

Self-Administered Drugs

Purpose

This policy is intended to ensure correct provider reimbursement and serves only as a general resource on Molina Healthcare's reimbursement policy for the services described in this policy. It is not intended to address every aspect of a reimbursement situation, nor is it intended to affect care decisions. This policy was developed using nationally accepted industry standards and coding principles. In a conflict, federal and state guidelines, as applicable, and the member's benefit plan document supersede the information in this policy. Also, to the extent of conflicts between this policy and the provider contract language, the Provider contract language will prevail. Coverage may be mandated by applicable legal requirements of a State, the Federal government or the Centers for Medicare and Medicaid Services (CMS). References included were correct at the time of policy approval. If there is a state exception, please refer to the state exception table listed below.

Policy Overview

Self-administered drugs, as outlined in the following guidance, are not included under the medical benefit. These medications might be covered under the pharmacy benefit and could be subject to Molina clinical policy or state guidelines. Self-administered drugs are those that individuals can take on their own at home, without aid. If the FDA approved package labeling mandates that a healthcare professional must administer the drug, it will not be considered self-administered, regardless of its dosage form.

Deciding whether a drug qualifies for self-administration will be based on clinical evidence, which may include the following: FDA approved package insert, drug compendia, evidence-based clinical practice guidelines, standards of medical practice, and peer-reviewed medical literature. Exceptions are made for emergency use (for instance, insulin administered to someone in a diabetic coma).

Factors considered when deciding if a drug is self-administered include:

Package labeling:

The drug does not require exclusive supervision or administration by a healthcare provider.

Drug form allows for self-administration includes tablet, capsule, oral solution, metered dose inhaler, nebulizer solution/ampule, suppositories, prefilled syringes/autoinjectors meant for subcutaneous administration, and external creams/ointments/solutions/foams.

Drugs given through the following routes will be presumed to require healthcare provider administration and will not meet the definition of self-administered:

- Intravitreal
- Intraarticular
- Implant
- Intrathecal

Since route of administration might influence a drug's suitability for self-administration, JA or JB modifiers should be used for drugs that could share the same HCPC code but differ in intravenous (JA) or subcutaneous (JB) administration.

If a drug falls under the member's pharmacy benefit, they may have the option to bring the drug to their provider's office or have it delivered directly to the provider for administration. The provider can be reimbursed for the service, but not the drug itself. Circumstances requiring provider services for drug administration might include first dose instruction, member disability (such as cognitive impairment, blindness, paralysis, or other mental or physical disabilities), or dose monitoring.

Coverage exceptions also apply to drugs administered during outpatient surgery, observation services, or an emergency room visit.

Reimbursement Guidelines

Molina Healthcare refrains from reimbursing practitioners for administering medications that are generally self-administered by patients, except when the patient's condition necessitates such medical intervention.

Self-Administered Drug List

P&T Approval Date: July 31, 2024

The following medications have been assessed by the Molina Drug Utilization Review Committee and then approved by the Pharmacy and Therapeutics Committee. These drugs are generally self-administered and are not covered under the medical benefit plan. Providers should consult the Molina Payment Policy and Reimbursement Policy for Self-Administered Drugs for more information. It's important to note that for drugs listed with CPT/HCPCS codes that can be administered both intravenously and subcutaneously, only the intravenously administered form might be covered under the medical benefit as specified.

Inclusion on this list does not guarantee coverage under a member's pharmacy benefit. Coverage depends on the member's specific health plan benefits and is subject to applicable clinical policies, which may include the need for prior authorization.

This list of codes may not be exhaustive and is subject to change.

Code	Descriptor Generic Name
A4248	Chlorhexidine Containing Antiseptic, 1 MI
A9155	Artificial Saliva, 30 MI
A9156	Oral Mucoadhesive, Any Type (Liquid, Gel, Paste, Etc.), Per 1 MI
A9180	Pediculosis (Lice Infestation) Treatment, Topical, For Administration By Patient/Caretaker
A9180	Pediculosis (Lice Infestation) Treatment, Topical, For Administration By Patient/Caretaker
A9180	Pediculosis (Lice Infestation) Treatment, Topical, For Administration By Patient/Caretaker
J0135	Injection, Adalimumab, 20 Mg
J0364	Injection, Apomorphine Hydrochloride, 1 Mg
J0571	Buprenorphine, Oral, 1 Mg
J0572	Buprenorphine/Naloxone, Oral, Less Than Or Equal To 3 Mg Buprenorphine
J0573	Buprenorphine/Naloxone, Oral, Greater Than 3 Mg, But Less Than Or Equal To 6 Mg Buprenorphine
J0573	Buprenorphine/Naloxone, Oral, Greater Than 3 Mg, But Less Than Or Equal To 6 Mg Buprenorphine

J0574	Buprenorphine/Naloxone, Oral, Greater Than 6 Mg, But Less Than Or Equal To 10 Mg Buprenorphine
J0574	Buprenorphine/Naloxone, Oral, Greater Than 6 Mg, But Less Than Or Equal To 10 Mg Buprenorphine
J0575	Buprenorphine/Naloxone, Oral, Greater Than 10 Mg Buprenorphine
J0750	Emtricitabine 200Mg And Tenofovir Disoproxil Fumarate 300Mg, Oral, Fda Approved Prescription, Only For Use As Hiv Pre-Exposure Prophylaxis (Not For Use As Treatment Of Hiv)
J0751	Emtricitabine 200Mg And Tenofovir Alafenamide 25Mg, Oral, Fda Approved Prescription, Only For Use As Hiv PreExposure Prophylaxis (Not For Use As Treatment Of Hiv)
J1202	Miglustat, Oral, 65 Mg
J1324	Injection, Enfuvirtide, 1 Mg
J1438	Injection, Etanercept, 25 Mg (Code May Be Used For Medicare When Drug Administered Under The Direct Supervision Of A Physician, Not For Use When Drug Is Self Administered)
J1595	Injection, Glatiramer Acetate, 20 Mg
J1628	Injection, Guselkumab, 1 Mg
J1744	Injection, Icatibant, 1 Mg
J1748	Injection, Infliximab-Dyyb (Zymfentra), 10 Mg
J1811	Insulin (Fiasp) For Administration Through Dme (I.E., Insulin Pump) Per 50 Units
J1811	Insulin (Fiasp) For Administration Through Dme (I.E., Insulin Pump) Per 50 Units
J1812	Insulin (Fiasp), Per 5 Units
J1813	Insulin (Lyumjev) For Administration Through Dme (I.E., Insulin Pump) Per 50 Units
J1814	Insulin (Lyumjev), Per 5 Units
J1815	Injection, Insulin, Per 5 Units
J1815	Injection, Insulin, Per 5 Units
J1817	Insulin For Administration Through Dme (I.E., Insulin Pump) Per 50 Units
J1817	Insulin For Administration Through Dme (I.E., Insulin Pump) Per 50 Units
J1826	Injection, Interferon Beta-1A, 30 Mcg
J1830	Injection, Interferon Beta-1B, 0.25 Mg (Code May Be Used For Medicare When Drug Administered Under The Direct Supervision Of A Physician, Not For Use When Drug Is Self Administered)
J1941	Injection, Furosemide (Furoscix), 20 Mg
J2170	Injection, Mecasermin, 1 Mg
J2212	Injection, Methylnaltrexone, 0.1 Mg
J2793	Injection, Rilonacept, 1 Mg
J2941	Injection, Somatropin, 1 Mg
J3031	Injection, Fremanezumab-Vfrm, 1 Mg (Code May Be Used For Medicare When Drug Administered Under The Direct Supervision Of A Physician, Not For Use When Drug Is Self-Administered)

J3110	Injection, Teriparatide, 10 Mcg
J3357	Ustekinumab, For Subcutaneous Injection, 1 Mg
J7294	Segesterone Acetate And Ethinyl Estradiol 0.15 Mg, 0.013 Mg Per 24 Hours; Yearly Vaginal System, Each
J7295	Ethinyl Estradiol And Etonogestrel 0.015 Mg, 0.12 Mg Per 24 Hours; Monthly Vaginal Ring, Each
J7304	Contraceptive Supply, Hormone Containing Patch, Each
J7500	Azathioprine, Oral, 50 Mg
J7502	Cyclosporine, Oral, 100 Mg
J7503	Tacrolimus, Extended Release, (Envarsus Xr), Oral, 0.25 Mg
J7507	Tacrolimus, Immediate Release, Oral, 1 Mg
J7508	Tacrolimus, Extended Release, (Astagraf XI), Oral, 0.1 Mg
J7509	Methylprednisolone Oral, Per 4 Mg
J7510	Prednisolone Oral, Per 5 Mg
J7512	Prednisone, Immediate Release Or Delayed Release, Oral, 1 Mg
J7515	Cyclosporine, Oral, 25 Mg
J7517	Mycophenolate Mofetil, Oral, 250 Mg
J7518	Mycophenolic Acid, Oral, 180 Mg
J7520	Sirolimus, Oral, 1 Mg
J7527	Everolimus, Oral, 0.25 Mg
J7605	Arformoterol, Inhalation Solution, Fda Approved Final Product, Non-Compounded, Administered Through Dme, Unit Dose Form, 15 Micrograms
J7606	Formoterol Fumarate, Inhalation Solution, Fda Approved Final Product, Non-Compounded, Administered Through Dme, Unit Dose Form, 20 Micrograms
J7614	Levalbuterol, Inhalation Solution, Fda-Approved Final Product, Non-Compounded, Administered Through Dme, Unit Dose, 0.5 Mg
J7626	Budesonide, Inhalation Solution, Fda-Approved Final Product, Non-Compounded, Administered Through Dme, Unit Dose Form, Up To 0.5 Mg
J7631	Cromolyn Sodium, Inhalation Solution, Fda-Approved Final Product, Non-Compounded, Administered Through Dme, Unit Dose Form, Per 10 Milligrams
J7634	Budesonide, Inhalation Solution, Compounded Product, Administered Through Dme, Concentrated Form, Per 0.25 Milligram
J7639	Dornase Alfa, Inhalation Solution, Fda-Approved Final Product, Non-Compounded, Administered Through Dme, Unit Dose Form, Per Milligram
J7642	Glycopyrrolate, Inhalation Solution, Compounded Product, Administered Through Dme, Concentrated Form, Per Milligram
J7644	Ipratropium Bromide, Inhalation Solution, Fda-Approved Final Product, Non-Compounded, Administered Through Dme, Unit Dose Form, Per Milligram
J7677	Revefenacin Inhalation Solution, Fda-Approved Final Product, Non-Compounded, Administered Through Dme, 1 Microgram

J7682	Tobramycin, Inhalation Solution, Fda-Approved Final Product, Non-Compounded, Unit Dose Form, Administered Through Dme, Per 300 Milligrams
J7685	Tobramycin, Inhalation Solution, Compounded Product, Administered Through Dme, Unit Dose Form, Per 300 Milligrams
J7686	Treprostinil, Inhalation Solution, Fda-Approved Final Product, Non-Compounded, Administered Through Dme, Unit Dose Form, 1.74 Mg
J8499	Prescription drug, oral, non chemotherapeutic, nos
J8501	Aprepitant, Oral, 5 Mg
J8510	Busulfan; Oral, 2 Mg
J8515	Cabergoline, Oral, 0.25 Mg
J8520	Capecitabine, Oral, 150 Mg
J8521	Capecitabine, Oral, 500 Mg
J8530	Cyclophosphamide; Oral, 25 Mg
J8540	Dexamethasone, Oral, 0.25 Mg
J8560	Etoposide; Oral, 50 Mg
J8565	Gefitinib, Oral, 250 Mg
J8597	Antiemetic drug, oral, not otherwise specified
J8600	Melphalan; Oral, 2 Mg
J8610	Methotrexate; Oral, 2.5 Mg
J8611	Methotrexate (Jylamvo), Oral, 2.5 Mg
J8612	Methotrexate (Xatmep), Oral, 2.5 Mg
J8650	Nabilone, Oral, 1 Mg
J8655	Netupitant 300 Mg And Palonosetron 0.5 Mg, Oral
J8670	Rolapitant, Oral, 1 Mg
J8700	Temozolomide, Oral, 5 Mg
J8705	Topotecan, Oral, 0.25 Mg
J8999	Prescription drug, oral, chemotherapeutic, nos
J9216	Injection, Interferon, Gamma 1-B, 3 Million Units
J9218	Leuprolide Acetate, Per 1 Mg
NOC	Adalimumab-Aaty
NOC	Adalimumab-Adaz
NOC	Adalimumab-Adbm
NOC	Adalimumab-Fkjp
NOC	Adalimumab-Ryvk
NOC	Adalimumab-Atto
NOC	Adalimumab-Adbm
NOC	Adalimumab-Bwwd
NOC	Adalimumab-Fkjp
NOC	Adalimumab-Adaz
NOC	Insulin Glargine
NOC	Exenatide
NOC	Ofatumumab
NOC	Insulin Glargine

NOC	Insulin Detemir
NOC	Tirzepatide
NOC	Semaglutide
NOC	Alirocumab
NOC	Evolocumab
NOC	Liraglutide (Weight Mngmt)
NOC	Insulin Glargine
NOC	Insulin Glargine-Yfgn
NOC	Adalimumab-Ryvck
NOC	Pramlintide Acetate
NOC	Insulin Glargine
NOC	Insulin Degludec
NOC	Tirzepatide (Weight Mngmt)
NOC	Insulin Degludec
NOC	Insulin Glargine
NOC	Insulin Glargine Max Solostar
NOC	Insulin Glargine Solostar
NOC	Insulin Glargine-Yfgn
NOC	Adalimumab-Aaty
NOC	Adalimumab-Aqvh
NOC	Tocilizumab Subcutaneous
NOC	Tralokinumab-Ldrm
NOC	Erenumab-Aooe
NOC	Bimekizumab-Bkzx
NOC	Secukinumab (Sc)
NOC	Risankizumab-Rzaa
NOC	Dupilumab
NOC	Galcanzumab-Gnlm
NOC	Vedolizumab
NOC	Teduglutide
NOC	Tesamorelin
NOC	Pegcetacoplan)
NOC	Satralizumab-Mwge
NOC	Dulaglutide
NOC	Exenatide Extended Release
NOC	Liraglutide
NOC	Golimumab (Subcutaneous)
NOC	Sarilumab
NOC	Anakinra
NOC	Metreleptin
NOC	Parathyroid Hormone
NOC	Somatogon-Ghla
NOC	Methotrexate
NOC	Pegvaliase-Pqpz
NOC	Peginterferon Beta-1A

NOC	Methotrexate
NOC	Methotrexate
NOC	Insulin Glargine-Aglr
NOC	Nedosiran
NOC	Brodalumab
NOC	Lona pegsomatropin-Tcgd
NOC	Somapacitan-Beco
NOC	Insulin Glargine-Lixisenatide
NOC	Asfotase Alfa
NOC	Ixekizumab
NOC	Inotersen
NOC	Teriparatide
NOC	Abaloparatide
NOC	Vosoritide
NOC	Eplontersen
NOC	Semaglutide (Weight Mngmt)
NOC	Insulin Degludec-Liraglutide
NOC	Testosterone Enanthate
NOC	Zilucoplan
Q0144	Azithromycin Dihydrate, Oral, Capsules/Powder, 1 Gram
Q0161	Chlorpromazine Hydrochloride, 5 Mg, Oral, Fda Approved Prescription Anti-Emetic, For Use As A Complete Therapeutic Substitute For An Iv Anti-Emetic At The Time Of Chemotherapy Treatment, Not To Exceed A 48 Hour Dosage Regimen
Q0163	Diphenhydramine Hydrochloride, 50 Mg, Oral, Fda Approved Prescription Anti-Emetic, For Use As A Complete Therapeutic Substitute For An Iv Anti-Emetic At Time Of Chemotherapy Treatment Not To Exceed A 48 Hour Dosage Regimen
Q0164	Prochlorperazine Maleate, 5 Mg, Oral, Fda Approved Prescription Anti-Emetic, For Use As A Complete Therapeutic Substitute For An Iv Anti-Emetic At The Time Of Chemotherapy Treatment, Not To Exceed A 48 Hour Dosage Regimen
Q0166	Granisetron Hydrochloride, 1 Mg, Oral, Fda Approved Prescription Anti-Emetic, For Use As A Complete Therapeutic Substitute For An Iv Anti-Emetic At The Time Of Chemotherapy Treatment, Not To Exceed A 24 Hour Dosage Regimen
Q0167	Dronabinol, 2.5 Mg, Oral, Fda Approved Prescription Anti-Emetic, For Use As A Complete Therapeutic Substitute For An Iv Anti-Emetic At The Time Of Chemotherapy Treatment, Not To Exceed A 48 Hour Dosage Regimen
Q0169	Promethazine Hydrochloride, 12.5 Mg, Oral, FDA Approved Prescription Anti-Emetic, For Use As A Complete Therapeutic Substitute For An Iv Anti-Emetic At The Time Of Chemotherapy Treatment, Not To Exceed A 48 Hour Dosage Regimen
Q0175	Perphenazine, 4 Mg, Oral, Fda Approved Prescription Anti-Emetic, For Use As A Complete Therapeutic Substitute For An Iv Anti-Emetic At The Time Of Chemotherapy Treatment, Not To Exceed A 48 Hour Dosage Regimen

Q0177	Hydroxyzine Pamoate, 25 Mg, Oral, Fda Approved Prescription Anti-Emetic, For Use As A Complete Therapeutic Substitute For An Iv Anti-Emetic At The Time Of Chemotherapy Treatment, Not To Exceed A 48 Hour Dosage Regimen
Q0180	Dolasetron Mesylate, 100 Mg, Oral, Fda Approved Prescription Anti-Emetic, For Use As A Complete Therapeutic Substitute For An Iv Anti-Emetic At The Time Of Chemotherapy Treatment, Not To Exceed A 24 Hour Dosage Regimen
Q0181	Unspecified oral dosage form, fda approved prescription anti-emetic, for use as a complete therapeutic substitute for a iv anti-emetic at the time of chemotherapy treatment, not to exceed a 48 hour dosage regimen
Q3027	Injection, Interferon Beta-1A, 1 Mcg For Intramuscular Use
Q3028	Injection, Interferon Beta-1A, 1 Mcg For Subcutaneous Use
Q4074	Iloprost, Inhalation Solution, Fda-Approved Final Product, Non-Compounded, Administered Through Dme, Unit Dose Form, Up To 20 Micrograms
Q5131	Injection, Adalimumab-Aacf (Idacio), Biosimilar, 20 Mg
Q5132	Injection, Adalimumab-Afzb (Abrilada), Biosimilar, 10 Mg
Q5137	Injection, Ustekinumab-Aaub (Wezlana), Biosimilar, Subcutaneous, 1 Mg
S0088	Imatinib, 100 Mg
S0090	Sildenafil Citrate, 25 Mg
S0104	Zidovudine, Oral, 100 Mg
S0106	Bupropion Hcl Sustained Release Tablet, 150 Mg, Per Bottle Of 60 Tablets
S0108	Mercaptopurine, Oral, 50 Mg
S0109	Methadone, Oral, 5 Mg
S0117	Tretinoin, Topical, 5 Grams
S0136	Clozapine, 25 Mg
S0138	Finasteride, 5 Mg
S0139	Minoxidil, 10 Mg
S0140	Saquinavir, 200 Mg
S0156	Exemestane, 25 Mg
S0157	Becaplermin Gel 0.01%, 0.5 Gm
S0160	Dextroamphetamine Sulfate, 5 Mg
S0169	Calcitrol, 0.25 Microgram
S0170	Anastrozole, Oral, 1 Mg
S0172	Chlorambucil, Oral, 2 Mg
S0175	Flutamide, Oral, 125 Mg
S0176	Hydroxyurea, Oral, 500 Mg
S0178	Lomustine, Oral, 10 Mg
S0182	Procarbazine Hydrochloride, Oral, 50 Mg
S0187	Tamoxifen Citrate, Oral, 10 Mg
S0190	Mifepristone, Oral, 200 Mg
S0191	Misoprostol, Oral, 200 Mcg
S0194	Dialysis/Stress Vitamin Supplement, Oral, 100 Capsules

S0197	Prenatal Vitamins, 30-Day Supply
S4991	Nicotine Patches, Non-Legend
S4993	Contraceptive Pills For Birth Control
S4995	Smoking Cessation Gum
S4995	Smoking Cessation Gum
S5553	Insulin, Long Acting; 5 Units
S5566	Insulin Cartridge For Use In Insulin Delivery Device Other Than Pump; 300 Units

Supplemental Information

Definitions

Term	Definition
CMS	The Centers for Medicare & Medicaid Services. It is a federal agency within the United States Department of Health and Human Services that administers the Medicare program and works in partnership with state governments to administer Medicaid, the Children's Health Insurance Program (CHIP), and health insurance portability standards.

State Exceptions

State/Line of Business	Exception Description	Regulatory Reference
Michigan	This policy does not apply to MI	
New York	<p>Practitioner Dispensing:</p> <p>NY FFS Medicaid will reimburse practitioners under the following parameters:</p> <ul style="list-style-type: none"> to supply antibiotics (to treat Chlamydia and other Sexually Transmitted Infections) to a patient for later use by the patient and/or the patient's sexual partners. [Public Health Law §2312] following NY Education Law, NY licensed practitioners authorized to prescribe may dispense up to a 72-hour supply, or more than 72-hour supply when: 	New York State Medicaid Practitioner Dispensing, Effective 4/1/2024

	<ul style="list-style-type: none"> ○ practicing in hospitals as defined in section 2,801 of the Public Health Law. ○ the dispensing of drugs is at no charge to their patients. ○ Their practices are situated ten miles or more from a registered pharmacy. ○ the dispensing of drugs is in a clinic, infirmary or health service that is used by or affiliated with a post-secondary institution. ○ the dispensing of drugs is due to a medical emergency as defined in NY State Education Law Article 137 §6810(6). ○ the dispensing of drugs that are diluted, reconstituted, or compounded by a prescriber. ○ the dispensing of allergenic extracts; or ○ the dispensing of drugs following an oncological or acquired immunodeficiency syndrome (AIDS) protocol: <ul style="list-style-type: none"> ▪ An oncologic protocol is written set of instructions to guide the administration chemotherapy, immunotherapy, hormone therapy, targeted therapy to patients for the treatment of cancer or tumors. It does not include protocols that cover drugs prescribed to relieve side effects of these therapies or to relieve distressing symptoms (such as nausea or pain). [Education Law §6807]. ▪ An AIDS protocol is a written set of instructions to guide the administration antiretroviral drugs to patients for the treatment of HIV infections or AIDS. It does not include protocols that cover medications prescribed to relieve side effects of these therapies or distressing symptoms (such as nausea or pain). [Education Law §6807]. 	New York State Medicaid Update - July 2022 Volume 38 - Number 8: Policy Clarification for Practitioner Dispensing
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Utah	<p>(1) Notwithstanding Section 58-17b-302, a dispensing practitioner may dispense a drug at a licensed dispensing practice if the drug is:</p> <ul style="list-style-type: none"> (a) packaged in a fixed quantity per package by: <ul style="list-style-type: none"> (i) the drug manufacturer. (ii) a pharmaceutical wholesaler or distributor; or (iii) a pharmacy licensed under Chapter 17b, Pharmacy Practice Act. (b) dispensed: <ul style="list-style-type: none"> (i) at a licensed dispensing practice at which the dispensing practitioner regularly practices; and (ii) under a prescription issued by the dispensing practitioner to the dispensing practitioner's patient. (c) for a condition that is not expected to last longer than 30 days; and (d) for a condition for which the patient has been evaluated by the dispensing practitioner on the same day on which the dispensing practitioner dispenses the drug. <p>(2) A dispensing practitioner may not dispense:</p> <ul style="list-style-type: none"> (a) a controlled substance as defined in Section 58-37-2. (b) a drug or class of drugs that is chosen by the division under Subsection 5888-205(2). (c) gabapentin; or (d) a supply of a drug under this part that exceeds a 30-day supply. 	HB0301 (utah.gov)
Washington	Coverage when dispensed by either a pharmacy or Family Planning Clinic at the time of a family planning visit. Contraceptives dispensed by a Family Planning Clinic must be covered under the medical benefit.	Contractual Requirement

Documentation History

Type	Date	Action
Initial Creation Date	09/08/2023	New Policy
Revised Date	12/17/2024	Updated policy language and templates
Revised Date	03/24/2025	MI State added
Revised Date	08/10/2025	Updated template
Revised Date	08/19/2025	Updated Initial Creation Date

References

This policy was developed using.

- CMS
- State Medicaid Regulatory Guidance
- State Contracts

Reference	Link
Noridian	https://med.noridianmedicare.com/web/jeb/policies/sads
CMS	https://www.cms.gov/medicare-coverage-database/view/article.aspx?articleId=52800
Utah	Utah Department of Health and Human Services Medicaid Information Bulletin May 2024, page 15

***CODING DISCLAIMER.** Codes listed in this policy are for reference purposes only and may not be all-inclusive. Deleted codes and codes which are not effective at the time the service is rendered may not be eligible for reimbursement. Listing of a service or device code in this policy does guarantee coverage. Coverage is determined by the benefit document. Molina adheres to Current Procedural Terminology (CPT®), a registered trademark of the American Medical Association (AMA). All CPT codes and descriptions are copyrighted by the AMA; this information is included for informational purposes only. Providers and facilities are expected to utilize industry standard coding practices for all submissions. When improper billing and coding is not followed, Molina has the right to reject/deny the claim and recover claim payment(s). Due to changing industry practices, Molina reserves the right to revise this policy as needed.