

All Non-Par Providers require authorization regardless of services or codes. Any exceptions included in this document apply to PAR Providers only.

These codes are for Out-Patient services only.

No PA Required for Emergency Services.

All Elective In-Patient admits/svcs. require PA, including: Acute Hospital, Skilled Nursing Facilities (SNF), Rehabilitation, and Long Term Acute Care (LTAC) Facilities.

No PA required for office visits and office-based procedures at Participating Network Providers.

No PA Required for referrals to PAR Network Specialists.

Some services listed may not be covered by CMS or your local State Regulatory Agency.

The absence of a code from this list should not be used to determine whether a service is or is not covered by your regulatory agency.

Refer to your regulatory agency for benefit coverage and non-covered codes.

Prior Authorization is not a guarantee of payment for services. Payment is made in accordance with a determination of the member's eligibility on the date(s) of service (for Market Place members this includes grace period status), benefit limitations or exclusions and other applicable standards during the claim review, including the terms of any applicable provider agreement.

For additional information on a member's grace period status, please contact Molina Healthcare.

Marketplace: Most gene therapy is not covered. Molina covers limited gene therapy services in accordance with our medical policies, subject to Prior Authorization.

This document should NOT be utilized to make benefit coverage determinations.

Behavioral Health, Mental Health, Alcohol & Chemical Dependency Services

Medicaid	Market Place
<i>Inpatient, Residential Treatment, Partial Hospitalization, Electroconvulsive Therapy (ECT), Applied Behavior Analysis (ABA) for tx of Autism Spectrum Disorder (ASD). *Refer to CA tabs/pages for exception.</i>	<i>Transitional Substance Abuse Residential Treatment, Inpatient, Residential Treatment, Partial Hospitalization, Electroconvulsive Therapy (ECT), Applied Behavior Analysis (ABA) for tx of Autism Spectrum Disorder (ASD).</i>

Refer to CA, FL, IL, MI, MS, NM, NY, OH, PR, TX, WI tabs/pages for PA exceptions.

0901	1001	90867	90870	97153	97156	H0012	H2013	H2016	H2019	H0032	S0201	S5111	T1025	T1027	T2013
0912	1002	90868	97151	97154	97157	H0017	H2014	H2017	H2020	H0035	S5150	T1023	T1026	T1028	T2040
0913	2106	90869	97152	97155	97158	H2012	H2015	H2018	H0031	H0046					

PA required for all plans only when submitted with Autism Dx. (Refer to Dx Codes Tab for related ICD's)

Cosmetic, Plastic & Reconstructive Procedures [In Any Setting]

Refer to ID, NY, UT, WA tabs/pages for PA exceptions

11900	15775	15781	15788	15793	15822	15825	15829	15834	15837	15847	15878	19300	19324	19330	19350	30400	30430	30460	67906
11901	15776	15782	15789	15820	15823	15826	15832	15835	15838	15876	15879	19316	19325	19340	19355	30410	30435	30462	67908
11920	15780	15783	15792	15821	15824	15828	15833	15836	15839	15877	17380	19318	19328	19342	19396	30420	30450	67904	69300

PA required, except with breast CA Dx's that include ICD10 codes: C50 - C50.929, D05.00 - D05.92 and Z85.3 [See Dx Codes tab]

Durable Medical Equipment (DME)

Refer to CA, FL, NY, MI, OH, PR, SC, WI tabs/pages for PA exceptions

A7025	E0266	E0328	E0694	E0849	E1010	E1232	E2202	E2313	E2351	E2397	E2611	E2626	K0553	K0820	K0836	K0852	K0864	K0890	V2531
A9276	E0277	E0329	E0747	E0855	E1012	E1233	E2203	E2321	E2361	E2500	E2612	E2627	K0554	K0821	K0837	K0853	K0868	K0891	
A9277	E0292	E0371	E0748	E0983	E1014	E1234	E2204	E2322	E2366	E2502	E2613	E2628	K0606	K0822	K0838	K0854	K0869	K0900	
A9278	E0293	E0372	E0749	E0984	E1020	E1235	E2227	E2325	E2367	E2504	E2614	E2629	K0800	K0823	K0839	K0855	K0870	L3761	
A9900	E0294	E0373	E0760	E0986	E1029	E1236	E2228	E2326	E2368	E2506	E2615	E2630	K0801	K0824	K0840	K0856	K0871	L7700	
A9901	E0295	E0462	E0762	E0988	E1030	E1237	E2291	E2327	E2369	E2508	E2616	E2631	K0802	K0825	K0841	K0857	K0877	L8625	
C2624	E0296	E0465	E0764	E1002	E1035	E1238	E2292	E2328	E2370	E2510	E2617	K0008	K0806	K0826	K0842	K0858	K0878	L8694	
E0194	E0297	E0466	E0766	E1003	E1036	E1296	E2293	E2329	E2373	E2511	E2620	K0009	K0807	K0827	K0843	K0859	K0879	S1034	

All Non-Par Providers require authorization regardless of services or codes. Any exceptions included in this document apply to PAR Providers only.

These codes are for Out-Patient services only.

No PA Required for Emergency Services.

All Elective In-Patient admits/svcs. require PA, including: Acute Hospital, Skilled Nursing Facilities (SNF), Rehabilitation, and Long Term Acute Care (LTAC) Facilities.

No PA required for office visits and office-based procedures at Participating Network Providers.

No PA Required for referrals to PAR Network Specialists.

Some services listed may not be covered by CMS or your local State Regulatory Agency.

The absence of a code from this list should not be used to determine whether a service is or is not covered by your regulatory agency.

Refer to your regulatory agency for benefit coverage and non-covered codes.

Prior Authorization is not a guarantee of payment for services. Payment is made in accordance with a determination of the member's eligibility on the date(s) of service (for Market Place members this includes grace period status), benefit limitations or exclusions and other applicable standards during the claim review, including the terms of any applicable provider agreement.

For additional information on a member's grace period status, please contact Molina Healthcare.

Marketplace: Most gene therapy is not covered. Molina covers limited gene therapy services in accordance with our medical policies, subject to Prior Authorization.

This document should NOT be utilized to make benefit coverage determinations.

E0255	E0300	E0481	E0782	E1004	E1161	E1298	E2294	E2330	E2374	E2605	E2621	K0010	K0808	K0828	K0848	K0860	K0880	S1035
E0256	E0301	E0483	E0783	E1005	E1225	E1310	E2295	E2340	E2375	E2606	E2622	K0011	K0813	K0829	K0849	K0861	K0884	S1036
E0260	E0302	E0691	E0784	E1006	E1226	E1399	E2310	E2341	E2376	E2607	E2623	K0012	K0814	K0830	K0850	K0862	K0885	S1037
E0261	E0303	E0692	E0785	E1007	E1227	E1700	E2311	E2342	E2377	E2608	E2624	K0014	K0815	K0831	K0851	K0863	K0886	V2530
E0265	E0304	E0693	E0786	E1008	E1230	E2201	E2312	E2343	E2378	E2609	E2625	K0108	K0816	K0835	Codes applicable to Medicaid only			

Experimental/Investigational

Refer to NY, MI, NM, WA, WI, IL tabs/pages for PA exceptions

0042T	0106T	0198T	0215T	0221T	0267T	0298T	0339T	0362T	0408T	0422T	0436T	0474T	0488T	0502T	0516T	0530T	31237	97154
0054T	0107T	0200T	0216T	0222T	0268T	0312T	0342T	0373T	0409T	0423T	0437T	0475T	0489T	0503T	0517T	0531T	31299	97155
0055T	0108T	0201T	0217T	0228T	0269T	0313T	0347T	0394T	0410T	0424T	0439T	0476T	0490T	0504T	0518T	0532T	67299	97156
0058T	0109T	0202T	0218T	0229T	0270T	0314T	0348T	0395T	0411T	0425T	0440T	0477T	0491T	0505T	0519T	0533T	81503	97157
0071T	0110T	0205T	0219T	0230T	0271T	0315T	0349T	0396T	0412T	0426T	0441T	0478T	0492T	0506T	0520T	0534T	82016	97158
0072T	0111T	0206T	0220T	0231T	0272T	0316T	0350T	0397T	0413T	0427T	0442T	0479T	0493T	0507T	0521T	0535T	82017	99499
0075T	0126T	0207T	0221T	0234T	0273T	0317T	0351T	0398T	0414T	0428T	0443T	0480T	0494T	0508T	0522T	0536T	83987	Q4161
0076T	0163T	0208T	0222T	0235T	0274T	0329T	0352T	0399T	0415T	0429T	0444T	0481T	0495T	0509T	0523T	0537T	84145	Q4162
0085T	0164T	0209T	0228T	0253T	0275T	0330T	0353T	0400T	0416T	0430T	0445T	0482T	0496T	0510T	0524T	0538T	86316	Q4163
0095T	0165T	0210T	0229T	0254T	0278T	0331T	0354T	0401T	0417T	0431T	0469T	0483T	0497T	0511T	0525T	0539T	86343	Q4164
0098T	0174T	0211T	0230T	0263T	0290T	0332T	0355T	0402T	0418T	0432T	0470T	0484T	0498T	0512T	0526T	0540T	93998	Q4165
0100T	0175T	0212T	0231T	0264T	0295T	0333T	0356T	0403T	0419T	0433T	0471T	0485T	0499T	0513T	0527T	0541T	97151	
0101T	0184T	0213T	0234T	0265T	0296T	0335T	0357T	0404T	0420T	0434T	0472T	0486T	0500T	0514T	0528T	0542T	97152	
0102T	0191T	0214T	0235T	0266T	0297T	0338T	0358T	0405T	0421T	0435T	0473T	0487T	0501T	0515T	0529T	22899	97153	

Refer to NM tab/page for modifier exceptions on these codes.

Genetic Counseling & Testing

Except for Prenatal diagnoses of congenital disorders of the unborn child through amniocentesis and genetic test screening of newborns mandated by State regulations.

Refer to CA, IL, MI, NY, OH, TX, WA, WI tabs/pages for PA exceptions

0004M	0013U	0033U	0055U	81109	81166	81219	81235	81266	81297	81324	81364	81410	81425	81436	81455	81520	81545	88271	S3841
0006M	0014U	0034U	0056U	81110	81175	81222	81238	81269	81298	81325	81400	81411	81426	81437	81460	81521	81551	88369	S3842

All Non-Par Providers require authorization regardless of services or codes. Any exceptions included in this document apply to PAR Providers only.

These codes are for Out-Patient services only.

No PA Required for Emergency Services.

All Elective In-Patient admits/svcs. require PA, including: Acute Hospital, Skilled Nursing Facilities (SNF), Rehabilitation, and Long Term Acute Care (LTAC) Facilities.

No PA required for office visits and office-based procedures at Participating Network Providers.

No PA Required for referrals to PAR Network Specialists.

Some services listed may not be covered by CMS or your local State Regulatory Agency.

The absence of a code from this list should not be used to determine whether a service is or is not covered by your regulatory agency.

Refer to your regulatory agency for benefit coverage and non-covered codes.

Prior Authorization is not a guarantee of payment for services. Payment is made in accordance with a determination of the member's eligibility on the date(s) of service (for Market Place members this includes grace period status), benefit limitations or exclusions and other applicable standards during the claim review, including the terms of any applicable provider agreement.

For additional information on a member's grace period status, please contact Molina Healthcare.

Marketplace: Most gene therapy is not covered. Molina covers limited gene therapy services in accordance with our medical policies, subject to Prior Authorization.

This document should NOT be utilized to make benefit coverage determinations.

0007M	0016U	0037U	0057U	81111	81176	81223	81243	81272	81300	81328	81401	81412	81427	81438	81465	81525	81595	88373	S3852	
0009M *	0017U	0045U	0058U	81112	81201	81225	81244	81273	81311	81334	81402	81413	81430	81439	81470	81528	83006	88374	S3854	
0005U	0026U	0046U	0059U	81120	81203	81226	81246	81283	81313	81335	81403	81414	81431	81440	81471	81535	84999 *	88377	S3861	
0008U	0027U	0047U	0060U	81121	81210	81227	81247	81287	81314	81346	81404	81415	81432	81442	81493	81536	86008	G9143	S3865	
0009U	0029U	0048U	81105	81161	81212	81228	81248	81291	81317	81355	81405	81416	81433	81445	81504	81538	86152	S3722	S3866	
0010U	0030U	0049U	81106	81162	81215	81229	81249	81292	81319	81361	81406	81417	81434	81448	81507 *	81540	86153	S3800	S3870	
0011U	0031U	0050U	81107	81163	81216	81230	81258	81294	81321	81362	81407	81420 *	81435	81450	81519	81541	88261	S3840		
0012U	0032U	0053U	81108	81164	81217	81231	81259	81295	81323	81363	81408	81422 *								
Code 84999: Including Oncotype Dx				81165	81218	81232	81265													* Refer to WA tab for PA exceptions on codes.

Healthcare Administered Drugs

Pharmacy Drug Coverage

Newly FDA approved medications such as "buy-and-bill" drugs are considered non-formulary and subject to non-formulary policies and other non-formulary utilization criteria until a coverage decision is rendered by the Molina Pharmacy and Therapeutics Committee. "Buy-and-bill" drugs are pharmaceuticals which a provider purchases and administers, and for which the provider submits a claim to Molina Healthcare for reimbursement.

Many self-administered and office-administered injectable products require Prior Authorization (PA). In some cases they will be made available through Molina Healthcare's vendor, Caremark Specialty Pharmacy. Molina's pharmacy vendor will coordinate with MHC and ship the prescription directly to your office or the member's home. All packages are individually marked for each member, and refrigerated drugs are shipped in insulated packages with frozen gel packs. The service also offers the additional convenience of enclosing needed ancillary supplies (needles, syringes and alcohol swabs) with each prescription at no charge. Please contact your Provider Relations Representative with any further questions about the program.

Refer to CA, MI, MS, NM, NY, OH, WI, WA tabs/pages for PA exceptions.

90281	C9488	J0567	J0725	J1428	J1571	J1746	J2353	J2820	J3385	J7188	J7308	J7511	*J9035*	J9153	J9214	J9280	J9352	Q5104
90283	J0129	J0570	J0775	J1438	J1572	J1750	J2354	J2840	J3396	J7189	J7309	J7527	J9039	J9155	J9215	J9285	J9354	Q5107
90284	J0135	J0584	J0800	J1439	J1573	J1756	J2357	J2860	J3397	J7190	J7310	J7639	J9040	J9160	J9216	J9293	J9355	Q5108
90378	J0178	J0585	J0841	J1442	J1575	J1786	J2425	J2916	J3398	J7191	J7311	J7682	J9041	J9171	J9217	J9295	J9357	Q5109
A9513	J0180	J0586	J0850	J1447	J1595	J1826	J2469	J2941	J3398	J7192	J7312	J7686	J9042	J9173	J9218	J9299	J9360	Q5110
A9542	J0185	J0587	J0875	J1453	J1599	J1830	J2502	J3060	J3489	J7193	J7313	J8520	J9043	J9176	J9219	J9301	J9371	Q5111
A9543	J0202	J0588	J0878	J1454	J1602	J1833	J2503	J3090	J3490	J7194	J7316	J8521	J9044	J9178	J9225	J9302	J9390	Q9991
B4105	J0205	J0594	J0881	J1458	J1627	J1930	J2504	J3095	J3590	J7195	J7318	J8655	J9045	J9179	J9226	J9303	J9395	Q9992
C9035	J0207	J0596	J0885	J1459	J1628	J1931	J2505	J3110	J3591	J7196	J7320	J8670	J9047	J9185	J9228	J9305	J9400	S0073

All Non-Par Providers require authorization regardless of services or codes. Any exceptions included in this document apply to PAR Providers only.

These codes are for Out-Patient services only.

No PA Required for Emergency Services.

All Elective In-Patient admits/svcs. require PA, including: Acute Hospital, Skilled Nursing Facilities (SNF), Rehabilitation, and Long Term Acute Care (LTAC) Facilities.

No PA required for office visits and office-based procedures at Participating Network Providers.

No PA Required for referrals to PAR Network Specialists.

Some services listed may not be covered by CMS or your local State Regulatory Agency.

The absence of a code from this list should not be used to determine whether a service is or is not covered by your regulatory agency.

Refer to your regulatory agency for benefit coverage and non-covered codes.

Prior Authorization is not a guarantee of payment for services. Payment is made in accordance with a determination of the member's eligibility on the date(s) of service (for Market Place members this includes grace period status), benefit limitations or exclusions and other applicable standards during the claim review, including the terms of any applicable provider agreement.

For additional information on a member's grace period status, please contact Molina Healthcare.

Marketplace: Most gene therapy is not covered. Molina covers limited gene therapy services in accordance with our medical policies, subject to Prior Authorization.

This document should NOT be utilized to make benefit coverage determinations.

C9036	J0220	J0597	J0888	J1460	J1628	J1950	J2507	J3145	J7170	J7197	J7321	J8700	J9050	J9190	J9229	J9306	J9600	S0122
C9037	J0221	J0598	J0894	J1555	J1640	J1955	J2562	J3240	J7175	J7198	J7322	J9000	J9055	J9200	J9229	J9307	J9999	S0126
C9038	J0256	J0599	J0895	J1556	J1645	J2020	J2597	J3245	J7177	J7199	J7323	J9015	J9057	J9201	J9230	J9308	Q0138	S0128
C9039	J0257	J0604	J0897	J1557	J1650	J2062	J2724	J3262	J7178	J7200	J7324	J9017	J9065	J9202	J9245	J9310	Q0139	S0132
C9130	J0287	J0606	J1095	J1559	J1652	J2170	J2778	J3285	J7179	J7201	J7325	J9019	J9070	J9203	J9261	J9311	Q2043	S0145
C9131	J0289	J0637	J1230	J1560	J1675	J2182	J2783	J3304	J7180	J7202	J7326	J9022	J9098	J9205	J9262	J9312	Q2050	S0148
C9132	J0364	J0638	J1290	J1561	J1726	J2186	J2786	J3315	J7181	J7203	J7327	J9023	J9120	J9206	J9263	J9315	Q3027	S0157
C9257	J0480	J0640	J1300	J1562	J1729	J2248	J2787	J3316	J7182	J7205	J7328	J9025	J9130	J9207	J9264	J9325	Q3028	
C9293	J0485	J0641	J1301	J1566	J1740	J2315	J2793	J3355	J7183	J7207	J7329	J9027	J9145	J9208	J9266	J9328	Q4074	
C9399	J0490	J0695	J1322	J1568	J1743	J2323	J2796	J3357	J7185	J7209	J7330	J9032	J9150	J9211	J9267	J9330	Q5101	
C9407	J0517	J0714	J1324	J1569	J1744	J2326	J2797	J3358	J7186	J7210	J7340	J9033			J9268	J9340	Q5103	
C9408	J0565	J0717	J1325	J1570	J1745	J2350		J3380	J7187	J7211	J7504	J9034			J9271	J9351		

Medicaid only

Marketplace Only

J9035: No PA required when associated with ocular Dx's. (See Dx Codes tab for related ICD9 & ICD10 Codes). *Not indicated for ocular conditions, use C5257.

Home Health Care Services

All home health services require PA after initial evaluation plus six (6) visits per calendar year, including home-based OT/PT & ST.

Refer to FL, IL, OH, and PR tabs/pages for PA exceptions.

G0151	G0153	G0156	G0158	G0160	G0162	G0300	G0493	G0495	S9122	S9124	S9129	S5130	S5151	S9977	T1002	T1005	T1030
G0152	G0155	G0157	G0159	G0161	G0299	G0490	G0494	G0496	S9123	S9128	S9131	S5135	S9470	T1000	T1003	T1022	T1031

Hyperbaric Therapy

99183	G0277	Q4176	Q4177	Q4178	Q4179	Q4180	Q4181	Q4182
-------	-------	-------	-------	-------	-------	-------	-------	-------

Imaging - Advanced & Specialty

C8900	C8912	C8935	70480	70498	70551	71551	72132	72158	73200	73225	73723	74181	75559	76377	76380	78206	78472	78609
C8901	C8913	C8936	70481	70540	70552	71552	72133	72159	73201	73700	73725	74182	75561	76380	76390	78320	78473	78647
C8902	C8914	G0288	70482	70542	70553	71555	72141	72191	73202	73701	74150	74183	75563	75565	76497	78451	78481	78710
C8903	C8918	G0297	70486	70543	70554	72125	72142	72192	73206	73702	74160	74185	75565	75571	76498	78452	78483	78811
C8905	C8919	S8042	70487	70544	70555	72126	72146	72193	73218	73706	74170	74261	75571	75572	77046	78453	78491	78812

All Non-Par Providers require authorization regardless of services or codes. Any exceptions included in this document apply to PAR Providers only.

These codes are for Out-Patient services only.

No PA Required for Emergency Services.

All Elective In-Patient admits/svcs. require PA, including: Acute Hospital, Skilled Nursing Facilities (SNF), Rehabilitation, and Long Term Acute Care (LTAC) Facilities.

No PA required for office visits and office-based procedures at Participating Network Providers.

No PA Required for referrals to PAR Network Specialists.

Some services listed may not be covered by CMS or your local State Regulatory Agency.

The absence of a code from this list should not be used to determine whether a service is or is not covered by your regulatory agency.

Refer to your regulatory agency for benefit coverage and non-covered codes.

Prior Authorization is not a guarantee of payment for services. Payment is made in accordance with a determination of the member's eligibility

on the date(s) of service (for Market Place members this includes grace period status), benefit limitations or exclusions and other

applicable standards during the claim review, including the terms of any applicable provider agreement.

For additional information on a member's grace period status, please contact Molina Healthcare.

Marketplace: Most gene therapy is not covered. Molina covers limited gene therapy services in accordance with our medical policies, subject to Prior Authorization.

This document should NOT be utilized to make benefit coverage determinations.

C8906	C8920	S8080	70488	70545	71250	72127	72147	72194	73219	73718	74174	74262	75572	75573	77047	78454	78492	78813
C8908	C8931	70336	70490	70546	71260	72128	72148	72195	73220	73719	74175	74263	75573	75574	77048	78459	78494	78814
C8909	C8932	70450	70491	70547	71270	72129	72149	72196	73221	73720	74176	74712	75574	75635	77049	78466	78496	78815
C8910	C8933	70460	70492	70548	71275	72130	72156	72197	73222	73721	74177	74713	75635	76376	77084	78468	78607	78816
C8911	C8934	70470	70496	70549	71550	72131	72157	72198	73223	73722	74178	75557	76376	76377	78205	78469	78608	

Long Term Services & Support [LTSS]

All LTSS Codes/Services Require Prior Authorization regardless of code(s).

Refer to PR, MS, and WI tabs/pages for PA exceptions

Neuropsychological & Psychological Tests (in any setting)

Refer to NM, NY, OH and PR tabs/pages for PA exceptions.

95950	95953	95957	96110	96113	96121	96127	96130	96131	96132	96133	96136	96137	96138	96139	96146
95951	95956	96105	96112	96116	96125										

Non-PAR Offices/Providers/Facilities

Refer to OH, SC, TX tabs/pages for PA exceptions. *CA, MS effective 2/1/2019

PA is waived for all radiology, anesthesiology, and pathology services when billed in POS 19, 21, 22, 23 or 24 *

PA is waived for professional component services or services billed with Modifier 26 in ANY place of service setting *

PA required for Office Visits, Surgical Procedures, Labs, Diagnostic Studies & In-patient stays, except for:

- Emergency Department Services
- Professional fees associated with an Emergency Department visit and approved Ambulatory Surgery Center (ASC) or in-patient stay
- Local Health Department (LHD) services
- Other services based on State requirements

Occupational Therapy

Medicaid - PA required after initial evaluation plus twenty four (24) visits per calendar year, for office and out-patient settings. (CA, MS effective 2/1/2019)

Marketplace - Configured to benefit cap. (CA effective 2/1/2019)

Refer to FL, IL, NY, OH, PR, SC, TX, UT, WA & WI tabs/pages for PA exceptions or details.

Medicaid & Market Place Prior Auth (PA) Code Matrix Effective Q2, 2019

All Non-Par Providers require authorization regardless of services or codes. Any exceptions included in this document apply to PAR Providers only.

These codes are for Out-Patient services only.

No PA Required for Emergency Services.

All Elective In-Patient admits/svcs. require PA, including: Acute Hospital, Skilled Nursing Facilities (SNF), Rehabilitation, and Long Term Acute Care (LTAC) Facilities.

No PA required for office visits and office-based procedures at Participating Network Providers.

No PA Required for referrals to PAR Network Specialists.

Some services listed may not be covered by CMS or your local State Regulatory Agency.

The absence of a code from this list should not be used to determine whether a service is or is not covered by your regulatory agency.

Refer to your regulatory agency for benefit coverage and non-covered codes.

Prior Authorization is not a guarantee of payment for services. Payment is made in accordance with a determination of the member's eligibility on the date(s) of service (for Market Place members this includes grace period status), benefit limitations or exclusions and other applicable standards during the claim review, including the terms of any applicable provider agreement.

For additional information on a member's grace period status, please contact Molina Healthcare.

Marketplace: Most gene therapy is not covered. Molina covers limited gene therapy services in accordance with our medical policies, subject to Prior Authorization.

This document should NOT be utilized to make benefit coverage determinations.

97110 97112 97763

Out-Patient (OP) Hospital/Ambulatory Surgery Center (ASC) Procedures

Refer to CA, FL, NY, MS, OH, PR, SC, TX, WA, WI tabs/pages for PA exceptions.

10040	21154	22222	22808	23470	28092	28208	28300	29806	29893	33221	36475	38573	49255	58291	58673	61886	63056	67900	96931
15730	21155	22224	22810	25447	28100	28210	28302	29807	29894	33224	36476	43644	49904	58292	58700	62324	63057	67901	96932
15733	21159	22226	22812	26499	28102	28220	28304	29819	29895	33225	36478	43645	49905	58293	58720	62325	63064	67902	96933
15786	21160	22505	22818	27120	28103	28222	28305	29820	29897	33227	36479	43647	49906	58294	58740	62326	63066	67903	96934
15787	21172	22526	22819	27122	28104	28225	28306	29821	29898	33228	36482	43648	50590	58321	58750	62327	63075	67909	96935
15819	21175	22527	22830	27125	28106	28226	28307	29822	29899	33229	36483	43653	52441	58322	58752	62369	63076	67950	96936
15830	21240	22532	22840	27130	28107	28230	28308	29823	29914	33230	36514	43770	52442	58323	58760	62370	63077	69714	C2616
17004	21242	22533	22841	27132	28108	28232	28309	29824	29915	33231	37191	43771	52649	58345	58770	62380	63078	69715	C9734
17360	21243	22534	22842	27134	28110	28234	28310	29825	29916	33240	37243	43772	53850	58350	58940	63001	63081	69717	C9738
19294	21270	22548	22843	27137	28111	28238	28312	29826	30465	33249	37700	43773	53852	58356	58943	63003	63082	69718	C9739
20930	21280	22551	22844	27138	28112	28240	28313	29827	30520	33262	37718	43774	54401	58540	58950	63005	63085	69930	C9740
20939	21282	22552	22845	27438	28113	28250	28315	29828	30540	33263	37722	43775	54405	58541	58951	63011	63086	90867	C9746
21073	21295	22554	22846	27440	28114	28260	28320	29873	30545	33264	37735	43842	55874	58542	58952	63012	63087	90868	C9747
21120	21296	22556	22847	27441	28116	28261	28322	29874	31253	33270	37760	43843	57288	58543	58953	63015	63088	90869	C9748
21121	22100	22558	22848	27442	28118	28262	28340	29875	31257	33251	37761	43845	57289	58544	58954	63016	63090	95249	S2095
21122	22101	22585	22849	27443	28119	28264	28341	29876	31259	33254	37765	43846	58150	58545	58956	63017	63091	93229	
21123	22102	22586	22850	27445	28120	28270	28344	29877	31295	33261	37766	43847	58180	58546	58957	63020	63101	96567	
21125	22103	22590	22852	27446	28122	28272	28345	29879	31296	33265	37780	43848	58152	58548	58958	63030	63102	96570	
21127	22110	22595	22855	27447	28124	28280	28360	29880	31297	33266	37785	43881	58200	58550	58970	63035	63103	96571	
21137	22112	22600	22856	27486	28126	28285	28705	29881	31298	33289	38204	43882	58210	58552	58974	63040	64553	96573	
21138	22114	22610	22857	27487	28130	28286	28715	29882	31660	34713	38207	43886	58240	58553	58976	63042	64568	96574	
21139	22116	22612	22861	28005	28140	28288	28725	29883	31661	34714	38208	43887	58260	58554	59070	63043	64569	96900	
21141	22206	22614	22862	28008	28150	28289	28730	29884	32491	34715	38209	43888	58262	58570	59072	63044	64570	96902	
21142	22207	22630	22864	28010	28153	28291	28735	29885	32994	34716	38210	47380	58263	58571	59074	63045	64590	96904	
21143	22208	22632	22865	28011	28160	28292	28737	29886	33206	36460	38211	47381	58267	58572	59076	63046	64595	96910	

All Non-Par Providers require authorization regardless of services or codes. Any exceptions included in this document apply to PAR Providers only.

These codes are for Out-Patient services only.

No PA Required for Emergency Services.

All Elective In-Patient admits/svcs. require PA, including: Acute Hospital, Skilled Nursing Facilities (SNF), Rehabilitation, and Long Term Acute Care (LTAC) Facilities.

No PA required for office visits and office-based procedures at Participating Network Providers.

No PA Required for referrals to PAR Network Specialists.

Some services listed may not be covered by CMS or your local State Regulatory Agency.

The absence of a code from this list should not be used to determine whether a service is or is not covered by your regulatory agency.

Refer to your regulatory agency for benefit coverage and non-covered codes.

Prior Authorization is not a guarantee of payment for services. Payment is made in accordance with a determination of the member's eligibility on the date(s) of service (for Market Place members this includes grace period status), benefit limitations or exclusions and other applicable standards during the claim review, including the terms of any applicable provider agreement.

For additional information on a member's grace period status, please contact Molina Healthcare.

Marketplace: Most gene therapy is not covered. Molina covers limited gene therapy services in accordance with our medical policies, subject to Prior Authorization.

This document should NOT be utilized to make benefit coverage determinations.

21145	22210	22633	22867	28035	28171	28295	28740	29887	33207	36465	38212	47382	58270	58573	61863	63047	64912	96912
21146	22212	22634	22868	28060	28173	28296	28750	29888	33208	36466	38213	47605	58275	58660	61864	63048	64913	96913
21147	22214	22800	22869	28062	28175	28297	28755	29889	33212	36468	38214	47610	58280	58661	61867	63050	65771	96920
21150	22216	22802	22870	28080	28200	28298	28760	29891	33213	36470	38215	47612	58285	58662	61868	63051	65772	96921
21151	22220	22804	23412	28090	28202	28299	28890	29892	33214	36471	38232	47620	58290	58672	61885	63055	65775	96922

Pain Management Procedures

Refer to FL, OH, SC, WA, NY, MI, WI tabs/pages for PA exceptions.

27096	62264	62322	62323	62362	63650	63662	63685	64462	64480	64486	64489	64492	64495	64634	64640	97811	G0260
27279	62320	62350	62360	62367	63655	63663	63688	64463	64483	64487	64490	64493	64600	64635	77003	97813	S8930
62263	62321	62351	62361	62368	63661	63664	64461	64479	64484	64488	64491	64494	64633	64636	97810	97814	

Physical Therapy

Medicaid - PA required after initial evaluation plus twenty four (24) visits per calendar year, for office and out-patient settings. (CA, MS effective 2/1/2019)

Marketplace - Configured to benefit cap (CA effective 2/1/2019)

Refer to FL, IL, NY, OH, PR, SC, TX, UT, WA, WI, IL tabs/pages for PA exceptions or details.

97110	97112	97763
-------	-------	-------

Prosthetics & Orthotics

Refer to PR tab/page for PA exceptions

L0452	L0486	L0650	L1005	L1685	L1720	L1834	L1846	L1904	L1940	L1960	L1990	L2010	L2034	L2038	L2080	L2108	L2232	L5856	L8614
L0480	L0622	L0700	L1110	L1700	L1730	L1840	L1860	L1907	L1945	L1970	L2000	L2020	L2036	L2050	L2090	L2126	L2800	L6026	L8692
L0482	L0637	L0710	L1640	L1710	L1755	L1844	L1900	L1920	L1950	L1980	L2005	L2030	L2037	L2060	L2106	L2128	L4631	L7259	S1040
L0484	L0640	L1000	L1680																

Radiation Therapy & Radio Surgery

77520	77522	77523	77525	G0339	G0340	G6015	G6016	G6017	Q9950
-------	-------	-------	-------	-------	-------	-------	-------	-------	-------

Sleep Studies

Home Sleep Studies [POS12] Do Not Require PA

All Non-Par Providers require authorization regardless of services or codes. Any exceptions included in this document apply to PAR Providers only.

These codes are for Out-Patient services only.

No PA Required for Emergency Services.

All Elective In-Patient admits/svcs. require PA, including: Acute Hospital, Skilled Nursing Facilities (SNF), Rehabilitation, and Long Term Acute Care (LTAC) Facilities.

No PA required for office visits and office-based procedures at Participating Network Providers.

No PA Required for referrals to PAR Network Specialists.

Some services listed may not be covered by CMS or your local State Regulatory Agency.

The absence of a code from this list should not be used to determine whether a service is or is not covered by your regulatory agency.

Refer to your regulatory agency for benefit coverage and non-covered codes.

Prior Authorization is not a guarantee of payment for services. Payment is made in accordance with a determination of the member's eligibility on the date(s) of service (for Market Place members this includes grace period status), benefit limitations or exclusions and other applicable standards during the claim review, including the terms of any applicable provider agreement.

For additional information on a member's grace period status, please contact Molina Healthcare.

Marketplace: Most gene therapy is not covered. Molina covers limited gene therapy services in accordance with our medical policies, subject to Prior Authorization.

This document should NOT be utilized to make benefit coverage determinations.

Refer to FL, PR, TX, OH, MI, PR tabs/pages for PA exceptions.

95800 95801 95803 95805 95806 95807 95808 95810 95811

Speech Therapy

PA required after initial evaluation plus six (6) visits for office & outpatient settings.

Refer to FL, MI, NY, OH, PR, SC, TX, UT, WA & WI tabs/pages for PA exceptions or details.

92507 92508

Transplant Services (Including Solid Organ and Bone Marrow)

Corneal Transplants do not require PA.

Refer to PR tab/page for PA exceptions.

38205	38240	38243	44721	47140	47143	47146	48550	48554	50320	50327	50340	50370	S2054	S2061	S2140	S2152
38206	38241	44715	47133	47141	47144	47147	48551	48556	50323	50328	50360	50380	S2055	S2065	S2142	Q2041
38230	38242	44720	47135	47142	47145	48160	48552	50300	50325	50329	50365	S2053	S2060	S2107	S2150	Q2042

Transportation Services

PA required for Non-Emergent Air Ambulance transportation services. Emergency transport does not require PA.

Refer to PR & TX tabs/pages PA for exceptions.

A0430 A0431 A0999 S9960 S9961

Unlisted/Miscellaneous Codes

Molina requires PA, as well as medical necessity documentation and rationale be submitted with the PA request for all Unlisted/Miscellaneous codes*

Refer to WI, FL, NY, MI, WI specific tabs/pages PA for exceptions.

01999	23929	31599	39599	44238	47999	55899	66999	76496	78299	81599	88099	92499	97799	A6262	E1399	J8499	L3999	Q2039	T5999
15999	24999	31899	40799	44799	48999	58578	67299	76497	78399	84999	88199	92700	99199	A9698	E1699	J8597	L5999	Q4050	V2199



Medicaid & Market Place Prior Auth (PA) Code Matrix Effective Q2, 2019

All Non-Par Providers require authorization regardless of services or codes. Any exceptions included in this document apply to PAR Providers only.

These codes are for Out-Patient services only.

No PA Required for Emergency Services.

All Elective In-Patient admits/svcs. require PA, including: Acute Hospital, Skilled Nursing Facilities (SNF), Rehabilitation, and Long Term Acute Care (LTAC) Facilities.

No PA required for office visits and office-based procedures at Participating Network Providers.

No PA Required for referrals to PAR Network Specialists.

Some services listed may not be covered by CMS or your local State Regulatory Agency.

The absence of a code from this list should not be used to determine whether a service is or is not covered by your regulatory agency.

Refer to your regulatory agency for benefit coverage and non-covered codes.

Prior Authorization is not a guarantee of payment for services. Payment is made in accordance with a determination of the member's eligibility

on the date(s) of service (for Market Place members this includes grace period status), benefit limitations or exclusions and other

applicable standards during the claim review, including the terms of any applicable provider agreement.

For additional information on a member's grace period status, please contact Molina Healthcare.

Marketplace: Most gene therapy is not covered. Molina covers limited gene therapy services in accordance with our medical policies, subject to Prior Authorization.

This document should NOT be utilized to make benefit coverage determinations.

Unlisted/Miscellaneous Codes

Molina requires PA, as well as medical necessity documentation and rationale be submitted with the PA request for all Unlisted/Miscellaneous codes*

Refer to WI, FL, NY, MI, WI specific tabs/pages PA for exceptions.

01999	23929	31599	39599	44238	47999	55899	66999	76496	78299	81599	88099	92499	97799	A6262	E1399	J8499	L3999	Q2039	T5999
15999	24999	31899	40799	44799	48999	58578	67299	76497	78399	84999	88199	92700	99199	A9698	E1699	J8597	L5999	Q4050	V2199
17999	25999	32999	40899	44899	49329	58579	67399	76498	78499	85999	88299	93799	99429	A9699	G0235	J8999	L7499	Q4051	V2797
19499	26989	33999	41599	44979	49659	58679	67599	76499	78599	86486	88399	94799	99499	A9900	G0501	J9999	L8039	Q4082	V2799
20999	27299	36299	42299	45399	49999	58999	67999	76999	78699	86849	88749	95199	99600	A9999	G9012	K0812	L8499	Q4100	V5298
21089	27599	37501	42699	45499	50549	59897	68399	77299	78799	86999	89240	95999	A0999	B9998	H0046	K0898	L8699	S0590	V5299
21299	27899	37799	42999	45999	50949	59898	68899	77399	78999	87797	89398	96379	A4421	B9999	J7599	K0899	P9603	S3870	
21499	28899	38129	43289	46999	51999	59899	69399	77499	79999	87798	90399	96549	A4641	C2698	J7699	L0999	P9604	S8189	
21899	29999	38589	43499	47379	53899	60659	69799	77799	80299	87799	90749	96999	A4649	C2699	J7799	L1499	Q0507	S9110	
22899	30999	38999	43659	47399	54699	60699	69949	78099	81099	87899	90899	97039	A4913	E0769	J7999	L2999	Q0508	T1999	
22999	31299	39499	43999	47579	55559	64999	69979	78199	81479	87999	91299	97139	A6261	E0770	J8498	L3649	Q0509	T2025	

CA CODE/BENEFIT EXCEPTIONS

- Behavioral Health, Mental Health, Alcohol and Chemical Dependency Services:

Medicaid: Inpatient, Residential Treatment, Partial Hospitalization, Electroconvulsive Therapy (ECT), Applied Behavior Analysis (ABD) requires PA however autism diagnosis is no longer a requirement.

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

Code	Medicaid	Mktplace	Notes
55970	N	Y	
55980	N	Y	
81161	N	Y	Genetic Counseling and Testing code, do not require PA for FFS MediCal (effective 2/1/2019)
81243	N	Y	Genetic Counseling and Testing code, do not require PA for FFS MediCal (effective 2/1/2019)
81244	N	Y	Genetic Counseling and Testing code, do not require PA for FFS MediCal (effective 2/1/2019)
90867	NC	Y	Behavioral Health, Mental Health, Alcohol & Chemical Dependency code, NC for MediCal (effective 2/1/2019)
90868	NC	Y	Behavioral Health, Mental Health, Alcohol & Chemical Dependency code, NC for MediCal (effective 2/1/2019)
90869	NC	Y	Behavioral Health, Mental Health, Alcohol & Chemical Dependency code, NC for MediCal (effective 2/1/2019)
96125	NC	Y	New Neuropsych code for 2019, not yet a valid MediCal billable code
97151	N	N	BH ABA code, not a valid MediCal billable code, exception for MediCal & Marketplace
97152	N	N	BH ABA code, not a valid MediCal billable code, exception for MediCal & Marketplace
97153	N	N	BH ABA code, not a valid MediCal billable code, exception for MediCal & Marketplace
97154	N	N	BH ABA code, not a valid MediCal billable code, exception for MediCal & Marketplace
97155	N	N	BH ABA code, not a valid MediCal billable code, exception for MediCal & Marketplace
97156	N	N	BH ABA code, not a valid MediCal billable code, exception for MediCal & Marketplace
97157	N	N	BH ABA code, not a valid MediCal billable code, exception for MediCal & Marketplace
97158	N	N	BH ABA code, not a valid MediCal billable code, exception for MediCal & Marketplace
00170	Y	Y	
0037U	NC	Y	Genetic Counseling and Testing code, NC for MediCal (effective 2/1/2019)
0045U	NC	Y	Genetic Counseling and Testing code, NC for MediCal (effective 2/1/2019)
0046U	NC	Y	Genetic Counseling and Testing code, NC for MediCal (effective 2/1/2019)
0047U	NC	Y	Genetic Counseling and Testing code, NC for MediCal (effective 2/1/2019)
0048U	NC	Y	Genetic Counseling and Testing code, NC for MediCal (effective 2/1/2019)
0049U	NC	Y	Genetic Counseling and Testing code, NC for MediCal (effective 2/1/2019)
0050U	NC	Y	Genetic Counseling and Testing code, NC for MediCal (effective 2/1/2019)
0053U	NC	Y	Genetic Counseling and Testing code, NC for MediCal (effective 2/1/2019)
0055U	NC	Y	Genetic Counseling and Testing code, NC for MediCal (effective 2/1/2019)
0056U	NC	Y	Genetic Counseling and Testing code, NC for MediCal (effective 2/1/2019)
0057U	NC	Y	Genetic Counseling and Testing code, NC for MediCal (effective 2/1/2019)
0058U	NC	Y	Genetic Counseling and Testing code, NC for MediCal (effective 2/1/2019)
0059U	NC	Y	Genetic Counseling and Testing code, NC for MediCal (effective 2/1/2019)
0060U	NC	Y	Genetic Counseling and Testing code, NC for MediCal (effective 2/1/2019)

A9276	NC	Y	DME Code, NC for MediCal (effective 2/1/2019)
A9277	NC	Y	DME Code, NC for MediCal (effective 2/1/2019)
A9278	NC	Y	DME Code, NC for MediCal (effective 2/1/2019)
C9014	Y	Y	deleted code 2019, have not appear on MediCal update list (replacement code J0567)
C9015	Y	Y	deleted code 2019, have not appear on MediCal update list (replacement code J0599)
C9016	Y	Y	deleted code 2019, have not appear on MediCal update list (replacement code J3316)
C9024	Y	Y	deleted code 2019, have not appear on MediCal update list (replacement code J9153)
C9028	Y	Y	deleted code 2019, have not appear on MediCal update list (replacement code J9229)
C9029	Y	Y	deleted code 2019, have not appear on MediCal update list (replacement code J1628)
C9030	Y	Y	deleted code 2019, have not appear on MediCal update list (replacement code J9057)
C9031	Y	Y	deleted code 2019, have not appear on MediCal update list (replacement code A9513)
C9032	Y	Y	deleted code 2019, have not appear on MediCal update list (replacement code J3398)
C9463	Y	Y	deleted code 2019, have not appear on MediCal update list (replacement code J0185)
C9492	Y	Y	deleted code 2019, have not appear on MediCal update list (replacement code J9173)
C9493	Y	Y	deleted code 2019, have not appear on MediCal update list (replacement code J1301)
D9219	Y	Y	
G0154	Y	Y	
J2916	N	N	
J9267	N	N	
K0553	NC	Y	DME Code, NC for MediCal (effective 2/1/2019)
K0554	NC	Y	DME Code, NC for MediCal (effective 2/1/2019)
Q2040	Y	Y	deleted code 2019, have not appear on MediCal update list (replacement code Q2042)
Q5108	NC	Y	Specialty Pharmacy code, NC for MediCal (effective 2/1/2019)
Q5110	NC	Y	Specialty Pharmacy code, NC for MediCal (effective 2/1/2019)
Q9994	NC	Y	replacement code for Q9994 (deleted 1/1/2019) Specialty Pharmacy code, NC for MediCal (effective 2/1/2019)