



**- IMPORTANT NOTICES -**

**This document is updated quarterly. Please check this document prior to PA submission as codes may be removed or added. All codes listed require PA unless there is a Plan-specific exception.**

**Any exceptions included in this Prior Authorization Code Matrix document apply to PAR Providers only. All Non-Par Providers require authorization regardless of services or codes (for any exceptions, refer to *Non-Par* section).**

**No PA Required for Emergency Room Services for Par or Non Par providers.**

**Office visits and/or procedures at PAR/Network Providers do not require PA. Referrals to PAR/Network Specialists do not require PA\*.**

**Some services listed may not be covered by CMS or your local State Medicaid or Marketplace agency; please refer to your regulatory agency for specific non-covered codes.**

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

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

***\*Referrals to Par/Network Specialists may require paper/electronic Referral Form.***



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# Molina Healthcare of Florida, Inc., 2020 PA Code Matrix (Effective 7.1.20)

## Services Requiring Authorization



### Document Change Tracking

Received Date	Effective Date	Specialty/Service	Change/Update Description	Exceptions/Notes
11/08/16	01/01/17	Behavioral Health	<b>Added/PA Required:</b> H2012	Clarification for MHWI: Code requires auth regardless of Dx.
11/21/16	01/01/17	Behavioral Health	<b>Removed/NC Codes:</b> 1001, 1002	Applies to Medicare only.
10/04/16	01/01/17	Genetic Counseling & Testing	<b>Added/PA Required:</b> 0009M, 81420, 81507	Applies to all Plans all LOBs.
11/15/16	01/01/17	Genetic Counseling & testing	<b>Added/PA Required:</b> 81235, 88261, 88271	Applies to all Plans (All LOBs) MHWI: Change eff. 02/01/17
11/15/16	01/01/17	Genetic Counseling & testing	<b>Removed/Termed Codes:</b> 81280, 81281, 81282,	Applies to all Plans (All LOBs) MHWI: Change eff. 02/01/17
11/15/16	01/01/17	Genetic Counseling & testing	<b>Removed/No PA Required:</b> 0010M	Applies to all Plans (All LOBs)
10/04/16	01/01/17	Home Health Care & Home Infusion	<b>Removed/No PA Required:</b> G0151, G0152, G0153, G0155, G0156, G0157, G0158, G0159, G0160, G0161, G0162, G0163, G0164, G0299, G0300, 95800*, 95801, * 95806*	Applies to MSC Medicaid Only. *Applies to MSC Medicaid & MMP
10/04/16	01/01/17	Home Health Care & Home Infusion	<b>Added/PA Required:</b> G0490, G9679, G9680, G9681, G9682*, G9683*, G9684*	Applies to All Plans/All LOBs MWA: All codes NC 10.01.16 *MWI: NC eff. 10.01.16
11/15/16	01/01/17	Home Health Care & Home Infusion	<b>Added/PA Required :</b> S5130, S5135, S5151, S9470, T1000, T1002, T1003, T1005, T1022, T1030, T1031	Applies to all Plans (All LOBs)
11/17/16	01/01/17	Home Health Care & Home Infusion	<b>Removed/No PA Required:</b> S9977	Applies to Medicare only.
10/04/16	01/01/17	Imaging	<b>Removed Termed Code:</b> S8032	Applies to all Plans/All LOBs. (Use G0297 already in Matrix).
10/04/16	01/01/17	Out-Patient Hospital/ASC Procedures	<b>Added/PA Required:</b> 55979, 55980	Applies to All Plans MKPL only.
10/20/16	01/01/17	Out-Patient Hospital/ASC Procedures	<b>Removed/No PA Required:</b> 30520	Applies to MHWI MKPL and Medicaid only
11/08/16	01/01/17	Out-Patient Hospital/ASC Procedures	<b>Added/PA Required:</b> A9276, A9277, A9278	Applies to MHWI Medicaid only
11/14/16	01/01/17	Out-Patient Hospital/ASC Procedures	<b>Removed/No PA Required:</b> 29799, 96360, 96361, 96365, 96374, 97012, 97022, 97026, 97028, 97032, 97533, 97605, 99144, E0652, E0667, E0668, E2402	Applies MMI only (all LOBs)
11/15/16	01/01/17	Out-Patient Hospital/ASC Procedures	<b>Added/PA Required:</b> 43886, 43887, 43888, 43899,	Applies to all Plans (All LOBs) MHWI: Change eff. 02/01/17
11/21/16	01/01/17	Out-Patient Hospital/ASC Procedures	<b>Removed/No PA Required:</b> 29848	Applies to MWA Medicaid & Market Place only.
11/14/16	01/01/17	Prosthetics & Orthotics	<b>Removed/No PA Required:</b> L0456, L0457, L0631, L0637, L0639, L0650, L1200, L1843, L1845, L5629, L5695, L5964, L6707, L8470	Applies MMI only (all LOBs)
10/04/16	01/01/17	Sleep Studies	<b>Removed/NC Code:</b> 95800	Applies to MOH Medicaid only.

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## Services Requiring Authorization



Received Date	Effective Date	Specialty/Service	Change/Update Description	Exceptions/Notes
11/14/16	01/01/17	Specialty Pharmacy	<b>Removed/No PA Required:</b> C9136, C9441, C9461, J0890, J2278, J2355, J2504, J2940, J3240, J3357, J7513	Applies MMI only (all LOBs)
10/04/16	01/01/17	Specialty Pharmacy	<b>Added/PA Required:</b> J2469	Applies to MSC Medicaid only.
10/04/16	01/01/17	Specialty Pharmacy	<b>Added/PA Required:</b> C9139, C9481, C9483, J0287, J2504, J9045, J9265, Q0138, Q0139, Q9970, S0073	Applies to All Plans/All LOBs
10/04/16	01/01/17	Specialty Pharmacy	<b>Removed/No PA Required:</b> J0882, J2788, J2790, J2791, J2792, J8499, J8530, J8999,	Applies to All Plans/All LOBs
12/14/16	02/01/17	Home Health Care & Home Infusion	<b>Removed/No PA Required:</b> T1002, T1005, T1022	Applies to MWA Medicaid/Marketplace only.
12/21/16	04/01/17	Behavioral Health	<b>Removed/No PA Required:</b> 0912, 0913	Applies to MWI Medicaid/Marketplace only.
12/21/16	04/01/07	Behavioral Health	<b>Added/PA Required:</b> 0900	Applies to MWI Medicaid/Marketplace only.
01/04/17	04/01/17	Specialty Pharmacy	<b>Removed/No PA Required:</b> L8605, Q9970	Applies to All Plans/All LOBs.
01/04/17	04/01/17	Specialty Pharmacy	<b>Added/PA Required:</b> C9140, J0570, J0594, J1439, J2430, J2469, J9027, J9040, J9060, J9178, J9185, J9250, J9260, J9370, J9390	Applies to All Plans/All LOBs. <b>MIL change effective 07/01/17.</b>
01/06/17	04/01/17	Unlisted/Miscellaneous	<b>Added/PA Required:</b> T4521, T4522, T4523, T4524, T4525, T4526, T4527, T4528, T4529, T4530, T4531, T4532, T4533, T4534, T4535, T4536, T4537, T4539, T4540, T4541, T4542, T4543	Applies to MNM Medicaid only.
01/06/17	04/01/17	Experimental/Investigational	<b>Added 'U' Modifiers:</b> T1026, 0364T, 0366T, 0367T, 0368T, 0369T, 0370T, 0371T, 0372T, 0373T	Applies to MNM Medicaid only.
01/23/17	04/01/17	Experimental/Investigational Out-Patient Hospital/ASC Procedures Pain Management Specialty Pharmacy Home Health Care	<b>Removed Termed Codes:</b> 0019T, 0169T, 0171T, 0172T, 0281T, 0282T, 0283T, 0284T, 0285T, 0286T, 0287T, 0288T, 0289T, 0291T, 0292T, 0336T, 0392T, 0393T, 22851, 28290, 28293, 28294, 62310, 62311, C9137, C9138, C9139, C9470, C9471, C9472, C9473, C9474, C9475, C9476, C9477, C9478, C9480, C9481, G0163, G0164, Q9980, Q9981	Applies to All Plans/All LOBs.
01/23/17	04/01/17	Out-Patient Hospital/ASC Procedures	<b>Added/PA Required:</b> 22853, 22854, 22859, 22867, 22868, 22869, 22870, 28291^, 28295^, 62324, 62325, 62326, 62327, 62380*	Applies to All Plans/All LOBs. <b>MIL all effective 07/01/17.</b> *MMI code NC. ^MWA codes NC.
01/23/17	04/01/17	Genetic Counseling & testing	<b>Added/PA Required:</b> 81413, 81414, 81422, 81439	Applies to All Plans/All LOBs. <b>MIL change effective 07/01/17.</b> MMI All codes NC.
01/23/17	04/01/17	Unlisted/Miscellaneous	<b>Added/PA Required:</b> C1889	Applies to All Plans/All LOBs. <b>MIL change effective 07/01/17.</b>
01/23/17	04/01/17	Specialty Pharmacy	<b>Added/PA Required:</b> J1942, J2182, J2786, J2840, J7175, J7179, J7202, J7207, J7209, J8670, J9034, J9145, J9176, J9205, J9295, J9325, J9352	Applies to All Plans/All LOBs. <b>MIL change effective 07/01/17.</b>

# Molina Healthcare of Florida, Inc., 2020 PA Code Matrix (Effective 7.1.20)

## Services Requiring Authorization



Received Date	Effective Date	Specialty/Service	Change/Update Description	Exceptions/Notes
01/23/17	04/01/17	Home Health Care & Home Infusion	<b>Added/PA Required:</b> G0493, G0494	Applies to All Plans/All LOBs. <b>MIL change effective 07/01/17.</b>
01/23/17	04/01/17	Pain Management	<b>Added/PA Required:</b> 62320, 62321, 62322, 62323	Applies to MWA Medicaid/Marketplace only.
01/26/17	01/01/17	Behavioral Health	<b>Assigned code as NC:</b> H0035	Applies to MWI Medicaid only. <b>(Retro to 01.01.17)</b>
01/31/17	04/01/17	Home Health Care & Home Infusion	<b>Removed/No PA Required:</b> G9679, G9680, G9681, G9682, G9683, G9684	Applies to All Plans/All LOBs.
01/31/17	04/01/17	Out-Patient Hospital/ASC Procedures	<b>Removed/No PA Required:</b> 30465	Applies to MWA Medicaid/Marketplace only
02/02/17	04/01/17	Behavioral Health	<b>Removed/No PA Required:</b> 0912, 0913, H2012	Applies to MNM Medicaid only.
02/09/17	04/01/17	Out-Patient Hospital/ASC Procedures	<b>Removed/No PA Required:</b> 29848	Applies to All Plans; all LOBs.
03/06/17	04/01/17	Home Health Care & Home Infusion	<b>Added/PA Required:</b> G0495, G0496	Applies to MWI Medicaid/Marketplace only.
3/20/2017	1/1/2017	Home Health Care Services	<b>Assigned Code as NC:</b> G0155	Applies to MMI Medicaid - Retro to 1/1/17
3/28/2017	5/1/2017	Pain Management	<b>Added/PA Required:</b> 62320, 62321, 62322, 62323	Applies to MNM Medicaid/Marketplace
3/28/2017	5/1/2017	Sleep Studies	<b>Added/PA Required:</b> 95782, 95783	Applies to MNM Medicaid/Marketplace
3/22/2017	7/1/2017	Specialty Pharmacy	<b>Added/PA Required:</b> C9485*, C9486*, C9487*, C9488*, J1750, J1756, J2916, J3145, J7320	All Plans All LOBs - *WI Medicaid NC codes MFL – 08/01/17
3/22/2017	7/1/2017	Specialty Pharmacy	<b>Added/PA Required:</b> C9484	Applies All Plans Medicare MFL – 08/01/17
3/23/2017	7/1/2017	Out Patient Hospital/ASC Procedures	<b>Added/PA Required:</b> C9739, C9740	Applies to All Plans All LOBs MFL – 08/01/17
4/4/2017	7/1/2017	Out Patient Hospital/ASC Procedures	<b>Removed/No PA Required:</b> 22853, 22854, 22859	Applies to All Plans All LOBs MFL – 08/01/17
4/20/2017	1/1/2017	OT and PT	<b>PA update:</b> PA Required after initial eval plus 12 visits	Applies to MIL Medicaid - Retro to 1/1/17
5/12/2017	4/1/2017	OT, PT and ST	<b>PA update:</b> Medicaid and Standard Marketplace: Pediatric Membership: After initial evaluation plus six (6) visits for office, outpatient and home settings. Adult Membership: After initial evaluation plus twenty-four (24) visits per calendar year for office and outpatient settings. Consumer Choice/Marketplace Options Plan(s): 35 visit benefit limit per calendar year; no PA required for PT, OT, ST, Chiropractic and Habilitative	Applies to MTX Medicaid/Marketplace - Retro to 4/1/17
4/20/2017	7/1/2017	OT and PT	<b>PA update:</b> PA required after twelve (12) visits for Medicaid/Marketplace.	Applies to MNM Medicaid/Marketplace
3/25/2017	4/1/2017	OT and PT	<b>PA update:</b> Benefit limit of 20 visits per calendar year	Applies to MOH Marketplace - Retro to 4/1/17
4/1/2017	1/1/2017	OT, PT and ST	<b>PA update:</b> PA required after initial visit/eval only	Applies to MPR Medicaid - Retro to 1/1/17
5/1/2017	7/1/2017	Behavioral Health	<b>PA update:</b> All BH members managed by Beacon Health until 09/30/17. On 10/01/17 Beacon Health will manage services for HARP Members only.	Applies to MNY Medicaid

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5/1/2017	7/1/2017	Neuro Psych and Psychological Testing	<b>PA update:</b> All NP and P Testing services managed by Beacon Health.	Applies to MNY Medicaid
5/1/2017	7/1/2017	OT, PT and ST	<b>PA update:</b> PA Required for only for Home OT, PT & ST. No PA required for OP Services, benefit limit of 20 visits per year for PT/OT or ST.	Applies to MNY Medicaid
5/11/2017	7/1/2017	Behavioral Health	<b>Remove/No PA Required:</b> H0012, H2012, H2020	Applies to MOH Medicaid/Marketplace
5/3/2017	7/1/2017	Behavioral Health	<b>Remove Medicare NC Rev Codes:</b> 0912, 0913	Applies to All Plans Medicare MFL – 08/01/17
5/3/2017	7/1/2017	Cosmetic, Plastic and Reconstructive Procedures	<b>Added/PA Required:</b> 15823	Applies to All Plans Medicare MFL – 08/01/17
5/11/2017	7/1/2017	Specialty Pharmacy	<b>Removed/No PA Required:</b> J0401, J0592, J2426	Applies to MNY Medicaid
5/11/2017	7/1/2017	Specialty Pharmacy	<b>Added/PA Required:</b> J9070, J0740	Applies to MNY Medicaid
5/11/2017	7/1/2017	Home Health Care Services	<b>Remove Service Codes:</b> 0023, 027X, 029X, 032X, 033X, 034X, 060X, 062X	Applies to All Plans Medicare MFL – 08/01/17
5/11/2017	7/1/2017	Home Health Care Services	<b>Remove/No PA Required:</b> G0490	Applies to All Plans Medicare MFL – 08/01/17
5/11/2017	7/1/2017	Home Health Care Services	<b>Remove NC Codes:</b> T1000, T1002, T1003, T1005, T1022, T1030, T1031	Applies to All Plans Medicare MFL – 08/01/17
5/10/2017	7/1/2017	Behavioral Health	<b>Added/PA Required:</b> 90791, 90792, 96111, G0396, G0397, H0001, H0036, H0040, H2017, H2019, H2034, H2036	Applies to MOH Medicaid
5/11/2017	7/1/2017	Specialty Pharmacy	<b>Remove/No PA Required:</b> J2315	Applies to MOH Medicaid
5/17/2017	8/1/2017	Hospice	<b>Added/PA Required:</b> RV185, 0651, 0652, 0655, 0656, 0657, 0551, 0561, 0185	Applies to MFL Medicaid
5/17/2017	8/1/2017	Allergy Testing	<b>Added/PA Required:</b> 95004, 95017, 95018, 95024, 95027, 95028, 95044, 95052, 95056, 95060, 95065, 95070, 95071	Applies to MFL All LOBs
05/25/17	8/01/17	Physical Therapy/Home Health	<b>Added/PA Required:</b> 97110	Applies to MFL Medicaid (PA required after initial eval)
05/25/17	8/01/17	Occupational Therapy/Home Health	<b>Added/PA Required:</b> 97530	Applies to MFL Medicaid (PA required after initial eval)
05/25/17	8/01/17	Speech-Language Pathology (Speech Therapy)/Home Health	<b>Added/PA Required:</b> 92507, 92508, 92609	Applies to MFL Medicaid (PA required after initial eval)
5/20/2017	7/1/2017	Cosmetic, Plastic and Reconstructive Procedures	<b>PA Update: No PA Required with breast CA Dx:</b> 19300, 19316, 19318, 19324, 19325, 19328, 19330, 19340, 19342, 19350, 19355, 19396, 11900, 11901, 11920	Applies to All Plans Medicaid/Marketplace (ICD-10 Codes: C50-C50.929 and D05.00-D05.92. MFL: Effective 08.01.17)
5/30/2017	7/1/2017	Cosmetic, Plastic and Reconstructive Procedures	<b>Added/PA Required:</b> 15780, 15781, 15782, 15783, 15793, 15820, 15821, 15822, 15832, 15833, 15834, 15835, 15836, 15837, 15839, 15847, 19300, 19316, 19318, 19324, 19325, 19328, 19330, 19342, 19350, 19355,	Applies to All Plans Medicare (These codes already require PA for Medicaid/Marketplace.) MFL: Effective 08.01.17



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## Services Requiring Authorization



Received Date	Effective Date	Specialty/Service	Change/Update Description	Exceptions/Notes
6/14/2017	10/1/2017	Specialty Pharmacy	19396, 30460, 30462, 67904, 67906, 67908 <b>Add/PA Required:</b> C9490, J7511, J0640, J1230, J1570, J7308, J9000, J9065, J9070, J9100, J9130, J9150, J9181, J9190, J9200, J9208, J9209, J9211, J9213, J9230, J9268, J9280, J9328, J9340, J9360, Q9985, Q9986, Q9989	Applies to All Plans All LOBs
6/28/2017	10/1/2017	Specialty Pharmacy	<b>Remove Termed Code:</b> C9487	Applies to All Plans All LOBs Replaced by Q9989
6/28/2017	10/1/2017	Out Patient Hospital/ASC Procedures	<b>Added/PA Required:</b> 37243, C2616, C9734, C9746, C9747	Applies to All Plans All LOBs
6/28/2017	10/1/2017	Out Patient Hospital/ASC Procedures	<b>Added/PA Required:</b> S2095	Applies to All Plans Medicaid/Marketplace
6/28/2017	10/1/2017	Specialty Pharmacy	<b>Added/PA Required:</b> J0571, 67028	Applies to All Plans All LOBs
6/28/2017	10/1/2017	Home Health Care Services	<b>Added/PA Required:</b> G0495, G0496	Applies to All Plans All LOBs
6/29/2017	10/1/2017	Genetic Counseling & Testing	<b>Added/PA Required:</b> 0004U, 0005U	Applies to All Plans All LOBs
6/29/2017	10/1/2017	Experimental & Investigational	<b>Added/PA Required:</b> 0469T, 0470T, 0471T, 0473T, 0474T, 0475T, 0476T, 0477T, 0478T	Applies to All Plans All
7/12/2017	10/1/2017	Out Patient Hospital/ASC Procedures	<b>Remove/No PA Required:</b> 47600	All Plans All LOBs
7/13/2017	10/1/2017	DME	<b>Added/PA Required:</b> E0603, E0604	Applies to MFL Medicaid/Marketplace
7/24/2017	7/24/2017	Experimental & Investigational	<b>Remove NC Code:</b> 0042T	Applies to All Plans Medicare
8/24/2017	10/1/2017	Specialty Pharmacy	<b>Added/PA Required:</b> C9484, C9489	Applies to MFL Medicaid/Marketplace (Carved Out – FFS)
09/07/17	10/01/17	DME	<b>Added/PA Required:</b> E0766	Applies to All Plans All LOBs
09/20/17	10/01/17	Specialty Pharmacy	<b>Added/PA Required:</b> C9491, C9492, C9493, C9494	Applies to All Plans All LOBs
08/18/17	01/01/18	Unlisted/Miscellaneous Codes	<b>Removed/No PA Required:</b> 90999	Applies to All Plans All LOBs
09/22/17	01/01/18	Specialty Pharmacy	<b>Added/PA Required:</b> J3095, J3240	Applies to All Plans All LOBs
09/26/17	01/01/18	Prosthetics & Orthotics	<b>Added/PA Required:</b> L0637, L0650, L8614, L5856	Applies to All Plans All LOBs
09/26/17	01/01/18	Out Patient Hospital/ASC Procedures	<b>Added/PA Required:</b> 50590	Applies to All Plans All LOBs
09/26/17	01/01/18	Long-Term Services & Support (LTSS)	<b>PA Update:</b> Removed Codes under this section as all LTSS. codes require PA.	Applies to All Plans Medicaid
10/06/17	01/01/18	Specialty Pharmacy	<b>Removed/No PA Required:</b> 67028	Applies to All Plans All LOBs
10/12/17	01/01/18	Pain Management Procedures	<b>Added/PA Required:</b> 62320, 62321, 62322, 62323, 64479, 64480	Applies to All Plans All LOBs
11/29/17	01/01/18	Massage Therapy	<b>Added/PA Required:</b> 97124	Applies to MFL All LOBs
12/28/17	04/01/18	Specialty Pharmacy	<b>Removed/No PA Required:</b> C9140, C9483, C9485, C9486, C9490, C9491, J0401, J0571, J0572, J0573, J0574, J0575, J0592, J1942, J2426, J9213, J9250, J9260	Applies to All Plans All LOBs
12/28/17	04/01/18	Specialty Pharmacy	<b>Added/PA Required:</b> C9014, C9015, C9016, C9024, C9028, C9029, J0565, J0604, J0606, J1428,	Applies to All Plans All LOBs

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Received Date	Effective Date	Specialty/Service	Change/Update Description	Exceptions/Notes
01/02/18	04/01/18	Specialty Pharmacy	J1555, J1627, J2326, J2350, J3358, J7210, J7211, J9022, J9023, J9203, J9285 <b>Added/PA Required:</b> Q2040	Applies to All Plans All LOBs
01/02/18	04/01/18	Transplant Services	<b>Added/PA Required:</b> S2107	Applies to MFL Medicaid/Marketplace
02/13/18	04/01/18	Behavioral Health, Mental Health, Alcohol & Chemical Dependency	<b>Added/PA Required:</b> F84.2, F84.3, F84.4	Applies to All Plans Medicaid/Marketplace Codes do not apply to current Autism Dx exception
02/21/18	04/01/18	Allergy Testing	<b>Removed/No PA Required:</b> 95004, 95017, 95018, 95024, 95027, 95028, 95044, 95052, 95056, 95060, 95065, 95070, 95071	Applies to MFL All LOBs ENT, Pulmonology, Allergy & Allergy Immunology only
02/16/18	04/01/18	Experimental & Investigational	<b>Added/PA Required:</b> 0479T, 0480T 0481T, 0482T 0483T 0484T 0485T, 0486T, 0487T, 0488T, 0489T, 0490T 0491T, 0492T, 0493T, 0494T, 0495T, 0496T 0497T 0498T 0499T, 0500T, 0501T, 0502T, 0503T, 0504T	Applies to All Plans All LOBs
02/16/18	04/01/18	Out Patient Hospital/ASC Procedures	<b>Added/PA Required:</b> C9738, C9748, 15730, 15733, 19294, 20939, 31253, 31257, 31259, 31298, 32994, 34713, 34714, 34715, 34716, 36465, 36466, 36482, 36483, 38573, 55874, 64912, 64913, 95249, 96573, 96574	Applies to All Plans All LOBs
02/16/18	04/01/18	Genetic Counseling & Testing	<b>Added/PA Required:</b> 81105, 81106, 81107, 81108, 81109, 81110, 81111, 81112, 81120, 81121, 81175, 81176, 81230, 81231, 81232, 81238, 81247, 81248, 81249, 81258, 81259, 81269, 81283, 81328, 81334, 81335, 81346, 81361, 81362, 81363, 81364, 81448, 81520, 81521, 81541, 81551, 86008	Applies to All Plans All LOBs
02/16/18	04/01/18	Physical Therapy	<b>Added/PA Required:</b> 97763	Applies to All Plans All LOBs
02/16/18	04/01/18	Occupational Therapy	<b>Added/PA Required:</b> 97763	Applies to All Plans All LOBs
02/16/18	04/01/18	DME	<b>Added/PA Required:</b> L3761, L7700, L8625, L8694	Applies to All Plans All LOBs
02/16/18	04/01/18	Hyperbaric/Wound Therapy	<b>Added/PA Required:</b> Q4176, Q4177, Q4178, Q4179, Q4180, Q4181, Q4182	Applies to All Plans All LOBs
02/16/18	04/01/18	Genetic Counseling & Testing	<b>Removed Deleted Codes:</b> 0004U, 0008M, 0015U, 0051T, 0052T, 0053T	Applies to All Plans All LOBs
02/16/18	04/01/18	Experimental & Investigational	<b>Removed Deleted Codes:</b> 0178T, 0179T, 0180T, 0255T, 0293T, 0294T, 0299T, 0300T, 0301T, 0302T, 0303T, 0304T, 0305T, 0306T, 0307T, 0309T, 0310T, 0340T, 0438T	Applies to All Plans All LOBs
02/16/18	04/01/18	Specialty Pharmacy	<b>Removed Deleted Codes:</b> Q9985, Q9986, Q9989	Applies to All Plans All LOBs
03/19/18	01/01/18	Genetic Counseling & Testing	<b>Removed/No PA Required:</b> 81528	Applies to All Plans Medicare (Retro to: 01/01/18)
05/25/17	04/01/18	Physical Therapy/Home Health	<b>Added/PA Required:</b> 97110	Applies to MFL Medicare/Marketplace



# Molina Healthcare of Florida, Inc., 2020 PA Code Matrix (Effective 7.1.20)

## Services Requiring Authorization



Received Date	Effective Date	Specialty/Service	Change/Update Description	Exceptions/Notes
				(PA required after initial eval)
05/25/17	04/01/18	Occupational Therapy/Home Health	<b>Added/PA Required:</b> 97530	Applies to MFL Medicare/Marketplace (PA required after initial eval)
05/25/17	04/01/18	Speech-Language Pathology (Speech Therapy)/Home Health	<b>Added/PA Required:</b> 92507, 92508, 92609	Applies to MFL Medicare/Marketplace (PA required after initial eval)
02/01/18	04/01/18	Observational Stays	<b>Added/PA Required:</b> Rev Codes 0760 – 0769* *When billed with Rev Codes: 0450-0459	Applies to MFL All LOBs
05/21/18	08/01/18	DME	<b>Added/PA Required:</b> E0470, E0471, E0472, E0561, E0562, E0601	Applies to MFL Medicaid and Marketplace
03/20/18	08/01/18	DME	<b>Added/PA Required:</b> K0903	Applies to All Plans All LOBs
03/20/18	08/01/18	Specialty Pharmacy	<b>Added/PA Required:</b> Q5103, Q5104, Q2041	Applies to All Plans All LOBs
03/20/18	08/01/18	Genetic Counseling & Testing	<b>Added/PA Required:</b> 0026U, 0027U, 0028U, 0029U, 0030U, 0031U, 0032U, 0033U, 0034U, 81407	Applies to All Plans All LOBs
04/05/18	08/01/18	Specialty Pharmacy	<b>Added/PA Required:</b> J7322	Applies to All Plans Medicare/Marketplace
04/09/18	08/01/18	Behavioral Health, Mental Health, Alcohol & Chemical Dependency	<b>PA Update:</b> F84.2, F84.3, F84.4	Applies to All Plans Medicaid/Marketplace No PA required when associated with Autism Dx.
03/28/18	08/01/18	Specialty Pharmacy	<b>Removed Deleted Codes:</b> C9494, J1725, J9265, Q5102	Applies to All Plans All LOBs
04/18/18	04/01/18	Specialty Pharmacy	<b>Added/PA Required:</b> J1726, J1729	Applies to All Plans All LOBs Replacement codes, retro to 4/1/18.
09/21/18	10/01/18	Specialty Pharmacy	<b>Removed/No PA Required:</b> J9276	Applies to All Plans All LOBs
04/25/18	10/01/18	Cosmetic, Plastic & Reconstructive procedures	<b>Added/PA Required:</b> 11900, 11901	Applies to All Plans Medicaid/Marketplace PA required regardless of diagnosis
06/26/18	10/1/18	Durable Medical Equipment (DME)	<b>Added/PA Required:</b> C2624, K0903	Applies to All Plans Medicaid/Marketplace
05/31/18	10/01/18	Experimental/Investigational	<b>Added/PA Required:</b> 0505T, 0506T, 0507T, 0508T	Applies to All Plans All LOBs
10/12/18	10/01/18	Genetic Counseling & Testing	<b>Removed/No PA Required:</b> 0028U	Applies to All Plans All LOBs Code Termed: 09/30/18
06/26/18	10/01/18	Out Patient Hospital/ASC Procedures	<b>Added/PA Required:</b> C9741	Applies to All Plans Medicaid/Marketplace
05/22/18	10/01/18	Sleep Studies	<b>PA Update:</b> No PA required for POS12 services (Home Sleep Studies).	Applies to All Plans All LOBs
04/05/18	10/01/18	Specialty Pharmacy	<b>Added/PA Required:</b> J1726, J1729	Applies to All Plans All LOBs
04/05/18	10/01/18	Specialty Pharmacy	<b>Added/PA Required:</b> C9463, J7322, Q5103, Q5104, Q2041, Q9991, Q9992, Q9995	Applies to All Plans All LOBs
06/11/18	10/01/18	Unlisted & Miscellaneous	<b>Added/PA Required:</b> A4649, E0769, E0770, K0899, L5999, L7499, Q0507, Q0508, Q0509	Applies to All Plans All LOBs

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## Services Requiring Authorization



Received Date	Effective Date	Specialty/Service	Change/Update Description	Exceptions/Notes
07/31/18	12/01/18	Pain Management	<b>Added/PA Required:</b> 97810, 97811, 97813	Applies to MFL Medicaid
07/31/18	12/01/18	Unlisted/Misc.	<b>Added/PA Required:</b> S5170, S9977, H0044, A0190, A0210, G0176	Applies to MFL Medicaid
07/31/18	12/01/18	Home Health	<b>Added/PA Required:</b> T1019, T1020, T1021	Applies to MFL Medicaid
07/31/18	12/01/18	Nutritional Counseling	<b>Added/PA Required:</b> S9452, 97802, 97803, 97804, G0270, G0271	Applies to MFL Medicaid
07/31/18	12/01/18	Massage Therapy	<b>Added/PA Required:</b> 97140, 97010, 97112	Applies to MFL Medicaid
07/31/18	12/01/18	DME	<b>Added/PA Required:</b> A4217, A4221, A4222, A4246, A4256, A4314, A4340, A4565, A4570, A6196, A6197, A6209, A6210, A6212, A6216, A6222, A6223, A6242, A6248, A6251, A6252, A6253, A6258, A6266, A6402, A6443, A6446, A6449, A6454, A6456, A9276, B4035, B4160, B9002, B9004	Applies to MFL Medicaid
07/31/18	12/01/18	OP Hospital/ASC Procedures	<b>Added/PA Required:</b> 90732, G0009, 90715	Applies to MFL Medicaid
12/01/18	01/01/19	Hospice	<b>Removed/No PA Required:</b> All codes	Applies to MFL All LOBs
11/12/18	01/01/19	Non-Par Offices/Facilities	<b>Update PA:</b> PA is waived for professional component services or services billed with Modifier 26 in ANY place of service setting	Applies to MFL All LOBs
10/04/18	01/01/19	Genetic Counseling and Testing	<b>Added/PA Required:</b> 0037U, 0045U, 0046U, 0047U, 0048U, 0049U, 0050U, 0053U, 0055U, 0056U, 0057U, 0058U, 0059U, 0060U	Applies to MFL All LOBs
07/18/19	01/01/19	Cosmetic, Plastic & Reconstructive	<b>Added/PA Required:</b> 30400, 30410, 30420, 30430, 30435, 30450	Applies to MFL Medicare
08/15/18	01/01/19	Durable Medical Equipment (DME)	<b>Added/PA Required:</b> A9277, A9278, K0553, K0554	Applies to MFL Medicaid
07/12/18	01/01/19	Behavioral Health, Mental Health, Alcohol & Chemical Dependency	<b>Added/PA Required:</b> 90867, 90868, 90869	Applies to All Plans All LOBs
08/03/18	01/01/19	Genetic Counseling and Testing	<b>Added/PA Required:</b> 81161, 81243, 81244	Applies to All Plans All LOBs
09/07/18	01/01/19	Specialty Pharmacy	<b>Added/PA Required:</b> Q5108, Q5110	Applies to All Plans All LOBs
02/16/18	01/01/19	Physical Therapy	<b>PA Guide Update:</b> Require PA after initial eval +24 treatment visits	Applies to All Plans Medicaid
02/16/18	01/01/19	Occupational Therapy	<b>PA Guide Update:</b> Require PA after initial eval +24 treatment visits	Applies to All Plans Medicaid
07/31/18	01/01/19	OP Hospital/ASC Procedures	<b>Added/PA Required:</b> 33206, 33207, 33208, 33212, 33213, 33214, 33221, 33224, 33225, 33227, 33228, 33229, 33230, 33231, 33240, 33249, 33262, 33263, 33264, 33270	Applies to All Plans All LOBs
07/31/18	01/01/19	OP Hospital/ASC Procedures	<b>Added/PA Required:</b> 23470, 27438	Applies to All Plans All LOBs
12/05/18	01/01/19	Unlisted & Miscellaneous	<b>PA Guide Update:</b> J7999, J8499	Applies to All Plans All LOBs Codes listed under both Specialty Pharmacy and Unlisted & Miscellaneous, removing from Specialty Pharmacy.
12/11/18	01/01/19	Specialty Pharmacy	<b>Added/PA Required:</b> A9513, B4105, C9038, J0185, J0517, J0567, J0584,	Applies to All Plans Medicaid/Marketplace

# Molina Healthcare of Florida, Inc., 2020 PA Code Matrix (Effective 7.1.20)

## Services Requiring Authorization



Received Date	Effective Date	Specialty/Service	Change/Update Description	Exceptions/Notes
			J0599, J1301, J1454, J1628, J1746, J2797, J3245, J3316, J3398, J7170, J7177, J7203, J7318, J7329, J9044, J9057, J9153, J9173, J9229, J9311, J9312, Q2042, Q5107, Q5109, Q5111	
12/11/18	01/01/19	Specialty Pharmacy	<b>Added/PA Required:</b> C9035, C9036, C9037, C9039, C9407, C9408, J0841, J1095, J2062, J2186, J2787, J3304, J3397	Applies to All Plans Medicaid/Marketplace
12/18/19	01/01/19	Multiple	<b>Removal of Deleted Codes:</b> 0159T, 0188T, 0189T, 0190T, 0195T, 0196T, 0337T, 0359T, 0360T, 0361T, 0363T, 0364T, 0365T, 0366T, 0367T, 0368T, 0369T, 0370T, 0371T, 0372T, 0374T, 0406T, 0407T, 77058, 77059, 81211, 81213, 81214, 96101, 96102, 96103, 96118, 96119, 96120, 33282, 33284, 64550, 96111, C8904, C8907, C9014, C9015, C9016, C9024, C9028, C9029, C9030, C9031, C9032, C9463, C9492, C9493, C9741, J0833, Q2040, Q9994, Q9995, 10022, 11100, 11101, 20005, 27370, 31595, 41500, 43760, 46762, 50395, 61332, 61480, 61610, 61612, 63615, 64508, 66220, 76001, 78270, 78271, 78272, 92275, 95974, 95975, 95978, 95979, 99090, 0001M, 0346T, 0387T, 0388T, 0389T, 0390T, 0391T	Applies to All Plans All LOBs
12/11/18	01/01/19	Neuropsychological & Psychological Tests (in any setting)	<b>Added/PA Required:</b> 96112, 96113, 96121	Applies to All Plans Medicare Replacement of deleted codes: 96130, 96131, 96132, 96133, 96136, 96137, 96138, 96139, 96146
12/11/18	01/01/19	Behavioral Health, Mental Health, Alcohol & Chemical Dependency	<b>Added/PA Required:</b> 97151, 97152, 97153, 97154, 97155, 97156, 97157, 97158	Applies to All Plans Medicare
12/11/18	01/01/19	Neuropsychological & Psychological Tests (in any setting)	<b>Added/PA Required:</b> 97151, 97152, 97153, 97154, 97155, 97156, 97157, 97158	Applies to All Plans Medicaid/Marketplace
12/17/18	04/01/19	Specialty Pharmacy	<b>Update PA:</b> Rename "Specialty Pharmacy Drug" service category into "Healthcare Administered Drug"	Applies to All Plans All LOBs
12/13/18	04/01/19	Durable Medical Equipment (DME)	<b>Added/PA Required:</b> K0013	Applies to All Plans Medicare
01/15/19	04/01/19	Experimental/Investigational	<b>Added/PA Required:</b> 81503	Applies to All Plans All LOBs
09/07/18	04/01/19	Experimental/Investigational	<b>Added/PA Required:</b> 0509T, 0510T, 0511T, 0512T, 0513T, 0514T, 0515T, 0516T, 0517T, 0518T, 0519T, 0520T, 0521T, 0522T, 0523T, 0524T, 0525T, 0526T, 0527T, 0528T, 0529T, 0530T, 0531T, 0532T, 0533T, 0534T, 0535T, 0536T, 0537T, 0538T, 0539T, 0540T, 0541T, 0542T	Applies to All Plans All LOBs
03/11/19	04/01/19	Healthcare Administered Drug	<b>Added/PA Required:</b> J3591	Applies to All Plans All LOBs
01/11/19	04/01/19	Durable Medical Equipment (DME)	<b>Removed/No PA Required:</b> K0903	Applies to All Plans All LOBs Termed Code

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Received Date	Effective Date	Specialty/Service	Change/Update Description	Exceptions/Notes
02/06/19	04/01/19	Outpatient Hospital/Ambulatory Surgery Center Procedures	<b>Removed/No PA Required:</b> 97762	Applies to All Plans All LOBs Termed Code
03/11/19	04/01/19	Healthcare Administered Drug	<b>Removed/No PA Required:</b> J2430, J9060, J9100, J9181, J9209, J9370, J9351*	Applies to All Plans Medicaid/Marketplace *J9351 removed from Medicaid only
01/18/19	04/01/19	Pain Management	<b>Update PA:</b> Remove "Acupuncture is not a Medicare covered benefit" under Pain Management Procedures	Applies to All Plans
02/06/19	04/01/19	Transplant Services	<b>Update PA:</b> Q2041, Q2042	Applies to All Plans Relocate the CAR T codes from "Healthcare Administered Drugs" category to "Transplant Services" category
02/06/19	04/01/19	Healthcare Administered Drug	<b>Update PA:</b> Pharmacy Drug Coverage Newly FDA approved medications such as "buy-and-bill" drugs are considered non-formulary and subject to non-formulary policies and other non-formulary utilization criteria until a coverage decision is rendered by the Molina Pharmacy and Therapeutics Committee. "Buy-and-bill" drugs are pharmaceuticals which a provider purchases and administers, and for which the provider submits a claim to Molina Healthcare for reimbursement. Many self-administered and office-administered injectable products require Prior Authorization (PA). In some cases, they will be made available through Molina Healthcare's vendor, Caremark Specialty Pharmacy. Molina's pharmacy vendor will coordinate with MHC and ship the prescription directly to your office or the member's home. All packages are individually marked for each member, and refrigerated drugs are shipped in insulated packages with frozen gel packs. The service also offers the additional convenience of enclosing needed ancillary supplies (needles, syringes and alcohol swabs) with each prescription at no charge. Please contact your Provider Relations Representative with any further questions about the program	Applies to All Plans FL - Verbiage added to Rx PA Form.
03/29/19	07/01/19	Durable Medical Equipment (DME)	<b>Added/PA Required:</b> V5010, V5014, V5050, V5060, V5090, V5130, V5140, V5160, V5180, V5264, V5011, V5200, V5220, V5240	Applies to MFL Medicaid
04/29/19	07/01/19	Durable Medical Equipment (DME)	<b>Removed/No PA Required:</b> B4160	Applies to MFL Medicaid
03/25/19	07/01/19	Genetic Counseling and Testing	<b>Removed/No PA Required:</b> 86008	Applies to All Plans All LOBs

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## Services Requiring Authorization



Received Date	Effective Date	Specialty/Service	Change/Update Description	Exceptions/Notes
06/03/19	07/01/19	Imaging - Advanced & Specialty	Renaming "Imaging - Advanced & Specialty" to "Imaging and Special Tests"	Applies to All Plans All LOBs
04/22/19	07/01/19	N/A	<b>PA Update:</b> Update PA Matrix top disclaimers to clarify requirements for Par and Non Par Providers: "Any exceptions included in this Prior Authorization Code Matrix document apply to PAR Providers only. All Non-Par Providers require authorization regardless of services or codes (for any exceptions, refer to Non Par section below)."	Applies to All Plans All LOBs
04/22/19	07/01/19	N/A	<b>PA Update:</b> Update PA Matrix top disclaimers to clarify requirements for Par and Non Par Providers: "No PA Required for Emergency Room Services for Par or Non Par providers."	Applies to All Plans All LOBs
03/16/19	07/01/19	Durable Medical Equipment (DME)	<b>Added/PA Required:</b> A5514, A6460, A6461, E0447, V5171, V5172, V5181, V5211, V5212, V5213, V5214, V5215, V5221	Applies to All Plans All LOBs New Codes
03/16/19	07/01/19	Durable Medical Equipment (DME)	<b>Added/PA Required:</b> E0467, Q4183, Q4184, Q4185, Q4186, Q4187, Q4188, Q4190, Q4191, Q4193, Q4194, Q4198, Q4200, Q4201, Q4202, Q4203, Q4204	Applies to All Plans All LOBs New Codes
03/16/19	07/01/19	Experimental/Investigational	<b>Added/PA Required:</b> 0446T, 0447T, 0448T	Applies to All Plans All LOBs New Codes
03/16/19	07/01/19	Experimental/Investigational	<b>Added/PA Required:</b> 33440, 33866, 93264, 95836, 95976, 95977, 95983, A4563, C1823, C8937, C9751, C9752, C9753, C9754, C9755, L8608", Q4189, Q4192, Q4195, Q4196, Q4197	Applies to All Plans All LOBs New Codes
03/16/19	07/01/19	Genetic Counseling and Testing	<b>Added/PA Required:</b> 81167, 81171", 81172", 81173, 81174, 81177, 81178, 81179, 81180, 81181, 81182, 81183, 81184, 81185, 81186, 81187, 81188, 81189, 81190, 81204, 81233, 81234, 81236", 81237", 81239, 81271, 81274, 81284, 81285, 81286, 81289, 81305, 81306", 81312, 81320", 81333", 81336, 81337, 81343", 81344", 81345", 81443", 81518, 81596"	Applies to All Plans All LOBs New Codes
03/16/19	07/01/19	Imaging and Special Tests	<b>Added/PA Required:</b> 76391	Applies to All Plans All LOBs New Code
03/16/19	07/01/19	Outpatient Hospital/Ambulatory Surgery Center Procedures	<b>Added/PA Required:</b> 33979, 33274, 33275, 33285, 33286, 53854	Applies to All Plans All LOBs New Codes
03/16/19	07/01/19	Unlisted & Miscellaneous	<b>Added/PA Required:</b> L8698, L8701, L8702	Applies to All Plans All LOBs New Codes
03/16/19	07/01/19	Outpatient Hospital/Ambulatory Surgery Center Procedures	<b>Removed/No PA Required:</b> 95911, 95912, 95913	Applies to All Plans All LOBs
03/16/19	07/01/19	Healthcare Administered Drug	<b>Added/PA Required:</b> Q5112, Q5113, J7208, Q5114, J7677, Q5115, J9036, J9030, J9356, C9040, C9043, C9044,	Applies to All Plans All LOBs C9141 will be J7208 effective 7/1/2019

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			C9045, C9141, C9047, C9048, C9049, C9050, C9051, C9052	
03/16/19	07/01/19	Unlisted & Miscellaneous	PA Update: A0999	Applies to All Plans All LOBs Move under "Unlisted/Miscellaneous" section, remove from "Transportation" section
03/16/19	07/01/19	Unlisted & Miscellaneous	PA Update: A9900, E1399	Applies to All Plans All LOBs Move under "Unlisted/Miscellaneous" section, remove from "DME" section
03/16/19	07/01/19	Genetic Counseling and Testing	PA Update: S3870	Applies to All Plans All LOBs Move under "Genetic Counseling and Testing" section, remove from "Unlisted & Miscellaneous" section
03/16/19	07/01/19	Imaging and Special Tests	PA Update: 76999, 78499, G0235	Applies to All Plans All LOBs Move under "Imaging and Special Tests" section, remove from "Unlisted & Miscellaneous" section
03/16/19	07/01/19	Radiation Therapy & Radio Surgery	PA Update: 81599, 81479	Applies to All Plans All LOBs Move under "Radiation Therapy & Radio Surgery" section, remove from "Unlisted & Miscellaneous" section
03/16/19	07/01/19	Radiation Therapy & Radio Surgery	PA Update: A9543, A9513	Applies to All Plans All LOBs Move under "Radiation Therapy & Radio Surgery" section, remove from "Healthcare Administered Drug" section
03/16/19	07/01/19	Radiation Therapy & Radio Surgery	PA Update: C9408	Applies to All Plans All LOBs Move under "Radiation Therapy & Radio Surgery" section, remove from "Healthcare Administered Drug" section
03/16/19	07/01/19	Radiation Therapy & Radio Surgery	PA Update: 81503	Applies to All Plans All LOBs Move under "Radiation Therapy & Radio Surgery" section, remove from "Experimental/Investigational" section
03/16/19	07/01/19	Imaging and Special Tests	PA Update: 0042T, 0331T, 0332T, 93998, 0174T, 0175T, 0399T, 0439T	Applies to All Plans All LOBs Move under "Imaging and Special Tests" section, remove from



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Received Date	Effective Date	Specialty/Service	Change/Update Description	Exceptions/Notes
				"Experimental/Investigational" section
03/16/19	07/01/19	Healthcare Administered Drug	<b>PA Update:</b> J8499	Applies to All Plans All LOBs Move under "Healthcare Administered Drug" section, remove from "Unlisted & Miscellaneous" section
06/26/19	01/01/19	Respiratory Therapy	<b>Added/PA Required:</b> S5180, G0238	Applies to MFL All LOBs Retro to: 01/01/19
N/A	10/01/19	Pain Management	<b>Added/PA Required:</b> 64450	Applies to All Plans All LOBs
08/15/19	10/01/19	Healthcare Administered Drug	<b>PA Update:</b> J0121 (C9051), J0222 (C9036^), J0291 (C9039^), J0593 (C9399*), J1303 (C9052), J1943 (C9035^), J1096 (C9048), J3111 (C9399*), J3031 (C9040), J7314 (C9399*), J9204 (C9038^), J9210 (C9050), J9269 (C9049), J9313 (C9045), Q5117 (J9999*)	Applies to All Plans All LOBs Codes replacing ineffective codes (in parenthesis) 10.01.19. *Codes remain as other services continue under those. Reviewed by MHI Pharmacy staff and recommended ^NC by Medicare
08/27/19	10/01/19	Transplants	<b>PA Update</b>	Update service category title from Transplants to Transplants/Gene Therapy
08/27/19	10/01/19	Experimental/Investigational	<b>PA Update:</b> 0537T, 0538T, 0539T, 0540T	Moved from Experimental/Investigational to Transplants/Gene Therapy
09/06/19	10/15/19	Occupational and Physical Therapy	<b>PA Update</b>	Applies to MFL All LOBs All PT/OT/ST in an OP Hospital require PA
N/A	01/01/20	Imaging and Special Tests	<b>PA Update:</b> 0399T, 0482T	Applies to All Plans All LOBs Invalid codes [Replaced by 93356, 78434]
N/A	01/01/20	Imaging and Special Tests	<b>PA Update:</b> 78205, 78320, 78607, 78647, 78710	Applies to All Plans All LOBs Invalid codes [Replaced by 78803]
N/A	01/01/20	Radiation Therapy & Radio Surgery	<b>Removed/No PA Required:</b> Q9950	Applies to All Plans All LOBs
N/A	01/01/20	Healthcare Administered Drug	<b>Added/PA Required:</b> J7331, J7332, J7401, Q5116, Q5118	Applies to All Plans All LOBs
N/A	01/01/20	Imaging and Special Tests	<b>PA Update:</b> 0174T, 0175T	Applies to All Plans All LOBs Not Covered Codes
10/23/19	01/01/20	Healthcare Administered Drug	<b>PA Update:</b> J9310	Applies to All Plans Medicaid/Marketplace Inactive Code

# Molina Healthcare of Florida, Inc., 2020 PA Code Matrix (Effective 7.1.20)

## Services Requiring Authorization



Received Date	Effective Date	Specialty/Service	Change/Update Description	Exceptions/Notes
10/23/19	01/01/20	Healthcare Administered Drug	<b>PA Update:</b> C9141	Applies to All Plans Medicaid/Marketplace Inactive Code
10/31/19	01/01/20	Unlisted/Miscellaneous	<b>PA Update:</b> T5999	Applies to All Plans Medicare Invalid Code
11/22/19	01/01/20	Imaging and Special Tests	<b>PA Update:</b> 78206	Applies to All Plans All LOBs Inactive Code
11/22/19	01/01/20	Genetic Counseling & Testing	<b>Removed/No PA Required:</b> 81287	Applies to All Plans All LOBs Retro to 07/14/15 – Matrix Correction
12/03/19	01/01/20	Neuropsychological & Psychological Testing (in any setting)	<b>PA Update:</b> 95950, 95951, 95953, 95956	Applies to All Plans All LOBs Invalid codes [Replaced by 95700, 95705-95726]
N/A	01/01/20	Molecular & Genomic Testing	<b>Added/PA Required:</b> 81277, 81307, 81308, 81522, 81542, 81552	Applies to All Plans All LOBs Also under eviCore scope
11/22/19	01/01/20	Imaging and Special Tests	<b>Removed/No PA Required:</b> 76391	Applies to All Plans All LOBs Under eviCore scope, No PA
11/22/19	01/01/20	Imaging and Special Tests	<b>Removed/No PA Required:</b> G0288	Professional component for 76376 & 76377 which will reviewed by eviCore
11/22/19	01/01/20	Imaging and Special Tests	<b>Removed/No PA Required:</b> S8080	Applies to All Plans Medicaid/Marketplace Under eviCore scope, No PA
11/22/19	01/01/20	Genetic Counseling & Testing	<b>Removed/No PA Required:</b> S3722	Applies to All Plans Medicaid/Marketplace Moving from Genetic counseling & Testing category to Radiation Therapy & Radio surgery Bundled under eviCore scope for Radiation Therapy
11/22/19	01/01/20	Sleep Studies	<b>PA Update:</b> 95803	Moving from Sleep Studies to Experimental/ Investigational - not under eviCore scope
01/01/20	04/01/20	Radiation Therapy (AKA Radiation Therapy & Radio Surgery)	<b>Added/PA Required:</b> A9606	Applies to All Plans Medicaid/Marketplace
01/01/20	04/01/20	Experimental & Investigational	<b>Added/PA Required:</b> 0563T, 0564T, 0565T, 0566T, 0567T, 0568T, 0569T, 0570T, 0571T, 0572T, 0573T, 0574T, 0575T, 0576T, 0577T, 0578T, 0579T, 0580T, 0581T, 0582T, 0583T, 0587T, 0588T, 0589T, 0590T, C1824, C2596, C9758	Applies to All Plans All LOBs
01/01/20	04/01/20	Durable Medical Equipment (DME)	<b>Added/PA Required:</b> C1839, E0787, E2398, K1001, K1002, K1003, K1004, L2006, L8033	Applies to All Plans All LOBs

# Molina Healthcare of Florida, Inc., 2020 PA Code Matrix (Effective 7.1.20)

## Services Requiring Authorization



Received Date	Effective Date	Specialty/Service	Change/Update Description	Exceptions/Notes
01/01/20	04/01/20	Genetic Counseling & Testing (AKA Molecular and Genomic Testing)	<b>Added/PA Required:</b> 0139U, 0140U, 0141U, 0142U, 0143U, 0144U, 0145U, 0146U, 0147U, 0148U, 0149U, 0150U, 0151U, 0152U, 0154U, 0155U, 80145, 80187, 80230, 80235, 80280, 80285, 81309, 87563	Applies to All Plans All LOBs
01/01/20	04/01/20	Imaging & Special Tests	<b>Added/PA Required:</b> 78429, 78430, 78431, 78432, 78433	Applies to All Plans All LOBs
01/01/20	04/01/20	OP Hosp/Amb Surgery Center (ASC) Procedures	<b>Added/PA Required:</b> 15769, 15771, 15772, 15773, 15774, 20560, 20561, 21601, 21602, 21603, C9757	Applies to All Plans All LOBs
01/01/20	04/01/20	OP Hosp/Amb Surgery Center (ASC) Procedures	<b>Removed/No PA Required:</b> 95705, 95706, 95707	Applies to All Plans All LOBs
01/01/20	04/01/20	Neuropsychological and Psychological Tests	<b>Added/PA Required:</b> 95708, 95709, 95710, 95711, 95712, 95713, 95714, 95715, 95716, 95718, 95719, 95720, 95721, 95722, 95723, 95724, 95725, 95726	Applies to All Plans All LOBs
01/01/20	04/01/20	Pain Management Procedures	<b>Added/PA Required:</b> 64451, 64454, 64624, 64625	Applies to All Plans All LOBs
01/01/20	04/01/20	Physical and Occupational Therapy	<b>Added/PA Required:</b> 97129, 97130	Applies to All Plans All LOBs
01/01/20	04/01/20	Transplants/Gene Therapy	<b>Added/PA Required:</b> 0584T, 0585T, 0586T	Applies to All Plans All LOBs
01/01/20	04/01/20	Home Health Care	<b>Added/PA Required:</b> S5116	Applies to All Plans Medicaid/Marketplace
01/01/20	04/01/20	Unlisted/Miscellaneous	<b>Added/PA Required:</b> P9099	Applies to All Plans All LOBs
01/01/20	04/01/20	Healthcare Administered Drugs	<b>Added/PA Required:</b> 90291, 90371, A9604~, J0122, J0179, J0285, J0642, J0712, J2407, J2770, J7336, J9199, J9309, Q5105, Q5106, B4187, C9054, C9055, J0179, J9099	~Medicare: No PA Required Applies to All Plans All LOBs
12/03/19	04/01/20	Healthcare Administered Drugs	<b>Deleted/Termed Codes:</b> C9043, C9407	Applies to All Plans All LOBs
12/03/19	04/01/20	Radiation Therapy (AKA Radiation Therapy & Radio Surgery)	<b>Deleted/Termed Codes:</b> C9408	Replaced by A9590 Applies to All Plans All LOBs
MHI Q2	04/01/20	Experimental & Investigational	<b>Deleted/Termed Codes:</b> 0205T, 0206T, 0249T*, 0254T^, 0341T, 0357T, 0482T, 19304, 20926	*Replaced by 46948 ^Replaced by 34717, 34718 Applies to All Plans All LOBs
MHI Q2	04/01/20	Imaging & Special Tests	<b>Deleted/Termed Codes:</b> 0399T*, 78805", 78806", 78807"	Applies to All Plans All LOBs *Replaced by 93356 "Replaced by 78300, 78305, 78306, 78315, 78800, 78801, 78802, 78803, 78830, 78831, 78832

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Received Date	Effective Date	Specialty/Service	Change/Update Description	Exceptions/Notes
399	04/01/20	Genetic Counseling & Testing (AKA Molecular and Genomic Testing)	Removed/No PA Required: 81528	Applies to MFL Medicaid PA removed from other LOBs during prior quarters
MHI Q2	04/01/20	Genetic Counseling & Testing (AKA Molecular and Genomic Testing)	Deleted/Termed Codes: 0009M, 0057U	Applies to All Plans All LOBs
12/01/19	04/01/20	Healthcare Administered Drugs	Deleted/Termed Codes: C9037, C9044*, C9130, C9131	Applies to All Plans All LOBs *Replaced by J9119
12/01/19	04/01/20	OP Hosp/Amb Surgery Center (ASC) procedures	Deleted/Termed Codes: C9746, C9748	Applies to All Plans All LOBs
03/12/20	04/01/20	Experimental & Investigational	Code Reassignment: 97153, 97154, 97155, 97156, 97157, 97158	Applies to All Plans All LOBs Codes reassigned under Behavioral Health
04/08/20	04/01/20	Healthcare Administered Drugs	Deleted/Termed Codes: J9099	Applies to All Plans All LOBs
4/14/2020	7/1/2020	Experimental/Investigational	Addition of Codes/PA required: 0594T, 0596T, 0597T, 0598T, 0599T, 0600T, 0601T, 0602T, 0603T, 0604T, 0605T, 0606T, 0607T, 0608T, 0609T, 0610T, 0611T, 0612T, 0613T, 0614T, 0615T, 0616T, 0617T, 0618T, 0619T	Applies to All Plans All LOBs
4/14/2020	7/1/2020	Molecular and Genomic Testing (AKA Genetic Counseling & Testing)	Addition of Codes/PA required: 0172U, 0173U, 0174U, 0175U, 0176U, 0177U, 0178U, 0179U, 0180U, 0181U, 0182U, 0183U, 0184U, 0185U, 0186U, 0187U, 0188U, 0189U, 0190U, 0191U, 0192U, 0193U, 0194U, 0195U, 0196U, 0197U, 0198U, 0199U, 0200U, 0201U	Applies to All Plans All LOBs
4/14/2020	7/1/2020	Healthcare Administered Drugs	Addition of Codes/PA required: C9053, C9056, C9058	Applies to All Plans All LOBs
5/27/2020	7/1/2020	Healthcare Administered Drugs	Deleted codes: C9053, C9056, C9058. (Replacement codes: J0791, J0223, Q5120)	Applies to All Plans All LOBs Replacement codes: J0791, J0223, Q5120 WA: effective 8.01.20
4/14/2020	7/1/2020	Behavioral Health, Mental Health, Alcohol & Chemical Dependency Services	Removal of Codes/No PA required: 96158, 96159, 96164, 96165, 96167, 96168, 96170, 96171	Applies to All Plans All LOBs
1/2/2020	7/1/2020	Behavioral Health, Mental Health, Alcohol & Chemical Dependency Services	Addition of Codes/PA required: H0015, S9480*	Applies to Medicaid <b>Eff 1/1/21 for MKPL</b>
3/17/2020	7/1/2020	Behavioral Health, Mental Health, Alcohol & Chemical Dependency Services	Addition of Codes/PA required: H0018*, H2036	Applies to Medicaid and Marketplace

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Received Date	Effective Date	Specialty/Service	Change/Update Description	Exceptions/Notes
4/14/2020	7/1/2020	Behavioral Health, Mental Health, Alcohol & Chemical Dependency Services	Addition of Codes/PA required: G0480, G0481, G0482, G0483, G0659, 80305, 80306, 80307, 80320, 80324, 80346, 80348, 80353, 80354, 80356, 80358, 80359, 80361, 80362, 80365, 80369, 80372, 80373	Applies to Medicaid PA after 12 units used (any combination of G0480, G0481, G0482, G0483, G0659).  PA after 24 units used (any combination of 80305, 80306, 80307, 80320, 80324, 80346, 80348, 80353, 80354, 80356, 80358, 80359, 80361, 80362, 80365, 80369, 80372, 80373) <b>Eff 1/1/21 for MKPL</b>
4/15/2020	7/1/2020	Durable Medical Equipment (DME)	Addition of Codes/PA required: A9276, A9277, A9278	Applies to Marketplace
2/4/2020	7/1/2020	Durable Medical Equipment	Addition of Codes/PA required: Q0480	Applies to All Plans All LOBs
4/14/2020	7/1/2020	Neuropsychological and Psychological Tests	Addition of Codes/PA required: 95705, 95706, 95707, 95717	Applies to All Plans All LOBs
4/14/2020	7/1/2020	Radiation Therapy (AKA Radiation Therapy & Radio Surgery)	Addition of Codes/PA required: G6017	Applies to All Plans All LOBs
4/8/2020	7/1/2020	Healthcare Administered Drugs	Addition of Codes/PA required: A9604	Applies to Medicare
4/14/2020	7/1/2020	Radiation Therapy (AKA Radiation Therapy & Radio Surgery)	Addition of Codes/PA required: A9606	Applies to Medicare
5/1/2020	7/1/2020	Imaging & Special Tests	Removal of Codes/No PA required: 74713, 75565, 78434, 78496, 93356, 0439T	Applies to All Plans All LOBs Add-on codes that should not require PA
1/1/2020	4/1/2020	Molecular and Genomic Testing (AKA Genetic Counseling & Testing)	Removal of Codes/No PA required: 87563	Applies to All Plans All LOBs Added in error as requiring PA
5/27/2020	7/1/2020	Healthcare Administered Drugs	Deleted code: C9054	Applies to All Plans All LOBs Replacement Code: J0691
5/27/2020	7/1/2020	Healthcare Administered Drugs	Addition of Codes/PA required : C9061, C9063, C9122, J0223*, J0691, J0791*, J0896, J1429, J1558, J3399, J7204,	Applies to All Plans All LOBs

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Received Date	Effective Date	Specialty/Service	Change/Update Description	Exceptions/Notes
6/1/2020	7/1/2020	Hyperbaric/Wound Therapy	J7333, J9177, J9198, J9246, J9358, Q5119, Q5120*, Q5121 Category update: All affected codes	Applies to All Plans All LOBs Recategorize from Hyperbaric Therapy
6/1/2020	7/1/2020	Molecular and Genomic Testing (AKA Genetic Counseling & Testing)	Category update: 81479, 81503, 81599	Applies to All Plans All LOBs Recategorize from Radiation Therapy to Molecular and Genomic Testing (AKA Genetic Counseling & Testing)
6/24/2020	7/1/2020	Home Healthcare Services	Category update: S5111	Applies to Medicaid and Marketplace Recategorize from Behavioral Health, Mental Health, Alcohol & Chemical Dependency Services
6/24/2020	7/1/2020	Prosthetics & Orthotics	Category update: L2006, L3761, L7700, L8033, L8625, L8694	Applies to All Plans All LOBs Recategorize from DME
6/24/2020	7/1/2020	Long Term Services and Support (LTSS)	Category update: S5150, T1023, T1025, T1026, T1027, T1028, T2013, T2040	Applies to Medicaid and Marketplace Recategorize from Behavioral Health, Mental Health, Alcohol & Chemical Dependency Services





**Allergy Testing**

MEDICARE / MEDICAID & MKT PLACE					MEDICAID ONLY	MEDICARE ONLY	MKT PLACE ONLY	
*95004	*95056							
*95017	*95060							
*95018	*95065							
*95024	*95070							
*95027	*95071							
*95028								
*95044								
*95052								

\*No PA required across all LOBs for Specialties: Otolaryngology, Pulmonology, Allergy and Allergy & Immunology

**Behavioral Health, Mental Health, Alcohol & Chemical Dependency Services**  
*Inpatient, Residential Treatment, Partial Hospitalization, Day Treatment, Electroconvulsive Therapy (ECT), Applied Behavioral Analysis (ABA) for treatment of Autism Spectrum Disorder (ASD)*

Contact Beacon Health Options – Medicaid/Marketplace: 855-371-3945, Medicare: 855-371-9230

**Cosmetic, Plastic & Reconstructive Procedures (in ANY setting)**

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

\*No PA required with Breast Cancer Diagnosis (ICD-10 Codes: C50-C50.929 & D05.00-D05.92) – Medicaid & Marketplace Only

**Durable Medical Equipment (DME) (in ANY setting)**

***For more information on these services, please contact Coastal Care Services at: 855-481-0505 for MMA, Marketplace, and Medicare.***

***LTC and Comprehensive – Contact Molina Healthcare. PLEASE NOTE: All LTC Services require PA regardless of Code(s).***

***For Medicare Hearing Supplemental benefit: Contact HearUSA at 877-664-9353***

LONG-TERM CARE/COMPREHENSIVE								
A7025	E0373	E1002	E1170	E1700	E2369	E2623	K0806	K0851
	E0462	E1003	E1171	E2201	E2370	E2624	K0807	K0852

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LONG-TERM CARE/COMPREHENSIVE								
A9901	E0465	E1004	E1172	E2202	E2373	E2625	K0808	K0853
E0194	E0466	E1005	E1180	E2203	E2374	E2626	K0813	K0854
E0250	E0483	E1006	E1190	E2204	E2375	E2627	K0814	K0855
E0255	E0630	E1007	E1195	E2227	E2376	E2628	K0815	K0856
E0256	E0635	E1008	E1200	E2228	E2377	E2629	K0816	K0857
E0260	E0691	E1010	E1223	E2291	E2378	E2630	K0820	K0858
E0261	E0692	E1012	E1225	E2292	E2397	E2631	K0821	K0859
E0265	E0693	E1014	E1226	E2293	E2500	K0002	K0822	K0860
E0266	E0694	E1020	E1227	E2294	E2502	K0003	K0823	K0861
E0277	E0747	E1029	E1230	E2295	E2504	K0004	K0824	K0862
E0292	E0748	E1030	E1232	E2310	E2506	K0005	K0825	K0863
E0293	E0749	E1035	E1233	E2311	E2508	K0006	K0826	K0864
E0294	E0760	E1036	E1234	E2312	E2510	K0007	K0827	K0868
E0295	E0762	E1050	E1235	E2313	E2511	K0008	K0828	K0869
E0296	E0764	E1060	E1236	E2321	E2605	K0009	K0829	K0870
E0297	E0782	E1070	E1237	E2322	E2606	K0010	K0830	K0871
E0300	E0783	E1083	E1238	E2325	E2607	K0011	K0831	K0877
E0301	E0784	E1084	E1240	E2326	E2608	K0012	K0835	K0878
E0302	E0785	E1086	E1250	E2327	E2609	K0014	K0836	K0879
E0303	E0786	E1087	E1260	E2328	E2611	K0108	K0837	K0880
E0304	E0849	E1088	E1270	E2329	E2612	K0455	K0838	K0884
E0328	E0855	E1089	E1280	E2330	E2613	K0606	K0839	K0885
E0329	E0983	E1090	E1285	E2340	E2614	K0609	K0840	K0886
E0371	E0984	E1092	E1290	E2341	E2615	K0730	K0841	K0890
E0372	E0986	E1093	E1295	E2342	E2616	K0800	K0842	K0891
E0766	E0988	E1100	E1296	E2343	E2617	K0801	K0843	K0900
A4217	A4221	E1110	E1298	E2351	E2620	K0802	K0848	V2530
A4222	A4246	E1140	E1310	E2361	E2621	A6212	K0849	V2531
A4256	A4314	E1150	C1839	E2366	E2622	A6216	K0850	A6251
A4340	A4565	E1161	A6029	E2367	A6222	A6223	A6252	A6253
A4570	A6196	A6197	A6210	E2368	A6242	A6248	A6258	A6266
A6402	A6443	A6446	A6449	A6454	A6456	A9276	B4035	B4160
B9002	B9004	L3761	L7700	L8625	L8694	A5514	A6460	A6461
E0447	V5171	V5172	V5181	V5211	V5212	V5213	V5214	V5215
V5221	V5010	V5014	V5050	V5060	V5090	V5130	V5140	V5160
V5180	E0467	Q4183	Q4184	Q4185	Q4186	Q4187	Q4188	Q4190
Q4191	Q4193	Q4194	Q4198	Q4200	Q4201	E0787	E2398	K1001
L2006	L8033							

### Experimental/Investigational (in ANY setting)

MEDICARE/MEDICAID & MKT PLACE									MEDICAID ONLY		MEDICARE	MKT PL
0469T	0107T	0509T	0216T	0241T	0278T	0514T	0522T	0523T	0329T	0333T	N/A	
0470T	0108T	0510T	0217T	0243T	0471T	0515T	0342T	0524T	0330T			
0505T	0109T	0511T	0218T	0244T	0473T	0516T	0347T	0525T				
0506T	0110T	0191T	0219T		0474T	0517T	0348T	0526T				
0507T	0111T	0512T	0220T	0253T	0475T	0518T	0349T	0527T				
0054T	0123T	0513T	0221T		0476T	0519T	0350T	0528T				
0055T	0126T	0198T	0222T	0508T	0477T	0308T	0351T	0529T				
0058T	95803	0200T	0223T	0262T	0478T	0520T	0352T	0530T				
0071T	0163T	0201T	0224T	0263T	0479T	0521T	0353T	0373T				
0072T	0164T	0202T	0225T	0264T	0480T	0311T	0354T	0531T				
0075T	0165T	46948	0228T	0265T	0481T	0312T	0355T	0563T				
0483T	0484T	0488T	0489T	0490T	0491T	0493T	0495T	0496T				
0076T	0485T	34718	0229T	0266T	0492T	0313T	0356T	0497T				
0085T	0486T	0207T	0230T	0267T	0535T	0314T	34717	82016				

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MEDICARE/MEDICAID & MKT PLACE									MEDICAID ONLY	MEDICARE	MKT PL
95977	95983	A4563	C1823	C8937	C9751	C9752	C9753	C9754			
0095T	0487T	0208T	0231T	0268T	0536T	0315T	0358T	82017			
0098T	0564T	0209T	0233T	0269T	0295T	0316T	0446T	83987			
0099T	0565T	0210T	0234T	0270T	0296T	0317T	0447T	84145			
0100T	0532T	0211T	0235T	0271T	0297T	0335T	0448T	86316			
0101T	0533T	0212T	0236T	0272T	0298T	0494T	0362T	86343			
0102T	0534T	0213T	0237T	0273T	0566T	0541T	33440	92145			
0103T	0182T	0214T	0238T	0274T	0567T	0338T	33886	J2010			
0106T	0184T	0215T	0240T	0275T	0568T	0339T	93264	0439T			
0442T	0443T	0444T	0437T	0441T	0445T	0440T	0496T	0498T			
0500T	0501T	0502T	0503T	0504T	0569T	0542T	95836	95976			
C9755	L8608	Q4189	Q4192	Q4195	Q4196	Q4197	0570T	0571T			
0572T	0573T	0574T	0575T	0576T	0577T	0578T	0579T	0580T			
0581T	0582T	0583T	0584T	0585T	0586T	0587T	0588T	0589T			
0590T	C1824	C2596	C9758								

Genetic Counseling & Testing (in ANY setting)

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

MEDICARE / MEDICAID & MKT PLACE					MEDICAID ONLY			MEDICARE ONLY	MKT PLACE ONLY	
0004M	81226	81298	81408	81450	S3841	S3866	S3840			S3854
0006M	81227	81300	81410	81455	S3842					
0007M	81228	81313	81411	81460	S3861	S3852				
0026U	81229	81317	81415	81465	S3865	S3800				
81413	81246	81319	81416	81470	S3854					
81201	81265	81321	81417	81471						
81203	81266	81323	81425	81519						
81167	81414	81325	81426	83006						
81212	81422	81355	81427	84999*						
81171	0139U	81400	81430	88369						
81172	81291	81401	81431	88373						
81215	81292	81402	81435	88374						
81216	81294	81403	81436	88377						
81217	81295	81404	81440	81162						
81222	81297	81405	81445	81210						
81223	81311	81406	81434	81218						
81219	81314	81412	81437	81442						
81272	81538	81432	81438	81493						
81273	81540	81433	81493	0027U						
81535	81504	81545	86152	81225						
81536	81276	81595	86153	0037U						
G9143		81324	81420	81507						
81235	88261	88271	81439	0005U						
81105	81106	81108	81109	81110						
81111	81112	81120	81121	81175						
81176	81230	81231	81232	81238						
81247	81248	81249	81258	81259						
81269	81283	81328	81334	81335						
81346	81361	81362	81363	81364						
81448	81520	81521	81541	81551						
81173	0029U	0030U	0031U	0032U						
0033U	0034U	81407	0026U	0027U						
0045U	0029U	0030U	0046U	0047U						
0048U	0049U	0050U	0053U	0055U						
0056U		0058U	0059U	0060U						

# Molina Healthcare of Florida, Inc., 2020 PA Code Matrix (Effective 7.1.20)

## Services Requiring Authorization



81161	81243	81244	81174	81177
81178	81179	81180	81181	81182
81183	81184	81185	81186	81187
81188	81189	81190	81204	81233
81234	81236	81237	81239	81271
81274	81284	81285	81286	81289
81305	81306	81312	81320	81329
81333	81336	81337	81343	81344
81345	81443	81518	81596	S3870
0140U	0141U	0142U	0143U	0144U
0145U	0146U	0147U	0148U	0149U
0150U	0151U	0152U	0154U	0155U
80145	80187	80230	80235	80280
80285	81309	87536		

\*Including Oncotype DX)

### Healthcare Administered Drugs (Oral/Injectable)

MEDICARE / MEDICAID & MKT PLACE									MEDICAID ONLY		MEDICARE ONLY		MKT PLACE ONLY	
90281	J0289	J0888	J1645	J2724	J7187	J7639	J9206	J9355	A9604		J2430	J9060	A9604	
90283	J0364	J0894	J1650	J2778	J7188	J7682	J9207	J9357			J9100	J9181		
90284	J3591	J0895	J1652	J2783	J7189	J7686	J9214	J9371			J9209	J9370		
90378	J0480	J0897	J1675	J7209	J7190	Q5113	J9215	J9395			J9351			
A9542	J0485	J1290	J1726	J8670	J7191	J7208	J9216	J9400						
J8499	J0490	J1300	J1740	J9027	J7192	J8520	J9217	J9600						
C9132	Q5114	J1322	J1743	J9034	J7193	J8521	J9218	J9999						
J7677	Q5115	J1324	J1744	J2793	J7194	J9145	J9219	J1428						
J0570	J9036	J1325	J1745	J2796	J7195	J8655	J9225	Q2043						
C9257*	J9030	J1438	J1786	J2820	J7196	J8700	J9226	Q2050						
C9293	J0585	J1442	J1826	J2860	J7197	J9176	J9228	Q3027						
C9399	J0586	J1447	J1830	J2941	J7198	J9015	J9245	Q3028						
J0594	J0587	J1453	J1833	J3060	J7199	J9017	J9261	Q4074						
J1439	J0588	J1458	J1930	J3090	J7200	J9019	J9262	Q5101						
J0565	J0604	J1459	J1931	J3110	J7201	J9025	J9263	J1729						
J2182	J0596	J1460	J1950	J3262	J7205	J9032	J9264	J9295						
J9356	J0597	J1556	J1955	J3285	J7309	J9033	J9266	J9325						
J2469	J0598	J1557	J2020	J3315	J7310	J9035*	J9267	S0122						
J2786	J0637	J1559	J2170	J3355	J7311	J9039	J9271	S0126						
J2840	J0638	J1560	J2248	J3357	J7312	J9041	J9293	S0128						
J7175	J0641	J1561	J2315	J3380	J7313	J9042	J9299	S0132						
J7179	J0695	J1562	J2323	J3385	J7316	J9043	J9301	S0145						
J0129	J0714	J1566	J2353	J3396	J7321	J9047	J9302	S0148						
J0135	J0717	J1568	J2354	J3489	J7323	J9050	J9303	S0157						
J0178	J0725	J1569	J2357	J3490	J7324	J9055	J9305	J9352						
J0180	J0775	J1571	J2425	J3590	J7325	J9098	J9306	J9390						
J0202	J0800	J1572	J0606	J7178	J7326	J9120	J9307	J1555						
J0205	J0850	J1573	J2502	J7180	J7327	J9155	J9308	J0287						
J0207	J0875	J1575	J2503	J7181	J7328	J9160	90291	J2504						
J0220	J0878	J1595	J2505	J7182	J7330	J9171	J9315	J9045						
J0221	J0881	J1599	J2507	J7183	J7340	J9179	J9330	J3031						
J0256	J7207	J1602	J2562	J7185	J7504	J9201		Q0138						



J0257	J0885	J1640	J2597	J7186	J7527	J9202	J9354	Q0139						
J7202	S0073	J9040	J9178	J9185	J9205	J2350		J7210						
J1627	J2326	C9488	J1750	J1756	J2916	J3145	J7320	J7511						
J0640	J1230	J1570	J7308	J9000	J9065	J9070	J9313	J9130						
J9150	90371	J9190	J9200	J9208	C9047	J9211	J7211	J9230						
J9268	J9280	J9328	J9360	Q5103	Q5104	J1096	J9022	J9023						
C9484**	C9489**	J3358	J9269	J9210	Q5103	J3095	J3240	J9203						
J9285	J0121	J7322	J1303	Q9991	Q9992	J0291	Q5108	Q5110						
J0222	B4105	C9038	J0185	J0517	J0567	J0584	J0599	J1301						
J1454	J1628	J1746	J2797	J3245	J3316	J3398	J7170	J7177						
J7203	J7318	J7329	J9044	J9057	J9153	J9173	J9229	J9311						
J9312	J0593	Q5107	Q5109	Q5111	C9035	C9036	J9119	C9039						
	J1943	J0841	J1095	J2062	J2186	J2787	J3304	J3397						
J3111	J7314	J9204	Q5117	J7331	J7332	J7401	Q5116	Q5118						
	J0122	J0179	J0285	J0642	J0712	J2407	J2770	J7336						
J9199	J9309	Q5105	Q5106	B4187	C9054	C9055	J0179							

\*No PA required when used for ocular diagnosis  
 \*\*Carved Out – Request to be redirected to FL Medicaid FFS

**Home Health Care & Home Infusion**

***For more information on these services, please contact Coastal Care Services at: 855-481-0505 for MMA, Marketplace, and Medicare.***

***LTC and Comprehensive – Contact Molina Healthcare. PLEASE NOTE: All LTC Services require PA regardless of Code(s).***

LONG-TERM CARE/COMPREHENSIVE				
G0151	G0154	G0156	G0159	G0162
G0152	G0155	G0157	G0160	S9470
G0153	G0495	G0158	G0161	G0496
S5116	S5130	S5135	S5151	
	G0493	G0494		
	S5135	S5151		

**Hospice**

MEDICARE / MEDICAID & MKT PLACE				MEDICAID ONLY		MEDICARE ONLY		MKT PLACE ONLY	



**Hyperbaric Therapy (in ANY setting)**

MEDICARE / MEDICAID & MKT PLACE					MEDICAID ONLY	MEDICARE ONLY	MKT PLACE ONLY
G0277	99183	Q4176	Q4177	Q4178	N/A	N/A	N/A
Q4179	Q4180	Q4181	Q4182				

**Imaging and Special Tests (in ANY setting)**

MEDICARE / MEDICAID & MKT PLACE					MEDICAID ONLY	MEDICARE ONLY	MKT PLACE ONLY
C8900	70498	72156	74175	78473			S8032
C8901	70540	72157	74176	78481	S8042	76380	S8042 76380
C8902	70542	72158	74177	78483	76390		76390
C8903	70543	72159	74178	78491			
78429	70544	72191	74181	78492			
C8905	70545	72192	74182	78494			
C8906	70546	72193	74183	78496			
76999	70547	72194	74185	78430			
C8908	70548	72195	74261	78608			
C8909	70549	72196	74262	78609			
C8910	70551	72197	74263	78431			
C8911	70552	72198	75557	78432			
C8912	70553	73200	75559	78811			
C8913	70554	73201	75561	78812			
C8914	70555	73202	75563	78813			
C8918	71250	73206	75565	78814			
C8919	71260	73218	75571	78815			
C8920	71270	73219	75572	78816			
C8931	71275	73220	75573	74712			
C8932	71550	73221	75574	74713			
C8933	71551	73222	75635	78433			
C8934	71552	73223	76376	G0297			
C8935	71555	73225	76377	78499			
C8936	72125	73700	76497				
70336	72126	73701	76498				
70450	72127	73702	G0235	93356			
70460	72128	73706	0042T	0331T			
70470	72129	73718	77084	0332T			
70480	72130	73719	78803	78434			
70481	72131	73720					
70482	72132	73721					
70486	72133	73722	78451				
70487	72141	73723	78452				
70488	72142	73725	78453				
70490	72146	74150	78454				
70491	72147	74160	78459				
70492	72148	74170	78466				
70496	72149	74174	78468				
			78469				
			78472				

**In-Patient Admissions**

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

MEDICARE / MEDICAID & MKT PLACE		MEDICAID ONLY	MEDICARE ONLY	MKT PLACE ONLY
All Codes		All Codes	All Codes	All Codes






**Long Term Services & Support**

[Not a Medicare covered benefit]

**PLEASE NOTE: All LTSS Services require PA regardless of Code(s).**

**Massage Therapy**

MEDICARE / MEDICAID & MKT PLACE					MEDICAID ONLY		MEDICARE ONLY	MKT PLACE ONLY
					97124	97140		
					97010	97112		

**Molecular and Genomic Testing**

\*Under eviCore scope

MEDICARE / MEDICAID & MKT PLACE				MEDICAID ONLY		MEDICARE ONLY	MKT PLACE ONLY
*81277	*81307	*81308	*81522				
*81542	*81552						

**Neuropsychological & Psychological Testing (in ANY setting)**

Contact Beacon Health Options – Medicaid/Marketplace: 855-371-3945, Medicare: 855-371-9230

MEDICARE / MEDICAID & MKT PLACE					MEDICAID ONLY		MEDICARE ONLY	MKT PLACE ONLY
96112	96116	96113	97151	97152	N/A		N/A	N/A
96121	97153	96125	97154	97155				
97156	97157	97158	95700					
		95708	95709	95710				
95711	95712	95713	95714	95715				
95716	95717	95718	95719	95720				
95721	95722	95723	95724	95725				
95726								

**Non-Par Offices/Providers/Facilities**

Authorization required for Non-Par Office Visits, Procedures, Labs, Diagnostic Studies, In-patient stays, except for:

- Emergency Department Services
- Professional fees associated with ER visit and approved Ambulatory Surgery Center (ASC) or in-patient stay
- Local Health Department (LHD) services
- Other services based on State requirements
- PA is waived for professional component services or services billed with Modifier 26 in ANY place of service setting (Effective 01/01/19)

**Observational Stays**

MEDICARE / MEDICAID & MKT PLACE					MEDICAID ONLY		MEDICARE ONLY	MKT PLACE ONLY
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0760*	0761*	0762*	0763*	0764*						
0765*	0766*	0767*	0768*	0769*						

\*When billed with Rev Codes: 0450 - 0459

### Occupational Therapy

*For more information on these services, please contact Health Network One, Inc. (HN1)/American Therapy Administrators of Florida (ATA-FL) at: 888-550-8800. All Therapy Services rendered in a Hospital setting require a PA.*

### Office Visits & Office Based Procedures

*PAR Physician/Provider office-based procedures do not require PA, unless specifically included in another category with the designation (in ANY setting), i.e. advanced imaging requires authorization even when performed in a participating physician’s office.*

*\*This section, not applicable to non-participating providers.*

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

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

MEDICARE / MEDICAID & MKT PLACE												MEDI-CAID ONLY	MEDI-CARE ONLY	MKT PLACE ONLY
10040	22112	22819	28011	28238	28737	29915	38214	58150	58673	63040	69310			55970
15786	22114	22830	28035	28240	28740	29916	38215	58152	58700	63042	69710			55980
15787	22116	22840	28060	28250	28750	30465	38232	58180	58720	63043	69711	90732		
15819	22206	22841	28062	28260	28755	30520	43644	58200	58740	63044	69714	90715		
15830	22207	22842	28080	28261	28760	30540	43645	58210	58750	63045	69715	G0009		
17004	22208	22843	28090	28262	28890	30545	43647	58240	58752	63046	69717			
17360	22210	22844	28092	28264	28341	31295	43648	58260	58760	63047	69718			
20930	22212	22845	28100	28270	29806	31296	43653	58262	58770	63048	69930			
21073	22214	22846	28102	28272	29807	31297	43770	58263	58940	63050	90867			
21120	22216	22847	28103	28280	29819	31660	43771	58267	58943	63051	90868			
21121	22220	22848	28104	28285	29820	31661	43772	58270	58950	63055	90869			
21122	22222	22849	28106	28286	29821	32491	43773	58275	58951	63056	93229			
21123	22224	22850	28107	28288	29822	33251	43774	58280	58952	63057	95909			
21125	22226	50590	28108	28289	29823	33254	43775	58285	58953	63064	15769			
21127	22505	22852	28110	C9738	29824	33261	43842	58290	58954	63066	15771			
21137	22526	22855	28111	28292	29825	33265	43843	58291	58956	63075	15772			
21138	22527	22856	28112		29826	33266	43845	58292	58957	63076	96567			
22867	22868	22869	22870	28291	28295	62324	62325	62326	62327	62380	15733			
21139	22532	22857	28113	22867	29827	36460	43846	58293	58958	63077	96570			
21141	22533	22861	28114	28296	29828	36468	43847	58294	58970	63078	96571			
21142	22534	22862	28116	28297	37243	36470	43848	58321	58974	63081	96900			
21143	22548	22864	28118	28298	29873	36471	43881	58322	58976	63082	96902			
21145	22551	22865	28119	28299	29874	36475	43882	58323	59070	63085	96904			
21146	22552	23412	28120	28300	29875	36476	45499	58345	59072	63086	96910			
21147	22554	25447	28122	28302	29876	36478	47380	58350	59074	63087	96912			
21150	22556	26499	28124	28304	29877	36479	47381	58356	59076	63088	96913			
21151	22558	27120	28126	28305	29879	36514	47382	58540	59899	63090	96920			

# Molina Healthcare of Florida, Inc., 2020 PA Code Matrix (Effective 7.1.20)

## Services Requiring Authorization



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

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

MEDICARE / MEDICAID & MKT PLACE											MEDI-CAID ONLY	MEDI-CARE ONLY	MKT PLACE ONLY	
21154	22585	27122	28130	28306	29880	37191	15730	58541	61863	63091	96921			
21155	22586	27125	28140	28307	29881	37700	47605	58542	61864	63101	96922			
21159	22590	27130	28150	28308	29882	37718	47610	58543	61867	63102	96931			
21160	22595	27132	28153	28309	29883	37722	47612	58544	61868	63103	96932			
21172	22600	27134	28160	28310	29884	37735	47620	58545	61885	64553	96933			
21175	22610	27137	28171	28312	29885	37760	49255	58546	61886	64568	96934			
21240	22612	27138	28173	28313	29886	37761	49904	58548	62369	64569	96935			
21242	22614	27440	28175	28315	29887	37765	49905	58550	62370	64570	96936			
21243	22630	27441	28200	28320	29888	37766	49906	58552	63001	64590	43886			
21270	22632	27442	28202	28322	29889	37780	52441	58553	63003	64595	43887			
21280	22633	27443	28208	28340	29891	37785	52442	58554	63005	65771	43888			
21282	22634	27445	28210	28344	29892	38204	52649	58570	63011	65772	22868			
21295	22800	27446	28220	28345	29893	38207	53850	58571	63012	65775	22869			
21296	22802	27447	28222	28360	29894	38208	53852	58572	63015	67900	22870			
22100	22804	27486	28225	28705	29895	38209	53855	58573	63016	67901	28291			
22101	22808	27487	28226	28715	29897	38210	54401	58660	63017	67902	28295			
22102	22810	28005	28230	28725	29898	38211	54405	58661	63020	67903	62324			
22103	22812	28008	28232	28730	29899	38212	57288	58662	63030	67909	62325			
22110	22818	28010	28234	28735	29914	38213	57289	58672	63035	67950	62327			
62380	C9739	C9740	C2616	C9734		C9747	19294	20939	31253	31257	31259			
31298	32994	34713	34714	34715	34716	36465	36466	36482	36483	38573	55874			
64912	64913	95249	96573	96574	33206	33207	33208	33212	33213	33214	33224			
33225	33227	33228	33229	33230	33231	33240	33249	33262	33263	33264	33270			
23470	27438	33979	33274	33275	33285	33286	53854	15773	15774	20560	20561			
21601	21602	21603	C9757											

### Pain Management Procedures (in ANY setting)

**PLEASE NOTE:** Except trigger point injections

MEDICARE / MEDICAID & MKT PLACE					MEDICAID ONLY	MEDICARE ONLY	MKT PLACE ONLY
G0260	62362	63662	64483	64600	97814	97810	97814
27096	64486	63663	64484	64633	97811	97813	
62320	64494	63664	64490	64634			
62321	62367	64487	64491	64635			
62350	62368	63685	64492	64636			
62351	63650	63688	64488	64640			
62360	63655	64479	64493	77003*			
62361	63661	64480	64495	64489			
64461	64462	64463	62263	62264			
27279	62322	62323	64479	64480			
64450	64451	64454	64624	64625			

### Physical Therapy

For more information on these services, please contact Health Network One, Inc. (HN1)/American Therapy Administrators of Florida (ATA-FL) at: 888-550-8800. All Therapy Services rendered in a Hospital setting require a PA.



**Prosthetics & Orthotics (in ANY setting)**

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

**Radiation Therapy & Radio Surgery (in ANY setting)**

MEDICARE / MEDICAID & MKT PLACE				MEDICAID ONLY		MEDICARE ONLY		MKT PLACE ONLY	
77520	77523	G0339	G6015	S2095		N/A		S2095	
77522	77525	G0340	G6016						
81599	81479	A9543	A9513						
81503	A9606								

**Sleep Studies (in ANY setting)**

MEDICARE / MEDICAID & MKT PLACE					MEDICAID ONLY		MEDICARE ONLY		MKT PLACE ONLY	
95800		95806	95808	95811	N/A		N/A		N/A	
95801	95805	95807	95810	Q5112						

**Respiratory Therapy**

MEDICARE / MEDICAID & MKT PLACE				MEDICAID ONLY		MEDICARE ONLY		MKT PLACE ONLY	
S5180	G0238								

**Speech-Language Pathology (Speech Therapy)**

*For more information on these services, please contact Health Network One, Inc. (HN1)/American Therapy Administrators of Florida (ATA-FL) at: 888-550-8800. All Therapy Services rendered in a Hospital setting require a PA.*

**Transplant Services/Gene Therapy (Including Solid Organ and Bone Marrow)**

*Corneal Transplants do not require PA*

MEDICARE / MEDICAID & MKT PLACE					MEDICAID ONLY		MEDICARE ONLY		MKT PLACE ONLY	
38205	44715	47142	48551	50327	48160	S2065	N/A		48160	S2065
38206	44720	47143	48552	50328	S2053	S2140			S2053	S2140




