

SERVICES THAT REQUIRE PRIOR AUTHORIZATION		
SERVICE	FL MEDICAID FEE SCHEDULE	AUTHORIZATION REQUIREMENTS
Multispecialty (Physician Procedures)	<a href="#">Practitioner Fee Schedule</a>	<b>Refer to Fee Schedule for PA Requirements</b>  <b>PA:</b> Indicates the need for prior authorization of the service
Advanced Diagnostic Imaging (ADI)	<a href="#">Radiology Fee Schedule</a>	<b>Refer to Fee Schedule for PA Requirements</b>  <b>PA:</b> Indicates the need for prior authorization of the service
Durable Medical Equipment (DME)	<a href="#">DME &amp; Medical Supplies Fee Schedule</a>	<b>Refer to Fee Schedule for PA Requirements</b>  <b>PA:</b> Indicates the need for prior authorization of the service <b>BR:</b> Identifies a “non-classified” procedure code that requires a medical review to approve and price the procedure correctly <b>Medical Necessity:</b> Indicates the need for prior authorization of the service. <i>Will not generate a PA #</i>
Behavior Analysis (BA)	<a href="#">Behavior Analysis Fee Schedule</a>	<b>Refer to Fee Schedule for PA Requirements.</b> <i>Eligibility: Medicaid beneficiaries under the age of 21</i>  <i>Reference PA Required section below for additional PA requirements</i>
<b>PA REQUIRED</b> All CPT codes listed on the Florida Medicaid Fee Schedule require prior authorization. However, not all modifiers attached to those codes require review. The only modifiers that require authorization review are: <b>97151-TS</b> <b>97155 HN</b> <b>97156-HN</b>		
Therapy (PT/OT/ST)	<a href="#">Physical Therapy Fee Schedule</a> <a href="#">Occupational Therapy Fee Schedule</a> <a href="#">Speech Therapy Fee Schedule</a>	<i>Reference PA Required section below for additional PA requirements.</i> <i>Eligibility: Medicaid beneficiaries under the age of 21</i>
<b>PA REQUIRED</b> <b>97110:</b> Physical Therapy Treatment <b>97530:</b> Physical Medicine Treatment, Therapeutic Exercise (OT)		

<b>92507:</b> Speech Therapy <b>92508:</b> Group Speech Therapy, per child in the group, per 15 minutes		
Home Health	<a href="#">Home Health Fee Schedule</a>	All CPT codes listed on the Florida Medicaid Fee Schedule require prior authorization
Personal Care Services (PCS)	<a href="#">Personal Care Services Fee Schedule</a>	All CPT codes listed on the Florida Medicaid Fee Schedule require prior authorization. Eligibility: Medicaid beneficiaries under the age of 21
Private Duty Nursing (PDN) & Family Home Health Services	<a href="#">Private Duty Nursing Fee Schedule</a>	All CPT codes listed on the Florida Medicaid Fee Schedule require prior authorization. Eligibility: Medicaid beneficiaries under the age of 21  Reference PA Required section below for additional PA requirements
<b>PA REQUIRED</b> <b>S9123 SQ:</b> (provider specialty type 221) <b>S9124 SQ:</b> (provider specialty type 221) <b>S9122 SK:</b> (Family Home Health Services)		
Prescribed Pediatric Extended Care (PPEC)	<a href="#">PPEC Fee Schedule</a>	All CPT codes listed on the Florida Medicaid Fee Schedule require prior authorization. Eligibility: Medicaid beneficiaries under the age of 21 enrolled in either the Medicaid Fee-for-Service (FFS) program or a Medicaid Managed Care Plan
Hearing Services	<a href="#">Hearing Services Fee Schedule</a>	<b>Refer to Fee Schedule for PA Requirements</b>  <b>PA:</b> Indicates the need for prior authorization of the service  Reference PA Required section below for additional PA requirements
<b>PA REQUIRED</b> <b>Codes that require a PA ONLY if the limits are exceeded</b> <b>V5014:</b> Repair/Modification of a Hearing Aid (Use for Factory Repair) <b>V5050:</b> Hearing Aid; (Use for Category 1 Hearing Aids) <b>V5090:</b> Dispensing Fee, Unspecified Hearing Aid <b>V5200:</b> Dispensing Fee, Cros <b>V5240:</b> Dispensing Fee, Bicros <b>V5264:</b> Earmold/Insert, Not Disposable, Any Type		

Vision	<a href="#">Visual Services Fee Schedule</a>	<p><b>Refer to Fee Schedule for PA Requirements</b></p> <p><b>PA:</b> Indicates the need for prior authorization of the service</p> <p><i>Reference PA Required section below for additional PA requirements</i></p>
<p><b>PA REQUIRED</b></p> <p><b>Codes That ONLY Require PA If the Limits Are Exceeded</b></p> <p><b>92340</b> Fitting Of Spectacles, Except For Aphakia; Monofocal  <b>92341</b> Fitting Of Spectacles, Except For Aphakia; Bifocal  <b>92342</b> Fitting Of Spectacles, Except For Aphakia; Multifocal, Other than Bifocal  <b>92352</b> Fitting Of Spectacle Prosthesis For Aphakia; Monofocal  <b>92353</b> Fitting Of Spectacle Prosthesis For Aphakia; Multifocal  <b>V2020</b> Frames, Regular, Office Repair, Plastic  <b>V2025</b> Deluxe Frame (New Or Replacement; Metal)  <b>V2115</b> Lenticular, (Myodisc), Per Lens, Single Vision  <b>V2121</b> Lenticular Lens, Per Lens, Single  <b>V2315</b> Lenticular, (Myodisc), Per Lens, Trifocal  <b>V2319</b> Trifocal Seg Width Over 28 Mm  V2320 Trifocal Add Over 3.25D  V2410 Variable Asphericity Lens, Single Vision, Full Field, Glass or Plastic, Per Lens</p>		
<p><b>Out of State Authorization Requests</b></p> <p><a href="#">Refer to our Process and Guidelines</a>  <a href="#">Out of State Authorization form</a></p>		
<p><b>Inpatient Admissions</b></p> <p><a href="#">59G-4.150 Inpatient Hospital Services Coverage Policy Final.pdf</a></p>		