



**Molina Healthcare of Michigan, PA Code Matrix
Medicaid, Marketplace
Services Requiring Authorization and Benefit Exclusions**

This document is updated quarterly. Please check this document before a Prior Authorization (PA) submission since codes may be removed or added

All codes listed require PA

- Non-PAR Providers require PA for all services
- Office visits and/or procedures at PAR/Network Providers do not require PA (unless noted “In Any Setting”)
- Referrals to PAR/Network Specialists do not require PA
- Some services listed may not be covered by CMS or your local State Medicaid or Marketplace agency; please refer to your regulatory agency for specific non-covered codes. MDHHS - Fee Schedule
- Authorization is not a guarantee of payment for services. Payment is made in accordance with a determination of the member’s eligibility, benefit limitation/exclusions, and evidence of medical necessity during the claim review

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**Molina Healthcare of Michigan, PA Code Matrix
Medicaid, Marketplace
Services Requiring Authorization and Benefit Exclusions**

Q4 2018 Matrix Changes

EFFECTIVE DATE	SPECIALTY/SERVICE	CHANGE/UPDATE DESCRIPTION	LOB
10/01/2018	Behavioral Health, Mental Health, Alcohol & Chemical Dependency Services	<u>PA required for both Medicaid and Marketplace when submitting with Autism Dx: F84.0, F84.2, F84.3, F84.4, F84.5, F84.8 or F84.9</u>	Medicaid, Marketplace
10/01/2018	Cosmetic, Plastic & Reconstructive Procedures	<u>PA required regardless of DX: 11900, 11901</u>	Medicaid, Marketplace
10/01/2018	Durable Medical Equipment (DME)	<u>Added/PA required: C2624, C9741, Q0477</u>	Medicaid, Marketplace
10/01/2018	Genetic Counseling & Testing	<u>Added/PA required: 81407</u>	Medicaid, Marketplace
10/01/2018	Specialty Pharmacy	<u>Added/PA required: C9030, C9031, C9032, C9463, J7322, Q2041, Q5103, Q5104, Q9991, Q9992, Q9995</u>	Medicaid, Marketplace
10/01/2018	Unlisted/Miscellaneous Codes	<u>Matrix Update: Adding codes back to Matrix</u> <u>Added/ PA required: A4649, L5999, L7499</u>	Medicaid, Marketplace
06/01/2018	Durable Medical Equipment	<u>Added/PA required: L8694</u>	Medicaid, Marketplace
06/01/2018	Genetic Counseling & Testing	<u>Added/PA required: 81105, 81106, 81107, 81108, 81109, 81110, 81111, 81112, 81120, 81121, 81175, 81176, 81230, 81231, 81232, 81238, 81258, 81259, 81269, 81346, 81361, 81362, 81363, 81364, 81520, 81521, 86008</u>	Medicaid, Marketplace
06/01/2018	Out Patient Hospital/ASC Procedures	<u>Added/PA required: C9738, 15730, 15733, 19294, 20939, 31241, 31253, 31257, 31259, 31298, 32994, 34701, 34702, 34703, 34704, 34705, 34706, 34707, 34708, 34709, 34710, 34711, 34712, 34713, 34714, 34715, 34716, 36465, 36466, 36482, 36483, 38573, 43286, 43287, 43288, 55874, 58575, 64912, 64913, 95249, 96573, 96574</u>	Medicaid, Marketplace
06/01/2018	Specialty Pharmacy	<u>Removed/No PA required: C9483, C9485, C9486, C9490, C9491, J0572, J0573, J0574, J0575, J0592, J1942, J2426, J9213, J9250, J9260</u>	Medicaid, Marketplace



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EFFECTIVE DATE	SPECIALTY/SERVICE	CHANGE/UPDATE DESCRIPTION	LOB
		Added/PA required: C9014, C9015, C9016, C9024, C9028, C9029, J0565, J0604, J0606, J1428, J1555, J1627, J2326, J2350, J 3358, J7210, J7211, J9022, J9023, J9203, J9285, Q2040	
06/01/2018	Transplant	Added/PA required: S2107	Medicaid, Marketplace
3/1/2018	Long Term Services & Support	Removed LTSS codes : All LTSS codes require PA regardless of code(s)	Medicaid, Marketplace
3/1/2018	Outpatient	Occupational & Physical therapy/PA required after initial evaluation and 12 visits: All Codes	Marketplace
3/1/2018	Pain Management Procedures	Added PA required: 62320, 62321, 62322, 62323, 64479, 64480	Medicaid, Marketplace
3/1/2018	Prosthetics & Orthotics	Added PA required: L0637, L0650, L8614, L5856	Medicaid, Marketplace
3/1/2018	Specialty Pharmacy	Added PA required: J3095, J3240 Removed/No PA required: 67028	Medicaid, Marketplace
3/1/2018	Unlisted/Miscellaneous Codes	Removed Unlisted/Miscellaneous codes: All Unlisted/Miscellaneous codes require PA with the exception of 90999 which no longer requires PA	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/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^	

NOTE: ^ indicates PA required only when submitted with Autism diagnosis (F84.0, F84.2, F84.3, F84.4, F84.5, F84.8, and F84.9) -



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Cosmetic, Plastic & Reconstructive Procedures

MEDICAID/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

NOTE: PA required in any setting

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

NOTE: *No PA Required with breast CA diagnosis



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Durable Medical Equipment (DME)

MEDICAID	MEDICAID/MARKETPLACE											
E0445	A7025	E0303	E0760	E1007	E1237	E2312	E2370	E2611	K0009	K0823	K0850	K0878
E0481	C2624	E0304	E0762	E1008	E1238	E2313	E2373	E2612	K0010	K0824	K0851	K0879
E0483	C9741	E0328	E0764	E1010	E1296	E2321	E2374	E2613	K0011	K0825	K0852	K0880
E0651	E0194	E0329	E0766	E1012	E1298	E2322	E2375	E2614	K0012	K0826	K0853	K0884
S1034	E0255	E0371	E0782	E1014	E1310	E2325	E2376	E2615	K0014	K0827	K0854	K0885
S1035	E0256	E0372	E0783	E1020	E1399	E2326	E2377	E2616	K0108	K0828	K0855	K0886
S1036	E0260	E0373	E0784	E1029	E1700	E2327	E2378	E2617	K0606	K0829	K0856	K0890
S1037	E0261	E0445	E0785	E1030	E2201	E2328	E2397	E2620	K0800	K0830	K0857	K0891
	E0265	E0462	E0786	E1035	E2202	E2329	E2500	E2621	K0801	K0831	K0858	K0900
	E0266	E0465	E0849	E1036	E2203	E2330	E2502	E2622	K0802	K0835	K0859	Q0477
	E0277	E0466	E0855	E1161	E2204	E2340	E2504	E2623	K0806	K0836	K0860	S1040
	E0292	E0483	E0983	E1225	E2227	E2341	E2506	E2624	K0807	K0837	K0861	V2530
	E0293	E0651	E0984	E1226	E2228	E2342	E2508	E2625	K0808	K0838	K0862	V2531
	E0294	E0691	E0986	E1227	E2291	E2343	E2510	E2626	K0813	K0839	K0863	
	E0295	E0692	E0988	E1230	E2292	E2351	E2511	E2627	K0814	K0840	K0864	
	E0296	E0693	E1002	E1232	E2293	E2361	E2605	E2628	K0815	K0841	K0868	
	E0297	E0694	E1003	E1233	E2294	E2366	E2606	E2629	K0816	K0842	K0869	
	E0300	E0747	E1004	E1234	E2295	E2367	E2607	E2630	K0820	K0843	K0870	
	E0301	E0748	E1005	E1235	E2310	E2368	E2608	E2631	K0821	K0848	K0871	
	E0302	E0749	E1006	E1236	E2311	E2369	E2609	K0008	K0822	K0849	K0877	

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



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Experimental/Investigational

MEDICAID	MEDICAID/MARKETPLACE			
0329T	0054T	0211T	0237T	Q4162
0333T	0055T	0212T	0238T	Q4163
	0085T	0213T	0249T	Q4164
	0188T	0214T	0253T	
	0189T	0215T	0254T	
	0190T	0216T	0295T	
	0191T	0217T	0296T	
	0195T	0218T	0297T	
	0196T	0219T	0298T	
	0198T	0220T	0352T	
	0200T	0221T	0354T	
	0201T	0222T	0403T	
	0202T	0228T	0405T	
	0205T	0229T	82016	
	0206T	0230T	82017	
	0207T	0231T	83987	
	0208T	0234T	84145	
	0209T	0235T	86316	
	0210T	0236T	Q4161	



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Genetic Counseling & Testing

MEDICAID	MARKETPLACE	MEDICAID/MARKETPLACE					
S3800	S3854	81105	81210	81230	81298	81402	83006
S3840		81106	81211	81231	81300	81403	86008
S3841		81107	81212	81232	81311	81404	86152
S3842		81108	81214	81235	81314	81405	86153
S3852		81109	81215	81238	81317	81406	88261
S3861		81110	81216	81258	81319	81407	88271
S3865		81111	81217	81259	81321	81408	88369
S3866		81112	81218	81266	81323	81420	88373
S3870		81120	81219	81269	81346	81519	88374
		81121	81222	81272	81361	81520	88377
		81170	81223	81273	81362	81521	S3722
		81175	81225	81292	81363	81528	
		81176	81226	81294	81364	81535	
		81201	81228	81295	81400	81536	
		81203	81229	81297	81401	84999M*	

NOTES: *Including Oncotype DX -



Habilitative Therapy

MEDICAID/MARKETPLACE		
S9128	92507	92526
S9129	92508	

Home Health Care & Home Infusion

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

NOTE: PA with clinical documentation is required after the initial evaluation plus six (6) visits -
PA may also be required for medications associated with home infusion -

Hyperbaric Therapy

MEDICAID/MARKETPLACE	
99183	G0277

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



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Imaging – Advanced & Specialty

MEDICAID/MARKETPLACE									
70336	70545	71552	72158	73223	74177	75574	78468	78815	C8920
70450	70546	71555	72159	73225	74178	75635	78469	78816	C8931
70460	70547	72125	72191	73700	74181	76376	78472	C8900	C8932
70470	70548	72126	72192	73701	74182	76377	78473	C8901	C8933
70480	70549	72127	72193	73702	74183	76380	78481	C8902	C8934
70481	70551	72128	72194	73706	74185	76497	78483	C8903	C8935
70482	70552	72129	72195	73718	74261	76498	78491	C8904	C8936
70486	70553	72130	72196	73719	74262	77058	78492	C8905	G0288
70487	70554	72131	72197	73720	74263	77059	78494	C8906	G0297
70488	70555	72132	72198	73721	74712	77084	78496	C8907	
70490	70557	72133	73200	73722	74713	78205	78607	C8908	
70491	70558	72141	73201	73723	75557	78206	78608	C8909	
70492	70559	72142	73202	73725	75559	78320	78609	C8910	
70496	71250	72146	73206	74150	75561	78451	78647	C8911	
70498	71260	72147	73218	74160	75563	78452	78710	C8912	
70540	71270	72148	73219	74170	75565	78453	78811	C8913	
70542	71275	72149	73220	74174	75571	78454	78812	C8914	
70543	71550	72156	73221	74175	75572	78459	78813	C8918	
70544	71551	72157	73222	74176	75573	78466	78814	C8919	

NOTE: Clinical documentation is required with request for any of the above codes -



In-Patient Admissions

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

MEDICAID	MARKETPLACE	MEDICAID/MARKETPLACE
All Codes	All Codes	All Codes

NOTE: Clinical documentation is required with request/notification of admission

Long Term Services & Support

MEDICAID
All LTSS services require PA regardless of codes. (per State benefit)

Maternal Infant Health Program (MIHP)

MEDICAID
99402



Neuropsychological & Psychological Testing

MEDICAID/MARKETPLACE		
96101	96116	96120
96102	96118	
96103	96119	

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

Occupational Therapy (OT)

MEDICAID	MEDICAID/MARKETPLACE		
S9129	92526	97034	97140
	92610	97035	97530
	95851	97110	97533
	97016	97112	97535
	97018	97116	97542
	97022	97124	97760
	97032	97139	



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

Codes in this section do not require PA if rendered in the office of a participating provider and billed as in office procedures

MARKETPLACE	MEDICAID/MARKETPLACE														
55970	10040	21139	21280	22220	22590	22841	22868	27447	28107	28171	28262	28305	28730	29873	29893
55980	15730	21141	21282	22222	22595	22842	22869	27486	28108	28173	28264	28306	28735	29874	29894
	15733	21142	21295	22224	22600	22843	22870	27487	28110	28175	28270	28307	28737	29875	29895
	15786	21143	21296	22226	22610	22844	23412	28005	28111	28200	28272	28308	28740	29876	29897
	15787	21145	22100	22505	22612	22845	25447	28008	28112	28202	28280	28309	28750	29877	29898
	15819	21146	22101	22526	22614	22846	27120	28010	28113	28208	28285	28310	28755	29879	29899
	15830	21147	22102	22527	22630	22847	27122	28011	28114	28210	28286	28312	28760	29880	29914
	17004	21150	22103	22532	22632	22848	27125	28035	28116	28220	28288	28313	29806	29881	29915
	17360	21151	22110	22533	22633	22849	27130	28060	28118	28222	28289	28315	29807	29882	29916
	19294	21154	22112	22534	22634	22850	27132	28062	28119	28225	28291	28320	29819	29883	30465
	20930	21155	22114	22548	22800	22852	27134	28080	28120	28226	28292	28322	29820	29884	30520
	20939	21159	22116	22551	22802	22855	27137	28086	28122	28230	28295	28340	29821	29885	30540
	21073	21160	22206	22552	22804	22856	27138	28090	28124	28232	28296	28341	29822	29886	30545
	21120	21172	22207	22554	22808	22857	27440	28092	28126	28234	28297	28344	29823	29887	31241
	21121	21175	22208	22556	22810	22861	27441	28100	28130	28238	28298	28345	29824	29888	31253
	21122	21240	22210	22558	22812	22862	27442	28102	28140	28240	28299	28360	29825	29889	31257
	21123	21242	22212	22585	22818	22864	27443	28103	28150	28250	28300	28705	29826	28890	31259
	21127	21243	22214	22586	22819	22865	27445	28104	28153	28260	28302	28715	29827	28891	31295
	21137	21270	22216	22590	22830	22867	27446	28106	28160	28261	28304	28725	29828	29892	31296

NOTE: Codes in this section require PA if rendered in a Hospital Operating Room /ASC setting. PA is not required when rendered in an office setting.



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

Codes in this section do not require PA if rendered in the office of a participating provider and billed as in office procedures

31297	34707	36482	38211	43774	47620	58210	58542	58720	59851	63001	63051	63103	69717	96912
31298	34708	36483	38212	43775	49255	58240	58543	58740	59852	63003	63055	63620	69718	96920
31660	34709	36514	38213	43842	49904	58260	58544	58770	59855	63005	63056	64553	69930	96921
31661	34710	37191	38214	43843	49905	58262	58545	58940	59856	63011	63057	64568	91122	96931
32491	34711	37243	38215	43845	49906	58263	58546	58943	59857	63012	63064	64569	93229	96932
32994	34712	37700	38222	43846	52441	58267	58548	58950	59866	63015	63066	64570	95249	96933
33251	34713	37718	38232	43847	52442	58270	58550	58951	59899	63016	63075	64590	95911	96934
33254	34714	37722	38573	43848	52649	58275	58552	58952	61798	63017	63076	64595	95912	96935
33261	34715	37735	43286	43881	53850	58280	58553	58953	61863	63020	63077	64912	95913	96936
33265	34716	37760	43287	43882	53852	58285	58554	58954	61864	63030	63078	64913	95950	9001F
33266	36460	37761	43288	43886	53860	58290	58570	58956	61867	63035	63081	65772	95951	C1889
33927	36465	37765	43644	43887	54401	58291	58571	58957	61868	63040	63082	65775	95953	C2616
33928	36466	37766	43645	43888	54405	58292	58572	58958	61885	63042	63085	67900	95956	C9738
33929	36468	37780	43647	45499	55874	58293	58573	59070	61886	63043	63086	67901	95957	C9739
34701	36470	37785	43648	47380	57288	58294	58575	59072	62324	63044	63087	67902	95965	C9740
34702	36471	38204	43653	47381	57289	58345	58660	59074	62325	63045	63088	67903	96570	C9746
34703	36475	38207	43770	47382	58150	58350	58661	59076	62326	63046	63090	67909	96571	C9747
34704	36476	38208	43771	47605	58152	58356	58662	59840	62327	63047	63091	67950	96573	S2095
34705	36478	38209	43772	47610	58180	58540	58673	59841	62369	63048	63101	69714	96574	
34706	36479	38210	43773	47612	58200	58541	58700	59850	62370	63050	63102	69715	96910	

NOTE: Codes in this section require PA if rendered in a Hospital Operating Room /ASC setting. PA is not required when rendered in an office setting.



Pain Management Procedures

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

* Anesthesia or moderate sedation services associated with pain management procedures are not payable for members over 18 years old. (00300, 00400, 00600, 01935, 01936, 01991, 01992, 99152 and 99153) when billed without a surgical code (10021-69990).

Physical Therapy (PT)

MEDICAID/MARKETPLACE			
97012	97026	97036	97139
97014	97028	97039	97140
97016	97032	97110	97530
97018	97033	97112	97535
97022	97034	97116	97542
97024	97035	97124	97760



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Prosthetics & Orthotics

MEDICAID	MEDICAID/MARKETPLACE					
L8692	L0452	L1005	L1840	L1970	L2050	L4631
	L0480	L1110	L1844	L1980	L2060	L5856
	L0482	L1300	L1846	L1990	L2080	L6026
	L0484	L1640	L1860	L2000	L2090	L7259
	L0486	L1680	L1900	L2005	L2106	L8614
	L0622	L1685	L1904	L2010	L2108	L8694
	L0637	L1700	L1907	L2020	L2126	
	L0640	L1710	L1920	L2030	L2128	
	L0650	L1720	L1940	L2034	L2232	
	L0700	L1730	L1945	L2036	L2800	
	L0710	L1755	L1950	L2037	L3010	
	L1000	L1834	L1960	L2038	L3020	

Radiation Therapy & Radio Surgery

MEDICAID/MARKETPLACE			
61798	77385	77525	G6017
63620	77425	G0339	Q9950
77334	77520	G0340	
77372	77522	G6015	
77373	77523	G6016	

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



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Sleep Studies

MEDICAID/MARKETPLACE				
95800	95803	95806	95808	95811
95801	95805	95807	95810	

Speech Therapy

MEDICAID/MARKETPLACE	
92507	92526
92508	S9128

NOTE: PA and clinical required after the initial evaluation plus six (6) visits -

NOTE: Pediatric Cochlear implants – up to 36 visits available with PA -



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Specialty Pharmacy Drugs

MEDICAID/MARKETPLACE														
90281	C9493	J0587	J0881	J1557	J1729	J2353	J3060	J7181	J7209	J7527	J9040	J9181	J9245	J9325
90283	J0129	J0588	J0885	J1559	J1740	J2354	J3090	J7182	J7210	J7639	J9041	J9185	J9261	J9328
90284	J0135	J0594	J0888	J1560	J1743	J2357	J3095	J7183	J7211	J7682	J9042	J9190	J9262	J9330
90378	J0178	J0596	J0894	J1561	J1744	J2425	J3110	J7185	J7308	J7686	J9043	J9200	J9263	J9340
A9542	J0180	J0597	J0895	J1562	J1745	J2430	J3145	J7186	J7309	J7999	J9045	J9201	J9264	J9351
A9543	J0202	J0598	J0897	J1566	J1750	J2469	J3240	J7187	J7310	J8520	J9047	J9202	J9266	J9352
C9014	J0205	J0604	J1230	J1568	J1756	J2502	J3262	J7188	J7311	J8521	J9050	J9203	J9267	J9354
C9015	J0207	J0606	J1290	J1569	J1786	J2503	J3285	J7189	J7312	J8655	J9055	J9205	J9268	J9355
C9016	J0220	J0637	J1300	J1570	J1826	J2505	J3315	J7190	J7313	J8670	J9060	J9206	J9271	J9357
C9024	J0221	J0638	J1322	J1571	J1830	J2507	J3355	J7191	J7316	J8700	J9065	J9207	J9280	J9360
C9028	J0256	J0640	J1324	J1572	J1833	J2562	J3357	J7192	J7320	J9000	J9070	J9208	J9285	J9370
C9029	J0257	J0641	J1325	J1573	J1930	J2597	J3358	J7193	J7321	J9015	J9098	J9209	J9293	J9371
C9030	J0287	J0695	J1428	J1575	J1931	J2724	J3380	J7194	J7322	J9017	J9100	J9211	J9295	J9390
C9031	J0289	J0714	J1438	J1595	J1950	J2778	J3385	J7195	J7323	J9019	J9120	J9214	J9299	J9395
C9032	J0364	J0717	J1439	J1599	J1955	J2783	J3396	J7196	J7324	J9022	J9130	J9215	J9301	J9400
C9132	J0401	J0725	J1442	J1602	J2020	J2786	J3485	J7197	J7325	J9023	J9145	J9216	J9302	J9600
C9293	J0480	J0775	J1447	J1627	J2170	J2793	J3489	J7198	J7326	J9025	J9150	J9217	J9303	J9999
C9399	J0485	J0800	J1453	J1640	J2182	J2796	J3490	J7199	J7327	J9027	J9155	J9218	J9305	Q0138
C9463	J0490	J0833	J1458	J1645	J2248	J2820	J3590	J7200	J7328	J9032	J9160	J9219	J9306	Q0139
C9484	J0565	J0834	J1459	J1650	J2315	J2840	J7175	J7201	J7330	J9033	J9171	J9225	J9307	Q2040
C9488	J0570	J0850	J1460	J1652	J2323	J2860	J7178	J7202	J7340	J9034	J9176	J9226	J9308	Q2041
C9489	J0585	J0875	J1555	J1675	J2326	J2916	J7179	J7205	J7504	J9035	J9178	J9228	J9310	Q2043
C9492	J0586	J0878	J1556	J1726	J2350	J2941	J7180	J7207	J7511	J9039	J9179	J9230	J9315	Q2050



Molina Healthcare of Michigan, PA Code Matrix
 Medicaid, Marketplace
 Services Requiring Authorization and Benefit Exclusions

Specialty Pharmacy Drugs

MEDICAID/MARKETPLACE														
Q3027	Q3028	Q4074	Q5101	Q5103	Q5104	Q9991	Q9992	Q9995	S0017	S0073	S0122	S0126	S0128	S0132
S0145	S0148	S0157												

NOTE: C9257 no PA required for Ocular Conditions

Transplant Services (Including Solid Organ and Bone Marrow)

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

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



Molina Healthcare of Michigan, PA Code Matrix
 Medicaid, Marketplace
 Services Requiring Authorization and Benefit Exclusions

Transportation Services

MEDICAID/MARKETPLACE		
A0430	A0431	A0999

NOTE: PA & clinical documentation is required for Non-Emergent Air Transportation

Unlisted/Miscellaneous Codes

MEDICAID/MARKETPLACE								
01999	28899	45399	58578	69399	78799	89240	99499	L5999
15999	29999	45499	58579	69799	78999	89398	A4649	L7499
17999	30999	45999	58679	69949	79999	90399	A4913	L8039
19105	31299	46999	58999	69979	81099	90749	A9999	L8499
19499	31899	47379	59897	76497	81479	90899	B9999	L8699
20985	36299	47399	59898	76498	81599	91299	E0769	Q0507
20999	37799	47579	60659	76499	85999	92499	E0770	Q0508
21299	40799	47999	60699	76999	86486	92700	E2599	Q0509
21499	40899	48999	64999	77799	86849	93799	J7599	V2199
21899	41599	49329	66999	78099	86999	94799	K0898	V2399
22899	43659	49999	67299	78199	87999	95199	K0899	V2799
22999	43999	51999	67399	78299	88099	96999	L0999	V5299
23929	44238	53899	67599	78399	88199	97039	L1499	T5999
24999	44799	54699	67999	78499	88299	97139	L2999	C1889
25999	44899	55559	68399	78599	88399	97799	L3649	
27899	44979	55899	68899	78699	88749	99429	L3999	

NOTE: Molina requires medical necessity documentation and rationale be submitted with the request for these codes