



**This document is updated quarterly. Please check this document before a PA submission as codes may be removed or added**

**All codes listed require PA**

**\*indicates code exception**

Office visits and/or procedures performed in the office setting of a participating provider do not require prior authorization unless noted “In any setting”

Referrals to PAR/Network Specialists do not require PA

Non-covered benefits are not included in this document. Please refer to your local State Medicaid or Marketplace agency for specific non-covered benefits.

**Authorization is not a guarantee of payment for services. Payment is made in accordance with a determination of the member’s eligibility, benefit limitations/exclusions, and evidence of medical necessity during the claim review.**



Molina Healthcare of Michigan – PA Matrix  
Services Requiring Authorization and Benefit Exclusions

Q3- Effective 7/1/19 Changes			
Effective Date	Specialty/Service	Change/Update Description	LOB
7/1/2019	Behavioral Health	<b>Update:</b> Removed Autism diagnosis for H0012 & S5150	Medicaid, Marketplace, Medicare
7/1/2019	DME	<b>Added PA Required:</b> A6460, A6461, V5171, V5172, V5181, V5211, V5212, V5213, V5214, V5215, V5221, Q4186, Q4187	Medicaid, Marketplace, Medicare
7/1/2019	Experimental/Investigational	<b>Added PA Required:</b> 0446T, 0447T, 0448T, 33440, 33866, 93264, 95836, 95976, 95977, 95983, 0525T, C1823, C8937, C9751, C9752, C9753, C9754, C9755, L8608	Medicaid, Marketplace, Medicare
7/1/2019	Experimental/Investigational	<b>Added PA Required:</b> 0537T, 0538T, 0539T	Marketplace
7/1/2019	Genetic Testing	<b>Added PA Required:</b> 81167, 81171, 81172, 81173, 81174, 81177, 81178, 81179, 81180, 81181, 81182, 81183, 81184, 81185, 81186, 81187, 81188, 81189, 81190, 81204, 81233, 81234, 81236, 81237, 81239, 81271, 81274, 81284, 81285, 81286, 81289, 81305, 81306, 81312, 81320, 81329, 81333, 81336, 81337, 81343, 81344, 81345, 81518, 81596 <b>Removed:</b> 86008	Medicaid, Marketplace, Medicare
7/1/2019	Home Healthcare	<b>Update:</b> PA required after initial evaluation	Medicaid, Marketplace, Medicare
7/1/2019	Imaging - Advanced	<b>Added PA Required:</b> 76391	Medicaid, Marketplace, Medicare
7/1/2019	Outpatient Hospital/Ambulatory Surgery Center (ASC) Procedures	<b>Added PA Required:</b> 33979, 38531, 33274, 33275, 33285, 33286, 53854	Medicaid, Marketplace, Medicare
7/1/2019	Specialty Pharmacy	<b>Added PA Required:</b> J3591	Medicaid, Marketplace, Medicare
7/1/2019	Unlisted / Miscellaneous	<b>Added PA Required:</b> L8698	Medicaid, Marketplace, Medicare



**Molina Healthcare of Michigan – PA Matrix**  
Services Requiring Authorization and Benefit Exclusions

Q2- Effective 4/1/19 Changes			
Effective Date	Specialty/Service	Change/Update Description	LOB
4/1/2019	DME	<b>Added PA Required:</b> E0652	Medicaid, Marketplace, Medicare
4/1/2019	Experimental/Investigational	<b>Added PA Required:</b> 0509T, 0510T, 0511T, 0512T, 0513T, 0514T, 0515T, 0516T, 0517T, 0518T, 0519T, 0520T, 0521T, 0522T, 0523T, 0524T, 0525T, 0526T, 0527T, 0528T, 0529T, 0530T, 0531T, 0532T, 0533T, 0534T, 0535T, 0536T, 0537T, 0538T, 0539T, 0540T, 0541T, 0542T	Medicaid, Marketplace, Medicare
4/1/2019	Genetic Testing	<b>Added PA Required:</b> 81422, 81503 81507 <b>Update:</b> 81211, 81213, 81214 replaced with new codes 81162, 81163, 81164, 81165, 81166	Medicaid, Marketplace, Medicare
4/1/2019	Imaging - Advanced	<b>Update:</b> C8904, C8907, 77058, 77059 replaced with 77046, 77047, 77048, 77049	Medicaid, Marketplace, Medicare
4/1/2019	Outpatient Hospital/Ambulatory Surgery Center (ASC) Procedures	<b>Removed - No PA required:</b> 95911, 95912, 95913 <b>Added PA Required:</b> 33979 <b>Update:</b> C9741 replaced with 33289	Medicaid, Marketplace, Medicare
4/1/2019	Physical & Occupational Therapy	<b>Removed - No PA required:</b> 97012, 97022, 97026, 97028, 97032, 97533	Medicaid, Marketplace, Medicare
4/1/2019	Psychological/Neuropsychological Testing	<b>Removed - No PA Required:</b> 96110, 96127	Medicaid, Marketplace, Medicare
4/1/2019	Radiation Therapy & Radio Surgery	<b>Removed - No PA required:</b> 77334	Medicaid, Marketplace, Medicare
4/1/2019	Specialty Pharmacy	<b>Removed - No PA required:</b> J2430, J9060, J9100, J9181, J9209, J9370, J2916, J9267, J9000	Medicaid, Marketplace, Medicare
4/1/2019	Specialty Pharmacy	<b>Removed - No PA required:</b> J9351	Medicaid



Q1 - Effective 1/1/19 Changes			
Effective Date	Specialty/Service	Change/Update Description	LOB
4/1/2019	Experimental/Investigational	<b>Added PA Required:</b> 0509T, 0510T, 0511T, 0512T, 0513T, 0514T, 0515T, 0516T, 0517T, 0518T, 0519T, 0520T, 0521T, 0522T, 0523T, 0524T, 0525T, 0526T, 0527T, 0528T, 0529T, 0530T, 0531T, 0532T, 0533T, 0534T, 0535T, 0536T, 0537T, 0538T, 0539T, 0540T, 0541T, 0542T	Medicaid, Marketplace
1/1/2019	Genetic Testing	<b>Added PA Required:</b> 81161, 81243, 81244	Medicaid, Marketplace
1/1/2019	Outpatient Hospital/Ambulatory Surgery Center (ASC) Procedures	<b>Added PA Required:</b> 33206, 33207, 33208, 33212, 33213, 33214, 33221, 33224, 33225, 33227, 33228, 33229, 33230, 33231, 33240, 33249, 33262, 33263, 33264, 33270	Medicaid, Marketplace
1/1/2019	Physical & Occupational Therapy	<b>Update PA:</b> PA required after benefit CAP has been met	Marketplace
1/1/2019	Physical & Occupational Therapy	<b>Update PA:</b> PA required after initial evaluation plus 36 visits per calendar year	Medicaid
1/1/2019	Psychological/Neuropsychological Testing	<b>Added PA Required:</b> 96105, 96110, 96112, 96113, 96121, 96125, 96127, 96130, 96131, 96132, 96133, 96136, 96137, 96138, 96139, 96146	Medicaid, Marketplace
1/1/2019	Sleep Studies	<b>Removed - No PA required:</b> 95800, 95806	Medicaid, Marketplace
1/1/2019	Specialty Pharmacy	<b>Added PA Required:</b> A9513, B4105, C9035, C9036, C9037, C9038, C9039, C9407, C9408, J0185, J0517, J0567, J0584, J0599, J0841, J1095, J1301, J1454, J1628, J1746, J2062, J2186, J2787, J2797, J3245, J3304, J3316, J3397, J3398, J7170, J7177, J7203, J7318, J7329, J9044, J9057, J9153, J9173, J9229, J9311, J9312, Q2042, Q5107, Q5108, Q5109, Q5111, Q5510, Q9994	Medicaid, Marketplace



### Behavioral Health, Mental Health, Alcohol & Chemical Dependency Services

Inpatient, Residential Treatment, Partial Hospitalization, Day Treatment, Electroconvulsive Therapy (ECT), Applied Behavioral Analysis (ABA) for treatment of Autism Spectrum Disorder (ASD)

MEDICAID / MEDICARE / MARKETPLACE				
114	912	H0031*	H2017*	T1025*
124	913	H0032*	H2018	T1026*
134	1001	H0046	H2019*	T1027*
144	1002	H2012*	H2020	T1028*
154	2106	H2013	S0201	T2013*
190	90870	H2014*	S5111	T2040*
204	H0012	H2015	S5150	
901	H0017	H2016	T1023*	

\* PA required only when submitted with Autism diagnosis (F84.0, F84.2, F84.3, F84.4, F84.5, F84.8, and F84.9)

### Cosmetic, Plastic & Reconstructive Procedures

MEDICAID / MEDICARE / MARKETPLACE					
11900	15789	15828	15847	19325*	30410
11901	15792	15829	15876	19328*	30420
11920*	15793	15832	15877	19330*	30430
15775	15820	15833	15878	19340*	30435
15776	15821	15834	15879	19342*	30450
15780	15822	15835	17380	19350*	30460
15781	15823	15836	19300*	19355*	30462
15782	15824	15837	19316*	19357	67904
15783	15825	15838	19318*	19396*	67906
15788	15826	15839	19324*	30400	67908

Clinical documentation is required with request for any of the above procedures

\*No PA Required with breast CA diagnosis



**Durable Medical Equipment (DME)**

MEDICAID / MEDICARE / MARKETPLACE												MEDICAID	
A6460	E0302	E0748	E1005	E1235	E2310	E2368	E2608	E2631	K0821	K0848	K0871	V5213	A9277
A6461	E0303	E0749	E1006	E1236	E2311	E2369	E2609	K0008	K0822	K0849	K0877	V5214	A9278
A7025	E0304	E0760	E1007	E1237	E2312	E2370	E2611	K0009	K0823	K0850	K0878	V5215	E0445
C2624	E0328	E0762	E1008	E1238	E2313	E2373	E2612	K0010	K0824	K0851	K0879	V5221	E0481
E0194	E0329	E0764	E1010	E1296	E2321	E2374	E2613	K0011	K0825	K0852	K0880	V2530	E0483
E0255	E0371	E0766	E1012	E1298	E2322	E2375	E2614	K0012	K0826	K0853	K0884	V2531	E0651
E0256	E0372	E0782	E1014	E1310	E2325	E2376	E2615	K0014	K0827	K0854	K0885		K0553
E0260	E0373	E0783	E1020	E1399	E2326	E2377	E2616	K0108	K0828	K0855	K0886		K0554
E0261	E0445	E0784	E1029	E1700	E2327	E2378	E2617	K0606	K0829	K0856	K0890		S1034
E0265	E0462	E0785	E1030	E2201	E2328	E2397	E2620	K0800	K0830	K0857	K0891		S1035
E0266	E0465	E0786	E1035	E2202	E2329	E2500	E2621	K0801	K0831	K0858	K0900		S1036
E0277	E0466	E0849	E1036	E2203	E2330	E2502	E2622	K0802	K0835	K0859	Q0477		S1037
E0292	E0483	E0855	E1161	E2204	E2340	E2504	E2623	K0806	K0836	K0860	Q4186		
E0293	E0651	E0983	E1225	E2227	E2341	E2506	E2624	K0807	K0837	K0861	Q4187		
E0294	E0652	E0984	E1226	E2228	E2342	E2508	E2625	K0808	K0838	K0862	S1040		
E0295	E0691	E0986	E1227	E2291	E2343	E2510	E2626	K0813	K0839	K0863	V5171		
E0296	E0692	E0988	E1230	E2292	E2351	E2511	E2627	K0814	K0840	K0864	V5172		
E0297	E0693	E1002	E1232	E2293	E2361	E2605	E2628	K0815	K0841	K0868	V5181		
E0300	E0694	E1003	E1233	E2294	E2366	E2606	E2629	K0816	K0842	K0869	V5211		
E0301	E0747	E1004	E1234	E2295	E2367	E2607	E2630	K0820	K0843	K0870	V5212		

Clinical documentation is required with request for any of the above items



**Experimental/Investigational**

MEDICAID / MEDICARE / MARKETPLACE							MARKETPLACE	MEDICAID
0054T	0212T	0234T	0405T	0520T	0535T	95977	0537T	0329T
0055T	0213T	0235T	0446T	0521T	0536T	95983	0538T	0333T
0085T	0214T	0236T	0447T	0522T	0540T	C1823	0539T	
0191T	0215T	0237T	0448T	0523T	0541T	C8937		
0198T	0216T	0238T	0509T	0524T	0542T	C9751		
0200T	0217T	0249T	0510T	0525T	33440	C9752		
0201T	0218T	0253T	0511T	0526T	33866	C9753		
0202T	0219T	0254T	0512T	0527T	82016	C9754		
0205T	0220T	0295T	0513T	0528T	82017	C9755		
0206T	0221T	0296T	0514T	0529T	83987	L8606		
0207T	0222T	0297T	0515T	0530T	84145	L8608		
0208T	0228T	0298T	0516T	0531T	86316	Q4161		
0209T	0229T	0352T	0517T	0532T	93264	Q4162		
0210T	0230T	0354T	0518T	0533T	95836	Q4163		
0211T	0231T	0403T	0519T	0534T	95976	Q4164		

Clinical documentation is required with request for any of the above procedures

**Genetic Counseling & Testing**

MEDICAID / MARKETPLACE / MEDICARE									MEDICAID	MARKETPLACE/MEDICARE	
81105	81166	81183	81218	81237	81286	81320	81400	81521	S3722	S3800	81503
81106	81167	81184	81219	81238	81289	81321	81401	81528		S3840	S3854
81107	81170	81185	81222	81239	81292	81323	81402	81535		S3841	
81108	81171	81186	81223	81243	81294	81329	81403	81536		S3842	
81109	81172	81187	81225	81244	81295	81333	81404	81596		S3852	
81110	81173	81188	81226	81258	81297	81336	81405	84999M*		S3861	
81111	81174	81189	81228	81259	81298	81337	81406	83006		S3865	
81112	81175	81190	81229	81266	81300	81343	81407	86152		S3866	
81120	81176	81201	81230	81269	81305	81344	81408	86153		S3870	
81121	81177	81203	81231	81271	81306	81345	81420	88261			
81161	81178	81204	81232	81272	81311	81346	81422	88271			
81162	81179	81210	81233	81273	81312	81361	81507	88369			
81163	81180	81215	81234	81274	81314	81362	81518	88373			
81164	81181	81216	81235	81284	81317	81363	81519	88374			
81165	81182	81217	81236	81285	81319	81364	81520	88377			

Clinical documentation is required with request for any of the above tests



### Habilitative Therapy

MEDICAID / MEDICARE / MARKETPLACE		
S9128	92507	92526
S9129	92508	

Clinical documentation is required with request for any of the above procedures

### Home Health Care & Home Infusion

MEDICAID / MEDICARE / MARKETPLACE				MARKETPLACE
G0151	G0158	G0299	G0495	G0155
G0152	G0159	G0300	G0496	
G0153	G0160	G0490	T1000	
G0156	G0161	G0493		
G0157	G0162	G0494		

Clinical documentation is required with request after the initial evaluation

PA may also be required for medications associated with home infusion

### Hyperbaric Therapy

MEDICAID / MEDICARE / MARKETPLACE	
99183	G0277

Clinical documentation is required with request for any of the above procedures

### In-Patient Admissions

Acute Hospital, Skilled Nursing Facility (SNF), Inpatient Rehabilitation, Long Term Acute Care (LTAC), Pregnancy/Delivery

MEDICAID / MEDICARE / MARKETPLACE
ALL CODES

Clinical documentation is required with request/notification of admission





**Imaging – Advanced**

MEDICAID / MEDICARE / MARKETPLACE														
70336	70492	70551	71551	72141	72193	73220	73721	74181	75563	76498	78454	78496	C8900	C8918
70450	70496	70552	71552	72142	72194	73221	73722	74182	75565	77046	78459	78607	C8901	C8919
70460	70498	70553	71555	72146	72195	73222	73723	74183	75571	77047	78466	78608	C8902	C8920
70470	70540	70554	72125	72147	72196	73223	73725	74185	75572	77048	78468	78609	C8903	C8931
70480	70542	70555	72126	72148	72197	73225	74150	74261	75573	77084	78469	78647	C8905	C8932
70481	70543	70557	72127	72149	72198	73700	74160	74262	75574	77049	78472	78710	C8908	C8933
70482	70544	70558	72128	72156	73200	73701	74170	74263	75635	78205	78473	78811	C8909	C8934
70486	70545	71250	72129	72157	73201	73702	74174	74712	76376	78206	78481	78812	C8910	C8935
70487	70546	71260	72130	72158	73202	73706	74175	74713	76377	78320	78483	78813	C8911	C8936
70488	70547	71270	72131	72159	73206	73718	74176	75557	76380	78451	78491	78814	C8912	G0288
70490	70548	71275	72132	72191	73218	73719	74177	75559	76391	78452	78492	78815	C8913	G0297
70491	70549	71550	72133	72192	73219	73720	74178	75561	76497	78453	78494	78816	C8914	

Clinical documentation is required with request for any of the above procedures

**Maternal Infant Health Program (MIHP)**

MEDICAID
99402

**Occupational Therapy (OT)**

MEDICAID / MEDICARE / MARKETPLACE					MEDICAID
92526	97018	97112	97140	97760	S9129
92610	97034	97116	97530		
95851	97035	97124	97535		
97016	97110	97139	97542		

Clinical documentation with request is required after initial evaluation plus 36 visits per calendar year

Marketplace: Clinical documentation with request is required after benefit CAP has been met



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

MEDICAID / MEDICARE / MARKETPLACE																				MARKETPLACE	
10040	21159	22226	22810	27120	28102	28220	28304	29820	29895	33224	34704	37722	43770	52442	58345	58950	62325	63066	67903	C9739	55970
15730	21160	22505	22812	27122	28103	28222	28305	29821	29897	33225	34705	37735	43771	52649	58350	58951	62326	63075	67909	C9740	55980
15733	21172	22526	22818	27125	28104	28225	28306	29822	29898	33227	34706	37760	43772	53850	58356	58952	62327	63076	67950	C9746	
15786	21175	22527	22819	27130	28106	28226	28307	29823	29899	33228	34707	37761	43773	53852	58540	58953	62369	63077	69714	C9747	
15787	21240	22532	22830	27132	28107	28230	28308	29824	29914	33229	34708	37765	43774	53854	58541	58954	62370	63078	69715	S2095	
15819	21242	22533	22841	27134	28108	28232	28309	29825	29915	33230	34709	37766	43775	53860	58542	58956	63001	63081	69717		
15830	21243	22534	22842	27137	28110	28234	28310	29826	29916	33231	34710	37780	43842	54401	58543	58957	63003	63082	69718		
17004	21270	22548	22843	27138	28111	28238	28312	29827	30465	33240	34711	37785	43843	54405	58544	58958	63005	63085	69930		
17360	21280	22551	22844	27438	28112	28240	28313	29828	30520	33249	34712	38204	43845	55874	58545	59070	63011	63086	91122		
19294	21282	22552	22845	27440	28113	28250	28315	29873	30540	33251	34713	38207	43846	57288	58546	59072	63012	63087	93229		
20930	21295	22554	22846	27441	28114	28260	28320	29874	30545	33254	34714	38208	43847	57289	58548	59074	63015	63088	95249		
20939	21296	22556	22847	27442	28116	28261	28322	29875	31241	33261	34715	38209	43848	58150	58550	59076	63016	63090	95965		
21073	22100	22558	22848	27443	28118	28262	28340	29876	31253	33262	34716	38210	43881	58152	58552	59840	63017	63091	96570		
21120	22101	22585	22849	27445	28119	28264	28341	29877	31257	33263	36460	38211	43882	58180	58553	59841	63020	63101	96571		
21121	22102	22586	22850	27446	28120	28270	28344	29879	31259	33264	36465	38212	43886	58200	58554	59850	63030	63102	96573		

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

MEDICAID / MEDICARE / MARKETPLACE																			
21122	22103	22590	22852	27447	28122	28272	28345	29880	31295	33265	36466	38213	43887	58210	58570	59851	63035	63103	96574
21123	22110	22590	22855	27486	28124	28280	28360	29881	31296	33266	36468	38214	43888	58240	58571	59852	63040	63620	96910
21127	22112	22595	22856	27487	28126	28285	28705	29882	31297	33270	36470	38215	45499	58260	58572	59855	63042	64553	96912
21137	22114	22600	22857	28005	28130	28286	28715	29883	31298	33274	36471	38222	47380	58262	58573	59856	63043	64568	96920
21139	22116	22610	22861	28008	28140	28288	28725	29884	31660	33275	36475	38232	47381	58263	58575	59857	63044	64569	96921
21141	22206	22612	22862	28010	28150	28289	28730	29885	31661	33285	36476	38531	47382	58267	58660	59866	63045	64570	96931
21142	22207	22614	22864	28011	28153	28291	28735	29886	32491	33289	36478	38573	47605	58270	58661	59899	63046	64590	96932
21143	22208	22630	22865	28035	28160	28292	28737	29887	32994	33826	36479	43286	47610	58275	58662	61798	63047	64595	96933
21145	22210	22632	22867	28060	28171	28295	28740	29888	33206	33927	36482	43287	47612	58280	58673	61863	63048	64912	96934
21146	22212	22633	22868	28062	28173	28296	28750	29889	33207	33928	36483	43288	47620	58285	58700	61864	63050	64913	96935
21147	22214	22634	22869	28080	28175	28297	28755	28890	33208	33929	36514	43644	49255	58290	58720	61867	63051	65772	96936
21150	22216	22800	22870	28086	28200	28298	28760	28891	33212	33979	37191	43645	49904	58291	58740	61868	63055	65775	9001F
21151	22220	22802	23412	28090	28202	28299	29806	29892	33213	34701	37243	43647	49905	58292	58770	61885	63056	67900	C1889
21154	22222	22804	23470	28092	28208	28300	29807	29893	33214	34702	37700	43648	49906	58293	58940	61886	63057	67901	C2616
21155	22224	22808	25447	28100	28210	28302	29819	29894	33221	34703	37718	43653	52441	58294	58943	62324	63064	67902	C9738

Codes in this section require PA if rendered in a Hospital Operating Room / Ambulatory Surgery Center (ASC) setting ONLY



### Pain Management Procedures

MEDICAID / MEDICARE / MARKETPLACE						
G0260	62324	62361	63662	64463	64488	64495
27096	62325	62362	63663	64479	64489	64600
27279	62326	62367	63664	64480	64490	64633
62320	32327	62368	63685	64483	64491	64634
62321	62350	63650	63688	64484	64492	64635
62322	62351	63655	64461	64486	64493	64636
62323	62360	63661	64462	64487	64494	64640

PA required in any setting

\*Anesthesia or moderate sedation services associated with pain management procedures are not payable for members over 18 years old

### Prosthetics & Orthotics

MEDICAID / MEDICARE / MARKETPLACE											MEDICAID
L0452	L0637	L1110	L1710	L1844	L1920	L1980	L2030	L2060	L2128	L5856	L8692
L0480	L0640	L1300	L1720	L1846	L1940	L1990	L2034	L2080	L2232	L6026	
L0482	L0650	L1640	L1730	L1860	L1945	L2000	L2036	L2090	L2800	L7259	
L0484	L0700	L1680	L1755	L1900	L1950	L2005	L2037	L2106	L3010	L8614	
L0486	L0710	L1685	L1834	L1904	L1960	L2010	L2038	L2108	L3020	L8694	
L0622	L1005	L1700	L1840	L1907	L1970	L2020	L2050	L2126	L4631		

Clinical documentation is required with request for any of the above items

### Physical Therapy (PT)

MEDICAID / MEDICARE / MARKETPLACE				
97014	97033	97039	97124	97535
97016	97034	97110	97139	97542
97018	97035	97112	97140	97760
97024	97036	97116	97530	

Clinical documentation with request is required after initial evaluation plus 36 visits per calendar year

Marketplace: Clinical documentation with request is required after benefit CAP has been met



### Psychological & Neuropsychological Testing

MEDICAID / MEDICARE / MARKETPLACE				
95950	95957	96116	96131	96137
95951	96105	96121	96132	96138
95953	96112	96125	96133	96139
95956	96113	96130	96136	96146

Clinical documentation is required with request for any of the above procedures

### Radiation Therapy & Radio Surgery

MEDICAID / MEDICARE / MARKETPLACE			
61798	77385	77523	G6015
63620	77425	77525	G6016
77372	77520	G0339	G6017
77373	77522	G0340	Q9950

Clinical documentation is required with request for any of the above procedures

### Sleep Studies

MEDICAID / MEDICARE / MARKETPLACE			
95801	95805	95808	95811
95803	95807	95810	

Clinical documentation is required with request for any of the above procedures

### Speech Therapy (ST)

MEDICAID / MEDICARE / MARKETPLACE			
92507	92508	92526	S9128

Clinical documentation is required with request after the initial evaluation plus six (6) visits

\*Pediatric Cochlear implants - up to 36 visits available with PA



Molina Healthcare of Michigan – PA Matrix  
 Services Requiring Authorization and Benefit Exclusions

MEDICAID / MEDICARE / MARKETPLACE																MEDICAID	
90281	J0178	J0587	J0881	J1555	J1675	J2315	J2840	J3485	J7195	J7322	J9019	J9130	J9217	J9305	J9999	S0128	J0883
90283	J0180	J0588	J0885	J1556	J1726	J2323	J2860	J3489	J7196	J7323	J9022	J9145	J9218	J9306	Q0138	S0132	J0884
90284	J0185	J0594	J0888	J1557	J1729	J2326	J2916*	J3490	J7197	J7324	J9023	J9150	J9219	J9307	Q0139	S0145	J1130
90378	J0202	J0596	J0894	J1559	J1740	J2350	J2941	J3590	J7198	J7325	J9025	J9153	J9225	J9308	Q2041	S0148	
A9513	J0205	J0597	J0895	J1560	J1743	J2353	J3060	J3591	J7199	J7326	J9027	J9155	J9226	J9310	Q2042	S0157	
A9542	J0207	J0598	J0897	J1561	J1744	J2354	J3090	J7170	J7200	J7327	J9032	J9160	J9228	J9311	Q2043		
A9543	J0220	J0599	J1095	J1562	J1745	J2357	J3095	J7175	J7201	J7328	J9033	J9171	J9229	J9312	Q2050		
B4105	J0221	J0604	J1230	J1566	J1746	J2425	J3110	J7177	J7202	J7329	J9034	J9173	J9230	J9315	Q3027		
C9035	J0256	J0606	J1290	J1568	J1750	J2469	J3145	J7178	J7203	J7330	J9035*	J9176	J9245	J9325	Q3028		
C9036	J0257	J0637	J1300	J1569	J1756	J2502	J3240	J7179	J7205	J7340	J9039	J9178	J9261	J9328	Q4074		
C9037	J0287	J0638	J1301	J1570	J1786	J2503	J3245	J7180	J7207	J7504	J9040	J9179	J9262	J9330	Q5101		
C9038	J0289	J0640	J1322	J1571	J1826	J2505	J3262	J7181	J7209	J7511	J9041	J9185	J9263	J9340	Q5103		
C9039	J0364	J0641	J1324	J1572	J1830	J2507	J3285	J7182	J7210	J7527	J9042	J9190	J9264	J9351*	Q5104		
C9132	J0401	J0695	J1325	J1573	J1833	J2562	J3304	J7183	J7211	J7639	J9043	J9200	J9266	J9352	Q5107		
C9257*	J0480	J0714	J1428	J1575	J1930	J2597	J3315	J7185	J7308	J7682	J9044	J9201	J9268	J9354	Q5108		
C9293	J0485	J0717	J1438	J1595	J1931	J2724	J3316	J7186	J7309	J7686	J9045	J9202	J9271	J9355	Q5109		
C9399	J0490	J0725	J1439	J1599	J1950	J2778	J3355	J7187	J7310	J7999	J9047	J9203	J9280	J9357	Q5110		
C9407	J0517	J0775	J1442	J1602	J1955	J2783	J3357	J7188	J7311	J8520	J9050	J9205	J9285	J9360	Q5111		
C9408	J0565	J0800	J1447	J1627	J2020	J2786	J3358	J7189	J7312	J8521	J9055	J9206	J9293	J9370*	Q9991		
C9484	J0567	J0834	J1453	J1628	J2062	J2787	J3380	J7190	J7313	J8655	J9057	J9207	J9295	J9371	Q9992		
C9488	J0570	J0841	J1454	J1640	J2170	J2793	J3385	J7191	J7316	J8670	J9065	J9208	J9299	J9390	S0017		
C9489	J0584	J0850	J1458	J1645	J2182	J2796	J3396	J7192	J7318	J8700	J9070	J9211	J9301	J9395	S0073		
J0129	J0585	J0875	J1459	J1650	J2186	J2797	J3397	J7193	J7320	J9015	J9098	J9214	J9302	J9400	S0122		
J0135	J0586	J0878	J1460	J1652	J2248	J2820	J3398	J7194	J7321	J9017	J9120	J9215	J9303	J9600	S0126		

Clinical documentation is required with request for any of the above medications

\*C9257no PA required for Ophthalmic diagnosis

\*J9035 no PA required for Ophthalmic diagnosis with billable units one (1) and under for a single date of service

\*J9351 no PA required for Medicaid ONLY

\*J9370, J2916 no PA required for Medicaid & Marketplace ONLY



**Transplant Services (Incl. solid organ & bone marrow)**

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

Clinical documentation is required with request for any of the above procedures

\*Corneal transplants do not require prior authorization

**Transportation Services**

MEDICAID / MEDICARE / MARKETPLACE		
A0430	A0431	A0999

Clinical documentation is required with request for Non-Emergent Air Transportation

**Unlisted/Miscellaneous Codes**

MEDICAID / MEDICARE / MARKETPLACE																MEDICARE
01999	25999	36299	42999	47379	55559	67399	77399	80299	88099	93799	A4641	E0769	J8999	L8698	Q4082	L8701
15999	26989	37501	43289	47399	55899	67599	77499	81099	88199	94799	A4649	E0770	K0812	L8699	Q4100	L8702
17999	27299	37799	43499	47579	58578	67999	77799	81479	88299	95199	A4913	E1699	K0898	P9603	V2199	
19499	27599	38129	43659	47999	58579	68399	78099	81599	88399	95999	A6261	G0235	K0899	P9604	V2797	
20999	27899	38589	43999	48999	58679	68899	78199	85999	88749	96379	A6262	G0501	L0999	T1999	V2799	
21089	28899	38999	44238	49329	58999	69399	78299	86486	89240	96549	A9698	G9012	L1499	T2025	V5298	
21299	29999	39499	44799	49659	59897	69799	78399	86849	89398	96999	A9699	H0046	L2999	T5999	V5299	
21499	30999	39599	44899	49999	59898	69949	78499	86999	90399	97799	A9900	J7599	L3649	Q0507		
21899	31299	40799	44979	50549	60659	69979	78599	87797	90749	99199	A9999	J7699	L3999	Q0508		
22899	31599	40899	45399	50949	60699	76496	78699	87798	90899	99429	B9998	J7799	L5999	Q0509		
22999	31899	41599	45499	51999	64999	76499	78799	87799	91299	99499	B9999	J8498	L7499	Q2039		
23929	32999	42299	45999	53899	66999	76999	78999	87899	92499	99600	C2698	J8499	L8039	Q4050		
24999	33999	42699	46999	54699	67299	77299	79999	87999	92700	A4421	C2699	J8597	L8499	Q4051		

Molina requires standard codes when requesting authorization. Please submit medical necessity documentation and rationale for any of the codes above.

\*29799, 90999, 93998 and 41899 do not require PA