



2022 Medicaid PA Code Matrix Updates

Q1 2022 UPDATES

| CODES | SERVICE CATEGORY | UPDATE TYPE |
|--|---|--|
| J0257 J7207 J9036 | Healthcare Administered Drugs Durable Medical Equipment (DME) | Addition of Codes/PA Required PA Update |
| <ul style="list-style-type: none"> 80305-80307 = Presumptive – On UT exceptions - These codes get 12 vsts w/NO PA with a maximum # of 24 tests per year 60480-G0483 = Definitive – On UT exceptions - These codes get 16 per year W/NO PA and any vst after requires PA The remaining definitive - 80320,80321,80322,80324,... NOT on UT exceptions will default to corporate standard of 12 vsts w/NO PA and no maximum per year <p>THE FOLLOWING CODES ARE NON COVERED E0650,E0656,E0657 - Rental or Purchase,E0675 - Rental or Purchase,E0676, H2012,T1025,T1026, 0101U, 0070U, 0102U, 0103U, 0203U*, 0204U*, 0205U*, 0208U*, 0209U*, 0211U*, 0212U*, 0213U*, 0214U*, 0215U*, 0216U*, 0217U*, 0218U*, 0220U*</p> <p>32853, L5857, L5858, L5859 E0651, E0667, E0668, E0671, E0672, E0673 95800 30520, 30465, 31253, 31259, 31296, 31257, 31298 J0699 J0741 J1305 J1426 J1445 J1448 J2406 J9247 Q2054 J9318 J9319 J2506 Q2054</p> <p>C9078 J0289 J2505 J9314 J9315 NON PAR PROFESSIONAL Eval and management codes will not require PA in POS 22 if auth exists for par facility then non par professional service should pay BOT would pick up o if par facility claim that does not require authorization then non par professional service will denv unless it is E&M (observation codes will be included) A9606 S5160, S5161 90791, 90792, 90832, 90834, 90837, 90846, 90847; 99211, 99212, 99213, 99214</p> | Durable Medical Equipment (DME) Durable Medical Equipment (DME) Unlisted & Miscellaneous OP Hosp/Amb Surgery Center (ASC) Procedures Healthcare Administered Drugs Transplants/Gene Therapy Healthcare Administered Drugs Not Applicable | Removal of Codes/No PA Required Addition of Codes/PA Required Removal of Codes/No PA Required Removal of Codes/No PA Required Addition of Codes/PA Required Addition of Codes/PA Required Deleted Codes Correction/Clarification |
| C9257, J999, J9035 T1025, T1026, T2002 C9081, Q2054 S9432 C1831 Q4251,Q4252,Q4253 Q4183,Q4184,Q4185,Q4186,Q4187,Q4188,Q4190,Q4191,Q4193,Q4194,Q4198,Q4200,Q4201,Q4202,Q4203,Q4204,Q4161,Q4162,Q4163,Q4164,Q4165,Q4189,Q4192,Q4195,Q4196,Q4197,Q4226 163,Q4164,Q4165,Q4189,Q4192,Q4195,Q4196,Q4197,Q4226 C9081, C9082, C9083, C9084 Q5112, Q5115 95800, 95801, 95806 97151, 99366 | Radiation Therapy & Radio Surgery Unlisted & Miscellaneous Behavioral Health, Mental Health, Alcohol & Chemical Dependency Services Healthcare Administered Drugs Home Health Care Services Transplants/Gene Therapy Unlisted & Miscellaneous OP Hosp/Amb Surgery Center (ASC) Procedures Hyperbaric/Wound Therapy Hyperbaric/Wound Therapy | NC Codes Addition of Codes/PA Required PA Update PA Update Addition of Codes/PA Required Addition of Codes/PA Required Addition of Codes/PA Required Addition of Codes/PA Required Addition of Codes/PA Required Correction/Clarification |
| E0467 0001U,0005U,0009U,0012U,0013U,0016U,0017U,0018U,0019U,0022U,0026U,0027U,0029U,0030U,0031U,0032U,0033U,0034U,0037U,0045U,0046U,0047U,0048U,0049U,0050U,0053U,0056U,0060U,0067U,0070U,0071U,0072U,0073U,0074U,0075U,0076U,0078U,0079U,0084U,0088U,0089U,0090U,0101U,0102U,0103U,0111U,0113U,0114U,0118U,0120U,0129U,0130U,0131U,0132U,0133U,0134U,0135U,0136U,0137U,0138U,0151U,0153U,0154U,0155U,0156U,0157U,0158U,0159U,0160U,0161U,0169U,0170U,0171U,0172U,0173U,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,0203U,0204U,0205U,0206U,0207U,0208U,0209U,0211U,0213U,0214U,0215U,0216U,0217U,0218U,0219U,0220U,0221U,0222U,0228U,0229U,0230U,0231U,0232U,0233U,0234U,0235U,0236U,0237U,0238U,0239U | Healthcare Administered Drugs Healthcare Administered Drugs Multiple Categories Behavioral Health, Mental Health, Alcohol & Chemical Dependency Services Durable Medical Equipment (DME) Multiple Categories | Addition of Codes/PA Required PA Update Correction/Clarification Addition of Codes/PA Required Addition of Codes/PA Required Addition of Codes/PA Required |
| 33225,33249,33208,70336,70450,70480,70486,70490,70496,70498,70540,70551,70544,70547,70551,70554,71250,71271,71275,71550,71555,72125,72128,72131,72141,72146,72148,72159,72191,72192,72196,72198,73200,73206,73220,73221,73225,73700,73706,73720,73721,73725,74150,74174,74175,74176,74181,74185,75557,75571,75572,75573,75574,75635,76380,76390,76497,76498,77046,77078,78429,77084,78451,78459,78472,78608,78813,78816,93350,93452 | Multiple Categories | Addition of Codes/PA Required |
| T1002, T1003 0191T,01935,01936,0290T,0355T,0356T,0376T,0423T,0451T,0452T,0453T,0454T,0455T,0456T,0457T,0458T,0459T,0460T,0461T,0462T,0463T,0466T,0467T,0468T,0548T,0549T,0550T,0551T,21310,33470,33722,43850,43855,59135,63194,63195,63196,63198,63199,69715,69718,72275,76101,76102,80500,80502,92559,92560,92561,92564,93530,93531,93532,93533,93561,93562,95943 | Unlisted & Miscellaneous Multiple Categories | Removal of Codes/No PA Required Deleted Codes |

Prior Authorization is suspended during the state defined emergency services for:

Not Applicable

Notes Update

All Behavioral Health and Substance Use Disorder Inpatient and Outpatient Treatment

All Medical Inpatient Services (Acute, Scheduled, Rehabilitation, LTAC) (Provider Type 01)

All Medical Outpatient Services performed at a Hospital (Provider Type 01)

PA Disclaimers Ky Passport

Healthcare Administered Drugs: Call Provider Services at: (800) 578-0775 / Fax: 844-802-1406 Advanced Imaging: Fax requests to: (877) 731-7218

Transplants: Phone: (855) 714-2415 / Fax: (877) 813-1206

Select Cardiology Authorizations (for adults over 18 only): New Century Health (NCH): Phone: (888) 999-7713 / Website: <https://my.newcenturyhealth.com>

Non-Par Providers/Facilities : PA is required for office visits, procedures, labs, diagnostic studies, and inpatient stays except for: Emergency and Urgent Care claims

Maternity

Authorization is not required for normal vaginal delivery (NVD) <= 2 days and C section <= 4 days for both mother and infant

Authorization is required for NVD >= 3 days and C section >= 5 days for mom

Auth is required for baby if baby stays >=3 days NVD or >=5 days C section AND mom has been discharged

Home Healthcare Services
C9257, J7999, J9035

Healthcare Administered Drugs

PA Update

| | | |
|---|--|-----------------------------------|
| <p>Prior Authorization For Texas specific information regarding effective dates, screening criteria, clinical information or documentation requirements and the prior authorization process please review Medicaid Prior Authorization Guide and Medicaid Prior Authorization Code Matrix: https://www.molinahealthcare.com/providers/tx/medicaid/forms/PA.aspx</p> | Not Applicable | Notes Update |
| <p>Prior Authorization Important Numbers Medicaid/CHIP: Phone: 855-322-4080; Outpatient Services Fax: 866-420-3639; Inpatient Admissions Fax: 833-994-1960 MMP: Phone: 855-322-4080; Outpatient Services Fax: 844-251-1450; Inpatient Admissions Fax: 833-994-1960 Behavioral Health Authorizations: Phone: 866-449-6849 Fax: 866-617-4967 LTSS Authorizations: Fax: 844-304-7127 Nursing Facilities (Medicaid/MMP): Phone: 855-322-4080; Fax: 866-420-3639 Radiology Authorizations: Phone: 855-714-2415; Fax: 877-731-7218 Transplant Authorizations: Phone: 855-714-2415; Fax: 877-731-7218</p> | | |
| <p>Essential Information (EI) required to create an authorization request:</p> <ul style="list-style-type: none"> • Member name • Member number or Medicaid number • Member date of birth • Requesting provider name • Requesting provider's National Provider Identifier (NPI) • Rendering provider's name • Rendering provider's National Provider Identifier (NPI) • Rendering provider's Tax Identification Number (TIN) • Service requested - Current Procedural Terminology (CPT), Healthcare Common Procedure Coding System (HCPCS), or Current Dental Terminology (CDT) • Service requested start and end date(s) • Quantity of service units requested based on the CPT, HCPCS, or CDT requested <p>Anesthesia: Dental Anesthesia –Medicaid (STAR) child 0-6 years old (Please include DMO Provider Determination Letter)</p> | | |
| <p>Diapers and Incontinence products: Requests for incontinent supplies contact Longhorn Health Solutions at (877) 394-1860. Requests for advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal</p> | Imaging & | Notes Update |
| <p>To check the status of a request please use the Provider Portal for quick access. Obtaining authorization does not guarantee payment. The plan retains the right to review benefit limitations and exclusions, beneficiary eligibility on the date of the service, correct coding, billing practices and whether the service was provided in the most appropriate and cost-effective setting of care.</p> | Not Applicable | Notes Update |
| <p>For dually enrolled members, service authorization is not required for Medicaid billing unless the Medicare benefit is exhausted, or the service was denied or not covered under Medicare. Please submit Medicaid authorization requests to the Medicaid authorization team via fax:</p> <ul style="list-style-type: none"> • MCC Plus: (866) 210-1523 • Medallion 4.0: (855) 769-2116 | Not Applicable | Notes Update |
| <p>Add link to Medicaid PA grid: VA Medicaid Prior Auth List N/A H0015, S9480</p> | Hospice Behavioral Health, Mental Health, Alcohol & Chemical Dependency Services | Notes Update PA & Notes Update |
| <p>Requested PEGA Note for the below 4 categories minus the listed exceptions: Please fax request for identified code to (877) 731-7218. Please add the above note to all codes listed in category Genetic Counseling & Testing except for the following codes 81171, 81172, 81236, 81237, 81320, 81333, 81343, 81345, 0005U, 0008U, 0009U, 0010U, 0011U, 0012U, 0013U, 0014U, 0016U, 0017U, 0027U, 0029U, 0031U, 0032U, 0033U, 0034U, 0037U, 0045U, 0046U, 0047U, 0048U, 81328, 0049U, 0050U, 0053U, 0055U, 0056U, 0058U, 0059U, 0060U. Please add the above note to all codes listed in the category Imaging & Special Test with exception of the following code: G0235. Please add the above note to all codes listed in the category Sleep Studies with exception of the following codes: 95800 & 95801. Please add the above note to all codes listed in the Radiation Therapy & Radio Surgery: No Exceptions</p> | Multiple Categories | PA Update |
| <p>All PT/OT codes 54161</p> | Physical & Occupational Therapy OP Hosp/Amb Surgery Center (ASC) Procedures | PA Update PA & Notes Update |

| | | |
|--|---|--|
| <p>90283,90291,C9047,C9488,J0178,J0179,J0180,J0223,J0256,J0364,J0565,J0567,J0570,J0596,J0598,J0599,J0606,J0638,J0641,J0642,J0725,J0775,J0897,J1095,J1096,J1230,J1322,J1324,J1325,J1437,J1438,J1439,J1454,J1558,J1560,J1627,J1628,J1645,J1652,J1740,J1786,J1930,J1931,J2062,J2323,J2350,J2353,J2425,J2502,J2503,J2504,J2507,J2562,J2724,J2778,J2793,J2796,J2840,J2860,J2941,J3032,J3060,J3110,J3145,J3262,J3285,J3315,J3316,J3357,J3358,J3380,J3385,J3396,J7168,J7170,J7175,J7177,J7178,J7179,J7180,J7181,J7182,J7183,J7185,J7186,J7187,J7188,J7189,J7190,J7192,J7193,J7194,J7195,J7197,J7198,J7199,J7200,J7201,J7202,J7203,J7204,J7205,J7207,J7208,J7209,J7210,J7211,J7212,J7308,J7312,J7313,J7314,J7316,J7351,J7402,J7639,J7677,J9015,J9019,J9022,J9023,J9032,J9033,J9034,J9035,J9036,J9039,J9041,J9042,J9043,J9044,J9047,J9055,J9057,J9144,J9145,J9153,J9155,J9173,J9176,J9179,J9198,J9203,J9205,J9207,J9223,J9225,J9226,J9227,J9228,J9262,J9264,J9266,J9271,J9281,J9285,J9295,J9299,J9301,J9302,J9303,J9305,J9306,J9307,J9308,J9309,J9311,J9312,J9315,J9316,J9317,J9325,J9352,J9356,J9371,J9400,Q2050,Q4074,Q5105,Q5106,Q5107,Q5112,Q5113,Q5114,Q5116,Q5117,Q5118,Q5119,Q5121,Q9991,Q9992,S0148,S0157,J9314,J9315,J9348,J9353</p> | <p>Healthcare Administered Drugs</p> | <p>Removal of Codes/No PA Required</p> |
| <p>C9062 J0172 J0185 J0630 J1952 J7333 J9021 J9061 J9246 J9272 Q2055 Q5111 S0189 J7318 J7320 J7321 J7322 J7323 J7324 J7325 J7326 J7327 J7328 J7329 J7331 J7332 C9075,C9076,C9077,C9079,C9080,J0693,J7303,Q4228,Q4236 01937,01938,01939,01940,01941,01942,0671T,0672T,0673T,0674T,0675T,0676T,0677T,0678T,0679T,0680T,0681T,0682T,0683T,0684T,0685T,0686T,0687T,0688T,0689T,0690T,0691T,0693T,0694T,0695T,0696T,0697T,0698T,0700T,0701T,0702T,0703T,0704T,0705T,0706T,0707T,0708T,0709T,0710T,0711T,0712T,0713T,33267,33268,33269,33370,42975,53451,53452,53453,53454,63052,63053,64582,64583,64584,64628,64629,68841,69716,69719,69726,69727,77089,77090,77091,77092,81349,81523,81560,91113,94625,94626,98975,98976,98977</p> | <p>Healthcare Administered Drugs Healthcare Administered Drugs Healthcare Administered Drugs Multiple Categories</p> | <p>Addition of Codes/PA Required Correction/Clarification Deleted Codes Addition of Codes/PA Required</p> |
| <p>C9082 J0895 J1230 J1570 J1652 J1955 J8521 J1447,J2820</p> | <p>Healthcare Administered Drugs Healthcare Administered Drugs</p> | <p>Removal of Codes/No PA Required Addition of Codes/PA Required</p> |