

The following list of covered services helps you to know which services require PA and which do not. Not all services that require PA are included in this list. For more information, or if you have any questions about utilization management or PA requests, please call member services.

Covered Services	
Ambulance and ambulette transportation	Emergency transportation does not require PA. Non-emergency ambulance and ambulette transportation require PA.
Certified nurse midwife services	PA is not required.
Certified nurse practitioner services	PA is not required.
Chiropractic (back) services	For members younger than 21 years of age, 30 visits per 12-month rolling period are available without PA. For members 21 years of age or older, 15 visits per 12-month rolling period are available without PA.
Dental services	Routine services do not require PA. Dental services other than routine care do require PA.
Developmental therapy services for children aged birth to six years	30 dates of service per 12-month rolling period for any combination of services are available without PA.
Diagnostic services (x-ray, lab)	Selected diagnostic services (including MRIs, MRAs, PET Scans, and SPECT) require PA.
Durable medical equipment	Some durable medical equipment items require PA.
Emergency services	PA is not required.
Family planning services and supplies	PA is not required.
Federally Qualified Health Center or Rural Health Clinic services	PA is not required.
Home health services	Home health services require PA.
Hospice care (care for terminally ill, e.g., cancer patients)	PA is not required.
Injectable drugs	Injectable drugs given in a provider's office, clinic or infusion center may require PA.
Inpatient hospital services	Inpatient hospital services (except for emergency admissions) and elective admissions require PA. Notification of Molina Healthcare is required within 24 hours of admission or by the next business day for emergency admissions.
Medical supplies	Some medical supplies require PA.

Covered Services, continued

Mental health and substance abuse services	PA is required if you receive mental health or substance abuse services from a facility other than a community-based facility.
Nursing facility services for a short-term rehabilitative stay	Short-term inpatient rehabilitative nursing facility stays require PA.
Obstetrical (maternity care: prenatal and postpartum including at-risk pregnancy services) and gynecological services	PA is not required.
Outpatient hospital services	Some outpatient services require PA.
Physical and occupational therapy	30 dates of service per 12-month rolling period for any combination of services are available without PA.
Physical exam required for employment or for participation in job training programs if the exam is not provided free of charge by another source	PA is not required.
Podiatry (foot) services	PA is not required.
Preventive mammogram (breast) and cervical cancer (pap smear) exams	PA is not required.
Primary care provider services	PA is not required.
Renal dialysis (kidney disease)	PA is not required.
Services for children with medical handicaps (Title V)	PA is not required.
Shots (immunizations)	PA is not required.
Specialist services	Office visits to see a specialist do not require PA. Some specialist services do require PA.
Speech and hearing services, including hearing aids	30 dates of service per 12-month rolling period for any combination of Speech Language Pathology and Audiology services are available without PA. Hearing aids require PA.
Vision (optical) services, including eyeglasses	PA is not required.
Well-child (Healthchek) exams for children under the age of 21	PA is not required.
Yearly well-adult exams	PA is not required.