

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

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

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