medications associated with Home Infusion.
S5105	Home Health Care	N	Y	Prior auth is required after initial evaluation/visit for all home health services including home based PT/OT and Speech Therapy. Prior Auth may be required for medications associated with Home Infusion.
S5111	Behavioral Health	N	Y	
S5125	Home Health Care	N	Y	Prior auth is required after initial evaluation/visit for all home health services including home based PT/OT and Speech Therapy. Prior Auth may be required for medications associated with Home Infusion.
S5130	Home Health Care	N	Y	Prior auth is required after initial evaluation/visit for all home health services including home based PT/OT and Speech Therapy. Prior Auth may be required for medications associated with Home Infusion.
S5151	Home Health Care	N	Y	Prior auth is required after initial evaluation/visit for all home health services including home based PT/OT and Speech Therapy. Prior Auth may be required for medications associated with Home Infusion.
S5170	Home Health Care	Y	N	Prior auth is required after initial evaluation/visit for all home health services including home based PT/OT and Speech Therapy. Prior Auth may be required for medications associated with Home Infusion.
S8042	Imaging (Advanced & Specialty)	N	Y	
S8080	Imaging (Advanced & Specialty)	N	Y	
S8189	Unlisted/Misc	N	Y	
S9110	Unlisted/Misc	N	Y	
S9122	Home Health Care	N	Y	Prior auth is required after initial evaluation/visit for all home health services including home based PT/OT and Speech Therapy. Prior Auth may be required for medications associated with Home Infusion.
S9123	Home Health Care	N	Y	Prior auth is required after initial evaluation/visit for all home health services including home based PT/OT and Speech Therapy. Prior Auth may be required for medications associated with Home Infusion.
S9124	Home Health Care	N	Y	Prior auth is required after initial evaluation/visit for all home health services including home based PT/OT and Speech Therapy. Prior Auth may be required for medications associated with Home Infusion.
S9127	Home Health Care	N	Y	Prior auth is required after initial evaluation/visit for all home health services including home based PT/OT and Speech Therapy. Prior Auth may be required for medications associated with Home Infusion.
S9128	Home Health Care	N	Y	Prior auth is required after initial evaluation/visit for all home health services including home based PT/OT and Speech Therapy. Prior Auth may be required for medications associated with Home Infusion.

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ACTIVE MARKETS				
CODE	CATEGORY	MMP	MEDICAID	NOTES
S9129	Home Health Care	N	Y	Prior auth is required after initial evaluation/visit for all home health services including home based PT/OT and Speech Therapy. <i>Prior Auth may be required for medications associated with Home Infusion.</i>
S9131	Home Health Care	N	Y	Prior auth is required after initial evaluation/visit for all home health services including home based PT/OT and Speech Therapy. <i>Prior Auth may be required for medications associated with Home Infusion.</i>
S9152	Home Health Care	N	Y	Prior auth is required after initial evaluation/visit for all home health services including home based PT/OT and Speech Therapy. <i>Prior Auth may be required for medications associated with Home Infusion.</i>
S9379	Home Health Care	N	Y	Prior auth is required after initial evaluation/visit for all home health services including home based PT/OT and Speech Therapy. <i>Prior Auth may be required for medications associated with Home Infusion.</i>
S9470	Home Health Care	N	Y	Prior auth is required after initial evaluation/visit for all home health services including home based PT/OT and Speech Therapy. <i>Prior Auth may be required for medications associated with Home Infusion.</i>
S9482	Behavioral Health	N	Y	
S9960	Transportation	N	Y	Prior Authorization is required for NON-EMEGENT Ambulance (air or ground). Emergent transport does NOT require Prior Authorization
S9961	Transportation	N	Y	Prior Authorization is required for NON-EMEGENT Ambulance (air or ground). Emergent transport does NOT require Prior Authorization
S9977	Home Health Care	Y	N	Prior auth is required after initial evaluation/visit for all home health services including home based PT/OT and Speech Therapy. <i>Prior Auth may be required for medications associated with Home Infusion.</i>
T1000	Home Health Care	N	Y	Prior auth is required after initial evaluation/visit for all home health services including home based PT/OT and Speech Therapy. <i>Prior Auth may be required for medications associated with Home Infusion.</i>
T1002	Home Health Care	N	Y	Prior auth is required after initial evaluation/visit for all home health services including home based PT/OT and Speech Therapy. <i>Prior Auth may be required for medications associated with Home Infusion.</i>
T1003	Home Health Care	N	Y	Prior auth is required after initial evaluation/visit for all home health services including home based PT/OT and Speech Therapy. <i>Prior Auth may be required for medications associated with Home Infusion.</i>
T1005	Home Health Care	N	Y	Prior auth is required after initial evaluation/visit for all home health services including home based PT/OT and Speech Therapy. <i>Prior Auth may be required for medications associated with Home Infusion.</i>
T1019	Home Health Care	N	Y	Prior auth is required after initial evaluation/visit for all home health services including home based PT/OT and Speech Therapy. <i>Prior Auth may be required for medications associated with Home Infusion.</i>
T1021	Home Health Care	N	Y	Prior auth is required after initial evaluation/visit for all home health services including home based PT/OT and Speech Therapy. <i>Prior Auth may be required for medications associated with Home Infusion.</i>
T1022	Home Health Care	N	Y	Prior auth is required after initial evaluation/visit for all home health services including home based PT/OT and Speech Therapy. <i>Prior Auth may be required for medications associated with Home Infusion.</i>

MHSC 2019 Q1 Code Matrix Effective 1/1/2019

Y: Prior Auth Required / N: No Prior Auth Required

NC: Not Covered / NOTO: Notification Only

This document is updated quarterly. Please check this document prior to submitting a Prior Authorization Request as codes may be removed or added.

ACTIVE MARKETS				
CODE	CATEGORY	MMP	MEDICAID	NOTES
T1025	Behavioral Health	N	Y	
T1027	Behavioral Health	N	Y	
T1030	Home Health Care	N	Y	Prior auth is required after initial evaluation/visit for all home health services including home based PT/OT and Speech Therapy. <i>Prior Auth may be required for medications associated with Home Infusion.</i>
T1031	Home Health Care	N	Y	Prior auth is required after initial evaluation/visit for all home health services including home based PT/OT and Speech Therapy. <i>Prior Auth may be required for medications associated with Home Infusion.</i>
T1999	Unlisted/Misc	Y	Y	Molina requires that medical necessity documentation and rationale be submitted with the Prior Auth request for any unlisted and miscellaneous codes.
T2025	Unlisted/Misc	Y	Y	Molina requires that medical necessity documentation and rationale be submitted with the Prior Auth request for any unlisted and miscellaneous codes.
T4521	Incontinence Supplies	N/A	N	Does NOT require prior auth up to allowable benefit limits. Requires written Physician Certification Form be obtained before services are provided. Invalid code for Medicare, please submit correct CPT code
T4522	Incontinence Supplies	N/A	N	Does NOT require prior auth up to allowable benefit limits. Requires written Physician Certification Form be obtained before services are provided. Invalid code for Medicare, please submit correct CPT code
T4523	Incontinence Supplies	N/A	N	Does NOT require prior auth up to allowable benefit limits. Requires written Physician Certification Form be obtained before services are provided. Invalid code for Medicare, please submit correct CPT code
T4524	Incontinence Supplies	N/A	N	Does NOT require prior auth up to allowable benefit limits. Requires written Physician Certification Form be obtained before services are provided. Invalid code for Medicare, please submit correct CPT code
T4525	Incontinence Supplies	N/A	N	Does NOT require prior auth up to allowable benefit limits. Requires written Physician Certification Form be obtained before services are provided. Invalid code for Medicare, please submit correct CPT code
T4526	Incontinence Supplies	N/A	N	Does NOT require prior auth up to allowable benefit limits. Requires written Physician Certification Form be obtained before services are provided. Invalid code for Medicare, please submit correct CPT code
T4527	Incontinence Supplies	N/A	N	Does NOT require prior auth up to allowable benefit limits. Requires written Physician Certification Form be obtained before services are provided. Invalid code for Medicare, please submit correct CPT code
T4528	Incontinence Supplies	N/A	N	Does NOT require prior auth up to allowable benefit limits. Requires written Physician Certification Form be obtained before services are provided. Invalid code for Medicare, please submit correct CPT code
T4529	Incontinence Supplies	N/A	N	Does NOT require prior auth up to allowable benefit limits. Requires written Physician Certification Form be obtained before services are provided. Invalid code for Medicare, please submit correct CPT code
T4530	Incontinence Supplies	N/A	N	Does NOT require prior auth up to allowable benefit limits. Requires written Physician Certification Form be obtained before services are provided. Invalid code for Medicare, please submit correct CPT code

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ACTIVE MARKETS				
CODE	CATEGORY	MMP	MEDICAID	NOTES
T4531	Incontinence Supplies	N/A	N	Does NOT require prior auth up to allowable benefit limits. Requires written Physician Certification Form be obtained before services are provided. Invalid code for Medicare, please submit correct CPT code
T4532	Incontinence Supplies	N/A	N	Does NOT require prior auth up to allowable benefit limits. Requires written Physician Certification Form be obtained before services are provided. Invalid code for Medicare, please submit correct CPT code
T4533	Incontinence Supplies	N/A	N	Does NOT require prior auth up to allowable benefit limits. Requires written Physician Certification Form be obtained before services are provided. Invalid code for Medicare, please submit correct CPT code
T4534	Incontinence Supplies	N/A	N	Does NOT require prior auth up to allowable benefit limits. Requires written Physician Certification Form be obtained before services are provided. Invalid code for Medicare, please submit correct CPT code
T4535	Incontinence Supplies	N/A	N	Does NOT require prior auth up to allowable benefit limits. Requires written Physician Certification Form be obtained before services are provided. Invalid code for Medicare, please submit correct CPT code
T4543	Incontinence Supplies	N/A	N	Does NOT require prior auth up to allowable benefit limits. Requires written Physician Certification Form be obtained before services are provided. Invalid code for Medicare, please submit correct CPT code
T5001	Durable Medical Equipment	Y	Y	
T5999	Unlisted/Misc	Y	Y	Molina requires that medical necessity documentation and rationale be submitted with the Prior Auth request for any unlisted and miscellaneous codes.
V2199	Unlisted/Misc	Y	Y	Molina requires that medical necessity documentation and rationale be submitted with the Prior Auth request for any unlisted and miscellaneous codes.
V2399	Unlisted/Misc	N	Y	Molina requires that medical necessity documentation and rationale be submitted with the Prior Auth request for any unlisted and miscellaneous codes.
V2530	Durable Medical Equipment	Y	Y	
V2531	Durable Medical Equipment	Y	Y	
V2797	Unlisted/Misc	Y	Y	Molina requires that medical necessity documentation and rationale be submitted with the Prior Auth request for any unlisted and miscellaneous codes.
V2799	Unlisted/Misc	Y	Y	Molina requires that medical necessity documentation and rationale be submitted with the Prior Auth request for any unlisted and miscellaneous codes.
V5298	Unlisted/Misc	Y	Y	Molina requires that medical necessity documentation and rationale be submitted with the Prior Auth request for any unlisted and miscellaneous codes.
V5299	Unlisted/Misc	Y	Y	Molina requires that medical necessity documentation and rationale be submitted with the Prior Auth request for any unlisted and miscellaneous codes.