



FL CODE/BENEFIT EXCEPTIONS

Effective Q4, 2023

Prior Authorization Exclusion for Medicaid/Marketplace: All Elective Non-Emergency Services to be performed in Hospital Setting will require a Prior Authorization, including Elective Inpatient and Observation Admission. Post stabilization following an Emergency department visit does not require prior authorization, but is subject to concurrent review processes. All Emergency Room Services, including Labor Check, in a Hospital Setting will not require a Prior Authorization.

Behavioral Health: Please contact Molina Healthcare

Fax: (866) 440-9791 - Medicaid

(833) 322-1061 - Marketplace

(844) 834-2152 - Medicare Inpatient

(844) 251-1450 - Medicare Prior Auth

Therapies (PT/OT/ST) for Medicaid Specialty, Comprehensive, MMA Only/Marketplace /Medicare: Please contact Health Network One (HN1): 888-550-8800 and for Medicaid LTC Only: Please contact Molina Healthcare – Fax 866-440-9791

DME, Home Healthcare and Home Infusion (Including Home PT, OT or ST): For Medicaid (MMA Only, Specialty)/Marketplace/Medicare please contact Coastal Care Services: 855-481-0505 and for Medicaid Comprehensive and LTC only please contact Molina Healthcare at fax 866-440-9791.

Plan developed own version of PA Matrix; click below: <http://www.molinahealthcare.com/providers/fl/medicaid/forms/Pages/fuf.aspx>

Healthcare Administered Drug Requests fax to: Medicare 866-290-1309 Medicaid & Marketplace 866-236-8531

Code	Medicaid	Marketplace	Description for "Y" Exceptions	Service Category for "Y" Exceptions	Code Notes
90875		NC			
90876		NC			
90901		NC			
90912		NC			
90913		NC			
95700	N	N			
95708	N	N			
95709	N	N			
95710	N	N			
95711	N	N			
95712	N	N			
95713	N	N			
95714	N	N			
95715	N	N			
95716	N	N			
95718	N	N			
95719	N	N			
95720	N	N			

Code	Medicaid	Marketplace	Description for "Y" Exceptions	Service Category for "Y" Exceptions	Code Notes
95721	N	N			
95722	N	N			
95723	N	N			
95724	N	N			
95725	N	N			
95726	N	N			
95800	NC				
95801	NC				
95803	NC				
95806	NC				
95957	N	N			
96020		NC			
97153		NC			
97154		NC			
97155		NC			
97156		NC			
97157		NC			
97158		NC			
A2001	NC				
A2002	NC				
A2004	NC				
A2005	NC				
A2006	NC				
A2007	NC				
A2008	NC				
A2009	NC				
A2010	NC				
A2011	NC				
A2012	NC				
A2013	NC				
A4100	NC				
C1933	NC				
C1934	NC				
C1935	NC				
C1937	NC				

Code	Medicaid	Marketplace	Description for "Y" Exceptions	Service Category for "Y" Exceptions	Code Notes
C1938	NC				
C1940	NC				
C1941	NC				
E2402	NC				
G0460	NC				
G0465	NC				
J7180	NC				
J7182	NC				
J7185	NC				
J7186	NC				
J7188	NC				
J7189	NC				
J7190	NC				
J7191	NC				
J7192	NC				
J7193	NC				
J7195	NC				
J7200	NC				
J7203	NC				
J7204	NC				
J7211	NC				
J7212	NC				
K1022	NC				
K1023	NC				
K1024	NC				
K1025	NC				
K1027	NC				
K1028	NC				
K1029	NC				
K1031	NC				
K1032	NC				
K1033	NC				
Q4100	NC				
Q4105	NC				
Q4107	NC				

Code	Medicaid	Marketplace	Description for "Y" Exceptions	Service Category for "Y" Exceptions	Code Notes
Q4108	NC				
Q4110	NC				
Q4111	NC				
Q4113	NC				
Q4114	NC				
Q4115	NC				
Q4116	NC				
Q4117	NC				
Q4118	NC				
Q4122	NC				
Q4123	NC				
Q4125	NC				
Q4126	NC				
Q4127	NC				
Q4130	NC				
Q4134	NC				
Q4135	NC				
Q4136	NC				
Q4138	NC				
Q4139	NC				
Q4140	NC				
Q4141	NC				
Q4142	NC				
Q4143	NC				
Q4145	NC				
Q4146	NC				
Q4147	NC				
Q4148	NC				
Q4149	NC				
Q4150	NC				
Q4152	NC				
Q4153	NC				
Q4154	NC				
Q4155	NC				
Q4156	NC				

Code	Medicaid	Marketplace	Description for "Y" Exceptions	Service Category for "Y" Exceptions	Code Notes
Q4157	NC				
Q4158	NC				
Q4159	NC				
Q4160	NC				
Q4166	NC				
Q4167	NC				
Q4168	NC				
Q4169	NC				
Q4170	NC				
Q4171	NC				
Q4173	NC				
Q4174	NC				
Q4175	NC				
Q4199	NC				
Q4205	NC				
Q4206	NC				
Q4208	NC				
Q4209	NC				
Q4210	NC				
Q4211	NC				
Q4212	NC				
Q4213	NC				
Q4214	NC				
Q4215	NC				
Q4216	NC				
Q4217	NC				
Q4218	NC				
Q4219	NC				
Q4220	NC				
Q4221	NC				
Q4222	NC				
Q4227	NC				
Q4229	NC				
Q4230	NC				
Q4231	NC				

Code	Medicaid	Marketplace	Description for "Y" Exceptions	Service Category for "Y" Exceptions	Code Notes
Q4232	NC				
Q4233	NC				
Q4234	NC				
Q4235	NC				
Q4237	NC				
Q4238	NC				
Q4239	NC				
Q4240	NC				
Q4241	NC				
Q4242	NC				
Q4244	NC				
Q4245	NC				
Q4246	NC				
Q4247	NC				
Q4248	NC				
S9131	N	N			
S9345	NC				
S9977		NC			
H0015	Y		ALCOHOL AND/OR DRUG SRVCS	Behavioral Health, Mental Health, Alcohol & Chemical Dependency Services	Covered Only under Expanded Benefit
H0019	Y		BHVAL HEALTH; LONG-TERM RES W/O ROOM AND BOARD-DIEM	Behavioral Health, Mental Health, Alcohol & Chemical Dependency Services	Covered Only under Expanded Benefit
H0046	N		MENTAL HEALTH SERVICES NOT OTHERWISE SPECIFIED	Behavioral Health, Mental Health, Alcohol & Chemical Dependency Services	
H2010	Y		COMPREHENSIVE MEDICATION SERVICES PER 15 MINUTES	Behavioral Health, Mental Health, Alcohol & Chemical Dependency Services	Service is not covered for standard Medicaid. For Long Term Care and Comprehensive Care members, services require prior authorization.
H2012	Y		BEHAVIORAL HEALTH DAY TREATMENT PER HOUR	Behavioral Health, Mental Health, Alcohol & Chemical Dependency Services	
H2017	Y		PSYSOC REHAB SVC, PER 15 MIN	Behavioral Health, Mental Health, Alcohol & Chemical Dependency Services	
H2019	Y		THERAPEUTIC BEHAVIORAL SERVICES PER 15 MINUTES	Behavioral Health, Mental Health, Alcohol & Chemical Dependency Services	Modifiers (HQ, HR, HR GT) NO PA Required. Modifiers HO, HM, HN require PA

Code	Medicaid	Marketplace	Description for "Y" Exceptions	Service Category for "Y" Exceptions	Code Notes
H2020	Y		THERAPEUTIC BEHAVIORAL SERVICES PER DIEM	Behavioral Health, Mental Health, Alcohol & Chemical Dependency Services	Includes modifier (HA)
H2022	Y		COMMUNITY-BASED WRAP-AROUND SERVICES PER DIEM	Behavioral Health, Mental Health, Alcohol & Chemical Dependency Services	
H2030	Y		ALCOHOL AND OR OTH DRUG TREATMENT PROGRAM PER HOUR	Behavioral Health, Mental Health, Alcohol & Chemical Dependency Services	
S5145	Y		FOSTER CARE THERAPEUTIC CHILD; PER DIEM	Behavioral Health, Mental Health, Alcohol & Chemical Dependency Services	Modifier HE, HK
S9480	Y		INTENSIVE OP PSYCHIATRIC SERVICES PER DIEM	Behavioral Health, Mental Health, Alcohol & Chemical Dependency Services	PA AFTER 14 UNITS, expanded benefit
T1017	Y		TARGETED CASE MANAGEMENT EACH 15 MINS	Behavioral Health, Mental Health, Alcohol & Chemical Dependency Services	
S9485	Y		CRISIS INTERVENT MENTAL HEALTH SERV	Behavioral/Mental Health, Alcohol-Chemical Dependency	
A4217	Y		STERILE WATER/SALINE 500 ML	Durable Medical Equipment (DME)	
A4221	Y		SUPPLIES FOR MAINT NON-INS RX INFUS CATH PER WK	Durable Medical Equipment (DME)	
A4222	Y		INFUS SPL EXT RX INFUS PUMP CASSETTE/BAG	Durable Medical Equipment (DME)	
A4246	Y		BETADINE OR PHISOHEX SOLUTION PER PINT	Durable Medical Equipment (DME)	
A4256	Y		NORMAL LOW AND HIGH CALIBRATOR SOLUTION/CHIPS	Durable Medical Equipment (DME)	
A4314	Y		INSRTION TRAY W/DRN BAG W/CATH 2-WAY LATX W/COAT	Durable Medical Equipment (DME)	
A4340	Y		INDWELLING CATHETER; SPECIALTY TYPE EACH	Durable Medical Equipment (DME)	
A4565	Y		SLINGS	Durable Medical Equipment (DME)	
A4570	Y		SPLINTS	Durable Medical Equipment (DME)	
A6196	Y		ALGINAT/OTH FIBER GELL DRESS STERIL PAD 16 SQ OR LT	Durable Medical Equipment (DME)	
A6197	Y		ALGINATE/OTH FIBER GELL DRESS PAD GT 16 LT OR EQUAL TO 48	Durable Medical Equipment (DME)	
A6209	Y		FOAM DRESS STERL PAD 16 SQ OR LT NO ADHES BORDR EA	Durable Medical Equipment (DME)	
A6210	Y		FOAM DRESS GT 16 BUT LT OR EQUAL TO 48 SQ W/O ADHES BO	Durable Medical Equipment (DME)	
A6212	Y		FOAM DRESS STERL PAD SZ 16 SQ OR GT W/ADHES BORDR EA	Durable Medical Equipment (DME)	
A6216	Y		GAUZE NON-IMPREG NONSTERL 16 SQ OR LT W/O ADHES EA	Durable Medical Equipment (DME)	

Code	Medicaid	Marketplace	Description for "Y" Exceptions	Service Category for "Y" Exceptions	Code Notes
A6402	Y		GAUZE NON-IMPREG STERL 16 SQ OR LT W/O ADHES BORDR	Durable Medical Equipment (DME)	
A9276	Y	N	SNSR;INVSV DISP USE NONDME INTRSTL CGM 1U Equal to 1D SPL	Durable Medical Equipment (DME)	Medicaid: Continuous Glucose Monitors (CGMs) sensor, transmitter and receiver/reader covered under pharmacy benefit only. PA Required. Fax 866-236-8531.
A9277	Y		TRANSMITTER; EXT USE WITH NONDME INTRSTL CGM	Durable Medical Equipment (DME)	Medicaid: Continuous Glucose Monitors (CGMs) sensor, transmitter and receiver/reader covered under pharmacy benefit only. PA Required. Fax 866-236-8531.
A9278	Y		RECEIVER; EXT USE NONDME INTRSTL SYSTEM CGM	Durable Medical Equipment (DME)	Medicaid: Continuous Glucose Monitors (CGMs) sensor, transmitter and receiver/reader covered under pharmacy benefit only. PA Required. Fax 866-236-8531.
B4035	Y		ENTERAL FEEDING SUPPLY KIT; PUMP FED PER DAY	Durable Medical Equipment (DME)	
B9002	Y		ENTERAL NUTRITION INFUSION PUMP ANY TYPE	Durable Medical Equipment (DME)	
B9004	Y		PARENTERAL NUTRITION INFUSION PUMP PORTABLE	Durable Medical Equipment (DME)	
E0250	Y	Y	HOSP BED FIX HT W/ANY TYPE SIDE RAILS W/MATTRSS	Durable Medical Equipment (DME)	
E0561	Y	Y	HUMDIFIR NON-HEATED USED W/POS AIRWAY PRESS DEVC	Durable Medical Equipment (DME)	
E0562	Y	Y	HUMDIFIR HEATED USED W/POS ARWAY PRESSURE DEVICE	Durable Medical Equipment (DME)	
E0601	Y		CONTINUOUS POSITIVE AIRWAY PRESSURE DEVICE	Durable Medical Equipment (DME)	
E0603	Y		BREAST PUMP ELECTRIC ANY TYPE	Durable Medical Equipment (DME)	
E0604	Y	Y	BREAST PUMP HEVY DUTY HOSP GRADE PISTON OP	Durable Medical Equipment (DME)	
E0630	Y	Y	PATIENT LIFT HYDRAULIC/MECH INCL SEAT SLING/PAD	Durable Medical Equipment (DME)	
E0635	Y	Y	PATIENT LIFT ELECTRIC WITH SEAT OR SLING	Durable Medical Equipment (DME)	
E1050	Y	Y	FULL RECLIN WHLCHAIR; DTACHBLE ARMS LEGRESTS	Durable Medical Equipment (DME)	
E1060	Y	Y	FULLY RECLIN WHLCHAIR; DTACHBLE ARMS FOOTRESTS	Durable Medical Equipment (DME)	
E1070	Y	Y	WHEELCHAIR PEDIATRIC SIZE NOS	Durable Medical Equipment (DME)	
E1083	Y	Y	HEMI-W/C; FIXED FULL-LEN ARMS DETACHBLE LEGREST	Durable Medical Equipment (DME)	
E1084	Y	Y	HEMI-WHLCHAIR; DTACHBLE ARMS DESK/FULL LEGRESTS	Durable Medical Equipment (DME)	
E1086	Y	Y	HEMI-WHLCHAIR; DTACHBLE ARMS DESK/FULL FOOTRESTS	Durable Medical Equipment (DME)	
E1087	Y	Y	HI-STRGTH LGHTWT WHLCHAIR; FIX ARMS DTACH LEGRST	Durable Medical Equipment (DME)	

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E1088	Y	Y	HI-STRGTH LGHTWT WHLCHAIR; DTACHBL ARMS LEGRESTS	Durable Medical Equipment (DME)	
E1089	Y	Y	HI-STRGTH LGHTWT WHLCHAIR; FIX ARM DTACH FOOTRST	Durable Medical Equipment (DME)	
E1090	Y	Y	HI-STRGTH LGHTWT WHLCHAIR; DTACHBL ARMS FOOTREST	Durable Medical Equipment (DME)	
E1092	Y	Y	WIDE HEVY-DUTY WHLCHAIR; DTACHBLE ARMS LEGRESTS	Durable Medical Equipment (DME)	
E1093	Y	Y	WIDE HEVY-DUTY WHLCHAIR; DTACHBLE ARMS FOOTRESTS	Durable Medical Equipment (DME)	
E1100	Y	Y	SEMI-RECLIN WHLCHAIR; FIX ARMS DTACHBLE LEGRESTS	Durable Medical Equipment (DME)	
E1110	Y	Y	SEMI-RECLIN WHLCHAIR; DTACHBLE ARMS ELEV LEGREST	Durable Medical Equipment (DME)	
E1140	Y	Y	WHLCHAIR; DTACHBLE ARMS DTACHBLE FOOTRESTS	Durable Medical Equipment (DME)	
E1150	Y	Y	WHLCHAIR; DTACHBLE ARMS DTACHBLE ELEV LEGRESTS	Durable Medical Equipment (DME)	
E1170	Y	Y	AMPUTEE WHLCHAIR; FIX FULL ARMS DTACHBL LEGRESTS	Durable Medical Equipment (DME)	
E1171	Y	Y	AMPUTEE WHLCHAIR; FIX FULL ARMS W/O FOOT/LEGREST	Durable Medical Equipment (DME)	
E1172	Y	Y	AMPUTEE WHLCHAIR; DTACHBL ARMS W/O FOOT/LEGRESTS	Durable Medical Equipment (DME)	
E1180	Y	Y	AMPUTEE WHLCHAIR; DTACHBL ARMS DTACHBL FOOTRESTS	Durable Medical Equipment (DME)	
E1190	Y	Y	AMPUTEE WHLCHAIR; DTACHBL ARMS DTACHBL LEGRESTS	Durable Medical Equipment (DME)	
E1195	Y	Y	HEVY DUTY WHLCHAIR; FIX FULL ARMS DTACHBL LEGRST	Durable Medical Equipment (DME)	
E1200	Y	Y	AMPUTEE WHLCHAIR; FIX FULL ARMS DTACHBL FOOTRSTS	Durable Medical Equipment (DME)	
E1223	Y	Y	WHEELCHAIR WITH DETACHABLE ARMS FOOTRESTS	Durable Medical Equipment (DME)	
E1240	Y	Y	LGHTWT WHLCHAIR; DTACHBLE ARMS DTACHBLE LEGREST	Durable Medical Equipment (DME)	
E1250	Y	Y	LGHTWT WHLCHAIR; FIX FULL ARMS DTACHBL FOOTRESTS	Durable Medical Equipment (DME)	
E1260	Y	Y	LGHTWT WHLCHAIR; DTACHBL ARMS DTACHBL FOOTRESTS	Durable Medical Equipment (DME)	
E1270	Y	Y	LGHTWT WHLCHAIR; FIX ARMS DTACHBLE ELEV LEGRESTS	Durable Medical Equipment (DME)	
E1280	Y	Y	HEVY-DUTY WHLCHAIR; DTACHBLE ARMS ELEV LEGRESTS	Durable Medical Equipment (DME)	
E1285	Y	Y	HEVY-DUTY WHLCHAIR; FIX ARMS DTACHBLE FOOTRESTS	Durable Medical Equipment (DME)	
E1290	Y	Y	HEVY-DUTY WC DTCHBL ARMS SWNG AWAY DTCHBL FTRST	Durable Medical Equipment (DME)	
E1295	Y	Y	HEVY-DUTY WHLCHAIR; FIX FULL ARMS ELEV LEGRESTS	Durable Medical Equipment (DME)	

Code	Medicaid	Marketplace	Description for "Y" Exceptions	Service Category for "Y" Exceptions	Code Notes
G0270	Y		MED NUT TX; REASSESS FLW 2 REF YR W/PT EA 15 MIN	Durable Medical Equipment (DME)	
G0271	Y		MED NUT TX REASSESS FLW 2 REF YR GRP EA 30 MIN	Durable Medical Equipment (DME)	
H0044	Y		SUPPORTED HOUSING PER MONTH	Durable Medical Equipment (DME)	
K0002	Y	Y	STANDARD HEMI WHEELCHAIR	Durable Medical Equipment (DME)	
K0003	Y	Y	LIGHTWEIGHT WHEELCHAIR	Durable Medical Equipment (DME)	
K0004	Y	Y	HIGH STRENGTH LIGHTWEIGHT WHEELCHAIR	Durable Medical Equipment (DME)	
K0006	Y	Y	HEAVY-DUTY WHEELCHAIR	Durable Medical Equipment (DME)	
K0007	Y	Y	EXTRA HEAVY-DUTY WHEELCHAIR	Durable Medical Equipment (DME)	
K0455	Y	Y	INFUSION PUMP UNINTERRUPTED PARENTERAL ADMIN MED	Durable Medical Equipment (DME)	
K0609	Y	Y	REPL ELEC W/AUTO EXT DEFIB GARMNT TYPE ONLY EA	Durable Medical Equipment (DME)	
K0730	Y	Y	CONTROLLED DOSE INHALATION DRUG DELIVERY SYSTEM	Durable Medical Equipment (DME)	
S5110	Y		HOME CARE TRAINING FAMILY; PER 15 MINUTES	Durable Medical Equipment (DME)	
V5010	Y		ASSESSMENT FOR HEARING AID	Durable Medical Equipment (DME)	
V5011	Y		FITTING/ORIENTATION/CHECKING OF HEARING AID	Durable Medical Equipment (DME)	
V5014	Y		REPAIR/MODIFICATION OF A HEARING AID	Durable Medical Equipment (DME)	
V5050	Y		HEARING AID MONAURAL IN THE EAR	Durable Medical Equipment (DME)	
V5060	Y		HEARING AID MONAURAL BEHIND THE EAR	Durable Medical Equipment (DME)	
V5090	Y		DISPENSING FEE UNSPECIFIED HEARING AID	Durable Medical Equipment (DME)	
V5130	Y		BINAURAL IN THE EAR	Durable Medical Equipment (DME)	
V5140	Y		BINAURAL BEHIND THE EAR	Durable Medical Equipment (DME)	
V5160	Y		DISPENSING FEE BINAURAL	Durable Medical Equipment (DME)	
V5200	Y		DISPENSING FEE CONTRALATERAL MONAURAL	Durable Medical Equipment (DME)	
V5240	Y		DISPENSING FEE CONTRALATERAL RTE SYSTEM BINAURAL	Durable Medical Equipment (DME)	
V5264	Y		EAR MOLD/INSERT NOT DISPOSABLE ANY TYPE	Durable Medical Equipment (DME)	
81220	Y		CFTR GENE ANALYSIS COMMON VARIANTS	Genetic Counseling & Testing	
90715	N		TDAP VACCINE 7 YRS OR GT IM	Healthcare Administered Drugs	
S5170	Y		HOME DELIVERED MEALS INCLUDING PREPARATION	Home Health Care Services	
T1020	Y		PERSONAL CARE SERVICES PER DIEM	Home Health Care Services	
T1021	Y		HOME HEALTH AIDE/CERTIFIED NURSE ASST PER VISIT	Home Health Care Services	
92507	Y		TX SPEECH LANG VOICE COMMN AND AUDITORY PROC IND	Physical, Occupational, and Speech Therapy	
92508	Y		TX SPEECH LANGUAGE VOICE COMMN AUDITRY 2 OR MORE INDIVL	Physical, Occupational, and Speech Therapy	
92521	Y	Y	EVALUATION OF SPEECH FLUENCY (STUTTER CLUTTER)	Physical, Occupational, and Speech Therapy	

Code	Medicaid	Marketplace	Description for "Y" Exceptions	Service Category for "Y" Exceptions	Code Notes
92522	Y	Y	EVALUATION OF SPEECH SOUND PRODUCTION ARTICULATE	Physical, Occupational, and Speech Therapy	
92523	Y	Y	EVAL SPEECH SOUND PRODUCT LANGUAGE COMPREHENSION	Physical, Occupational, and Speech Therapy	
92524	Y	Y	BEHAVIORAL AND QUALIT ANALYSIS VOICE AND RESONANCE	Physical, Occupational, and Speech Therapy	
92526	Y	Y	TX SWALLOWING DYSFUNCTION &/ORAL FUNCTN FEEDING	Physical, Occupational, and Speech Therapy	
92597	Y	Y	EVAL AND /FITG VOICE PROSTC DEV SUPLMNT ORAL SPEEC	Physical, Occupational, and Speech Therapy	
92609	Y	Y	THER SP-GENRATN DEV PRGRMG AND MODIFICAJ	Physical, Occupational, and Speech Therapy	
92610	Y	Y	EVAL ORAL AND PHARYNGEAL SWLNG FUNCJ	Physical, Occupational, and Speech Therapy	
92630	Y		AUDITORY REHABILITATION PRELINGUAL HEARING LOSS	Physical, Occupational, and Speech Therapy	
92633	Y		AUDITORY REHABILITATION POSTLINGUAL HEARING LOSS	Physical, Occupational, and Speech Therapy	
97010	Y		APPL MODALITY 1 OR GT AREAS TRACTION MECHANICAL	Physical, Occupational, and Speech Therapy	
97039	Y		UNLIST MODALITY SPEC TYPE AND TIME CONSTANT ATTEND	Physical, Occupational, and Speech Therapy	
97110	Y		THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Physical, Occupational, and Speech Therapy	
97112	Y		THER PX 1/> AREAS EACH 15 MIN NEUROMUSC REEDUCAN	Physical, Occupational, and Speech Therapy	
97113	Y		THER PX 1 OR MORE AREAS EACH 15 MIN AQUA THRPY W/EXERCSS	Physical, Occupational, and Speech Therapy	
97116	Y		THER PX 1 OR MORE AREAS EA 15 MIN GAIT TRAIING W/STAIR	Physical, Occupational, and Speech Therapy	
97124	Y	Y	THER PX 1 OR GT AREAS EACH 15 MINUTES MASSAGE	Physical, Occupational, and Speech Therapy	
97129	Y		THER IVNTJ COG FUNCJ CNTCT 1ST 15 MINUTES	Physical, Occupational, and Speech Therapy	
97130	Y		THER IVNTN COG FUNCJ CNTCT EA ADDL 15 MINUTES	Physical, Occupational, and Speech Therapy	
97139	Y		UNLISTED THERAPEUTIC PROCEDURE SPECIFY	Physical, Occupational, and Speech Therapy	
97140	Y		MANUAL THERAPY TQS 1/> REGIONS EACH 15 MINUTES	Physical, Occupational, and Speech Therapy	
97150	Y		THERAPEUTIC PROCEDURES GROUP 2 OR MORE INDVDUALS	Physical, Occupational, and Speech Therapy	
97161	Y	Y	PHYSICAL THERAPY EVALUATION LOW COMPLEX 20 MINS	Physical, Occupational, and Speech Therapy	
97162	Y	Y	PT EVAL MOD COMPLEX 30 MIN	Physical, Occupational, and Speech Therapy	
97163	Y	Y	PHYSICAL THERAPY EVALUATION HIGH COMPLEX 45 MINS	Physical, Occupational, and Speech Therapy	
97164	Y	Y	PHYSICAL THERAPY RE-EVAL EST PLAN CARE 20 MINS	Physical, Occupational, and Speech Therapy	

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97165	Y	Y	OCCUPATIONAL THERAPY EVAL LOW COMPLEX 30 MINS	Physical, Occupational, and Speech Therapy	
97166	Y	Y	OCCUPATIONAL THERAPY EVAL MOD COMPLEX 45 MINS	Physical, Occupational, and Speech Therapy	
97167	Y	Y	OCCUPATIONAL THERAPY EVAL HIGH COMPLEX 60 MINS	Physical, Occupational, and Speech Therapy	
97168	Y	Y	OCCUPATIONAL THER RE-EVAL EST PLAN CARE 30 MINS	Physical, Occupational, and Speech Therapy	
97530	Y	Y	THERAPEUT ACTIVITY DIRECT PT CONTACT EACH 15 MIN	Physical, Occupational, and Speech Therapy	
97533	Y		SENSORY INTEGRATIVE TECHNIQUES EACH 15 MINUTES	Physical, Occupational, and Speech Therapy	
97535	Y		SELF-CARE/HOME MGMT TRAINING EACH 15 MINUTES	Physical, Occupational, and Speech Therapy	
97542	Y	Y	WHEELCHAIR MGMT EA 15 MIN	Physical, Occupational, and Speech Therapy	
A0190	Y		NONEMERG TRANSPORTATION: ANCILLARY: MEALS-RECIP	Transportation Services	
A0210	Y		NONEMERGENCY TRANSPORTATION: ANCILLARY: MEALS, ESCORT	Transportation Services	
29799	Y	Y	UNLISTED PROCEDURE CASTING/STRAPPING	Unlisted/Miscellaneous	
95004	Y		PERCUTANEOUS TESTS W/ALLERGENIC EXTRACTS	Unlisted/Miscellaneous	PA not required for pulmonary, allergy, otolaryngology. Required for all other specialties.
95017	Y		ALLG TSTG PERQ AND IC VENOMS IMMED REACT W/I AND R	Unlisted/Miscellaneous	PA not required for pulmonary, allergy, otolaryngology. Required for all other specialties.
95018	Y		ALLG TEST PERQ AND IC DRUG/BIOLOGICAL IMMEDIATE REACT W/I AND R	Unlisted/Miscellaneous	PA not required for pulmonary, allergy, otolaryngology. Required for all other specialties.
95024	Y		INTRACUTANEOUS TESTS W/ALLERGENIC EXTRACTS	Unlisted/Miscellaneous	PA not required for pulmonary, allergy, otolaryngology. Required for all other specialties.
95027	Y		INTRACUTANEOUS TESTS W/ALLERGENIC XTRACTS AIRBORNE	Unlisted/Miscellaneous	PA not required for pulmonary, allergy, otolaryngology. Required for all other specialties.
95028	Y		IC TESTS W/ALLERGENIC XTRACTS DELAYED TYPE REACTION W/READING	Unlisted/Miscellaneous	PA not required for pulmonary, allergy, otolaryngology. Required for all other specialties.
95044	Y		PATCH/APPLICATION TEST SPECIFY NUMBER TESTS	Unlisted/Miscellaneous	PA not required for pulmonary, allergy, otolaryngology. Required for all other specialties.

Code	Medicaid	Marketplace	Description for "Y" Exceptions	Service Category for "Y" Exceptions	Code Notes
95052	Y		PHOTO PATCH TEST SPECIFY NUMBER TSTS	Unlisted/Miscellaneous	PA not required for pulmonary, allergy, otolaryngology. Required for all other specialties.
95056	Y		PHOTO TESTS	Unlisted/Miscellaneous	PA not required for pulmonary, allergy, otolaryngology. Required for all other specialties.
95060	Y		OPHTHALMIC MUCOUS MEMBRANE TESTS	Unlisted/Miscellaneous	PA not required for pulmonary, allergy, otolaryngology. Required for all other specialties.
95065	Y		DIRECT NASAL MUCOUS MEMBRANE TEST	Unlisted/Miscellaneous	PA not required for pulmonary, allergy, otolaryngology. Required for all other specialties.
95070	Y		INHJL BRNCL CHALLENGE TSTG W/HISTAM/METHACHOL	Unlisted/Miscellaneous	PA not required for pulmonary, allergy, otolaryngology. Required for all other specialties.
97802	Y		MEDICAL NUTRITION ASSMT AND IVNTJ INDIV EACH 15 MI	Unlisted/Miscellaneous	
97803	Y		MEDICAL NUTRITION RE-ASSMT&IVNTJ INDIV EA 15 MIN	Unlisted/Miscellaneous	
97804	Y		MEDICAL NUTRITION THERAPY GRP2/ INDIV EA 30 MI	Unlisted/Miscellaneous	
G0176	Y		ACTV TX REL CARE AND TX PTS DISABL MENTL HLTH-SESS	Unlisted/Miscellaneous	
G9004	Y		COORDINATED CARE FEE RISK ADJUSTED LOW INITIAL	Unlisted/Miscellaneous	Service is not covered for standard Medicaid. For Long Term Care and Comprehensive Care members, services require prior authorization.
G9005	Y		COORDINATED CARE FEE RISK ADJUSTED MAINTENANCE	Unlisted/Miscellaneous	Service is not covered for standard Medicaid. For Long Term Care and Comprehensive Care members, services require prior authorization.
S5100	Y		DAY CARE SERVICES ADULT; PER 15 MINUTES	Unlisted/Miscellaneous	Service is not covered for standard Medicaid. For Long Term Care and Comprehensive Care members, services require prior authorization.

Code	Medicaid	Marketplace	Description for "Y" Exceptions	Service Category for "Y" Exceptions	Code Notes
S5125	Y		ATTENDANT CARE SERVICES; PER 15 MINUTES	Unlisted/Miscellaneous	Service is not covered for standard Medicaid. For Long Term Care and Comprehensive Care members, services require prior authorization.
S9452	Y	Y	NUTRITION CLASSES NON-PHYSICIAN PER SESSION	Unlisted/Miscellaneous	
T2030	Y		ASSISTED LIVING WAIVER; PER MONTH	Unlisted/Miscellaneous	Service is not covered for standard Medicaid. For Long Term Care and Comprehensive Care members, services require prior authorization.
22860	NC				
30469	NC				
33900	NC				
33901	NC				
33902	NC				
33903	NC				
33904	NC				
43290	NC				
43291	NC				
54410	NC				
54411	NC				
54416	NC				
54417	NC				
55867	NC				
55970	NC				
55980	NC				
56625	NC				
69729	NC				
69730	NC				
81192	NC				
81347	NC				
81418	NC				
81441	NC				
81449	NC				
81451	NC				
81456	NC				

Code	Medicaid	Marketplace	Description for "Y" Exceptions	Service Category for "Y" Exceptions	Code Notes
83006	NC				
86152	NC				
86153	NC				
90678	NC				
90679	NC				
96121	NC				
96138	NC				
96139	NC				
96146	NC				
96203	NC				
98978	NC				
99418	NC				
0066U	NC				
0355U	NC				
0356U	NC				
0357U	NC				
0358U	NC				
0359U	NC				
0360U	NC				
0361U	NC				
0362U	NC				
0363U	NC				
0386U	NC				
0387U	NC				
0388U	NC				
0389U	NC				
0390U	NC				
0391U	NC				
0392U	NC				
0393U	NC				
0394U	NC				
0395U	NC				
0396U	NC				
0397U	NC				
0398U	NC				

Code	Medicaid	Marketplace	Description for "Y" Exceptions	Service Category for "Y" Exceptions	Code Notes
0399U	NC				
0400U	NC				
0401U	NC				
0402U	NC				
0403U	NC				
0404U	NC				
0405U	NC				
0406U	NC				
0407U	NC				
0409U	NC				
0410U	NC				
0411U	NC				
0412U	NC				
0413U	NC				
0414U	NC				
0415U	NC				
0416U	NC				
0417U	NC				
0418U	NC				
0419U	NC				
0738T	NC				
0739T	NC				
0740T	NC				
0741T	NC				
0744T	NC				
0745T	NC				
0746T	NC				
0747T	NC				
0748T	NC				
0766T	NC				
0767T	NC				
0768T	NC				
0769T	NC				
0770T	NC				
0771T	NC				

Code	Medicaid	Marketplace	Description for "Y" Exceptions	Service Category for "Y" Exceptions	Code Notes
0772T	NC				
0773T	NC				
0774T	NC				
0775T	NC				
0776T	NC				
0777T	NC				
0778T	NC				
0779T	NC				
0781T	NC				
0782T	NC				
0783T	NC				
0793T	NC				
0794T	NC				
0795T	NC				
0796T	NC				
0797T	NC				
0798T	NC				
0799T	NC				
0800T	NC				
0801T	NC				
0802T	NC				
0803T	NC				
0805T	NC				
0806T	NC				
0809T	NC				
A2019	NC				
A2020	NC				
A2021	NC				
A4238	NC				
A4239	NC				
A4341	NC				
A4342	NC				
A4560	NC				
A9607	NC				
C9784	NC				

Code	Medicaid	Marketplace	Description for "Y" Exceptions	Service Category for "Y" Exceptions	Code Notes
C9785	NC				
C9787	NC				
E0486	NC				
E0637	NC				
E0638	NC				
E0641	NC				
E0642	NC				
E0677	NC				
E1905	NC				
E2102	NC				
E2103	NC				
E2301	NC				
G0155	N				SIA is an additional payment provided for the last 7 days of the member's life.
G0219	NC				
G0299	N				SIA is an additional payment provided for the last 7 days of the member's life.
J0174	NC				
J7207	NC				
J7208	NC				
J7209	NC				
J7210	NC				
L1980	N				
L8678	NC				
Q2039	N				
Q4265	NC				
Q4266	NC				
Q4267	NC				
Q4268	NC				
Q4269	NC				
Q4270	NC				
Q4271	NC				
Q4272	NC				
Q4273	NC				
Q4274	NC				

Code	Medicaid	Marketplace	Description for "Y" Exceptions	Service Category for "Y" Exceptions	Code Notes
Q4275	NC				
Q4276	NC				
Q4277	NC				
Q4278	NC				
Q4280	NC				
Q4281	NC				
Q4282	NC				
Q4283	NC				
Q4284	NC				
Q5126	NC				