FL CODE/BENEFIT EXCEPTIONS

Important Notice: All services done in a hospital require 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 Plan/MMA Only/Marketplace/Medicare: Please contact Health Network One (HN1): 888-550-8800. Specialty Plan Members, Medicaid Comprehensive and LTC Only: Please contact Molina Healthcare-Fax 866-440-9791

Therapies (Art/Pet) for MMA Only: Please contact Medical Transportation Management: 888-521-2651

www.mtm-inc.net

DME, Home Healthcare and Home Infusion (Including Home PT, OT or ST):

- For Medicaid (Specialty Plan/MMA Only, Comprehensive)/Marketplace/Medicare please contact Coastal Care Services: 855-481-0505.
- For Medicaid LTC only please contact Molina Healthcare at fax 866-440-9791

Healthcare Administered Drug Requests faxed to:

- Medicare 866-290-1309
- Medicaid & Marketplace 866-236-8531

Y: PA REQUIRED / N: NO PA REQUIRED / NC: NOT COVERED

Code	Medicaid	Marketplace	Description for "Y" Exceptions	Service Category for "Y" Exceptions	Code Notes
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			
95721	N	N			
95722	N	N			

Code	Medicaid	Marketplace	Description for "Y" Exceptions	Service Category for "Y" Exceptions	Code Notes
95723	N	N			
95724	N	N			
95725	N	N			
95726	N	N			
95957	N	N			
A9276		N			
S9131	N	N			
S9977		NC			
90875		NC			
90876		NC			
90901		NC			
90912		NC			
90913		NC			
96020		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-DI	Behavioral Health, Mental Health, Alcohol & Chemical Dependency Services	Covered Only under Expanded Benefit
H2012	Y		BEHAVIORAL HEALTH DAY TREATMENT PER HOUR	Behavioral Health, Mental Health, Alcohol & Chemical Dependency Services	
H2017	Y		PSYCHOSOCIAL REHABILITATION SERVICES, PER 15 MINUTES	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
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		MENTAL HEALTH CLUBHOUSE SERVICES, PER 15 MINUTES	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 PSYCHIATRY	Behavioral Health, Mental Health, Alcohol & Chemical Dependency Services	PA AFTER 14 UNITS, expanded benefit

Code	Medicaid	Marketplace	Description for "Y" Exceptions	Service Category for "Y" Exceptions	Code Notes
T1017	Y		TARGETED CASE MANAGEMENT EACH 15 MINS	Behavioral Health, Mental Health, Alcohol & Chemical Dependency Services	
H0046	N		MENTAL HEALTH SERVICES NOT OTHERWISE SPECIFIED	Behavioral Health, Mental Health, Alcohol & Chemical Dependency Services	
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)	
A6402	Y		GAUZE NON-IMPREG STERL 16 SQ OR LT W/O ADHES BORDR	Durable Medical Equipment (DME)	
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)	
E0470	Y	Y	RESP ASST DEVC BI-LEVL PRSS CAPABILITY W/O BACKU	Durable Medical Equipment (DME)	
E0471	Y	Y	RESP ASST DEVC BI-LEVL PRSS CAPABILITY W/BACK-UP	Durable Medical Equipment (DME)	
E0472	Y	Y	RESP ASST DEVC BI-LEVL PRSS CAPABILITY W/BACKUP	Durable Medical Equipment (DME)	

Code	Medicaid	Marketplace	Description for "Y" Exceptions	Service Category for "Y" Exceptions	Code Notes
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; FIX FULL-LEN ARMS LEGRESTS	Durable Medical Equipment (DME)	
E1060	Y	Y	FULL RECLIN WHLCHAIR; DTACHBLE ARMS LEGRESTS	Durable Medical Equipment (DME)	
E1070	Y	Y	FULLY RECLIN WHLCHAIR; DTACHBLE ARMS FOOTRESTS	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)	
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)	

Code	Medicaid	Marketplace	Description for "Y" Exceptions	Service Category for "Y" Exceptions	Code Notes
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)	
G0176	Y		ACTV TX REL CARE AND TX PTS DISABL MENTL HLTH-SESS	Durable Medical Equipment (DME)	
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)	

Code	Medicaid	Marketplace	Description for "Y" Exceptions	Service Category for "Y" Exceptions	Code Notes
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)	
K0005	Y	Y	ULTRALIGHTWEIGHT 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	
97802	Y		MEDICAL NUTRITION ASSMT AND IVNTJ INDIV EACH 15 MI	Home Health Care Services	
97803	Y		MEDICAL NUTRITION RE-ASSMT AND IVNTJ INDIV EA 15 M	Home Health Care Services	
97804	Y		MEDICAL NUTRITION THERAPY GRP2/ INDIV EA 30 MI	Home Health Care Services	
S5170	Y		HOME DELIV MEALS INCLUDING PREPARATION; PER MEAL	Home Health Care Services	
T1020	Y		PERSONAL CARE SERVICES PER DIEM	Home Health Care Services	

Code	Medicaid	Marketplace	Description for "Y" Exceptions	Service Category for "Y" Exceptions	Code Notes
T1021	Y		HOME HEALTH AIDE/CERTIFIED NURSE ASST PER VISIT	Home Health Care Services	
97010	Y		APPLICATION MODALITY 1 OR GT AREAS HOT/COLD PACKS	Physical Therapy	
97124	Y	Y	THER PX 1 OR GT AREAS EACH 15 MINUTES MASSAGE	Physical Therapy	
97140	Y		MANUAL THERAPY TQS 1 OR GT REGIONS EACH 15 MINUTES	Physical Therapy	
97530	Y	Y	THERAPEUT ACTVITY DIRECT PT CONTACT EACH 15 MIN	Physical Therapy	Evaluation does not require PA, treatment requires PA HN1
97542	Y	Y	WHEELCHAIR MGMT EA 15 MIN	Physical Therapy	Evaluation does not require PA, treatment requires PA HN1
92597	Y	Y	EVAL and /FITG VOICE PROSTC DEV SUPLMNT ORAL SPEEC	Speech Therapy	Evaluation does not require PA, treatment requires PA HN1
92609	Y	Y	THER SP-GENRATJ DEV PRGRMG AND MODIFICAJ	Speech Therapy	Evaluation does not require PA, treatment requires PA HN1
92610	Y	Y	EVAL ORAL AND PHARYNGEAL SWLNG FUNCJ	Speech Therapy	Evaluation does not require PA, treatment requires PA HN1
A0190	Y		NONEMERG TRANSPORTATION: ANCILLARY: MEALS-RECIP	Transportation Services	
A0210	Y		NONEMERG TRANSPORTATION: ANCILLARY: MEALS-ESCORT	Transportation Services	
29799		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/BIOL IMMED 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.

Code	Medicaid	Marketplace	Description for "Y" Exceptions	Service Category for "Y" Exceptions	Code Notes
95027	Y		INTRACUTANEOUS TESTS W/ALLERGENIC XTRCS AIRBORNE	Unlisted/Miscellaneous	PA not required for pulmonary, allergy, otolaryngology. Required for all other specialties.
95028	Y		IC TSTS W/ALLGIC XTRCS DLYD TYP RXN 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.
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		INHLJ BRNCL CHALLENGE TSTG W/HISTAM/METHACHOL	Unlisted/Miscellaneous	PA not required for pulmonary, allergy, otolaryngology. Required for all other specialties.
S9452	Y		NUTRITION CLASSES NON-PHYSICIAN PER SESSION	Unlisted/Miscellaneous	
97153		NC			
97154		NC			
97155		NC			
97156		NC			
97157		NC			
97158		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				
C9468	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				
S9345	NC				