



SOUTH CAROLINA CODE/BENEFIT EXCEPTIONS

Effective Q1, 2023

All LOBs:

Non-PAR Offices/Providers/Facilities:
Prior Authorization is required for office visits, surgical procedures, labs, diagnostic studies, and inpatient stays except for: emergency department services, professional fees associated with an emergency department visit and approved ASC, observation or inpatient stay, local health department services and other services based on state requirements.

Genetic Counseling and Testing: Prior Authorization Required except for Prenatal diagnoses of congenital disorders of the unborn child through amniocentesis and genetic test screening of newborns mandated by State

Dialysis: Notification Only.

Hospice: Notification Only, Medicaid members will be disenrolled from the Molina Medicaid benefit plan and transitioned to Fee For Service Medicaid.

MEDICAID:

Physical and Occupational Therapy (PT & OT): For ages 18 years and younger only: initial evaluation plus first 6 visits in the outpatient setting do not require authorization, obtain authorization for visit 7 and beyond. Ages 19 and older: services do not require authorization in an outpatient setting.

Speech Therapy (ST): For ages 18 years and younger only: Prior authorization is required after the initial evaluation/visit. No PA required for ages 19 and older.

Outpatient Joint Replacement Procedures: (as indicated in notes of specified codes): If performed in an Out-Patient setting, NOTIFICATION ONLY (PAR Providers ONLY).

Home Health: Prior Authorization required after the initial eval and first 6 visits, per calendar year, including home based PT/OT/ST.

LTSS: Standard Medicaid benefit does not cover LTSS services.

EPSDT State Medicaid Eligible Members: Codes listed as Non-Covered (NC) may be considered for coverage under EPSDT Special Services and may also require submission for Medical Necessity review.

Dental Procedures: Notification only for Non-PAR Ambulatory Surgical Centers (ASC) or Outpatient (OP) Facilities.

MARKETPLACE:

Home Health: Prior Authorization is required for home healthcare and home infusion therapy after the initial evaluation and first 7 visits for home settings.

Outpatient Therapies, including PT/OT/ST: PT/OT, PA required after initial evaluation + 12 visits/year. For ST, PA required after initial evaluation + 6 visits/year.

MEDICARE:

Home Health: Home healthcare will not require prior authorization for the first TWO 30-day episodes of care. Episodes beyond the first TWO 30-day episodes will require prior authorization.

Outpatient Therapies, including (PT/OT/ST): Prior Authorization required after the Medicare benefit cap has been reached.

LTSS: Long Term Services and Support (LTSS) providers must obtain authorization and address billing issues with the SC-DHHS Community Long Term Care (CLTC) dept. Members are directed to their assigned Molina Care

Hearing Supplemental Benefit: Contact AVESIS at 1 (855) 826-4623, notification is required.

NON-PAR: Prior Authorization is waived for all Radiology, Anesthesiology, and Pathology services when billed in POS 19, 21, 22, 23 or 24.
Prior Authorization is waived for professional component services or services billed with Modifier 26 in ANY place of service setting.

Please use link provided below to access SC State Requirements:
<https://www.molinahealthcare.com/members/sc/en-US/health-care-professionals/Pages/home.aspx>

Healthcare Administered Drug Requests faxed to:
Medicaid & Marketplace: 866-423-3889
Medicare: Prior Authorization requests to Novologix via the Molina Provider Portal or Fax 800-391-6437

Y: PA REQUIRED / N: NO PA REQUIRED / NC: NOT COVERED					
Code	Medicaid	Marketplace	Description for "Y" Exceptions	Service Category for "Y" Exceptions	Code Notes
15730	N				
15733	N				
19105	Y		INSJ BIOMCHN DEV INTERVERTEBRAL DSC SPC W/ARTHRD	OP Hosp/Amb Surgery Center (ASC) Procedures	
22853	Y		INSJ BIOMCHN DEV VRT CORPECTOMY DEFECT W/ARTHRD	OP Hosp/Amb Surgery Center (ASC) Procedures	
22854	Y		INSJ BIOMCHN DEV NTRVRT DISC SPACE W/O ARTHRD	OP Hosp/Amb Surgery Center (ASC) Procedures	
22859	Y		CIRCUMCISION AGE GT 28 DAYS	OP Hosp/Amb Surgery Center (ASC) Procedures	Prior Authorization is not required up to 365 days post birth
32994	N				

Code	Medicaid	Marketplace	Description for "Y" Exceptions	Service Category for "Y" Exceptions	Code Notes
33206	N				
33207	N				
33208	N				
33212	N				
33213	N				
33214	N				
33221	N				
33224	N				
33225	N				
33227	N				
33228	N				
33229	N				
33230	N				
33231	N				
33240	N				
33249	N				
33262	N				
33263	N				
33264	N				
33270	N				
33275	N				
38573	N				
43644		NC			
43645		NC			
43770		NC			
43771		NC			
43772		NC			
43773		NC			
43774		NC			
43842		NC			
43843		NC			
43846		NC			
43847		NC			
43848		NC			
43886		NC			
43887		NC			
43888		NC			
50590	N				
54161	Y		CHEMODERVATE FACIAL/TRIGEM/CERV MUSC MIGRAINE	OP Hosp/Amb Surgery Center (ASC) Procedures	
55874	N				
58750		NC			
58752		NC			
58760		NC			

Code	Medicaid	Marketplace	Description for "Y" Exceptions	Service Category for "Y" Exceptions	Code Notes
58970		NC			
58974		NC			
58976		NC			
64615	Y		DVLP CS IMPRV ATTN MEM PROB SOLV PT CTC EA 15 MN	Physical, Occupational, and Speech Therapy	Home Health Services require prior authorization after the initial evaluation/visit plus first six (6) visits, per calendar year, including for home based PT/OT and Speech Therapy. NOTE: Prior Authorization may be required for medications associated with HOME INFUSION therapy.
64912	N				
77299	Y		UNLISTED PROCEDURE THERAPEUTIC RADIOLOGY TX MGMT	Unlisted/Miscellaneous	
77499	Y		IMPLANTABLE/INSERTABLE DEVICE NOT OTRW CLASS	Unlisted/Miscellaneous	
80305	Y		DRUG TEST PRSMV READ DIRECT OPTICAL OBS PR DATE	Behavioral/Mental Health, Alcohol-Chemical Dependency	Prior Authorization is required after 24 units have been used (any combination)
80306	Y		DRUG TEST PRSMV READ INSTRMNT ASSTD DIR OPT OBS	Behavioral/Mental Health, Alcohol-Chemical Dependency	Prior Authorization is required after 24 units have been used (any combination)
80307	Y		DRUG TEST PRSMV INSTRMNT CHEM ANALYZERS PR DATE	Behavioral/Mental Health, Alcohol-Chemical Dependency	Prior Authorization is required after 24 units have been used (any combination)
80320	Y		DRUG TEST DEF DRUG TESTING PROCEDURES - ALCOHOLS	Behavioral/Mental Health, Alcohol-Chemical Dependency	Prior Authorization is required after 24 units have been used (any combination)
80324	Y		DRUG SCREEN QUANT AMPHETAMINES 1 OR 2	Behavioral/Mental Health, Alcohol-Chemical Dependency	Prior Authorization is required after 24 units have been used (any combination)
80346	Y		DRUG SCREENING BENZODIAZEPINES 1-12	Behavioral/Mental Health, Alcohol-Chemical Dependency	Prior Authorization is required after 24 units have been used (any combination)
80348	Y		DRUG SCREENING BUPRENORPHINE	Behavioral/Mental Health, Alcohol-Chemical Dependency	Prior Authorization is required after 24 units have been used (any combination)
80353	Y		DRUG TEST DEF DRUG TESTING PROCEDURES - COCAINE	Behavioral/Mental Health, Alcohol-Chemical Dependency	Prior Authorization is required after 24 units have been used (any combination)
80354	Y		DRUG TEST DEF DRUG TESTING PROCEDURES - FENTANYL	Behavioral/Mental Health, Alcohol-Chemical Dependency	Prior Authorization is required after 24 units have been used (any combination)
80356	Y		DRUG TEST DEF DRUG TESTING PROCEDURES - HEROIN METABOLITE	Behavioral/Mental Health, Alcohol-Chemical Dependency	Prior Authorization is required after 24 units have been used (any combination)
80358	Y		DRUG TEST DEF DRUG TESTING PROCEDURES - METHADONE	Behavioral/Mental Health, Alcohol-Chemical Dependency	Prior Authorization is required after 24 units have been used (any combination)
80359	Y		DRUG SCREENING METHYLENEDIOXYAMPHETAMINES	Behavioral/Mental Health, Alcohol-Chemical Dependency	Prior Authorization is required after 24 units have been used (any combination)
80361	Y		DRUG SCREENING OPIATES 1 OR MORE	Behavioral/Mental Health, Alcohol-Chemical Dependency	Prior Authorization is required after 24 units have been used (any combination)
80362	Y		DRUG SCREENING OPIOIDS AND OPIATE ANALOGS 1 OR 2	Behavioral/Mental Health, Alcohol-Chemical Dependency	Prior Authorization is required after 24 units have been used (any combination)
80365	Y		DRUG TEST DEF DRUG TESTING PROCEDURES - OXYCODONE	Behavioral/Mental Health, Alcohol-Chemical Dependency	Prior Authorization is required after 24 units have been used (any combination)

Code	Medicaid	Marketplace	Description for "Y" Exceptions	Service Category for "Y" Exceptions	Code Notes
80369	Y		DRUG TEST DEF DRUG TESTING PROCEDURES - SKELETAL MUSCLE RELAXANTS, 1 OR 2	Behavioral/Mental Health, Alcohol-Chemical Dependency	Prior Authorization is required after 24 units have been used (any combination)
80372	Y		DRUG TEST DEF DRUG TESTING PROCEDURES - TAPENTADOL	Behavioral/Mental Health, Alcohol-Chemical Dependency	Prior Authorization is required after 24 units have been used (any combination)
80373	Y		DRUG TEST DEF DRUG TESTING PROCEDURES - TRAMADOL	Behavioral/Mental Health, Alcohol-Chemical Dependency	Prior Authorization is required after 24 units have been used (any combination)
88099		NC			
89398		NC			
90832	Y		PSYCHOTHERAPY W/PATIENT W/E and M SRVCS 30 MIN	Behavioral/Mental Health, Alcohol-Chemical Dependency	Authorization required after 24 visits annually (Year considered 7/1 - 6/30). Inpatient, Residential Treatment, Partial Hospitalization, Electroconvulsive Therapy (ECT), Applied Behavior Analysis (ABA) for tx of Autism Spectrum Disorder (ASD).
90833	Y		PSYCHOTHERAPY W/PATIENT 45 MINUTES	Behavioral/Mental Health, Alcohol-Chemical Dependency	Authorization required after 24 visits annually (Year considered 7/1 - 6/30). Inpatient, Residential Treatment, Partial Hospitalization, Electroconvulsive Therapy (ECT), Applied Behavior Analysis (ABA) for tx of Autism Spectrum Disorder (ASD).
90834	Y		PSYCHOTHERAPY W/PATIENT W/E and M SRVCS 45 MIN	Behavioral/Mental Health, Alcohol-Chemical Dependency	Authorization required after 24 visits annually (Year considered 7/1 - 6/30). Inpatient, Residential Treatment, Partial Hospitalization, Electroconvulsive Therapy (ECT), Applied Behavior Analysis (ABA) for tx of Autism Spectrum Disorder (ASD).
90836	Y		PSYCHOTHERAPY W/PATIENT 60 MINUTES	Behavioral/Mental Health, Alcohol-Chemical Dependency	Authorization required after 24 visits annually (Year considered 7/1 - 6/30). Inpatient, Residential Treatment, Partial Hospitalization, Electroconvulsive Therapy (ECT), Applied Behavior Analysis (ABA) for tx of Autism Spectrum Disorder (ASD).
90837	Y		PSYCHOTHERAPY W/PATIENT W/E and M SRVCS 60 MIN	Behavioral/Mental Health, Alcohol-Chemical Dependency	Authorization required after 24 visits annually (Year considered 7/1 - 6/30). Inpatient, Residential Treatment, Partial Hospitalization, Electroconvulsive Therapy (ECT), Applied Behavior Analysis (ABA) for tx of Autism Spectrum Disorder (ASD).
90838	Y		FAMILY PSYCHOTHERAPY W/O PATIENT PRESENT 50 MINS	Behavioral/Mental Health, Alcohol-Chemical Dependency	Authorization required after 24 visits annually (Year considered 7/1 - 6/30). Inpatient, Residential Treatment, Partial Hospitalization, Electroconvulsive Therapy (ECT), Applied Behavior Analysis (ABA) for tx of Autism Spectrum Disorder (ASD).
90846	Y		FAMILY PSYCHOTHERAPY W/PATIENT PRESENT 50 MINS	Behavioral/Mental Health, Alcohol-Chemical Dependency	Authorization required after 24 visits annually (Year considered 7/1 - 6/30). Inpatient, Residential Treatment, Partial Hospitalization, Electroconvulsive Therapy (ECT), Applied Behavior Analysis (ABA) for tx of Autism Spectrum Disorder (ASD).

Code	Medicaid	Marketplace	Description for "Y" Exceptions	Service Category for "Y" Exceptions	Code Notes
90847	Y		MULTIPLE FAMILY GROUP PSYCHOTHERAPY	Behavioral/Mental Health, Alcohol-Chemical Dependency	Authorization required after 24 visits annually (Year considered 7/1 - 6/30). Inpatient, Residential Treatment, Partial Hospitalization, Electroconvulsive Therapy (ECT), Applied Behavior Analysis (ABA) for tx of Autism Spectrum Disorder (ASD).
90849	Y		GROUP PSYCHOTHERAPY	Behavioral/Mental Health, Alcohol-Chemical Dependency	Authorization required after 24 visits annually (Year considered 7/1 - 6/30). Inpatient, Residential Treatment, Partial Hospitalization, Electroconvulsive Therapy (ECT), Applied Behavior Analysis (ABA) for tx of Autism Spectrum Disorder (ASD).
90853	Y		GROUP PSYCHOTHERAPY (OTHER THAN OF A MULTIPLE FAMILY GROUP)	Behavioral/Mental Health, Alcohol-Chemical Dependency	
90875		NC		Behavioral/Mental Health, Alcohol-Chemical Dependency	
90876		NC		Behavioral/Mental Health, Alcohol-Chemical Dependency	
90901		NC		Behavioral/Mental Health, Alcohol-Chemical Dependency	
90912		NC		Behavioral/Mental Health, Alcohol-Chemical Dependency	
90913		NC		Behavioral/Mental Health, Alcohol-Chemical Dependency	
92507	Y		TX SPEECH LANG VOICE COMMJ AND AUDITORY PROC IND	Physical, Occupational, and Speech Therapy	Physical and Occupational Therapy (PT & OT): For ages 18 years and younger only: initial evaluation plus first 6 visits in the outpatient setting do not require authorization, obtain authorization for visit 7 and beyond. Ages 19 and older: services do not require authorization in an outpatient setting. Speech Therapy (ST): For ages 18 years and younger only: Prior authorization is required after the initial evaluation/visit. No PA required for ages 19 and older.
92508	Y		TX SPEECH LANGUAGE VOICE COMMJ AUDITRY 2 OR GRT INDIV	Physical, Occupational, and Speech Therapy	Physical and Occupational Therapy (PT & OT): For ages 18 years and younger only: initial evaluation plus first 6 visits in the outpatient setting do not require authorization, obtain authorization for visit 7 and beyond. Ages 19 and older: services do not require authorization in an outpatient setting. Speech Therapy (ST): For ages 18 years and younger only: Prior authorization is required after the initial evaluation/visit. No PA required for ages 19 and older.

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92526	Y		THER SVC N-SP-GENRATJ DEV PRGRMG AND MODIFICAJ	Physical, Occupational, and Speech Therapy	Physical and Occupational Therapy (PT & OT): For ages 18 years and younger only: initial evaluation plus first 6 visits in the outpatient setting do not require authorization, obtain authorization for visit 7 and beyond. Ages 19 and older: services do not require authorization in an outpatient setting. Speech Therapy (ST): For ages 18 years and younger only: Prior authorization is required after the initial evaluation/visit. No PA required for ages 19 and older.
92606	Y		THER SP-GENRATJ DEV PRGRMG AND MODIFICAJ	Physical, Occupational, and Speech Therapy	Physical and Occupational Therapy (PT & OT): For ages 18 years and younger only: initial evaluation plus first 6 visits in the outpatient setting do not require authorization, obtain authorization for visit 7 and beyond. Ages 19 and older: services do not require authorization in an outpatient setting. Speech Therapy (ST): For ages 18 years and younger only: Prior authorization is required after the initial evaluation/visit. No PA required for ages 19 and older.
92609	Y		AMB SERVICE ALS NONEMERGENCY TRANSPORT LEVEL 1	Transportation Services	PA required for Non-Emergent Air or ground Ambulance transportation services. Emergency transport does not require Prior Authorization but is subject to retrospective claim review for medical necessity.
92630	Y		AUDITORY REHABILITATION PRELINGUAL HEARING LOSS	Physical, Occupational, and Speech Therapy	Physical and Occupational Therapy (PT & OT): For ages 18 years and younger only: initial evaluation plus first 6 visits in the outpatient setting do not require authorization, obtain authorization for visit 7 and beyond. Ages 19 and older: services do not require authorization in an outpatient setting. Speech Therapy (ST): For ages 18 years and younger only: Prior authorization is required after the initial evaluation/visit. No PA required for ages 19 and older.

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92633	Y		AUDITORY REHABILITATION POSTLINGUAL HEARING LOSS	Physical, Occupational, and Speech Therapy	Physical and Occupational Therapy (PT & OT): For ages 18 years and younger only: initial evaluation plus first 6 visits in the outpatient setting do not require authorization, obtain authorization for visit 7 and beyond. Ages 19 and older: services do not require authorization in an outpatient setting. Speech Therapy (ST): For ages 18 years and younger only: Prior authorization is required after the initial evaluation/visit. No PA required for ages 19 and older.
95250	Y		CONTINUOUS GLUCOSE MONITORING ANALYSIS I AND R	Durable Medical Equipment (DME)	
95251	Y		HELMET PROTECTIVE HARD CUSTOM FAB COMP ACCSSRIES	Durable Medical Equipment (DME)	
96020		NC		Behavioral/Mental Health, Alcohol-Chemical Dependency	
96105	Y		ABLTJ CRYOSURGICAL W/US GID EA FIBROADENOMA	OP Hosp/Amb Surgery Center (ASC) Procedures	
96110	Y		DEVELOPMENTAL SCREENING	Behavioral/Mental Health, Alcohol-Chemical Dependency	
97010	Y		APPL MODALITY 1 OR GT AREAS TRACTION MECHANICAL	Physical, Occupational, and Speech Therapy	Physical and Occupational Therapy (PT & OT): For ages 18 years and younger only: initial evaluation plus first 6 visits in the outpatient setting do not require authorization, obtain authorization for visit 7 and beyond. Ages 19 and older: services do not require authorization in an outpatient setting. Speech Therapy (ST): For ages 18 years and younger only: Prior authorization is required after the initial evaluation/visit. No PA required for ages 19 and older.
97012	Y		APPL MODALITY 1 OR GT AREAS ELEC STIMJ UNATTENDED	Physical, Occupational, and Speech Therapy	Physical and Occupational Therapy (PT & OT): For ages 18 years and younger only: initial evaluation plus first 6 visits in the outpatient setting do not require authorization, obtain authorization for visit 7 and beyond. Ages 19 and older: services do not require authorization in an outpatient setting. Speech Therapy (ST): For ages 18 years and younger only: Prior authorization is required after the initial evaluation/visit. No PA required for ages 19 and older.

Code	Medicaid	Marketplace	Description for "Y" Exceptions	Service Category for "Y" Exceptions	Code Notes
97014	Y		APPL MODALITY 1 OR GT AREAS VASOPNEUMATIC DEVICES	Physical, Occupational, and Speech Therapy	Physical and Occupational Therapy (PT & OT): For ages 18 years and younger only: initial evaluation plus first 6 visits in the outpatient setting do not require authorization, obtain authorization for visit 7 and beyond. Ages 19 and older: services do not require authorization in an outpatient setting. Speech Therapy (ST): For ages 18 years and younger only: Prior authorization is required after the initial evaluation/visit. No PA required for ages 19 and older.
97016	Y		APPL MODALITY 1 OR GT AREAS PARAFFIN BATH	Physical, Occupational, and Speech Therapy	Physical and Occupational Therapy (PT & OT): For ages 18 years and younger only: initial evaluation plus first 6 visits in the outpatient setting do not require authorization, obtain authorization for visit 7 and beyond. Ages 19 and older: services do not require authorization in an outpatient setting. Speech Therapy (ST): For ages 18 years and younger only: Prior authorization is required after the initial evaluation/visit. No PA required for ages 19 and older.
97018	Y		APPLICATION MODALITY 1 OR GT AREAS WHIRLPOOL	Physical, Occupational, and Speech Therapy	Physical and Occupational Therapy (PT & OT): For ages 18 years and younger only: initial evaluation plus first 6 visits in the outpatient setting do not require authorization, obtain authorization for visit 7 and beyond. Ages 19 and older: services do not require authorization in an outpatient setting. Speech Therapy (ST): For ages 18 years and younger only: Prior authorization is required after the initial evaluation/visit. No PA required for ages 19 and older.
97022	Y		APPLICATION MODALITY 1 OR GT AREAS DIATHERMY	Physical, Occupational, and Speech Therapy	Physical and Occupational Therapy (PT & OT): For ages 18 years and younger only: initial evaluation plus first 6 visits in the outpatient setting do not require authorization, obtain authorization for visit 7 and beyond. Ages 19 and older: services do not require authorization in an outpatient setting. Speech Therapy (ST): For ages 18 years and younger only: Prior authorization is required after the initial evaluation/visit. No PA required for ages 19 and older.

Code	Medicaid	Marketplace	Description for "Y" Exceptions	Service Category for "Y" Exceptions	Code Notes
97024	Y		APPLICATION MODALITY 1 OR GT AREAS INFRARED	Physical, Occupational, and Speech Therapy	Physical and Occupational Therapy (PT & OT): For ages 18 years and younger only: initial evaluation plus first 6 visits in the outpatient setting do not require authorization, obtain authorization for visit 7 and beyond. Ages 19 and older: services do not require authorization in an outpatient setting. Speech Therapy (ST): For ages 18 years and younger only: Prior authorization is required after the initial evaluation/visit. No PA required for ages 19 and older.
97026	Y		APPL MODALITY 1 OR GT AREAS ULTRAVIOLET	Physical, Occupational, and Speech Therapy	Physical and Occupational Therapy (PT & OT): For ages 18 years and younger only: initial evaluation plus first 6 visits in the outpatient setting do not require authorization, obtain authorization for visit 7 and beyond. Ages 19 and older: services do not require authorization in an outpatient setting. Speech Therapy (ST): For ages 18 years and younger only: Prior authorization is required after the initial evaluation/visit. No PA required for ages 19 and older.
97028	Y		APPL MODALITY 1 OR GT AREAS ELEC STIMJ EA 15 MIN	Physical, Occupational, and Speech Therapy	Physical and Occupational Therapy (PT & OT): For ages 18 years and younger only: initial evaluation plus first 6 visits in the outpatient setting do not require authorization, obtain authorization for visit 7 and beyond. Ages 19 and older: services do not require authorization in an outpatient setting. Speech Therapy (ST): For ages 18 years and younger only: Prior authorization is required after the initial evaluation/visit. No PA required for ages 19 and older.
97032	Y		APPL MODALITY 1 OR GT AREAS IONTOPHORESIS EA 15 MIN	Physical, Occupational, and Speech Therapy	Physical and Occupational Therapy (PT & OT): For ages 18 years and younger only: initial evaluation plus first 6 visits in the outpatient setting do not require authorization, obtain authorization for visit 7 and beyond. Ages 19 and older: services do not require authorization in an outpatient setting. Speech Therapy (ST): For ages 18 years and younger only: Prior authorization is required after the initial evaluation/visit. No PA required for ages 19 and older.

Code	Medicaid	Marketplace	Description for "Y" Exceptions	Service Category for "Y" Exceptions	Code Notes
97033	Y		APPL MODALITY 1 OR GT AREAS CONTRAST BATHS EA 15 MIN	Physical, Occupational, and Speech Therapy	Physical and Occupational Therapy (PT & OT): For ages 18 years and younger only: initial evaluation plus first 6 visits in the outpatient setting do not require authorization, obtain authorization for visit 7 and beyond. Ages 19 and older: services do not require authorization in an outpatient setting. Speech Therapy (ST): For ages 18 years and younger only: Prior authorization is required after the initial evaluation/visit. No PA required for ages 19 and older.
97034	Y		APPL MODALITY 1 OR GT AREAS ULTRASOUND EA 15 MIN	Physical, Occupational, and Speech Therapy	Physical and Occupational Therapy (PT & OT): For ages 18 years and younger only: initial evaluation plus first 6 visits in the outpatient setting do not require authorization, obtain authorization for visit 7 and beyond. Ages 19 and older: services do not require authorization in an outpatient setting. Speech Therapy (ST): For ages 18 years and younger only: Prior authorization is required after the initial evaluation/visit. No PA required for ages 19 and older.
97035	Y		APPL MODALITY 1 OR GT AREAS HUBBARD TANK EA 15 MIN	Physical, Occupational, and Speech Therapy	Physical and Occupational Therapy (PT & OT): For ages 18 years and younger only: initial evaluation plus first 6 visits in the outpatient setting do not require authorization, obtain authorization for visit 7 and beyond. Ages 19 and older: services do not require authorization in an outpatient setting. Speech Therapy (ST): For ages 18 years and younger only: Prior authorization is required after the initial evaluation/visit. No PA required for ages 19 and older.
97036	Y		THER PX 1 OR GT AREAS EACH 15 MIN AQUA THER W/XERSS	Physical, Occupational, and Speech Therapy	Physical and Occupational Therapy (PT & OT): For ages 18 years and younger only: initial evaluation plus first 6 visits in the outpatient setting do not require authorization, obtain authorization for visit 7 and beyond. Ages 19 and older: services do not require authorization in an outpatient setting. Speech Therapy (ST): For ages 18 years and younger only: Prior authorization is required after the initial evaluation/visit. No PA required for ages 19 and older.

Code	Medicaid	Marketplace	Description for "Y" Exceptions	Service Category for "Y" Exceptions	Code Notes
97039	Y		UNLIST MODALITY SPEC TYPE AND TIME CONSTANT ATTEND	Physical, Occupational, and Speech Therapy	Physical and Occupational Therapy (PT & OT): For ages 18 years and younger only: initial evaluation plus first 6 visits in the outpatient setting do not require authorization, obtain authorization for visit 7 and beyond. Ages 19 and older: services do not require authorization in an outpatient setting. Speech Therapy (ST): For ages 18 years and younger only: Prior authorization is required after the initial evaluation/visit. No PA required for ages 19 and older.
97110	Y		THERAPEUTIC PX 1 OR GRT AREAS EACH 15 MIN EXERCISES	Physical, Occupational, and Speech Therapy	Physical and Occupational Therapy (PT & OT): For ages 18 years and younger only: initial evaluation plus first 6 visits in the outpatient setting do not require authorization, obtain authorization for visit 7 and beyond. Ages 19 and older: services do not require authorization in an outpatient setting. Speech Therapy (ST): For ages 18 years and younger only: Prior authorization is required after the initial evaluation/visit. No PA required for ages 19 and older.
97112	NC				
97113	Y		THER PX 1 OR GT AREAS EA 15 MIN GAIT TRAINING W/STAIR	Physical, Occupational, and Speech Therapy	Physical and Occupational Therapy (PT & OT): For ages 18 years and younger only: initial evaluation plus first 6 visits in the outpatient setting do not require authorization, obtain authorization for visit 7 and beyond. Ages 19 and older: services do not require authorization in an outpatient setting. Speech Therapy (ST): For ages 18 years and younger only: Prior authorization is required after the initial evaluation/visit. No PA required for ages 19 and older.
97116	Y		THER PX 1 OR GT AREAS EACH 15 MINUTES MASSAGE	Physical, Occupational, and Speech Therapy	Physical and Occupational Therapy (PT & OT): For ages 18 years and younger only: initial evaluation plus first 6 visits in the outpatient setting do not require authorization, obtain authorization for visit 7 and beyond. Ages 19 and older: services do not require authorization in an outpatient setting. Speech Therapy (ST): For ages 18 years and younger only: Prior authorization is required after the initial evaluation/visit. No PA required for ages 19 and older.

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97124	Y		MANUAL THERAPY TQS 1 OR GT REGIONS EACH 15 MINUTES	Physical, Occupational, and Speech Therapy	Physical and Occupational Therapy (PT & OT): For ages 18 years and younger only: initial evaluation plus first 6 visits in the outpatient setting do not require authorization, obtain authorization for visit 7 and beyond. Ages 19 and older: services do not require authorization in an outpatient setting. Speech Therapy (ST): For ages 18 years and younger only: Prior authorization is required after the initial evaluation/visit. No PA required for ages 19 and older.
97129	Y		THER IVNTJ COG FUNCJ CNTCT 1ST 15 MINUTES	Physical, Occupational, and Speech Therapy	Physical and Occupational Therapy (PT & OT): For ages 18 years and younger only: initial evaluation plus first 6 visits in the outpatient setting do not require authorization, obtain authorization for visit 7 and beyond. Ages 19 and older: services do not require authorization in an outpatient setting. Speech Therapy (ST): For ages 18 years and younger only: Prior authorization is required after the initial evaluation/visit. No PA required for ages 19 and older.
97130	Y		THER IVNTJ COG FUNCJ CNTCT EA ADDL 15 MINUTES	Physical, Occupational, and Speech Therapy	Physical and Occupational Therapy (PT & OT): For ages 18 years and younger only: initial evaluation plus first 6 visits in the outpatient setting do not require authorization, obtain authorization for visit 7 and beyond. Ages 19 and older: services do not require authorization in an outpatient setting. Speech Therapy (ST): For ages 18 years and younger only: Prior authorization is required after the initial evaluation/visit. No PA required for ages 19 and older.
97139	Y		UNLISTED THERAPEUTIC PROCEDURE SPECIFY	Physical, Occupational, and Speech Therapy	Physical and Occupational Therapy (PT & OT): For ages 18 years and younger only: initial evaluation plus first 6 visits in the outpatient setting do not require authorization, obtain authorization for visit 7 and beyond. Ages 19 and older: services do not require authorization in an outpatient setting. Speech Therapy (ST): For ages 18 years and younger only: Prior authorization is required after the initial evaluation/visit. No PA required for ages 19 and older.

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97140	Y		THERAPEUTIC PROCEDURES GROUP 2 OR GT INDIVIDUALS	Physical, Occupational, and Speech Therapy	Physical and Occupational Therapy (PT & OT): For ages 18 years and younger only: initial evaluation plus first 6 visits in the outpatient setting do not require authorization, obtain authorization for visit 7 and beyond. Ages 19 and older: services do not require authorization in an outpatient setting. Speech Therapy (ST): For ages 18 years and younger only: Prior authorization is required after the initial evaluation/visit. No PA required for ages 19 and older.
97150	Y		THERAPEUT ACTIVITY DIRECT PT CONTACT EACH 15 MIN	Physical, Occupational, and Speech Therapy	Physical and Occupational Therapy (PT & OT): For ages 18 years and younger only: initial evaluation plus first 6 visits in the outpatient setting do not require authorization, obtain authorization for visit 7 and beyond. Ages 19 and older: services do not require authorization in an outpatient setting. Speech Therapy (ST): For ages 18 years and younger only: Prior authorization is required after the initial evaluation/visit. No PA required for ages 19 and older.
97153		NC		Behavioral/Mental Health, Alcohol-Chemical Dependency	
97154		NC		Behavioral/Mental Health, Alcohol-Chemical Dependency	
97155		NC		Behavioral/Mental Health, Alcohol-Chemical Dependency	
97156		NC		Behavioral/Mental Health, Alcohol-Chemical Dependency	
97157		NC		Behavioral/Mental Health, Alcohol-Chemical Dependency	
97158		NC	BEHAVIORAL HEALTH CNSL AND THERAPY PER 15 MINUTES	Behavioral/Mental Health, Alcohol-Chemical Dependency	Require PA AFTER 96 units utilized during the BENIFIT YEAR which equates to 24 one hour visits (1 unit of H0004=15 mins).
97530	Y		SENSORY INTEGRATIVE TECHNIQUES EACH 15 MINUTES	Physical, Occupational, and Speech Therapy	Physical and Occupational Therapy (PT & OT): For ages 18 years and younger only: initial evaluation plus first 6 visits in the outpatient setting do not require authorization, obtain authorization for visit 7 and beyond. Ages 19 and older: services do not require authorization in an outpatient setting. Speech Therapy (ST): For ages 18 years and younger only: Prior authorization is required after the initial evaluation/visit. No PA required for ages 19 and older.

Code	Medicaid	Marketplace	Description for "Y" Exceptions	Service Category for "Y" Exceptions	Code Notes
97533	Y		SELF-CARE/HOME MGMT TRAINING EACH 15 MINUTES	Physical, Occupational, and Speech Therapy	Physical and Occupational Therapy (PT & OT): For ages 18 years and younger only: initial evaluation plus first 6 visits in the outpatient setting do not require authorization, obtain authorization for visit 7 and beyond. Ages 19 and older: services do not require authorization in an outpatient setting. Speech Therapy (ST): For ages 18 years and younger only: Prior authorization is required after the initial evaluation/visit. No PA required for ages 19 and older.
97535	Y		COMMUNITY/WORK REINTEGRATION TRAINING EA 15 MIN	Physical, Occupational, and Speech Therapy	Physical and Occupational Therapy (PT & OT): For ages 18 years and younger only: initial evaluation plus first 6 visits in the outpatient setting do not require authorization, obtain authorization for visit 7 and beyond. Ages 19 and older: services do not require authorization in an outpatient setting. Speech Therapy (ST): For ages 18 years and younger only: Prior authorization is required after the initial evaluation/visit. No PA required for ages 19 and older.
97537	Y		WHEELCHAIR MGMT EA 15 MIN	Physical, Occupational, and Speech Therapy	Physical and Occupational Therapy (PT & OT): For ages 18 years and younger only: initial evaluation plus first 6 visits in the outpatient setting do not require authorization, obtain authorization for visit 7 and beyond. Ages 19 and older: services do not require authorization in an outpatient setting. Speech Therapy (ST): For ages 18 years and younger only: Prior authorization is required after the initial evaluation/visit. No PA required for ages 19 and older.
97542	Y		ORTHOTICS MGMT AND TRAINING INITIAL ENCTR EA 15 MINS	Physical, Occupational, and Speech Therapy	Physical and Occupational Therapy (PT & OT): For ages 18 years and younger only: initial evaluation plus first 6 visits in the outpatient setting do not require authorization, obtain authorization for visit 7 and beyond. Ages 19 and older: services do not require authorization in an outpatient setting. Speech Therapy (ST): For ages 18 years and younger only: Prior authorization is required after the initial evaluation/visit. No PA required for ages 19 and older.

Code	Medicaid	Marketplace	Description for "Y" Exceptions	Service Category for "Y" Exceptions	Code Notes
97760	Y		PROSTHETICS TRAINING INITIAL ENCTR EA 15 MINS	Physical, Occupational, and Speech Therapy	Physical and Occupational Therapy (PT & OT): For ages 18 years and younger only: initial evaluation plus first 6 visits in the outpatient setting do not require authorization, obtain authorization for visit 7 and beyond. Ages 19 and older: services do not require authorization in an outpatient setting. Speech Therapy (ST): For ages 18 years and younger only: Prior authorization is required after the initial evaluation/visit. No PA required for ages 19 and older.
97761	Y		ORTHO and PROS SPL ACSS and /SRVC CMPNT OTH HCPCS L CODE	Prosthetics & Orthotics	
97810	NC	NC			
97811	NC	NC			
97813	NC	NC			
97814	NC	NC			
99601	Y		HOME NFS/SPECTY DRUG ADMN PR VST LT 2 HR EA HR	Home Healthcare & Home Infusion	Home Health Services require prior authorization after the initial evaluation/visit plus first six (6) visits, per calendar year, including for home based PT/OT and Speech Therapy. NOTE: Prior Authorization may be required for medications associated with HOME INFUSION therapy.
99602	Y		ASSESSMENT APHASIA W/INTERP and REPORT PER HOUR	Neuropsychological and Psychological Tests	
4033F		N			
A0426	Y		AMBULANCE SERVICE BLS NONEMERGENCY TRANSPORT	Transportation Services	PA required for Non-Emergent Air or ground Ambulance transportation services. Emergency transport does not require Prior Authorization but is subject to retrospective claim review for medical necessity.
A0428	Y		UNLIS PX THER RADIOL CLINICAL TX PLANNING	Unlisted/Miscellaneous	
A4239	Y	Y			
A8003	Y		SOFT INTERFACE FOR HELMET REPLACEMENT ONLY	Durable Medical Equipment (DME)	
A8004	Y		POWERED AIR FLOTATION BED	Durable Medical Equipment (DME)	
C1889	Y		IMPLANT/INSERT DEVICE, NOC	Unlisted/Miscellaneous	
C9738	N				
E0193	Y		WATER CIRCULATING HEAT PAD WITH PUMP	Durable Medical Equipment (DME)	
E0217	Y		TRNSF BENCH HEVY DUTY TUB/TOILET W/WO COMMODOE OP	Durable Medical Equipment (DME)	
E0248	Y		PORTABL LIQUID OXYGEN SYS RENTAL; HOME LIQUEFIER	Durable Medical Equipment (DME)	
E0277		NC			
E0373		NC			
E0433	Y		PRTBLE LQD O2 SYS RENT; RESRVOR HUMIDFR FLWMTR	Durable Medical Equipment (DME)	
E0434	Y		PRTBLE LQD O2 SYS PURCH; RESRVOR FLWMTR HUMIDFR	Durable Medical Equipment (DME)	

Code	Medicaid	Marketplace	Description for "Y" Exceptions	Service Category for "Y" Exceptions	Code Notes
E0435	Y		PORTABLE O2 CONTENTS LIQUID 1 MO SUPPLY Equal to 1 UNIT	Durable Medical Equipment (DME)	
E0444	Y		RESP ASST DEVC BI-LEVL PRSS CAPABILITY W/O BACKU	Durable Medical Equipment (DME)	
E0470	Y		RESP ASST DEVC BI-LEVL PRSS CAPABILITY W/BACK-UP	Durable Medical Equipment (DME)	
E0471	Y		RESP ASST DEVC BI-LEVL PRSS CAPABILITY W/BACKUP	Durable Medical Equipment (DME)	
E0472	Y		CONTINUOUS POSITIVE AIRWAY PRESSURE DEVICE	Durable Medical Equipment (DME)	
E0601	Y		PATIENT LIFT BATHROOM OR TOILET NOC	Durable Medical Equipment (DME)	
E0625	Y		PATIENT LIFT HYDRAULIC/MECH INCL SEAT SLING/PAD	Durable Medical Equipment (DME)	
E0630	Y		PATIENT LIFT ELECTRIC WITH SEAT OR SLING	Durable Medical Equipment (DME)	
E0635	Y		STANDING FRAME/TABLE SYS ONE POSITION ANY SZ	Durable Medical Equipment (DME)	
E0638	Y		PATIENT LIFT FIX SYS INCLUDES ALL CMPNTS/ACCESS	Durable Medical Equipment (DME)	
E0640	Y		STANDING FRAME/TABLE SYS MULTI-POSITION ANY SZ	Durable Medical Equipment (DME)	
E0641	Y		FORM-FITTING CONDUCTIVE GARMENT DELIV TENS/NMES	Durable Medical Equipment (DME)	
E0731	Y		NON-IMPL PELV FLR ELECTRICAL STIMULATOR CMPL SYS	Durable Medical Equipment (DME)	
E0740	Y		NEUROMUSCULAR STIMULATOR FOR SCOLIOSIS	Durable Medical Equipment (DME)	
E0744	Y		FRACTURE FRAME ATTCH COMPLEX PELVIC TRACTION	Durable Medical Equipment (DME)	
E0947	Y		FRACTURE FRAME ATTCH COMPLEX CERVICAL TRACTION	Durable Medical Equipment (DME)	
E0948	Y		MOD PEDIATRIC SIZE WC WIDTH ADJUSTMENT PACKAGE	Durable Medical Equipment (DME)	
E1011	Y		TRANSPORT CHAIR PEDIATRIC SIZE	Durable Medical Equipment (DME)	
E1037	Y		FULL RECLIN WHLCHAIR; FIX FULL-LEN ARMS LEGRESTS	Durable Medical Equipment (DME)	
E1050	Y		FULL RECLIN WHLCHAIR; DTACHBLE ARMS LEGRESTS	Durable Medical Equipment (DME)	
E1060	Y		FULLY RECLIN WHLCHAIR; DTACHBLE ARMS FOOTRESTS	Durable Medical Equipment (DME)	
E1070	Y		WHEELCHAIR PEDIATRIC SIZE NOS	Durable Medical Equipment (DME)	
E1229	Y		MNL WHLCHAIR ACCSS FOAM PROPULSION TIRE ANY SIZE	Durable Medical Equipment (DME)	
E2102	Y	Y			
E2218	Y		PWR WC ACSS SPCLTY JOYSTCK HNDLE HND CNTRL PRFAB	Durable Medical Equipment (DME)	
E2323	Y		POWER WHLCHAIR ACSS CHIN CUP CHIN CNTRL INTERFCE	Durable Medical Equipment (DME)	
E2324	Y		PWR WC ACSS ATTENDANT CONTROL PROPORTIONAL	Durable Medical Equipment (DME)	
E2331	Y		PWR WC ACCESSORY GRP 34 SEALED LEAD ACID BATT EA	Durable Medical Equipment (DME)	
E2359	Y		PWR WC ACSS 22 NF NON-SEALED LEAD ACID BATTERY EA	Durable Medical Equipment (DME)	
E2360	Y		PWR WC ACSS GRP 24 NON-SEALED LEAD ACID BATT EA	Durable Medical Equipment (DME)	
E2362	Y		PWR WC ACSS GRP 24 SEALED LEAD ACID BATTERY EA	Durable Medical Equipment (DME)	
E2363	Y		PWR WC ACSS U-1 NON-SEALED LEAD ACID BATTERY EA	Durable Medical Equipment (DME)	
E2364	Y		PWR WHLCHAIR ACSS U-1 SEALED LEAD ACID BATTERY EA	Durable Medical Equipment (DME)	
E2365	Y		POWER WC ACSS GRP 27 SEALED LEAD ACID BATTERY EA	Durable Medical Equipment (DME)	
E2371	Y		PWR WC ACSS GRP 27 NONSEALED LEAD ACID BATTERY EA	Durable Medical Equipment (DME)	
E2372	Y		PWR WC PNEUMATIC DRIVE WHEEL TIRE REPL ONLY EACH	Durable Medical Equipment (DME)	
E2381	Y		PWR WC TUBE PNEUMATIC DRIVE WHEEL TIRE REPL EACH	Durable Medical Equipment (DME)	
E2382	Y		PWR WC INSERT PNEUMATIC WHEEL TIRE REPL ONLY EA	Durable Medical Equipment (DME)	
E2383	Y		PWR WC PNEUMATIC CASTER TIRE REPL ONLY EACH	Durable Medical Equipment (DME)	
E2384	Y		PWR WC TUBE PNEUMATIC CASTER TIRE REPL ONLY EACH	Durable Medical Equipment (DME)	
E2385	Y		PWR WC FOAM FILLED DRIVE WHEEL TIRE REPL ONLY EA	Durable Medical Equipment (DME)	
E2386	Y		PWR WC FOAM FILLED CASTER TIRE REPL ONLY EACH	Durable Medical Equipment (DME)	

Code	Medicaid	Marketplace	Description for "Y" Exceptions	Service Category for "Y" Exceptions	Code Notes
E2387	Y		PWR WC FOAM DRIVE WHEEL TIRE REPL ONLY EACH	Durable Medical Equipment (DME)	
E2388	Y		PWR WC FOAM CASTER TIRE REPLACEMENT ONLY EACH	Durable Medical Equipment (DME)	
E2389	Y		PWR WC SOLID DRIVE WHEEL TIRE REPL ONLY EACH	Durable Medical Equipment (DME)	
E2390	Y		PWR WC SOLID CASTER TIRE REPLACEMENT ONLY EACH	Durable Medical Equipment (DME)	
E2391	Y		PWR WC SOLID CASTER TIRE INTEGRATED WHEEL REPL EA	Durable Medical Equipment (DME)	
E2392	Y		PWR WC DRIVE WHEEL EXCLUDES TIRE REPL ONLY EACH	Durable Medical Equipment (DME)	
E2394	Y		PWR WC CASTER WHEEL EXCLUDES TIRE REPL ONLY EACH	Durable Medical Equipment (DME)	
E2395	Y		PWR WC CASTER FORK REPLACEMENT ONLY EACH	Durable Medical Equipment (DME)	
E2396	Y		PWR WC CASTER FORK REPLACEMENT ONLY EACH	Durable Medical Equipment (DME)	
E2402	Y		NEG PRESS WOUND THERAPY ELEC PUMP STATION/PRTBLE	Durable Medical Equipment (DME)	
E2512	Y		ACCESSORY FOR SPEECH GENERATING DEVICE NOC	Durable Medical Equipment (DME)	
E2599	Y		GAIT TRAINER PED SZ POST SUPP W/ALL ACSS and CMPNTS	Durable Medical Equipment (DME)	
E2605	N				
E2606	N				
E2607	N				
E2608	N				
E2611	N				
E2612	N				
E2613	N				
E2614	N				
E2615	N				
E2616	N				
E2620	N				
E2621	N				
E2622	N				
E2623	N				
E2624	N				
E2625	N				
E8000	Y		GAIT TRAINER PED SZ UPRT SUPP W/ALL ACSS and CMPNTS	Durable Medical Equipment (DME)	
E8001	Y		GAIT TRAINER PED SZ ANT SUPP W/ALL ACSS and CMPNTS	Durable Medical Equipment (DME)	
E8002	Y		STANDARD HEMI WHEELCHAIR	Durable Medical Equipment (DME)	
G0480	Y		DRUG TEST DEF 1-7 DRUG CLASSES	Behavioral/Mental Health, Alcohol-Chemical Dependency	Prior Authorization is required after 12 units have been used (any combination)
G0481	Y		DRUG TEST DEF 8-14 DRUG CLASSES	Behavioral/Mental Health, Alcohol-Chemical Dependency	Prior Authorization is required after 12 units have been used (any combination)
G0482	Y		DRUG TEST DEF 15-21 DRUG CLASSES	Behavioral/Mental Health, Alcohol-Chemical Dependency	Prior Authorization is required after 12 units have been used (any combination)
G0483	Y		DRUG TEST DEF 22 OR MORE DRUG CLASSES	Behavioral/Mental Health, Alcohol-Chemical Dependency	Prior Authorization is required after 12 units have been used (any combination)
G0490	N				

Code	Medicaid	Marketplace	Description for "Y" Exceptions	Service Category for "Y" Exceptions	Code Notes
G0515	Y		APPLICATION MODALITY 1 OR GT AREAS HOT/COLD PACKS	Physical, Occupational, and Speech Therapy	Physical and Occupational Therapy (PT & OT): For ages 18 years and younger only: initial evaluation plus first 6 visits in the outpatient setting do not require authorization, obtain authorization for visit 7 and beyond. Ages 19 and older: services do not require authorization in an outpatient setting. Speech Therapy (ST): For ages 18 years and younger only: Prior authorization is required after the initial evaluation/visit. No PA required for ages 19 and older.
G0659	Y		DRUG TEST DEF SIMPLE ALL CL	Behavioral/Mental Health, Alcohol-Chemical Dependency	Prior Authorization is required after 12 units have been used (any combination)
G9679	Y		ONSITE AC C TX NSG FAC RES W/CHF BILLD SID-BENEF	Home Health Care Services	Home Health Services require prior authorization after the initial evaluation/visit plus first six (6) visits, per calendar year, including for home based PT/OT and Speech Therapy. NOTE: Prior Authorization may be required for medications associated with HOME INFUSION therapy.
G9680	Y		ONSITE AC C TX NSG FAC RES COPD/AS BILL SID-BNEF	Home Health Care Services	Home Health Services require prior authorization after the initial evaluation/visit plus first six (6) visits, per calendar year, including for home based PT/OT and Speech Therapy. NOTE: Prior Authorization may be required for medications associated with HOME INFUSION therapy.
G9681	Y		ONSITE AC TX NSG FAC RES W/SKN INF BILL SID-BNEF	Home Health Care Services	Home Health Services require prior authorization after the initial evaluation/visit plus first six (6) visits, per calendar year, including for home based PT/OT and Speech Therapy. NOTE: Prior Authorization may be required for medications associated with HOME INFUSION therapy.
G9682	Y		FAC ONSITE AC TX NSG FAC RES FL/ELCT DO BILL SID	Home Health Care Services	Home Health Services require prior authorization after the initial evaluation/visit plus first six (6) visits, per calendar year, including for home based PT/OT and Speech Therapy. NOTE: Prior Authorization may be required for medications associated with HOME INFUSION therapy.
G9683	Y		ONSITE AC C TX NSG FAC RES UTI BILL SID-BENEF	Home Health Care Services	Home Health Services require prior authorization after the initial evaluation/visit plus first six (6) visits, per calendar year, including for home based PT/OT and Speech Therapy. NOTE: Prior Authorization may be required for medications associated with HOME INFUSION therapy.
G9684	Y		DAY CARE SERVICES ADULT; PER DIEM	Home Health Care Services	

Code	Medicaid	Marketplace	Description for "Y" Exceptions	Service Category for "Y" Exceptions	Code Notes
H0004	Y		ALCOHOL AND OR DRUG SERVICES; GROUP CNSL CLINICIAN	Behavioral/Mental Health, Alcohol-Chemical Dependency	Authorization required after 24 visits annually (Year considered 7/1 - 6/30) Inpatient, Residential Treatment, Partial Hospitalization, Electroconvulsive Therapy (ECT), Applied Behavior Analysis (ABA) for tx of Autism Spectrum Disorder (ASD).
H0005	Y		ALCOHOL and / DRUG SRVC; SUB-ACUTE DTOX RES PROG IP	Behavioral/Mental Health, Alcohol-Chemical Dependency	
H0010	Y		ALCOHOL and / DRUG SERVICES; ACUTE DTOX RES PROG IP	Behavioral/Mental Health, Alcohol-Chemical Dependency	
H0011	Y		BHVAL HEALTH; LONG-TERM RES W/O ROOM and BOARD-DIEM	Behavioral/Mental Health, Alcohol-Chemical Dependency	
H0017	NC				
H0019	Y		MENTAL HEALTH CLUBHOUSE SERVICES PER 15 MINUTES	Behavioral/Mental Health, Alcohol-Chemical Dependency	
H0035	N				
H2012	NC				
H2013	NC				
H2014	Y		SKILLS TRAINING AND DEVELOPMENT PER 15 MINUTES	Behavioral/Mental Health, Alcohol-Chemical Dependency	
H2015	NC				
H2016	NC				
H2017	Y		PSYSOC REHAB SVC, PER 15 MIN	Behavioral/Mental Health, Alcohol-Chemical Dependency	
H2018	NC				
H2019	NC				
H2020	NC				
H2030	Y		ALCOHOL AND OR OTH DRUG TREATMENT PROGRAM PER HOUR	Behavioral/Mental Health, Alcohol-Chemical Dependency	Prior Authorization required for DAODAS Providers only. Inpatient, Residential Treatment, Partial Hospitalization, Electroconvulsive Therapy (ECT), Applied Behavior Analysis (ABA) for tx of Autism Spectrum Disorder (ASD).
H2035	Y		DVLPMNTL DLAY PREV ACTV DPND CHLD CLIENT 15 MIN	Behavioral/Mental Health, Alcohol-Chemical Dependency	
H2037	Y		FAMILY STABILIZATION SERVICES PER 15 MINUTES	Behavioral/Mental Health, Alcohol-Chemical Dependency	
J0248	N			Healthcare Administered Drugs	
J0592	Y		INJECTION CIDOFOVIR 375 MG	Healthcare Administered Drugs	
J0740	Y		INJ DARBEPOETIN ALFA 1 MCG FOR ESRD DIALYSIS	Healthcare Administered Drugs	
J0882	Y		INJECTION METHYLNALTREXONE 0.1 MG	Healthcare Administered Drugs	
J2212	Y		INJECTION PAMIDRONATE DISODIUM PER 30 MG	Healthcare Administered Drugs	
J2430	Y		INJECTION PAPAVERINE HCL UP TO 60 MG	Healthcare Administered Drugs	
J2440	Y		INJECTION SOMATREM 1 MG	Healthcare Administered Drugs	
J2940	Y		INJECTION SUMATRIPTAN SUCCINATE 6 MG	Healthcare Administered Drugs	

Code	Medicaid	Marketplace	Description for "Y" Exceptions	Service Category for "Y" Exceptions	Code Notes
J3030	Y		ONSITE AC C TX NSG FAC RES W/PNE BILLD SID-BENEF	Home Health Care Services	Home Health Services require prior authorization after the initial evaluation/visit plus first six (6) visits, per calendar year, including for home based PT/OT and Speech Therapy. NOTE: Prior Authorization may be required for medications associated with HOME INFUSION therapy.
J9041	N				
J9046	Y	Y			
J9048	Y	Y			
J9049	Y	Y			
J9055	N				
J9264	N				
J9305	N				
J9306	N				
J9355	N				
K0002	Y		LIGHTWEIGHT WHEELCHAIR	Durable Medical Equipment (DME)	
K0003	Y		HIGH STRENGTH LIGHTWEIGHT WHEELCHAIR	Durable Medical Equipment (DME)	
K0004	Y		ULTRAWEIGHTLIGHT WHEELCHAIR	Durable Medical Equipment (DME)	
K0005	Y		HEAVY-DUTY WHEELCHAIR	Durable Medical Equipment (DME)	
K0006	Y		EXTRA HEAVY-DUTY WHEELCHAIR	Durable Medical Equipment (DME)	
K0007	Y		PWR WC 12-24 AMP HR SEALED LEAD ACID BATTERY EA	Durable Medical Equipment (DME)	
K0733	Y		SACROILIAC ORTHOSIS RIGD/SEMI-RIGD PANELS CUSTOM	Durable Medical Equipment (DME)	
L0624	Y		LUMB ORTHOSIS SAGIT CNTRL RIGID POST PANL PREFAB	Durable Medical Equipment (DME)	
L0626	Y		LUMB ORTHOSIS SAGIT CNTRL RIGID A AND P PANEL PREFAB	Durable Medical Equipment (DME)	
L0627	Y		LUMBAR-SACRAL ORTHOSIS FLEXIBLE CUSTOM FAB	Durable Medical Equipment (DME)	
L0629	Y		LUMB-SACRAL ORTHOS SAGIT CNTRL RIGID POST PREFAB	Durable Medical Equipment (DME)	
L0630	Y		LUMB-SACRAL ORTHOS SAGIT CNTRL RIGID A AND P PREFAB	Durable Medical Equipment (DME)	
L0631	Y		LUMB-SACRAL ORTHOS SAGIT CNTRL RIGID A AND P CUSTOM	Durable Medical Equipment (DME)	
L0632	Y		LUMB-SAC ORTHOS SAGIT-COR CNTRL RIGD POST CUSTOM	Durable Medical Equipment (DME)	
L0634	Y		LSO SAGITTAL-CORONL CNTRL FLEX RIGID POST CUSTOM	Durable Medical Equipment (DME)	

Code	Medicaid	Marketplace	Description for "Y" Exceptions	Service Category for "Y" Exceptions	Code Notes
L0636	Y		COCHLEAR IMPL EXT SPEECH PROCESSR/CONTROLLR REPL	Durable Medical Equipment (DME)	
L3761	N				
L8619	Y		POSITIONING SEAT PERSON SPECIAL/ORTHOPEDIC NEED	Durable Medical Equipment (DME)	
L8625	N				
L8694	N				
S0122		NC			
S0126		NC			
S0128		NC			
S0132		NC			
S0201	NC				
S5102	Y		DAY CARE SRVC CENTER-BASED; SRVC NOT W/PROGM FEE	Home Health Care Services	Home Health Services require prior authorization after the initial evaluation/visit plus first six (6) visits, per calendar year, including for home based PT/OT and Speech Therapy. NOTE: Prior Authorization may be required for medications associated with HOME INFUSION therapy.
S5105	Y		ATTENDANT CARE SERVICES; PER 15 MINUTES	Home Health Care Services	Home Health Services require prior authorization after the initial evaluation/visit plus first six (6) visits, per calendar year, including for home based PT/OT and Speech Therapy. NOTE: Prior Authorization may be required for medications associated with HOME INFUSION therapy.
S5111	NC	NC			
S5116		NC			
S5125	Y		SOCIAL WORK VISIT IN THE HOME PER DIEM	Home Health Care Services	Home Health Services require prior authorization after the initial evaluation/visit plus first six (6) visits, per calendar year, including for home based PT/OT and Speech Therapy. NOTE: Prior Authorization may be required for medications associated with HOME INFUSION therapy.
S5135	N				
S5150	NC				
S9110		NC			
S9127	Y		HOME INFUSION THERAPY INFUSION THERAPY NOC; DIEM	Home Health Care Services	Home Health Services require prior authorization after the initial evaluation/visit plus first six (6) visits, per calendar year, including for home based PT/OT and Speech Therapy. NOTE: Prior Authorization may be required for medications associated with HOME INFUSION therapy.

Code	Medicaid	Marketplace	Description for "Y" Exceptions	Service Category for "Y" Exceptions	Code Notes
S9379	Y		HOME HEALTH AIDE/CERTIFIED NURSE ASST PER VISIT	Home Health Care Services	Home Health Services require prior authorization after the initial evaluation/visit plus first six (6) visits, per calendar year, including for home based PT/OT and Speech Therapy. NOTE: Prior Authorization may be required for medications associated with HOME INFUSION therapy.
S9482	Y		CONT GLUC MNTR PHYSICIAN/QHP PROVIDED EQUIPMENT	Durable Medical Equipment (DME)	
S9977	N	NC			
T1019	N				
T1021	Y		HOME NFS/SPECTY DRUG ADMN PR VST LT 2 HR	Home Healthcare & Home Infusion	Home Health Services require prior authorization after the initial evaluation/visit plus first six (6) visits, per calendar year, including for home based PT/OT and Speech Therapy. NOTE: Prior Authorization may be required for medications associated with HOME INFUSION therapy.
T5001	Y		SPECIALTY TRIFOCAL	Durable Medical Equipment (DME)	
T5999	N				
V2399	Y		INJECTION BUPRENORPHINE HYDROCHLORIDE 0.1 MG	Healthcare Administered Drugs	
V5171	NC				
V5172	NC				
V5181	NC				
V5211	NC				
V5212	NC				
V5213	NC				
V5214	NC				
V5215	NC				
V5221	NC				
V5298		NC			
V5299		NC	PSYCHOTHERAPY W/PATIENT 30 MINUTES	Behavioral/Mental Health, Alcohol-Chemical Dependency	Authorization required after 24 visits annually (Year considered 7/1 - 6/30). Inpatient, Residential Treatment, Partial Hospitalization, Electroconvulsive Therapy (ECT), Applied Behavior Analysis (ABA) for tx of Autism Spectrum Disorder (ASD).