Marketplace Prior Authorization (PA) Code Matrix
Effective July 1, 2026

To search this document, type in the keyword or code you are looking for by pressing press Ctrl F on your keyboard.
Please contact Molina at 1-855-322-4080 if you need more information about the Third-Party Proprietary Criteria referenced in this document.
Information that indicates certain items or services do not require authorization in this Prior Authorization (PA) Code Matrix document is only applicable for Participating Providers.
FOR ANY PA CHANGES DUE TO REGULATORY GUIDANCE RELATED TO COVID 19 – PLEASE SEE PROVIDER NOTIFICATIONS AND MOST CURRENT INFORMATION ON THE PROVIDER PORTAL.
Most Non-Participating Providers require authorization regardless of services or codes (see exceptions to rule below).
Prior authorization exceptions for Non-Participating Offices/Providers/Facilities:
•Emergency Department Services;
•Local Health Department (LHD) services
•Other services based on State requirements
•Professional fees associated with an Emergency Department visit and approved Ambulatory Surgery Center (ASC) or in-patient stay
•Prior authorization is waived for all Radiology, Anesthesiology, and Pathology services when billed in Place of Service Code 19, 21, 22, 23 or 24
•Prior authorizaiton is waived for professional component services or services billed with Modifier 26 in ANY place of service setting
All In-Patient admits and services require Prior Authorization, including: Acute Hospital, Neonatal Intensive Care Unit (NICU), Skilled Nursing Facilities (SNF), Rehabilitation, Hospice and Long-Term Acute Care (LTAC) Facilities.
Observation stays require a prior authorization after the first 48 hours.
The codes below are for Out-Patient services only.
Some services listed may not be covered by the Marketplace benefit plan. CMS or your local State Regulatory Agency determines many of the plan benefits. The absence of a code from this list does not mean that a service is a covered benefit.
Refer to the explanation of coverage (EOC) and Summary of Benefits for plan benefit information.
Prior authorizations are not required for the following:
•Emergency Services for Participating or Non-Participating Providers.
•Office visits or office-based procedures at Participating Providers unless specifically required in another category.
•Referrals to Participating Network Specialists.
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 Marketplace 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 1-855-322-4080.
Most gene therapy is not covered for Marketplace members. Molina covers limited gene therapy services in accordance with our medical policies, subject to Prior Authorization.

Prior authorization is not required for Texas Gold Card Providers ONLY for the specific codes determined to be exempt for each individual provider.

Healthcare Services Screening Criteria Link

Pharmacy Services Screening Criteria Link

The prior authorization information reflected on this document is general in nature and is not intended to be relied upon in making medical decisions. The criteria listed below is generally accurate, but may be different based on factors such as specific medical condition or type of provider requesting the service. Each patient will have unique medical conditions, submitted by his/her physician in a particularized manner, that will factor into documents required, criteria applied, and Molina's decision of whether to approve or deny a requested service. Please contact Molina or your doctor to get more information regarding prior authorization for any particular service.

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

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria	Notes
Behavioral/Mental Health, Alcohol-Chemical Dependency: Transitional Substance Abuse Residential Treatment, Inpatient, Residential Treatment, Partial Hospitalization, Electroconvulsive Therapy (ECT), Applied Behavior Analysis (ABA) for treatment of Autism Spectrum Disorder (ASD).	9/1/2019	1002	BEHAVIORAL HEALTH TREATMENT/SVCS - Accommodations; Residential; Chem Dep	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
Behavioral/Mental Health, Alcohol-Chemical Dependency: Transitional Substance Abuse Residential Treatment, Inpatient, Residential Treatment, Partial Hospitalization, Electroconvulsive Therapy (ECT), Applied Behavior Analysis (ABA) for treatment of Autism Spectrum Disorder (ASD).	9/1/2019	2106	BEHAVIORAL HEALTH TREATMENT/SVCS - Alternative Therapy Services; Hypnosis	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
Out-Patient Hospital/Ambulatory Surgery Center (ASC) Procedures. Please note all Inpatient based procedures require authorization.	4/1/2020	15769	Grafting of autologous soft tissue, other, harvested by direct excision (eg, fat, dermis, fascia)	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	

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Out-Patient Hospital/Ambulatory Surgery Center (ASC) Procedures. Please note all Inpatient based procedures require authorization.	4/1/2020	15771	Grafting of autologous fat harvested by liposuction technique to trunk, breasts, scalp, arms, and/or legs; 50 cc or less injectate	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
Out-Patient Hospital/Ambulatory Surgery Center (ASC) Procedures. Please note all Inpatient based procedures require authorization.	4/1/2020	15773	Grafting of autologous fat harvested by liposuction technique to face, eyelids, mouth, neck, ears, orbits, genitalia, hands, and/or feet; 25 cc or less injectate	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
Cosmetic, Plastic & Reconstructive Procedures In ANY Setting require authorization	9/1/2019	15775	PUNCH GRAFT HAIR TRANSPLANT 1-15 PUNCH GRAFTS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	Prior Authorization Required in any setting.
Cosmetic, Plastic & Reconstructive Procedures In ANY Setting require authorization	9/1/2019	15776	PUNCH GRAFT HAIR TRANSPLANT OVER 15 PUNCH GRAFTS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	Prior Authorization Required in any setting.
Cosmetic, Plastic & Reconstructive Procedures In ANY Setting require authorization	9/1/2019	15780	DERMABRASION TOTAL FACE	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	Prior Authorization Required in any setting.
Cosmetic, Plastic & Reconstructive Procedures In ANY Setting require authorization	9/1/2019	15781	DERMABRASION SEGMENTAL FACE	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	Prior Authorization Required in any setting.

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Cosmetic, Plastic & Reconstructive Procedures In ANY Setting require authorization	9/1/2019	15782	DERMABRASION REGIONAL OTHER THAN FACE	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	Prior Authorization Required in any setting.
Cosmetic, Plastic & Reconstructive Procedures In ANY Setting require authorization	9/1/2019	15783	DERMABRASION SUPERFICIAL ANY SITE	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	Prior Authorization Required in any setting.
Out-Patient Hospital/Ambulatory Surgery Center (ASC) Procedures. Please note all Inpatient based procedures require authorization.	9/1/2019	15786	ABRASION 1 LESION	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
Cosmetic, Plastic & Reconstructive Procedures In ANY Setting require authorization	9/1/2019	15788	CHEMICAL PEEL FACIAL EPIDERMAL	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	Prior Authorization Required in any setting.
Cosmetic, Plastic & Reconstructive Procedures In ANY Setting require authorization	9/1/2019	15789	CHEMICAL PEEL FACIAL DERMAL	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	Prior Authorization Required in any setting.
Cosmetic, Plastic & Reconstructive Procedures In ANY Setting require authorization	9/1/2019	15792	CHEMICAL PEEL NONFACIAL EPIDERMAL	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	Prior Authorization Required in any setting.

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Cosmetic, Plastic & Reconstructive Procedures In ANY Setting require authorization	9/1/2019	15793	CHEMICAL PEEL NONFACIAL DERMAL	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	Prior Authorization Required in any setting.
Cosmetic, Plastic & Reconstructive Procedures In ANY Setting require authorization	9/1/2019	15820	BLEPHAROPLASTY LOWER EYELID	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Review: Blepharoplasty	Prior Authorization Required in any setting.
Cosmetic, Plastic & Reconstructive Procedures In ANY Setting require authorization	9/1/2019	15821	BLEPHAROPLASTY LOWER EYELID HERNIATED FAT PAD	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Review: Blepharoplasty	Prior Authorization Required in any setting.
Cosmetic, Plastic & Reconstructive Procedures In ANY Setting require authorization	9/1/2019	15822	BLEPHAROPLASTY UPPER EYELID	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Review: Blepharoplasty	Prior Authorization Required in any setting.
Cosmetic, Plastic & Reconstructive Procedures In ANY Setting require authorization	9/1/2019	15823	BLEPHAROPLASTY UPPER EYELID W EXCESSIVE SKIN	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Review: Blepharoplasty	Prior Authorization Required in any setting.
Cosmetic, Plastic & Reconstructive Procedures In ANY Setting require authorization	9/1/2019	15824	RHYTIDECTOMY FOREHEAD	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	Prior Authorization Required in any setting.

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Cosmetic, Plastic & Reconstructive Procedures In ANY Setting require authorization	9/1/2019	15825	RHYTIDECTOMY NECK W PLATYSMAL TIGHTENING	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	Prior Authorization Required in any setting.
Cosmetic, Plastic & Reconstructive Procedures In ANY Setting require authorization	9/1/2019	15826	RHYTIDECTOMY GLABELLAR FROWN LINES	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	Prior Authorization Required in any setting.
Cosmetic, Plastic & Reconstructive Procedures In ANY Setting require authorization	9/1/2019	15828	RHYTIDECTOMY CHEEK CHIN AND NECK	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	Prior Authorization Required in any setting.
Cosmetic, Plastic & Reconstructive Procedures In ANY Setting require authorization	9/1/2019	15829	RHYTIDECTOMY SMAS FLAP	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	Prior Authorization Required in any setting.
Out-Patient Hospital/Ambulatory Surgery Center (ASC) Procedures. Please note all Inpatient based procedures require authorization.	9/1/2019	15830	EXCISION SKIN ABD INFRAUMBILICAL PANNICULECTOMY	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
Cosmetic, Plastic & Reconstructive Procedures In ANY Setting require authorization	9/1/2019	15832	EXCISION EXCESSIVE SKIN AND SUBQ TISSUE THIGH	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	Prior Authorization Required in any setting.

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria	Notes
Cosmetic, Plastic & Reconstructive Procedures In ANY Setting require authorization	9/1/2019	15833	EXCISION EXCESSIVE SKIN AND SUBQ TISSUE LEG	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	Prior Authorization Required in any setting.
Cosmetic, Plastic & Reconstructive Procedures In ANY Setting require authorization	9/1/2019	15834	EXCISION EXCESSIVE SKIN AND SUBQ TISSUE HIP	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	Prior Authorization Required in any setting.
Cosmetic, Plastic & Reconstructive Procedures In ANY Setting require authorization	9/1/2019	15835	EXCISION EXCESSIVE SKIN AND SUBQ TISSUE BUTTOCK	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	Prior Authorization Required in any setting.
Cosmetic, Plastic & Reconstructive Procedures In ANY Setting require authorization	9/1/2019	15836	EXCISION EXCESSIVE SKIN AND SUBQ TISSUE ARM	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	Prior Authorization Required in any setting.
Cosmetic, Plastic & Reconstructive Procedures In ANY Setting require authorization	9/1/2019	15837	EXC EXCESSIVE SKIN AND SUBQ TISSUE FOREARM HAND	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	Prior Authorization Required in any setting.
Cosmetic, Plastic & Reconstructive Procedures In ANY Setting require authorization	9/1/2019	15838	EXC EXCSV SKIN AND SUBQ TISSUE SUBMENTAL FAT PAD	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	Prior Authorization Required in any setting.

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Cosmetic, Plastic & Reconstructive Procedures In ANY Setting require authorization	9/1/2019	15839	EXCISION EXCESSIVE SKIN AND SUBQ TISSUE OTHER AREA	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	Prior Authorization Required in any setting.
Cosmetic, Plastic & Reconstructive Procedures In ANY Setting require authorization	9/1/2019	15847	EXCISION EXCESSIVE SKIN AND SUBQ TISSUE ABDOMEN	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	Prior Authorization Required in any setting.
Cosmetic, Plastic & Reconstructive Procedures In ANY Setting require authorization	9/1/2019	15876	SUCTION ASSISTED LIPECTOMY HEAD AND NECK	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	Prior Authorization Required in any setting.
Cosmetic, Plastic & Reconstructive Procedures In ANY Setting require authorization	9/1/2019	15877	SUCTION ASSISTED LIPECTOMY TRUNK	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	Prior Authorization Required in any setting.
Cosmetic, Plastic & Reconstructive Procedures In ANY Setting require authorization	9/1/2019	15878	SUCTION ASSISTED LIPECTOMY UPPER EXTREMITY	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	Prior Authorization Required in any setting.
Cosmetic, Plastic & Reconstructive Procedures In ANY Setting require authorization	9/1/2019	15879	SUCTION ASSISTED LIPECTOMY LOWER EXTREMITY	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	Prior Authorization Required in any setting.

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria	Notes
Unlisted/Miscellaneous codes: Molina requires prior authorization, as well as, medical necessity documentation and rationale be submitted with the prior authorization request for all Unlisted/Miscellaneous codes, including those not listed here	9/1/2019	15999	UNLISTED PROCEDURE EXCISION PRESSURE ULCER	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Additional information is required to define this code and determine criteria.	
Out-Patient Hospital/Ambulatory Surgery Center (ASC) Procedures. Please note all Inpatient based procedures require authorization.	9/1/2019	17360	CHEMICAL EXFOLIATION ACNE	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
Cosmetic, Plastic & Reconstructive Procedures In ANY Setting require authorization	9/1/2019	17380	ELECTROLYSIS EPILATION EACH 30 MINUTES	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	Prior Authorization Required in any setting.
Unlisted/Miscellaneous codes: Molina requires prior authorization, as well as, medical necessity documentation and rationale be submitted with the prior authorization request for all Unlisted/Miscellaneous codes, including those not listed here	9/1/2019	17999	UNLISTED PX SKIN MUC MEMBRANE AND SUBQ TISSUE	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Additional information is required to define this code and determine criteria.	
Cosmetic, Plastic & Reconstructive Procedures In ANY Setting require authorization	9/1/2019	19300	MASTECTOMY GYNECOMASTIA	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	PA required, except with breast cancer diagnoses
OP Hosp/Amb Surgery Center (ASC) Procedures	1/1/2023	19303	MASTECTOMY SIMPLE COMPLETE	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria	Notes
Cosmetic, Plastic & Reconstructive Procedures In ANY Setting require authorization	9/1/2019	19316	MASTOPEXY	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	PA required, except with breast cancer diagnoses
Cosmetic, Plastic & Reconstructive Procedures In ANY Setting require authorization	9/1/2019	19318	REDUCTION MAMMAPLASTY	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	PA required, except with breast cancer diagnoses
Cosmetic, Plastic & Reconstructive Procedures In ANY Setting require authorization	9/1/2019	19324	MAMMAPLASTY AUGMENTATION W O PROSTHETIC IMPLANT	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	PA required, except with breast cancer diagnoses
Cosmetic, Plastic & Reconstructive Procedures In ANY Setting require authorization	9/1/2019	19325	MAMMAPLASTY AUGMENTATION W PROSTHETIC IMPLANT	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	PA required, except with breast cancer diagnoses
Cosmetic, Plastic & Reconstructive Procedures In ANY Setting require authorization	9/1/2019	19328	REMOVAL INTACT MAMMARY IMPLANT	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Breast Implant Removal	PA required, except with breast cancer diagnoses
Cosmetic, Plastic & Reconstructive Procedures In ANY Setting require authorization	9/1/2019	19330	REMOVAL MAMMARY IMPLANT MATERIAL	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Breast Implant Removal	PA required, except with breast cancer diagnoses

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria	Notes
Cosmetic, Plastic & Reconstructive Procedures In ANY Setting require authorization	9/1/2019	19340	IMMT INSJ BRST PROSTH FLWG MASTOPEXY MAST RCNSTJ	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	PA required, except with breast cancer diagnoses
Cosmetic, Plastic & Reconstructive Procedures In ANY Setting require authorization	9/1/2019	19342	DLYD INSJ BRST PROSTH FLWG MASTOPEXY MAST RCNSTJ	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	PA required, except with breast cancer diagnoses
Cosmetic, Plastic & Reconstructive Procedures In ANY Setting require authorization	9/1/2019	19350	NIPPLE AREOLA RECONSTRUCTION	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	PA required, except with breast cancer diagnoses
Cosmetic, Plastic & Reconstructive Procedures In ANY Setting require authorization	9/1/2019	19355	CORRECTION INVERTED NIPPLES	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	PA required, except with breast cancer diagnoses
Cosmetic, Plastic & Reconstructive Procedures In ANY Setting require authorization	9/1/2019	19396	PREPARATION MOULAGE CUSTOM BREAST IMPLANT	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	PA required, except with breast cancer diagnoses
Unlisted/Miscellaneous codes: Molina requires prior authorization, as well as, medical necessity documentation and rationale be submitted with the prior authorization request for all Unlisted/Miscellaneous codes, including those not listed here	9/1/2019	19499	UNLISTED PROCEDURE BREAST	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Additional information is required to define this code and determine criteria.	

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria	Notes
Out-Patient Hospital/Ambulatory Surgery Center (ASC) **Procedures.** Please note all Inpatient based procedures require authorization.	4/1/2020	20560	Needle insertion(s) without injection(s); 1 or 2 muscle(s)	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
Out-Patient Hospital/Ambulatory Surgery Center (ASC) **Procedures.** Please note all Inpatient based procedures require authorization.	4/1/2020	20561	Needle insertion(s) without injection(s); 3 or more muscles	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
Unlisted/Miscellaneous codes: Molina requires prior authorization, as well as, medical necessity documentation and rationale be submitted with the prior authorization request for all Unlisted/Miscellaneous codes, including those not listed here	9/1/2019	20999	UNLISTED PROCEDURE MUSCSKELETAL SYSTEM GENERAL	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Additional information is required to define this code and determine criteria.	
Out-Patient Hospital/Ambulatory Surgery Center (ASC) **Procedures.** Please note all Inpatient based procedures require authorization.	9/1/2019	21073	MANIPULATION TMJ THERAPEUTIC REQUIRE ANESTHESIA	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
Unlisted/Miscellaneous codes: Molina requires prior authorization, as well as, medical necessity documentation and rationale be submitted with the prior authorization request for all Unlisted/Miscellaneous codes, including those not listed here	9/1/2019	21089	UNLISTED MAXILLOFACIAL PROSTHETIC PROCEDURE	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Additional information is required to define this code and determine criteria.	
Out-Patient Hospital/Ambulatory Surgery Center (ASC) **Procedures.** Please note all Inpatient based procedures require authorization.	9/1/2019	21120	GENIOPLASTY AUGMENTATION	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	

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Out-Patient Hospital/Ambulatory Surgery Center (ASC) **Procedures.** Please note all Inpatient based procedures require authorization.	9/1/2019	21121	GENIOPLASTY SLIDING OSTEOTOMY SINGLE PIECE	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
Out-Patient Hospital/Ambulatory Surgery Center (ASC) **Procedures.** Please note all Inpatient based procedures require authorization.	9/1/2019	21122	GENIOPLASTY 2 OR GRT SLIDING OSTEOTOMIES	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
Out-Patient Hospital/Ambulatory Surgery Center (ASC) **Procedures.** Please note all Inpatient based procedures require authorization.	9/1/2019	21123	GENIOP SLIDING AGMNTJ W INTERPOSAL BONE GRAFTS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
Out-Patient Hospital/Ambulatory Surgery Center (ASC) **Procedures.** Please note all Inpatient based procedures require authorization.	9/1/2019	21125	AGMNTJ MNDBLR BODY ANGLE PROSTHETIC MATERIAL	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
Out-Patient Hospital/Ambulatory Surgery Center (ASC) **Procedures.** Please note all Inpatient based procedures require authorization.	9/1/2019	21127	AGMNTJ MNDBLR BDY ANGL W GRF ONLAY INTERPOSAL	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
Out-Patient Hospital/Ambulatory Surgery Center (ASC) **Procedures.** Please note all Inpatient based procedures require authorization.	9/1/2019	21137	REDUCTION FOREHEAD CONTOURING ONLY	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria	Notes
Out-Patient Hospital/Ambulatory Surgery Center (ASC) Procedures. Please note all Inpatient based procedures require authorization.	9/1/2019	21138	RDCTJ FHD CNTRG AND PROSTHETIC MATRL BONE GRAFT	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
Out-Patient Hospital/Ambulatory Surgery Center (ASC) Procedures. Please note all Inpatient based procedures require authorization.	9/1/2019	21139	RDCTJ FHD CNTRG AND SETBACK ANT FRONTAL SINUS WALL	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
Out-Patient Hospital/Ambulatory Surgery Center (ASC) Procedures. Please note all Inpatient based procedures require authorization.	9/1/2019	21141	RCNSTJ MIDFACE LEFORT I 1 PIECE W O BONE GRAFT	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
Out-Patient Hospital/Ambulatory Surgery Center (ASC) Procedures. Please note all Inpatient based procedures require authorization.	9/1/2019	21142	RCNSTJ MIDFACE LEFORT I 2 PIECES W O BONE GRAFT	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
Out-Patient Hospital/Ambulatory Surgery Center (ASC) Procedures. Please note all Inpatient based procedures require authorization.	9/1/2019	21143	RCNSTJ MIDFACE LEFORT I 3 OR GRT PIECE W O BONE GRAFT	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
Out-Patient Hospital/Ambulatory Surgery Center (ASC) Procedures. Please note all Inpatient based procedures require authorization.	9/1/2019	21145	RCNSTJ MIDFACE LEFORT I 1 PIECE W BONE GRAFTS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	

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Out-Patient Hospital/Ambulatory Surgery Center (ASC) **Procedures.** Please note all Inpatient based procedures require authorization.	9/1/2019	21146	RCNSTJ MIDFACE LEFORT I 2 PIECES W BONE GRAFTS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
Out-Patient Hospital/Ambulatory Surgery Center (ASC) **Procedures.** Please note all Inpatient based procedures require authorization.	9/1/2019	21147	RCNSTJ MIDFACE LEFORT I 3 OR GRT PIECE W BONE GRAFTS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
Out-Patient Hospital/Ambulatory Surgery Center (ASC) **Procedures.** Please note all Inpatient based procedures require authorization.	9/1/2019	21150	RCNSTJ MIDFACE LEFORT II ANTERIOR INTRUSION	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
Out-Patient Hospital/Ambulatory Surgery Center (ASC) **Procedures.** Please note all Inpatient based procedures require authorization.	9/1/2019	21151	RCNSTJ MIDFACE LEFORT II W BONE GRAFTS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
Out-Patient Hospital/Ambulatory Surgery Center (ASC) **Procedures.** Please note all Inpatient based procedures require authorization.	9/1/2019	21154	RCNSTJ MIDFACE LEFORT III W O LEFORT I	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
Out-Patient Hospital/Ambulatory Surgery Center (ASC) **Procedures.** Please note all Inpatient based procedures require authorization.	9/1/2019	21155	RCNSTJ MIDFACE LEFORT III W LEFORT I	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	

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Out-Patient Hospital/Ambulatory Surgery Center (ASC) Procedures. Please note all Inpatient based procedures require authorization.	9/1/2019	21159	RCNSTJ MIDFACE LEFORT III W FHD W O LEFORT I	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
Out-Patient Hospital/Ambulatory Surgery Center (ASC) Procedures. Please note all Inpatient based procedures require authorization.	9/1/2019	21160	RCNSTJ MIDFACE LEFORT III W FHD W LEFORT I	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
Out-Patient Hospital/Ambulatory Surgery Center (ASC) Procedures. Please note all Inpatient based procedures require authorization.	9/1/2019	21172	RCNSTJ SUPERIOR-LATERAL ORBITAL RIM AND LOWER FHD	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
Out-Patient Hospital/Ambulatory Surgery Center (ASC) Procedures. Please note all Inpatient based procedures require authorization.	9/1/2019	21175	RCNSTJ BIFRONTAL SUPERIOR-LAT ORB RIMS AND LWR FHD	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
Out-Patient Hospital/Ambulatory Surgery Center (ASC) Procedures. Please note all Inpatient based procedures require authorization.	9/1/2019	21240	ARTHRP TEMPOROMANDIBULAR JOINT W WO AUTOGRAFT	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
Out-Patient Hospital/Ambulatory Surgery Center (ASC) Procedures. Please note all Inpatient based procedures require authorization.	9/1/2019	21242	ARTHROPLASTY TEMPOROMANDIBULAR JT W ALLOGRAFT	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria	Notes
Out-Patient Hospital/Ambulatory Surgery Center (ASC) **Procedures.** Please note all Inpatient based procedures require authorization.	9/1/2019	21243	ARTHRP TMPRMAND JOINT W PROSTHETIC REPLACEMENT	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
Out-Patient Hospital/Ambulatory Surgery Center (ASC) **Procedures.** Please note all Inpatient based procedures require authorization.	9/1/2019	21270	MALAR AUGMENTATION PROSTHETIC MATERIAL	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
Out-Patient Hospital/Ambulatory Surgery Center (ASC) **Procedures.** Please note all Inpatient based procedures require authorization.	9/1/2019	21280	MEDIAL CANTHOPEXY SEPARATE PROCEDURE	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
Out-Patient Hospital/Ambulatory Surgery Center (ASC) **Procedures.** Please note all Inpatient based procedures require authorization.	9/1/2019	21282	LATERAL CANTHOPEXY	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
Out-Patient Hospital/Ambulatory Surgery Center (ASC) **Procedures.** Please note all Inpatient based procedures require authorization.	9/1/2019	21295	REDUCTION MASSETER MUSCLE AND BONE EXTRAORAL	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
Out-Patient Hospital/Ambulatory Surgery Center (ASC) **Procedures.** Please note all Inpatient based procedures require authorization.	9/1/2019	21296	REDUCTION MASSETER MUSCLE AND BONE INTRAORAL	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria	Notes
Unlisted/Miscellaneous codes: Molina requires prior authorization, as well as, medical necessity documentation and rationale be submitted with the prior authorization request for all Unlisted/Miscellaneous codes, including those not listed here	9/1/2019	21299	UNLISTED CRANIOFACIAL AND MAXILLOFACIAL PROCEDURE	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Additional information is required to define this code and determine criteria.	
Unlisted/Miscellaneous codes: Molina requires prior authorization, as well as, medical necessity documentation and rationale be submitted with the prior authorization request for all Unlisted/Miscellaneous codes, including those not listed here	9/1/2019	21499	UNLISTED MUSCULOSKELETAL PROCEDURE HEAD	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Additional information is required to define this code and determine criteria.	
Unlisted/Miscellaneous codes: Molina requires prior authorization, as well as, medical necessity documentation and rationale be submitted with the prior authorization request for all Unlisted/Miscellaneous codes, including those not listed here	9/1/2019	21899	UNLISTED PROCEDURE NECK THORAX	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Additional information is required to define this code and determine criteria.	
Out-Patient Hospital/Ambulatory Surgery Center (ASC) Procedures. Please note all Inpatient based procedures require authorization.	9/1/2019	22100	PRTL EXC PST VRT INTRNSC B1Y LES 1 VRT SGM CRV	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
Out-Patient Hospital/Ambulatory Surgery Center (ASC) Procedures. Please note all Inpatient based procedures require authorization.	9/1/2019	22101	PRTL EXC PST VRT INTRNSC B1Y LES 1 VRT SGM THRC	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
Out-Patient Hospital/Ambulatory Surgery Center (ASC) Procedures. Please note all Inpatient based procedures require authorization.	9/1/2019	22102	PRTL EXC PST VRT INTRNSC B1Y LES 1 VRT SGM LMBR	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	

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Out-Patient Hospital/Ambulatory Surgery Center (ASC) **Procedures.** Please note all Inpatient based procedures require authorization.	9/1/2019	22110	PRTL EXC VRT BDY B1Y LES W O SPI CORD 1 SGM CRV	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
Out-Patient Hospital/Ambulatory Surgery Center (ASC) **Procedures.** Please note all Inpatient based procedures require authorization.	9/1/2019	22112	PRTL EXC VRT BDY B1Y LES W O SPI CORD 1 SGM THRC	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
Out-Patient Hospital/Ambulatory Surgery Center (ASC) **Procedures.** Please note all Inpatient based procedures require authorization.	9/1/2019	22114	PRTL EXC VRT BDY B1Y LES W O SPI CORD 1 SGM LMBR	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
Out-Patient Hospital/Ambulatory Surgery Center (ASC) **Procedures.** Please note all Inpatient based procedures require authorization.	9/1/2019	22206	OSTEOTOMY SPINE POSTERIOR 3 COLUMN THORACIC	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
Out-Patient Hospital/Ambulatory Surgery Center (ASC) **Procedures.** Please note all Inpatient based procedures require authorization.	9/1/2019	22207	OSTEOTOMY SPINE POSTERIOR 3 COLUMN LUMBAR	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
Out-Patient Hospital/Ambulatory Surgery Center (ASC) **Procedures.** Please note all Inpatient based procedures require authorization.	9/1/2019	22210	OSTEOTOMY SPINE PST PSTLAT APPR 1 VRT SGM CRV	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	

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Out-Patient Hospital/Ambulatory Surgery Center (ASC) **Procedures.** Please note all Inpatient based procedures require authorization.	9/1/2019	22212	OSTEOTOMY SPINE PST PSTLAT APPR 1 VRT SGM THRC	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
Out-Patient Hospital/Ambulatory Surgery Center (ASC) **Procedures.** Please note all Inpatient based procedures require authorization.	9/1/2019	22214	OSTEOTOMY SPINE PST PSTLAT APPR 1 VRT SGM LMBR	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
Out-Patient Hospital/Ambulatory Surgery Center (ASC) **Procedures.** Please note all Inpatient based procedures require authorization.	9/1/2019	22220	OSTEOTOMY SPINE W DSKC ANT APPR 1 VRT SGM CRV	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
Out-Patient Hospital/Ambulatory Surgery Center (ASC) **Procedures.** Please note all Inpatient based procedures require authorization.	9/1/2019	22222	OSTEOTOMY SPINE W DSKC ANT APPR 1 VRT SGM THRC	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
Out-Patient Hospital/Ambulatory Surgery Center (ASC) **Procedures.** Please note all Inpatient based procedures require authorization.	9/1/2019	22224	OSTEOTOMY SPINE W DSKC ANT APPR 1 VRT SGM LMBR	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
Out-Patient Hospital/Ambulatory Surgery Center (ASC) **Procedures.** Please note all Inpatient based procedures require authorization.	9/1/2019	22526	PERQ INTRDSCL ELECTROTHRM ANNULOPLASTY 1 LEVEL	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	

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Out-Patient Hospital/Ambulatory Surgery Center (ASC) **Procedures.** Please note all Inpatient based procedures require authorization.	9/1/2019	22527	PERQ INTRDSCL ELECTROTHRM ANNULOPLASTY ADDL LVL	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
Out-Patient Hospital/Ambulatory Surgery Center (ASC) **Procedures.** Please note all Inpatient based procedures require authorization.	9/1/2019	22532	ARTHRODESIS LATERAL EXTRACAVITARY THORACIC	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
Out-Patient Hospital/Ambulatory Surgery Center (ASC) **Procedures.** Please note all Inpatient based procedures require authorization.	9/1/2019	22533	ARTHRODESIS LATERAL EXTRACAVITARY LUMBAR	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
Out-Patient Hospital/Ambulatory Surgery Center (ASC) **Procedures.** Please note all Inpatient based procedures require authorization.	1/1/2021	22534	ARTHRODESIS LAT EXTRACAVITARY EA ADDL THRC/LMBR	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
Out-Patient Hospital/Ambulatory Surgery Center (ASC) **Procedures.** Please note all Inpatient based procedures require authorization.	9/1/2019	22548	ARTHRD ANT TRANSORL XTRORAL C1-C2 W WO EXC ODNTD	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
Out-Patient Hospital/Ambulatory Surgery Center (ASC) **Procedures.** Please note all Inpatient based procedures require authorization.	9/1/2019	22551	ARTHRD ANT INTERBODY DECOMPRESS CERVICAL BELW C2	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria	Notes
Out-Patient Hospital/Ambulatory Surgery Center (ASC) Procedures. Please note all Inpatient based procedures require authorization.	1/1/2021	22552	ARTHRD ANT INTERDY CERVCL BELW C2 EA ADDL NTRSPC	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
Out-Patient Hospital/Ambulatory Surgery Center (ASC) Procedures. Please note all Inpatient based procedures require authorization.	9/1/2019	22554	ARTHRD ANT MIN DISCECT INTERBODY CERV BELOW C2	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
Out-Patient Hospital/Ambulatory Surgery Center (ASC) Procedures. Please note all Inpatient based procedures require authorization.	9/1/2019	22556	ARTHRD ANT MIN DISCECTOMY INTERBODY THORACIC	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
Out-Patient Hospital/Ambulatory Surgery Center (ASC) Procedures. Please note all Inpatient based procedures require authorization.	9/1/2019	22558	ARTHRODESIS ANTERIOR INTERBODY LUMBAR	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
Out-Patient Hospital/Ambulatory Surgery Center (ASC) Procedures. Please note all Inpatient based procedures require authorization.	1/1/2021	22585	ARTHRODESIS ANTERIOR INTERBODY EA ADDL NTRSPC	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
Out-Patient Hospital/Ambulatory Surgery Center (ASC) Procedures. Please note all Inpatient based procedures require authorization.	9/1/2019	22586	ARTHRODESIS PRESACRAL INTRBDY W INSTRUMENT L5-S1	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	

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Out-Patient Hospital/Ambulatory Surgery Center (ASC) **Procedures.** Please note all Inpatient based procedures require authorization.	9/1/2019	22590	ARTHRODESIS POSTERIOR CRANIOCERVICAL	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
Out-Patient Hospital/Ambulatory Surgery Center (ASC) **Procedures.** Please note all Inpatient based procedures require authorization.	9/1/2019	22595	ARTHRODESIS POSTERIOR ATLAS-AXIS C1-C2	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
Out-Patient Hospital/Ambulatory Surgery Center (ASC) **Procedures.** Please note all Inpatient based procedures require authorization.	9/1/2019	22600	ARTHRODESIS PST PSTLAT CERVICAL BELW C2 SGM	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
Out-Patient Hospital/Ambulatory Surgery Center (ASC) **Procedures.** Please note all Inpatient based procedures require authorization.	9/1/2019	22610	ARTHRODESIS POSTERIOR POSTEROLATERAL THORACIC	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
Out-Patient Hospital/Ambulatory Surgery Center (ASC) **Procedures.** Please note all Inpatient based procedures require authorization.	9/1/2019	22612	ARTHRODESIS POSTERIOR POSTEROLATERAL LUMBAR	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
Out-Patient Hospital/Ambulatory Surgery Center (ASC) **Procedures.** Please note all Inpatient based procedures require authorization.	1/1/2021	22614	ARTHRODESIS POSTERIOR/POSTEROLATERAL EA ADDL	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria	Notes
Out-Patient Hospital/Ambulatory Surgery Center (ASC) Procedures. Please note all Inpatient based procedures require authorization.	9/1/2019	22630	ARTHRODESIS POSTERIOR INTERBODY LUMBAR	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
Out-Patient Hospital/Ambulatory Surgery Center (ASC) Procedures. Please note all Inpatient based procedures require authorization.	1/1/2021	22632	ARTHRODESIS POSTERIOR INTERBODY EA ADDL	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
Out-Patient Hospital/Ambulatory Surgery Center (ASC) Procedures. Please note all Inpatient based procedures require authorization.	9/1/2019	22633	ARTHDSIS POST POSTEROLATRL POSTINTERBODY LUMBAR	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
Out-Patient Hospital/Ambulatory Surgery Center (ASC) Procedures. Please note all Inpatient based procedures require authorization.	1/1/2021	22634	ARTHRODESIS POST/POSTERLATRL/POSTINTRBDYADL SPC/SEG	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
Out-Patient Hospital/Ambulatory Surgery Center (ASC) Procedures. Please note all Inpatient based procedures require authorization.	9/1/2019	22800	ARTHRODESIS POSTERIOR SPINAL DFRM UP 6 VRT SEG	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
Out-Patient Hospital/Ambulatory Surgery Center (ASC) Procedures. Please note all Inpatient based procedures require authorization.	9/1/2019	22802	ARTHRODESIS POSTERIOR SPINAL DFRM 7-12 VRT SEG	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	

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Out-Patient Hospital/Ambulatory Surgery Center (ASC) **Procedures.** Please note all Inpatient based procedures require authorization.	9/1/2019	22804	ARTHRODESIS POSTERIOR SPINAL DFRM 13 OR GRT VRT SEG	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
Out-Patient Hospital/Ambulatory Surgery Center (ASC) **Procedures.** Please note all Inpatient based procedures require authorization.	9/1/2019	22808	ARTHRODESIS ANTERIOR SPINAL DFRM 2-3 VRT SEG	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
Out-Patient Hospital/Ambulatory Surgery Center (ASC) **Procedures.** Please note all Inpatient based procedures require authorization.	9/1/2019	22810	ARTHRODESIS ANTERIOR SPINAL DFRM 4-7 VRT SEG	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
Out-Patient Hospital/Ambulatory Surgery Center (ASC) **Procedures.** Please note all Inpatient based procedures require authorization.	9/1/2019	22812	ARTHRODESIS ANTERIOR SPINAL DFRM 8 OR GRT VRT SEG	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
Out-Patient Hospital/Ambulatory Surgery Center (ASC) **Procedures.** Please note all Inpatient based procedures require authorization.	9/1/2019	22818	KYPHECTOMY SINGLE OR TWO SEGMENTS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
Out-Patient Hospital/Ambulatory Surgery Center (ASC) **Procedures.** Please note all Inpatient based procedures require authorization.	9/1/2019	22819	KYPHECTOMY 3 OR MORE SEGMENTS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	

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Out-Patient Hospital/Ambulatory Surgery Center (ASC) **Procedures.** Please note all Inpatient based procedures require authorization.	9/1/2019	22849	REINSERTION SPINAL FIXATION DEVICE	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
Out-Patient Hospital/Ambulatory Surgery Center (ASC) **Procedures.** Please note all Inpatient based procedures require authorization.	9/1/2019	22850	REMOVAL POSTERIOR NONSEGMENTAL INSTRUMENTATION	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
Out-Patient Hospital/Ambulatory Surgery Center (ASC) **Procedures.** Please note all Inpatient based procedures require authorization.	9/1/2019	22852	REMOVAL POSTERIOR SEGMENTAL INSTRUMENTATION	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
Out-Patient Hospital/Ambulatory Surgery Center (ASC) **Procedures.** Please note all Inpatient based procedures require authorization.	9/1/2019	22855	REMOVAL ANTERIOR INSTRUMENTATION	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
Out-Patient Hospital/Ambulatory Surgery Center (ASC) **Procedures.** Please note all Inpatient based procedures require authorization.	9/1/2019	22856	TOT DISC ARTHRP ART DISC ANT APPRO 1 NTRSPC CRV	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
Out-Patient Hospital/Ambulatory Surgery Center (ASC) **Procedures.** Please note all Inpatient based procedures require authorization.	9/1/2019	22857	TOT DISC ARTHRP ART DISC ANT APPRO 1 NTRSPC LMBR	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	

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Out-Patient Hospital/Ambulatory Surgery Center (ASC) Procedures. Please note all Inpatient based procedures require authorization.	1/1/2021	22858	TOT DISC ARTHRP ANT APPR DISC 2ND LEVEL CERVICAL	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
OP Hosp/Amb Surgery Center (ASC) Procedures	1/1/2023	22860	TTL DSC ARTHRPLSTY (ARTFCL DISC), ANTRR APPRCH, INCLDNG DSCECTMY TO PRPRE INTRSPCE (OTHR THAN FOR DCMPRSSION); SCND INTRSPCE, LMBR	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
Out-Patient Hospital/Ambulatory Surgery Center (ASC) Procedures. Please note all Inpatient based procedures require authorization.	9/1/2019	22861	REVJ RPLCMT DISC ARTHROPLASTY ANT 1 NTRSPC CRV	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Artificial Disc Replacement	
Out-Patient Hospital/Ambulatory Surgery Center (ASC) Procedures. Please note all Inpatient based procedures require authorization.	9/1/2019	22862	REVJ RPLCMT DISC ARTHROPLASTY ANT 1 NTRSPC LMBR	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Artificial Disc Replacement	
Out-Patient Hospital/Ambulatory Surgery Center (ASC) Procedures. Please note all Inpatient based procedures require authorization.	9/1/2019	22864	RMVL DISC ARTHROPLASTY ANT 1 INTERSPACE CERVICAL	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Artificial Disc Replacement	
Out-Patient Hospital/Ambulatory Surgery Center (ASC) Procedures. Please note all Inpatient based procedures require authorization.	9/1/2019	22865	RMVL DISC ARTHROPLASTY ANT 1 INTERSPACE LUMBAR	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Artificial Disc Replacement	

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria	Notes
Out-Patient Hospital/Ambulatory Surgery Center (ASC) **Procedures.** Please note all Inpatient based procedures require authorization.	9/1/2019	22867	INSJ STABLJ DEV W DCMPRN LUMBAR SINGLE LEVEL	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
Out-Patient Hospital/Ambulatory Surgery Center (ASC) **Procedures.** Please note all Inpatient based procedures require authorization.	9/1/2019	22868	INSJ STABLJ DEV W DCMPRN LUMBAR SECOND LEVEL	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
Out-Patient Hospital/Ambulatory Surgery Center (ASC) **Procedures.** Please note all Inpatient based procedures require authorization.	9/1/2019	22869	INSJ STABLJ DEV W O DCMPRN LUMBAR SINGLE LEVEL	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Interspinous Decompression Devices for Spinal Stenosis.	
Out-Patient Hospital/Ambulatory Surgery Center (ASC) **Procedures.** Please note all Inpatient based procedures require authorization.	9/1/2019	22870	INSJ STABLJ DEV W O DCMPRN LUMBAR SECOND LEVEL	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Interspinous Decompression Devices for Spinal Stenosis.	
Unlisted/Miscellaneous codes: Molina requires prior authorization, as well as, medical necessity documentation and rationale be submitted with the prior authorization request for all Unlisted/Miscellaneous codes, including those not listed here	9/1/2019	22899	UNLISTED PROCEDURE SPINE	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Additional information is required to define this code and determine criteria.	
Unlisted/Miscellaneous codes: Molina requires prior authorization, as well as, medical necessity documentation and rationale be submitted with the prior authorization request for all Unlisted/Miscellaneous codes, including those not listed here	9/1/2019	22999	UNLISTED PX ABDOMEN MUSCULOSKELETAL SYSTEM	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Additional information is required to define this code and determine criteria.	

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria	Notes
Out-Patient Hospital/Ambulatory Surgery Center (ASC) **Procedures.** Please note all Inpatient based procedures require authorization.	1/1/2021	23120	CLAVICULECTOMY PARTIAL	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
Out-Patient Hospital/Ambulatory Surgery Center (ASC) **Procedures.** Please note all Inpatient based procedures require authorization.	1/1/2021	23125	CLAVICULECTOMY TOTAL	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
Out-Patient Hospital/Ambulatory Surgery Center (ASC) **Procedures.** Please note all Inpatient based procedures require authorization.	1/1/2021	23130	PARTIAL REPAIR OR REMOVAL OF SHOULDER BONE	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
Out-Patient Hospital/Ambulatory Surgery Center (ASC) **Procedures.** Please note all Inpatient based procedures require authorization.	1/1/2021	23405	TENOTOMY SHOULDER AREA 1 TENDON	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
Out-Patient Hospital/Ambulatory Surgery Center (ASC) **Procedures.** Please note all Inpatient based procedures require authorization.	1/1/2021	23460	CAPSULORRHAPHY ANTERIOR WITH BONE BLOCK	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
Out-Patient Hospital/Ambulatory Surgery Center (ASC) **Procedures.** Please note all Inpatient based procedures require authorization.	9/1/2019	23470	ARTHROPLASTY GLENOHUMRL JT HEMIARTHROPLASTY	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria	Notes
Out-Patient Hospital/Ambulatory Surgery Center (ASC) **Procedures.** Please note all Inpatient based procedures require authorization.	1/1/2021	23472	ARTHROPLASTY GLENOHUMERAL JOINT TOTAL SHOULDER	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
Out-Patient Hospital/Ambulatory Surgery Center (ASC) **Procedures.** Please note all Inpatient based procedures require authorization.	1/1/2021	23473	REVIS SHOULDER ARTHRPLSTY HUMERAL/GLENOID COMPNT	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
Out-Patient Hospital/Ambulatory Surgery Center (ASC) **Procedures.** Please note all Inpatient based procedures require authorization.	1/1/2021	23474	REVIS SHOULDER ARTHRPLSTY HUMERAL AND GLENOID COMPNT	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
Out-Patient Hospital/Ambulatory Surgery Center (ASC) **Procedures.** Please note all Inpatient based procedures require authorization.	1/1/2021	23700	MANJ W/ANES SHOULDER JOINT W/FIXATION APPARATUS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
Unlisted/Miscellaneous codes: Molina requires prior authorization, as well as, medical necessity documentation and rationale be submitted with the prior authorization request for all Unlisted/Miscellaneous codes, including those not listed here	9/1/2019	23929	UNLISTED PROCEDURE SHOULDER	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Additional information is required to define this code and determine criteria.	
Unlisted/Miscellaneous codes: Molina requires prior authorization, as well as, medical necessity documentation and rationale be submitted with the prior authorization request for all Unlisted/Miscellaneous codes, including those not listed here	9/1/2019	24999	UNLISTED PROCEDURE HUMERUS ELBOW	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Additional information is required to define this code and determine criteria.	

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria	Notes
Out-Patient Hospital/Ambulatory Surgery Center (ASC) **Procedures.** Please note all Inpatient based procedures require authorization.	9/1/2019	25447	ARTHRP INTERPOS INTERCARPAL METACARPAL JOINTS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
Unlisted/Miscellaneous codes: Molina requires prior authorization, as well as, medical necessity documentation and rationale be submitted with the prior authorization request for all Unlisted/Miscellaneous codes, including those not listed here	9/1/2019	25999	UNLISTED PROCEDURE FOREARM WRIST	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Additional information is required to define this code and determine criteria.	
Out-Patient Hospital/Ambulatory Surgery Center (ASC) **Procedures.** Please note all Inpatient based procedures require authorization.	9/1/2019	26499	CORRECTION CLAW FINGER OTHER METHODS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
Unlisted/Miscellaneous codes: Molina requires prior authorization, as well as, medical necessity documentation and rationale be submitted with the prior authorization request for all Unlisted/Miscellaneous codes, including those not listed here	9/1/2019	26989	UNLISTED PROCEDURE HANDS FINGERS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Additional information is required to define this code and determine criteria.	
Out-Patient Hospital/Ambulatory Surgery Center (ASC) **Procedures.** Please note all Inpatient based procedures require authorization.	9/1/2019	27122	ACETABULOPLASTY RESECTION FEMORAL HEAD	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
Out-Patient Hospital/Ambulatory Surgery Center (ASC) **Procedures.** Please note all Inpatient based procedures require authorization.	9/1/2019	27125	HEMIARTHROPLASTY HIP PARTIAL	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria	Notes
Out-Patient Hospital/Ambulatory Surgery Center (ASC) Procedures. Please note all Inpatient based procedures require authorization.	9/1/2019	27130	ARTHRP ACETBLR PROX FEM PROSTC AGRFT ALGRFT	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
Out-Patient Hospital/Ambulatory Surgery Center (ASC) Procedures. Please note all Inpatient based procedures require authorization.	9/1/2019	27132	CONV PREV HIP TOT HIP ARTHRP W WO AGRFT ALGRFT	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
Out-Patient Hospital/Ambulatory Surgery Center (ASC) Procedures. Please note all Inpatient based procedures require authorization.	9/1/2019	27134	REVJ TOT HIP ARTHRP BTH W WO AGRFT ALGRFT	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
Out-Patient Hospital/Ambulatory Surgery Center (ASC) Procedures. Please note all Inpatient based procedures require authorization.	9/1/2019	27137	REVJ TOT HIP ARTHRP ACTBLR W WO AGRFT ALGRFT	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
Out-Patient Hospital/Ambulatory Surgery Center (ASC) Procedures. Please note all Inpatient based procedures require authorization.	9/1/2019	27138	REVJ TOT HIP ARTHRP FEM ONLY W WO ALGRFT	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
OP Hosp/Amb Surgery Center (ASC) Procedures	1/1/2024	27278	ARTHRD SI JT PRQ W/PLMT IARTIC IMPLT WO TFXJ DEV	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	27278 will replace 0775T effective 1/1/24

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria	Notes
Pain Management	9/1/2019	27279	ARTHRODESIS SACROILIAC JOINT PERCUTANEOUS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: iFuse Implant for Sacroiliac Joint Fusion	Authorization required in any setting
Unlisted/Miscellaneous codes: Molina requires prior authorization, as well as, medical necessity documentation and rationale be submitted with the prior authorization request for all Unlisted/Miscellaneous codes, including those not listed here	9/1/2019	27299	UNLISTED PROCEDURE PELVIS HIP JOINT	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Additional information is required to define this code and determine criteria.	
Out-Patient Hospital/Ambulatory Surgery Center (ASC) **Procedures.** Please note all Inpatient based procedures require authorization.	1/1/2021	27412	AUTOLOGOUS CHONDROCYTE IMPLANTATION KNEE	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Autologous Chondrocyte Implantation for Knee Cartilage Lesions	
Out-Patient Hospital/Ambulatory Surgery Center (ASC) **Procedures.** Please note all Inpatient based procedures require authorization.	1/1/2021	27415	OSTEOCHONDRAL ALLOGRAFT KNEE OPEN	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
Out-Patient Hospital/Ambulatory Surgery Center (ASC) **Procedures.** Please note all Inpatient based procedures require authorization.	1/1/2021	27425	LATERAL RETINACULAR RELEASE OPEN	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
Out-Patient Hospital/Ambulatory Surgery Center (ASC) **Procedures.** Please note all Inpatient based procedures require authorization.	9/1/2019	27438	ARTHROPLASTY PATELLA W PROSTHESIS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria	Notes
Out-Patient Hospital/Ambulatory Surgery Center (ASC) Procedures. Please note all Inpatient based procedures require authorization.	9/1/2019	27440	ARTHROPLASTY KNEE TIBIAL PLATEAU	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
Out-Patient Hospital/Ambulatory Surgery Center (ASC) Procedures. Please note all Inpatient based procedures require authorization.	9/1/2019	27441	ARTHRP KNEE TIBIAL PLATEAU DBRDMT AND PRTL SYNVCT	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
Out-Patient Hospital/Ambulatory Surgery Center (ASC) Procedures. Please note all Inpatient based procedures require authorization.	9/1/2019	27442	ARTHROPLASTY FEM CONDYLES TIBIAL PLATEAU KNEE	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
Out-Patient Hospital/Ambulatory Surgery Center (ASC) Procedures. Please note all Inpatient based procedures require authorization.	9/1/2019	27443	ARTHRP FEM CONDYLES TIBL PLATU KNE DBRDMT AND PRTL	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
Out-Patient Hospital/Ambulatory Surgery Center (ASC) Procedures. Please note all Inpatient based procedures require authorization.	9/1/2019	27445	ARTHROPLASTY KNEE HINGE PROSTHESIS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
Out-Patient Hospital/Ambulatory Surgery Center (ASC) Procedures. Please note all Inpatient based procedures require authorization.	9/1/2019	27446	ARTHRP KNEE CONDYLE AND PLATEAU MEDIAL LAT CMPRT	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	

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Out-Patient Hospital/Ambulatory Surgery Center (ASC) **Procedures.** Please note all Inpatient based procedures require authorization.	9/1/2019	27447	ARTHRP KNE CONDYLE AND PLATU MEDIAL AND LAT COMPARTMENTS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
Out-Patient Hospital/Ambulatory Surgery Center (ASC) **Procedures.** Please note all Inpatient based procedures require authorization.	9/1/2019	27486	REVJ TOTAL KNEE ARTHRP W WO ALGRFT 1 COMPONENT	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
Out-Patient Hospital/Ambulatory Surgery Center (ASC) **Procedures.** Please note all Inpatient based procedures require authorization.	9/1/2019	27487	REVJ TOT KNEE ARTHRP FEM AND ENTIRE TIBIAL COMPONE	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
Unlisted/Miscellaneous codes: Molina requires prior authorization, as well as, medical necessity documentation and rationale be submitted with the prior authorization request for all Unlisted/Miscellaneous codes, including those not listed here	9/1/2019	27599	UNLISTED PROCEDURE FEMUR KNEE	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Additional information is required to define this code and determine criteria.	
Unlisted/Miscellaneous codes: Molina requires prior authorization, as well as, medical necessity documentation and rationale be submitted with the prior authorization request for all Unlisted/Miscellaneous codes, including those not listed here	9/1/2019	27899	UNLISTED PROCEDURE LEG ANKLE	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Additional information is required to define this code and determine criteria.	
Out-Patient Hospital/Ambulatory Surgery Center (ASC) **Procedures.** Please note all Inpatient based procedures require authorization.	9/1/2019	28005	INCISION BONE CORTEX FOOT	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	

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Out-Patient Hospital/Ambulatory Surgery Center (ASC) **Procedures.** Please note all Inpatient based procedures require authorization.	9/1/2019	28008	FASCIOTOMY FOOT AND TOE	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
Out-Patient Hospital/Ambulatory Surgery Center (ASC) **Procedures.** Please note all Inpatient based procedures require authorization.	9/1/2019	28010	TENOTOMY PERCUTANEOUS TOE SINGLE TENDON	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
Out-Patient Hospital/Ambulatory Surgery Center (ASC) **Procedures.** Please note all Inpatient based procedures require authorization.	9/1/2019	28011	TENOTOMY PERCUTANEOUS TOE MULTIPLE TENDON	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
Out-Patient Hospital/Ambulatory Surgery Center (ASC) **Procedures.** Please note all Inpatient based procedures require authorization.	9/1/2019	28035	RELEASE TARSAL TUNNEL	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
Out-Patient Hospital/Ambulatory Surgery Center (ASC) **Procedures.** Please note all Inpatient based procedures require authorization.	9/1/2019	28060	FASCIECTOMY PLANTAR FASCIA PARTIAL SPX	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
Out-Patient Hospital/Ambulatory Surgery Center (ASC) **Procedures.** Please note all Inpatient based procedures require authorization.	9/1/2019	28062	FASCIOTOMY PLANTAR FASCIA RADICAL SPX	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria	Notes
Out-Patient Hospital/Ambulatory Surgery Center (ASC) Procedures. Please note all Inpatient based procedures require authorization.	9/1/2019	28080	EXCISION INTERDIGITAL MORTON NEUROMA SINGLE EACH	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
Out-Patient Hospital/Ambulatory Surgery Center (ASC) Procedures. Please note all Inpatient based procedures require authorization.	9/1/2019	28090	EXC LESION TENDON SHEATH CAPSULE W SYNVCT FOOT	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
Out-Patient Hospital/Ambulatory Surgery Center (ASC) Procedures. Please note all Inpatient based procedures require authorization.	9/1/2019	28092	EXC LESION TENDON SHEATH CAPSULE W SYNVCT TOE EA	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
Out-Patient Hospital/Ambulatory Surgery Center (ASC) Procedures. Please note all Inpatient based procedures require authorization.	9/1/2019	28100	EXCISION CURETTAGE CYST TUMOR TALUS CALCANEUS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
Out-Patient Hospital/Ambulatory Surgery Center (ASC) Procedures. Please note all Inpatient based procedures require authorization.	9/1/2019	28102	EXC CURTG CST B9 TUM TALUS CLCNS W ILIAC AGRFT	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
Out-Patient Hospital/Ambulatory Surgery Center (ASC) Procedures. Please note all Inpatient based procedures require authorization.	9/1/2019	28103	EXC CURETTAGE CYST TUMOR TALUS CALCANEUS ALGRFT	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	

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Out-Patient Hospital/Ambulatory Surgery Center (ASC) **Procedures.** Please note all Inpatient based procedures require authorization.	9/1/2019	28104	EXC CURTG BONE CYST B9 TUMORTARSAL METATARSAL	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
Out-Patient Hospital/Ambulatory Surgery Center (ASC) **Procedures.** Please note all Inpatient based procedures require authorization.	9/1/2019	28106	EXC CURTG CST B9 TUM TARSAL METAR W ILIAC AGRFT	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
Out-Patient Hospital/Ambulatory Surgery Center (ASC) **Procedures.** Please note all Inpatient based procedures require authorization.	9/1/2019	28107	EXC CURTG CST B9 TUM TARSAL METAR W ALGRFT	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
Out-Patient Hospital/Ambulatory Surgery Center (ASC) **Procedures.** Please note all Inpatient based procedures require authorization.	9/1/2019	28108	EXC CURTG CST B9 TUM PHALANGES FOOT	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
Out-Patient Hospital/Ambulatory Surgery Center (ASC) **Procedures.** Please note all Inpatient based procedures require authorization.	9/1/2019	28110	OSTECTOMY PRTL 5TH METAR HEAD SPX	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
Out-Patient Hospital/Ambulatory Surgery Center (ASC) **Procedures.** Please note all Inpatient based procedures require authorization.	9/1/2019	28111	OSTECTOMY COMPLETE 1ST METATARSAL HEAD	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria	Notes
Out-Patient Hospital/Ambulatory Surgery Center (ASC) Procedures. Please note all Inpatient based procedures require authorization.	9/1/2019	28112	OSTECTOMY COMPLETE OTHER METATARSAL HEAD 2 3 4	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
Out-Patient Hospital/Ambulatory Surgery Center (ASC) Procedures. Please note all Inpatient based procedures require authorization.	9/1/2019	28113	OSTECTOMY COMPLETE 5TH METATARSAL HEAD	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
Out-Patient Hospital/Ambulatory Surgery Center (ASC) Procedures. Please note all Inpatient based procedures require authorization.	9/1/2019	28114	OSTC COMPL ALL METAR HEADS W PRTL PROX PHALANGC	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
Out-Patient Hospital/Ambulatory Surgery Center (ASC) Procedures. Please note all Inpatient based procedures require authorization.	9/1/2019	28116	OSTECTOMY TARSAL COALITION	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
Out-Patient Hospital/Ambulatory Surgery Center (ASC) Procedures. Please note all Inpatient based procedures require authorization.	9/1/2019	28118	OSTECTOMY CALCANEUS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
Out-Patient Hospital/Ambulatory Surgery Center (ASC) Procedures. Please note all Inpatient based procedures require authorization.	9/1/2019	28119	OSTECTOMY CALCANEUS SPUR W WO PLNTAR FASCIAL RLS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria	Notes
Out-Patient Hospital/Ambulatory Surgery Center (ASC) **Procedures.** Please note all Inpatient based procedures require authorization.	9/1/2019	28120	PARTIAL EXCISION BONE TALUS CALCANEUS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
Out-Patient Hospital/Ambulatory Surgery Center (ASC) **Procedures.** Please note all Inpatient based procedures require authorization.	9/1/2019	28122	PRTL EXC B1 TARSAL METAR B1 XCP TALUS CALCANEUS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
Out-Patient Hospital/Ambulatory Surgery Center (ASC) **Procedures.** Please note all Inpatient based procedures require authorization.	9/1/2019	28124	PARTICAL EXCISION BONE PHALANX TOE	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
Out-Patient Hospital/Ambulatory Surgery Center (ASC) **Procedures.** Please note all Inpatient based procedures require authorization.	9/1/2019	28126	RESECTION PARTIAL COMPLETE PHALANGEAL BASE EACH	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
Out-Patient Hospital/Ambulatory Surgery Center (ASC) **Procedures.** Please note all Inpatient based procedures require authorization.	9/1/2019	28130	TALECTOMY ASTRAGALECTOMY	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
Out-Patient Hospital/Ambulatory Surgery Center (ASC) **Procedures.** Please note all Inpatient based procedures require authorization.	9/1/2019	28140	METATARSECTOMY	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	

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Out-Patient Hospital/Ambulatory Surgery Center (ASC) Procedures. Please note all Inpatient based procedures require authorization.	9/1/2019	28160	HEMIPHALANGECTOMY INTERPHALANGEAL JOINT EXC TOE	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
Out-Patient Hospital/Ambulatory Surgery Center (ASC) Procedures. Please note all Inpatient based procedures require authorization.	9/1/2019	28171	RAD RESCJ TUMOR TARSAL EXCEPT TALUS CALCANEUS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
Out-Patient Hospital/Ambulatory Surgery Center (ASC) Procedures. Please note all Inpatient based procedures require authorization.	9/1/2019	28173	RADICAL RESECTION TUMOR METATARSAL	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
Out-Patient Hospital/Ambulatory Surgery Center (ASC) Procedures. Please note all Inpatient based procedures require authorization.	9/1/2019	28175	RADICAL RESECTION TUMOR PHALANX OR TOE	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
Out-Patient Hospital/Ambulatory Surgery Center (ASC) Procedures. Please note all Inpatient based procedures require authorization.	9/1/2019	28200	RPR TDN FLXR FOOT 1 2 W O FREE GRAFG EACH TENDON	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
Out-Patient Hospital/Ambulatory Surgery Center (ASC) Procedures. Please note all Inpatient based procedures require authorization.	9/1/2019	28202	RPR TENDON FLXR FOOT SEC W FREE GRAFT EA TENDON	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	

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Out-Patient Hospital/Ambulatory Surgery Center (ASC) **Procedures.** Please note all Inpatient based procedures require authorization.	9/1/2019	28208	REPAIR TENDON EXTENSOR FOOT 1 2 EACH TENDON	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
Out-Patient Hospital/Ambulatory Surgery Center (ASC) **Procedures.** Please note all Inpatient based procedures require authorization.	9/1/2019	28210	RPR TENDON XTNSR FOOT SEC W FREE GRAFT EA TENDON	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
Out-Patient Hospital/Ambulatory Surgery Center (ASC) **Procedures.** Please note all Inpatient based procedures require authorization.	9/1/2019	28220	TENOLYSIS FLEXOR FOOT SINGLE TENDON	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
Out-Patient Hospital/Ambulatory Surgery Center (ASC) **Procedures.** Please note all Inpatient based procedures require authorization.	9/1/2019	28222	TENOLYSIS FLEXOR FOOT MULTIPLE TENDONS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
Out-Patient Hospital/Ambulatory Surgery Center (ASC) **Procedures.** Please note all Inpatient based procedures require authorization.	9/1/2019	28225	TENOLYSIS EXTENSOR FOOT SINGLE TENDON	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
Out-Patient Hospital/Ambulatory Surgery Center (ASC) **Procedures.** Please note all Inpatient based procedures require authorization.	9/1/2019	28226	TENOLYSIS EXTENSOR FOOT MULTIPLE TENDON	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	

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Out-Patient Hospital/Ambulatory Surgery Center (ASC) Procedures. Please note all Inpatient based procedures require authorization.	9/1/2019	28230	TX OPN TENDON FLEXOR FOOT SINGLE MULT TENDON SPX	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
Out-Patient Hospital/Ambulatory Surgery Center (ASC) Procedures. Please note all Inpatient based procedures require authorization.	9/1/2019	28232	TX OPEN TENDON FLEXOR TOE 1 TENDON SPX	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
Out-Patient Hospital/Ambulatory Surgery Center (ASC) Procedures. Please note all Inpatient based procedures require authorization.	9/1/2019	28234	TENOTOMY OPEN EXTENSOR FOOT TOE EACH TENDON	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
Out-Patient Hospital/Ambulatory Surgery Center (ASC) Procedures. Please note all Inpatient based procedures require authorization.	9/1/2019	28238	RCNSTJ PST TIBL TDN W EXC ACCESSORY TARSL NAVCLR	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
Out-Patient Hospital/Ambulatory Surgery Center (ASC) Procedures. Please note all Inpatient based procedures require authorization.	9/1/2019	28240	TENOTOMY LENGTHENING RLS ABDUCTOR HALLUCIS MUSC	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
Out-Patient Hospital/Ambulatory Surgery Center (ASC) Procedures. Please note all Inpatient based procedures require authorization.	9/1/2019	28250	DIVISION PLANTAR FASCIA AND MUSCLE SPX	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	

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Out-Patient Hospital/Ambulatory Surgery Center (ASC) Procedures. Please note all Inpatient based procedures require authorization.	9/1/2019	28260	CAPSULOTOMY MIDFOOT MEDIAL RELEASE ONLY SPX	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
Out-Patient Hospital/Ambulatory Surgery Center (ASC) Procedures. Please note all Inpatient based procedures require authorization.	9/1/2019	28261	CAPSULOTOMY MIDFOOT W TENDON LENGTHENING	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
Out-Patient Hospital/Ambulatory Surgery Center (ASC) Procedures. Please note all Inpatient based procedures require authorization.	9/1/2019	28262	CAPSUL MIDFOOT W PST TALOTIBL CAPSUL AND TDN LNGTH	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
Out-Patient Hospital/Ambulatory Surgery Center (ASC) Procedures. Please note all Inpatient based procedures require authorization.	9/1/2019	28264	CAPSULOTOMY MIDTARSAL	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
Out-Patient Hospital/Ambulatory Surgery Center (ASC) Procedures. Please note all Inpatient based procedures require authorization.	9/1/2019	28270	CAPSUL MTTARPHLNGL JT W WO TENORRHAPHY EA JT SPX	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
Out-Patient Hospital/Ambulatory Surgery Center (ASC) Procedures. Please note all Inpatient based procedures require authorization.	9/1/2019	28272	CAPSULOTOMY IPHAL JOINT EACH JOINT SPX	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	

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Out-Patient Hospital/Ambulatory Surgery Center (ASC) **Procedures.** Please note all Inpatient based procedures require authorization.	9/1/2019	28280	SYNDACTYLIZATION TOES	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
Out-Patient Hospital/Ambulatory Surgery Center (ASC) **Procedures.** Please note all Inpatient based procedures require authorization.	9/1/2019	28285	CORRECTION HAMMERTOE	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
Out-Patient Hospital/Ambulatory Surgery Center (ASC) **Procedures.** Please note all Inpatient based procedures require authorization.	9/1/2019	28286	CORRECTION COCK-UP 5TH TOE W PLASTIC CLOSURE	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
Out-Patient Hospital/Ambulatory Surgery Center (ASC) **Procedures.** Please note all Inpatient based procedures require authorization.	9/1/2019	28288	OSTC PRTL EXOSTC CONDYLC METAR HEAD	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
Out-Patient Hospital/Ambulatory Surgery Center (ASC) **Procedures.** Please note all Inpatient based procedures require authorization.	9/1/2019	28289	HALLUX RIGIDUS W CHEILECTOMY 1ST MP JT W O IMPLT	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
Out-Patient Hospital/Ambulatory Surgery Center (ASC) **Procedures.** Please note all Inpatient based procedures require authorization.	9/1/2019	28291	HALLUX RIGIDUS W CHEILECTOMY 1ST MP JT W IMPLT	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	

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Out-Patient Hospital/Ambulatory Surgery Center (ASC) **Procedures.** Please note all Inpatient based procedures require authorization.	9/1/2019	28292	CORRJ HALLUX VALGUS W SESMDC W RESCJ PROX PHAL	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
Out-Patient Hospital/Ambulatory Surgery Center (ASC) **Procedures.** Please note all Inpatient based procedures require authorization.	9/1/2019	28295	CORRJ HALLUX VALGUS W SESMDC W PROX METAR OSTEOT	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
Out-Patient Hospital/Ambulatory Surgery Center (ASC) **Procedures.** Please note all Inpatient based procedures require authorization.	9/1/2019	28296	CORRJ HALLUX VALGUS W SESMDC W DIST METAR OSTEOT	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
Out-Patient Hospital/Ambulatory Surgery Center (ASC) **Procedures.** Please note all Inpatient based procedures require authorization.	9/1/2019	28297	CORRJ HALLUX VALGUS W SESMDC W 1METAR MEDIAL CNF	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
Out-Patient Hospital/Ambulatory Surgery Center (ASC) **Procedures.** Please note all Inpatient based procedures require authorization.	9/1/2019	28298	CORRJ HALLUX VALGUS W SESMDC W PROX PHLNX OSTEOT	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
Out-Patient Hospital/Ambulatory Surgery Center (ASC) **Procedures.** Please note all Inpatient based procedures require authorization.	9/1/2019	28299	CORRJ HALLUX VALGUS W SESMDC W 2 OSTEOT	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria	Notes
Out-Patient Hospital/Ambulatory Surgery Center (ASC) **Procedures.** Please note all Inpatient based procedures require authorization.	9/1/2019	28300	OSTEOTOMY CALCANEUS W WO INTERNAL FIXATION	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
Out-Patient Hospital/Ambulatory Surgery Center (ASC) **Procedures.** Please note all Inpatient based procedures require authorization.	9/1/2019	28302	OSTEOTOMY TALUS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
Out-Patient Hospital/Ambulatory Surgery Center (ASC) **Procedures.** Please note all Inpatient based procedures require authorization.	9/1/2019	28304	OSTEOTOMY TARSAL BONES OTH THN CALCANEUS TALUS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
Out-Patient Hospital/Ambulatory Surgery Center (ASC) **Procedures.** Please note all Inpatient based procedures require authorization.	9/1/2019	28305	OSTEOT TARSAL OTH THN CALCANEUS TALUS W AGRFT	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
Out-Patient Hospital/Ambulatory Surgery Center (ASC) **Procedures.** Please note all Inpatient based procedures require authorization.	9/1/2019	28306	OSTEOT W WO LNGTH SHRT CORRJ 1ST METAR	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
Out-Patient Hospital/Ambulatory Surgery Center (ASC) **Procedures.** Please note all Inpatient based procedures require authorization.	9/1/2019	28307	OSTEOT W WO LNGTH SHRT CORRJ METAR XCP 1ST TOE	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria	Notes
Out-Patient Hospital/Ambulatory Surgery Center (ASC) Procedures. Please note all Inpatient based procedures require authorization.	9/1/2019	28308	OSTEOT W WO LNGTH SHRT CORRJ METAR XCP 1ST EA	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
Out-Patient Hospital/Ambulatory Surgery Center (ASC) Procedures. Please note all Inpatient based procedures require authorization.	9/1/2019	28309	OSTEOT W WO LNGTH SHRT ANGULAR CORRJ METAR MLT	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
Out-Patient Hospital/Ambulatory Surgery Center (ASC) Procedures. Please note all Inpatient based procedures require authorization.	9/1/2019	28310	OSTEOT SHRT CORRJ PROX PHALANX 1ST TOE	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
Out-Patient Hospital/Ambulatory Surgery Center (ASC) Procedures. Please note all Inpatient based procedures require authorization.	9/1/2019	28312	OSTEOT SHRT CORRJ OTH PHALANGES ANY TOE	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
Out-Patient Hospital/Ambulatory Surgery Center (ASC) Procedures. Please note all Inpatient based procedures require authorization.	9/1/2019	28313	RCNSTJ ANGULAR DFRM TOE SOFT TISS PX ONLY	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
Out-Patient Hospital/Ambulatory Surgery Center (ASC) Procedures. Please note all Inpatient based procedures require authorization.	9/1/2019	28315	SESAMOIDECTOMY FIRST TOE SPX	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria	Notes
Out-Patient Hospital/Ambulatory Surgery Center (ASC) **Procedures.** Please note all Inpatient based procedures require authorization.	9/1/2019	28320	REPAIR NONUNION MALUNION TARSAL BONES	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
Out-Patient Hospital/Ambulatory Surgery Center (ASC) **Procedures.** Please note all Inpatient based procedures require authorization.	9/1/2019	28322	RPR NON MALUNION METARSAL W WO BONE GRAFT	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
Out-Patient Hospital/Ambulatory Surgery Center (ASC) **Procedures.** Please note all Inpatient based procedures require authorization.	9/1/2019	28340	RCNSTJ TOE MACRODACTYLY SOFT TISSUE RESECTION	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
Out-Patient Hospital/Ambulatory Surgery Center (ASC) **Procedures.** Please note all Inpatient based procedures require authorization.	9/1/2019	28341	RCNSTJ TOE MACRODACTYLY REQUIRING BONE RESECTION	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
Out-Patient Hospital/Ambulatory Surgery Center (ASC) **Procedures.** Please note all Inpatient based procedures require authorization.	9/1/2019	28345	RCNSTJ TOE SYNDACTYLY W WO SKIN GRAFT EACH WEB	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
Out-Patient Hospital/Ambulatory Surgery Center (ASC) **Procedures.** Please note all Inpatient based procedures require authorization.	9/1/2019	28360	RECONSTRUCTION CLEFT FOOT	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	

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Out-Patient Hospital/Ambulatory Surgery Center (ASC) **Procedures.** Please note all Inpatient based procedures require authorization.	9/1/2019	28705	ARTHRODESIS PANTALAR	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
Out-Patient Hospital/Ambulatory Surgery Center (ASC) **Procedures.** Please note all Inpatient based procedures require authorization.	9/1/2019	28715	ARTHRODESIS TRIPLE	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
Out-Patient Hospital/Ambulatory Surgery Center (ASC) **Procedures.** Please note all Inpatient based procedures require authorization.	9/1/2019	28725	ARTHRODESIS SUBTALAR	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
Out-Patient Hospital/Ambulatory Surgery Center (ASC) **Procedures.** Please note all Inpatient based procedures require authorization.	9/1/2019	28730	ARTHRD MIDTARSL TARSOMETATARSAL MULT TRANSVRS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
Out-Patient Hospital/Ambulatory Surgery Center (ASC) **Procedures.** Please note all Inpatient based procedures require authorization.	9/1/2019	28735	ARTHRD MIDTARSL TARS MLT TRANSVRS W OSTEOT	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
Out-Patient Hospital/Ambulatory Surgery Center (ASC) **Procedures.** Please note all Inpatient based procedures require authorization.	9/1/2019	28737	ARTHRD W TDN LNGTH AND ADVMNT TARSL NVCLR-CUNEIFOR	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	

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Out-Patient Hospital/Ambulatory Surgery Center (ASC) **Procedures.** Please note all Inpatient based procedures require authorization.	9/1/2019	28740	ARTHRODESIS MIDTARSOMETATARSAL SINGLE JOINT	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
Out-Patient Hospital/Ambulatory Surgery Center (ASC) **Procedures.** Please note all Inpatient based procedures require authorization.	9/1/2019	28750	ARTHRODESIS GREAT TOE METATARSOPHALANGEAL JOINT	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
Out-Patient Hospital/Ambulatory Surgery Center (ASC) **Procedures.** Please note all Inpatient based procedures require authorization.	9/1/2019	28755	ARTHRODESIS GREAT TOE INTERPHALANGEAL JOINT	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
Out-Patient Hospital/Ambulatory Surgery Center (ASC) **Procedures.** Please note all Inpatient based procedures require authorization.	9/1/2019	28760	ARTHRD W XTNSR HALLUCIS LONGUS TR 1ST METAR NCK	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
Out-Patient Hospital/Ambulatory Surgery Center (ASC) **Procedures.** Please note all Inpatient based procedures require authorization.	9/1/2019	28890	ESWT HI NRG PHYS QHP W US GDN INVG PLNTAR FASCIA	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
Unlisted/Miscellaneous codes: Molina requires prior authorization, as well as, medical necessity documentation and rationale be submitted with the prior authorization request for all Unlisted/Miscellaneous codes, including those not listed here	9/1/2019	28899	UNLISTED PROCEDURE FOOT TOES	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Additional information is required to define this code and determine criteria.	

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria	Notes
Out-Patient Hospital/Ambulatory Surgery Center (ASC) **Procedures.** Please note all Inpatient based procedures require authorization.	1/1/2021	29805	ARTHROSCOPY SHOULDER DX W/WO SYNOVIAL BIOPSY SPX	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
Out-Patient Hospital/Ambulatory Surgery Center (ASC) **Procedures.** Please note all Inpatient based procedures require authorization.	9/1/2019	29806	ARTHROSCOPY SHOULDER SURGICAL CAPSULORRHAPHY	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
Out-Patient Hospital/Ambulatory Surgery Center (ASC) **Procedures.** Please note all Inpatient based procedures require authorization.	9/1/2019	29807	ARTHROSCOPY SHOULDER SURGICAL REPAIR SLAP LESION	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
Out-Patient Hospital/Ambulatory Surgery Center (ASC) **Procedures.** Please note all Inpatient based procedures require authorization.	9/1/2019	29819	ARTHROSCOPY SHOULDER SURGICAL REMOVAL LOOSE FB	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
Out-Patient Hospital/Ambulatory Surgery Center (ASC) **Procedures.** Please note all Inpatient based procedures require authorization.	9/1/2019	29820	ARTHROSCOPY SHOULDER SURG SYNOVECTOMY PARTIAL	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
Out-Patient Hospital/Ambulatory Surgery Center (ASC) **Procedures.** Please note all Inpatient based procedures require authorization.	9/1/2019	29821	ARTHROSCOPY SHOULDER SURG SYNOVECTOMY COMPLETE	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	

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Out-Patient Hospital/Ambulatory Surgery Center (ASC) Procedures. Please note all Inpatient based procedures require authorization.	9/1/2019	29822	ARTHROSCOPY SHOULDER SURG DEBRIDEMENT LIMITED	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
Out-Patient Hospital/Ambulatory Surgery Center (ASC) Procedures. Please note all Inpatient based procedures require authorization.	9/1/2019	29823	ARTHROSCOPY SHOULDER SURG DEBRIDEMENT EXTENSIVE	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
Out-Patient Hospital/Ambulatory Surgery Center (ASC) Procedures. Please note all Inpatient based procedures require authorization.	9/1/2019	29824	ARTHROSCOPY SHOULDER DISTAL CLAVICULECTOMY	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
Out-Patient Hospital/Ambulatory Surgery Center (ASC) Procedures. Please note all Inpatient based procedures require authorization.	9/1/2019	29825	ARTHROSCOPY SHOULDER AHESIOLYSIS W WO MANIPJ	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
Out-Patient Hospital/Ambulatory Surgery Center (ASC) Procedures. Please note all Inpatient based procedures require authorization.	9/1/2019	29827	ARTHROSCOPY SHOULDER ROTATOR CUFF REPAIR	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
Out-Patient Hospital/Ambulatory Surgery Center (ASC) Procedures. Please note all Inpatient based procedures require authorization.	9/1/2019	29828	ARTHROSCOPY SHOULDER BICEPS TENODESIS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	

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Out-Patient Hospital/Ambulatory Surgery Center (ASC) Procedures. Please note all Inpatient based procedures require authorization.	1/1/2021	29860	ARTHROSCOPY HIP DIAGNOSTIC W/WO SYNOVIAL BYP SPX	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
Out-Patient Hospital/Ambulatory Surgery Center (ASC) Procedures. Please note all Inpatient based procedures require authorization.	1/1/2021	29862	ARTHRS HIP DEBRIDEMENT/SHAVING ARTICULAR CRTLG	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
Out-Patient Hospital/Ambulatory Surgery Center (ASC) Procedures. Please note all Inpatient based procedures require authorization.	1/1/2021	29863	ARTHROSCOPY HIP SURGICAL W/SYNOVECTOMY	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
Out-Patient Hospital/Ambulatory Surgery Center (ASC) Procedures. Please note all Inpatient based procedures require authorization.	1/1/2021	29866	ARTHROSCOPY KNEE OSTEOCHONDRAL AGRFT MOSAICPLAST	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
Out-Patient Hospital/Ambulatory Surgery Center (ASC) Procedures. Please note all Inpatient based procedures require authorization.	1/1/2021	29867	ARTHROSCOPY KNEE OSTEOCHONDRAL ALLOGRAFT	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
Out-Patient Hospital/Ambulatory Surgery Center (ASC) Procedures. Please note all Inpatient based procedures require authorization.	1/1/2021	29868	ARTHROSCOPY KNEE MENISCAL TRNSPLJ MED/LAT	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	

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Out-Patient Hospital/Ambulatory Surgery Center (ASC) **Procedures.** Please note all Inpatient based procedures require authorization.	1/1/2021	29870	ARTHROSCOPY KNEE DIAGNOSTIC W/WO SYNOVIAL BX SPX	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
Out-Patient Hospital/Ambulatory Surgery Center (ASC) **Procedures.** Please note all Inpatient based procedures require authorization.	9/1/2019	29873	ARTHROSCOPY KNEE LATERAL RELEASE	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
Out-Patient Hospital/Ambulatory Surgery Center (ASC) **Procedures.** Please note all Inpatient based procedures require authorization.	9/1/2019	29874	ARTHROSCOPY KNEE REMOVAL LOOSE FOREIGN BODY	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
Out-Patient Hospital/Ambulatory Surgery Center (ASC) **Procedures.** Please note all Inpatient based procedures require authorization.	9/1/2019	29875	ARTHROSCOPY KNEE SYNOVECTOMY LIMITED SPX	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
Out-Patient Hospital/Ambulatory Surgery Center (ASC) **Procedures.** Please note all Inpatient based procedures require authorization.	9/1/2019	29876	ARTHROSCOPY KNEE SYNOVECTOMY 2 OR GRT COMPARTMENTS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
Out-Patient Hospital/Ambulatory Surgery Center (ASC) **Procedures.** Please note all Inpatient based procedures require authorization.	9/1/2019	29877	ARTHRS KNEE DEBRIDEMENT SHAVING ARTCLR CRTLG	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	

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Out-Patient Hospital/Ambulatory Surgery Center (ASC) **Procedures.** Please note all Inpatient based procedures require authorization.	9/1/2019	29879	ARTHRS KNEE ABRASION ARTHRP MLT DRLG MICROFX	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
Out-Patient Hospital/Ambulatory Surgery Center (ASC) **Procedures.** Please note all Inpatient based procedures require authorization.	9/1/2019	29880	ARTHRS KNEE W MENISCECTOMY MED AND LAT W SHAVING	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
Out-Patient Hospital/Ambulatory Surgery Center (ASC) **Procedures.** Please note all Inpatient based procedures require authorization.	9/1/2019	29881	ARTHRS KNE SURG W MENISCECTOMY MED LAT W SHVG	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
Out-Patient Hospital/Ambulatory Surgery Center (ASC) **Procedures.** Please note all Inpatient based procedures require authorization.	9/1/2019	29882	ARTHROSCOPY KNEE W MENISCUS RPR MEDIAL LATERAL	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
Out-Patient Hospital/Ambulatory Surgery Center (ASC) **Procedures.** Please note all Inpatient based procedures require authorization.	9/1/2019	29883	ARTHROSCOPY KNEE W MENISCUS RPR MEDIAL AND LATERAL	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
Out-Patient Hospital/Ambulatory Surgery Center (ASC) **Procedures.** Please note all Inpatient based procedures require authorization.	9/1/2019	29884	ARTHROSCOPY KNEE W LYSIS ADHESIONS W WO MANJ SPX	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	

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Out-Patient Hospital/Ambulatory Surgery Center (ASC) Procedures. Please note all Inpatient based procedures require authorization.	9/1/2019	29885	ARTHRS KNEE DRILL OSTEOCHONDRITIS DISSECANS GRFG	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
Out-Patient Hospital/Ambulatory Surgery Center (ASC) Procedures. Please note all Inpatient based procedures require authorization.	9/1/2019	29886	ARTHRS KNEE DRILLING OSTEOCHOND DISSECANS LESION	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
Out-Patient Hospital/Ambulatory Surgery Center (ASC) Procedures. Please note all Inpatient based procedures require authorization.	9/1/2019	29887	ARTHRS KNEE DRLG OSTEOCHOND DISSECANS INT FIXJ	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
Out-Patient Hospital/Ambulatory Surgery Center (ASC) Procedures. Please note all Inpatient based procedures require authorization.	9/1/2019	29888	ARTHRS AIDED ANT CRUCIATE LIGM RPR AGMNTJ RCNSTJ	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
Out-Patient Hospital/Ambulatory Surgery Center (ASC) Procedures. Please note all Inpatient based procedures require authorization.	9/1/2019	29889	ARTHRS AIDED PST CRUCIATE LIGM RPR AGMNTJ RCNSTJ	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
Out-Patient Hospital/Ambulatory Surgery Center (ASC) Procedures. Please note all Inpatient based procedures require authorization.	9/1/2019	29891	ARTHRS ANKLE EXC OSTCHNDRL DFCT W DRLG DFCT	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	

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Out-Patient Hospital/Ambulatory Surgery Center (ASC) Procedures. Please note all Inpatient based procedures require authorization.	9/1/2019	29892	ARTHRS AID RPR LES TALAR DOME FX TIBL PLAFOND FX	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
Out-Patient Hospital/Ambulatory Surgery Center (ASC) Procedures. Please note all Inpatient based procedures require authorization.	9/1/2019	29893	ENDOSCOPIC PLANTAR FASCIOTOMY	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
Out-Patient Hospital/Ambulatory Surgery Center (ASC) Procedures. Please note all Inpatient based procedures require authorization.	9/1/2019	29894	ARTHROSCOPY ANKLE W REMOVAL LOOSE FOREIGN BODY	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
Out-Patient Hospital/Ambulatory Surgery Center (ASC) Procedures. Please note all Inpatient based procedures require authorization.	9/1/2019	29895	ARTHROSCOPY ANKLE SURGICAL SYNOVECTOMY PARTIAL	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
Out-Patient Hospital/Ambulatory Surgery Center (ASC) Procedures. Please note all Inpatient based procedures require authorization.	9/1/2019	29897	ARTHROSCOPY ANKLE SURGICAL DEBRIDEMENT LIMITED	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
Out-Patient Hospital/Ambulatory Surgery Center (ASC) Procedures. Please note all Inpatient based procedures require authorization.	9/1/2019	29898	ARTHROSCOPY ANKLE SURGICAL DEBRIDEMENT EXTENSIVE	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria	Notes
Out-Patient Hospital/Ambulatory Surgery Center (ASC) Procedures. Please note all Inpatient based procedures require authorization.	9/1/2019	29899	ARTHROSCOPY ANKLE SURGICAL W ANKLE ARTHRODESIS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
Out-Patient Hospital/Ambulatory Surgery Center (ASC) Procedures. Please note all Inpatient based procedures require authorization.	9/1/2019	29914	ARTHROSCOPY HIP W FEMOROPLASTY	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
Out-Patient Hospital/Ambulatory Surgery Center (ASC) Procedures. Please note all Inpatient based procedures require authorization.	9/1/2019	29915	ARTHROSCOPY HIP W ACETABULOPLASTY	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
Out-Patient Hospital/Ambulatory Surgery Center (ASC) Procedures. Please note all Inpatient based procedures require authorization.	9/1/2019	29916	ARTHROSCOPY HIP W LABRAL REPAIR	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
Unlisted/Miscellaneous codes: Molina requires prior authorization, as well as, medical necessity documentation and rationale be submitted with the prior authorization request for all Unlisted/Miscellaneous codes, including those not listed here	9/1/2019	29999	UNLISTED PROCEDURE ARTHROSCOPY	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Additional information is required to define this code and determine criteria.	
Cosmetic, Plastic & Reconstructive Procedures In ANY Setting require authorization	9/1/2019	30400	RHINP PRIM LAT AND ALAR CRTLGS AND ELVTN NASAL TI	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	Prior Authorization Required in any setting.

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria	Notes
Cosmetic, Plastic & Reconstructive Procedures In ANY Setting require authorization	9/1/2019	30410	RHINP PRIM COMPLETE XTRNL PARTS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	Prior Authorization Required in any setting.
Cosmetic, Plastic & Reconstructive Procedures In ANY Setting require authorization	9/1/2019	30420	RHINOPLASTY PRIMARY W MAJOR SEPTAL REPAIR	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	Prior Authorization Required in any setting.
Cosmetic, Plastic & Reconstructive Procedures In ANY Setting require authorization	9/1/2019	30430	RHINOPLASTY SECONDARY MINOR REVISION	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	Prior Authorization Required in any setting.
Cosmetic, Plastic & Reconstructive Procedures In ANY Setting require authorization	9/1/2019	30435	RHINOPLASTY SECONDARY INTERMEDIATE REVISION	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	Prior Authorization Required in any setting.
Cosmetic, Plastic & Reconstructive Procedures In ANY Setting require authorization	9/1/2019	30450	RHINOPLASTY SECONDARY MAJOR REVISION	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	Prior Authorization Required in any setting.
Cosmetic, Plastic & Reconstructive Procedures In ANY Setting require authorization	9/1/2019	30460	RHINP DFRM W COLUM LNGTH TIP ONLY	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	Prior Authorization Required in any setting.

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria	Notes
Cosmetic, Plastic & Reconstructive Procedures In ANY Setting require authorization	9/1/2019	30462	RHINP DFRM COLUM LNGTH TIP SEPTUM OSTEOT	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	Prior Authorization Required in any setting.
Out-Patient Hospital/Ambulatory Surgery Center (ASC) Procedures. Please note all Inpatient based procedures require authorization.	9/1/2019	30465	REPAIR NASAL VESTIBULAR STENOSIS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
Cosmetic, Plastic & Reconstructive Procedures	7/1/2021	30468	REPAIR OF NASAL VALVE COLLAPSE WITH SUBCUTANEOUS/SUBMUCOSAL LATERAL WALL IMPLANT(S)	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
OP Hosp/Amb Surgery Center (ASC) Procedures	1/1/2023	30469	RPR OF NSL VLVE CLLPSE WTH LOW ENRGY, TMPRTURE-CNTRLLD (IE, RDFRQNCY) SBCTNEOUS/SUBMCSL RMDLNG	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
Out-Patient Hospital/Ambulatory Surgery Center (ASC) Procedures. Please note all Inpatient based procedures require authorization.	9/1/2019	30540	REPAIR CHOANAL ATRESIA INTRANASAL	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
Out-Patient Hospital/Ambulatory Surgery Center (ASC) Procedures. Please note all Inpatient based procedures require authorization.	9/1/2019	30545	REPAIR CHOANAL ATRESIA TRANSPALATINE	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria	Notes
Unlisted/Miscellaneous codes: Molina requires prior authorization, as well as, medical necessity documentation and rationale be submitted with the prior authorization request for all Unlisted/Miscellaneous codes, including those not listed here	9/1/2019	30999	UNLISTED PROCEDURE NOSE	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Additional information is required to define this code and determine criteria.	
Experimental/Investigational	4/1/2025	31242	NASAL/SINUS NDSC DSTRJ RF ABLATION PST NSL NRV	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
Experimental/Investigational	4/1/2025	31243	NASAL/SINUS NDSC DSTRJ CRYOABLATION PST NSL NRV	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
Out-Patient Hospital/Ambulatory Surgery Center (ASC) **Procedures.** Please note all Inpatient based procedures require authorization.	9/1/2019	31253	NASAL SINUS NDSC TOT W FRNT SINS EXPL TISS RMVL	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
Out-Patient Hospital/Ambulatory Surgery Center (ASC) **Procedures.** Please note all Inpatient based procedures require authorization.	9/1/2019	31257	NASAL SINUS NDSC TOTAL WITH SPHENOIDOTOMY	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
Out-Patient Hospital/Ambulatory Surgery Center (ASC) **Procedures.** Please note all Inpatient based procedures require authorization.	9/1/2019	31259	NASAL SINUS NDSC TOT W SPHENDT W SPHEN TISS RMVL	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria	Notes
Out-Patient Hospital/Ambulatory Surgery Center (ASC) **Procedures.** Please note all Inpatient based procedures require authorization.	9/1/2019	31295	NASAL SINUS NDSC SURG W DILAT MAXILLARY SINUS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
Out-Patient Hospital/Ambulatory Surgery Center (ASC) **Procedures.** Please note all Inpatient based procedures require authorization.	9/1/2019	31296	NASAL SINUS NDSC SURG W DILATION FRONTAL SINUS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
Out-Patient Hospital/Ambulatory Surgery Center (ASC) **Procedures.** Please note all Inpatient based procedures require authorization.	9/1/2019	31297	NASAL SINUS NDSC SURG W DILATION SPHENOID SINUS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
Out-Patient Hospital/Ambulatory Surgery Center (ASC) **Procedures.** Please note all Inpatient based procedures require authorization.	9/1/2019	31298	NASAL SINUS NDSC W FRONTAL AND SPHEN SINS DILATION	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
Unlisted/Miscellaneous codes: Molina requires prior authorization, as well as, medical necessity documentation and rationale be submitted with the prior authorization request for all Unlisted/Miscellaneous codes, including those not listed here	9/1/2019	31299	UNLISTED PROCEDURE ACCESSORY SINUSES	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Additional information is required to define this code and determine criteria.	
Unlisted/Miscellaneous codes: Molina requires prior authorization, as well as, medical necessity documentation and rationale be submitted with the prior authorization request for all Unlisted/Miscellaneous codes, including those not listed here	9/1/2019	31599	UNLISTED PROCEDURE LARYNX	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Additional information is required to define this code and determine criteria.	

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria	Notes
Out-Patient Hospital/Ambulatory Surgery Center (ASC) **Procedures.** Please note all Inpatient based procedures require authorization.	9/1/2019	31660	BRONCHOSCOPIC THERMOPLASTY ONE LOBE	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Bronchial Thermoplasty	
Out-Patient Hospital/Ambulatory Surgery Center (ASC) **Procedures.** Please note all Inpatient based procedures require authorization.	9/1/2019	31661	BRONCHOSCOPIC THERMOPLASTY 2 OR GRT LOBES	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Bronchial Thermoplasty	
Unlisted/Miscellaneous codes: Molina requires prior authorization, as well as, medical necessity documentation and rationale be submitted with the prior authorization request for all Unlisted/Miscellaneous codes, including those not listed here	9/1/2019	31899	UNLISTED PROCEDURE TRACHEA BRONCHI	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Additional information is required to define this code and determine criteria.	
Transplants/Gene Therapy: (Including Solid Organ and Bone Marrow) Corneal Transplans Do Not Require Prior Authorization	10/1/2019	32850	SURGICAL PROCEDURES OF THE LUNG AND PLEURA	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
Transplants/Gene Therapy: (Including Solid Organ and Bone Marrow) Corneal Transplans Do Not Require Prior Authorization	10/1/2019	32851	SURGICAL PROCEDURES OF THE LUNG AND PLEURA	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
Transplants/Gene Therapy: (Including Solid Organ and Bone Marrow) Corneal Transplans Do Not Require Prior Authorization	10/1/2019	32852	SURGICAL PROCEDURES OF THE LUNG AND PLEURA	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria	Notes
Transplants/Gene Therapy: (Including Solid Organ and Bone Marrow) Corneal Transplans Do Not Require Prior Authorization	10/1/2020	32853	LUNG TRANSPLANT 2 W O CARDIOPULMONARY BYPASS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Lung Tranplantation	
Transplants/Gene Therapy: (Including Solid Organ and Bone Marrow) Corneal Transplans Do Not Require Prior Authorization	10/1/2019	32854	SURGICAL PROCEDURES OF THE LUNG AND PLEURA	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
Transplants/Gene Therapy: (Including Solid Organ and Bone Marrow) Corneal Transplans Do Not Require Prior Authorization	10/1/2019	32855	SURGICAL PROCEDURES OF THE LUNG AND PLEURA	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
Transplants/Gene Therapy: (Including Solid Organ and Bone Marrow) Corneal Transplans Do Not Require Prior Authorization	10/1/2019	32856	SURGICAL PROCEDURES OF THE LUNG AND PLEURA	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
Out-Patient Hospital/Ambulatory Surgery Center (ASC) **Procedures.** Please note all Inpatient based procedures require authorization.	9/1/2019	32994	ABLATION THER 1 PLUS PULM TUMORS PERQ CRYOABLATION	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
Unlisted/Miscellaneous codes: Molina requires prior authorization, as well as, medical necessity documentation and rationale be submitted with the prior authorization request for all Unlisted/Miscellaneous codes, including those not listed here	9/1/2019	32999	UNLISTED PROCEDURE LUNGS AND PLEURA	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Additional information is required to define this code and determine criteria.	

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria	Notes
Out-Patient Hospital/Ambulatory Surgery Center (ASC) **Procedures.** Please note all Inpatient based procedures require authorization.	9/1/2019	33206	INS NEW RPLCMT PRM PACEMAKR W TRANS ELTRD ATRIAL	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
Out-Patient Hospital/Ambulatory Surgery Center (ASC) **Procedures.** Please note all Inpatient based procedures require authorization.	9/1/2019	33207	INS NEW RPLC PRM PACEMAKER W TRANSV ELTRD VENTR	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
Out-Patient Hospital/Ambulatory Surgery Center (ASC) **Procedures.** Please note all Inpatient based procedures require authorization.	9/1/2019	33208	INS NEW RPLCMT PRM PM W TRANSV ELTRD ATRIAL AND VENT	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
Out-Patient Hospital/Ambulatory Surgery Center (ASC) **Procedures.** Please note all Inpatient based procedures require authorization.	1/1/2021	33210	INSJ/RPLCMT TEMP TRANSVNS 1CHMBR ELTRD/PM CATH	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
Out-Patient Hospital/Ambulatory Surgery Center (ASC) **Procedures.** Please note all Inpatient based procedures require authorization.	1/1/2021	33211	INSJ/RPLCMT TEMP TRANSVNS 2CHMBR PACG ELTRDS SPX	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
Out-Patient Hospital/Ambulatory Surgery Center (ASC) **Procedures.** Please note all Inpatient based procedures require authorization.	9/1/2019	33212	INS PM PLS GEN W EXIST SINGLE LEAD	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria	Notes
Out-Patient Hospital/Ambulatory Surgery Center (ASC) **Procedures.** Please note all Inpatient based procedures require authorization.	9/1/2019	33213	INS PACEMAKER PULSE GEN ONLY W EXIST DUAL LEADS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
Out-Patient Hospital/Ambulatory Surgery Center (ASC) **Procedures.** Please note all Inpatient based procedures require authorization.	9/1/2019	33214	UPG PACEMAKER SYS CONVERT 1CHMBR SYS 2CHMBR SYS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
Out-Patient Hospital/Ambulatory Surgery Center (ASC) **Procedures.** Please note all Inpatient based procedures require authorization.	1/1/2021	33216	INSJ 1 TRANSVNS ELTRD PERM PACEMAKER/IMPLTBL DFB	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
Out-Patient Hospital/Ambulatory Surgery Center (ASC) **Procedures.** Please note all Inpatient based procedures require authorization.	1/1/2021	33217	INSJ 2 TRANSVNS ELTRD PERM PACEMAKER/IMPLTBL DFB	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
Out-Patient Hospital/Ambulatory Surgery Center (ASC) **Procedures.** Please note all Inpatient based procedures require authorization.	9/1/2019	33221	INS PACEMAKER PULSE GEN ONLY W EXIST MULT LEADS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
Out-Patient Hospital/Ambulatory Surgery Center (ASC) **Procedures.** Please note all Inpatient based procedures require authorization.	9/1/2019	33224	INSJ ELTRD CAR VEN SYS ATTCH PREV PM DFB PLS GEN	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria	Notes
Out-Patient Hospital/Ambulatory Surgery Center (ASC) **Procedures.** Please note all Inpatient based procedures require authorization.	9/1/2019	33225	INSJ ELTRD CAR VEN SYS TM INSJ DFB PM PLS GEN	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
Out-Patient Hospital/Ambulatory Surgery Center (ASC) **Procedures.** Please note all Inpatient based procedures require authorization.	9/1/2019	33230	INSJ IMPLNTBL DEFIB PULSE GEN W EXIST DUAL LEADS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
Out-Patient Hospital/Ambulatory Surgery Center (ASC) **Procedures.** Please note all Inpatient based procedures require authorization.	9/1/2019	33231	INSJ IMPLNTBL DEFIB PULSE GEN W EXIST MULTILEADS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
Out-Patient Hospital/Ambulatory Surgery Center (ASC) **Procedures.** Please note all Inpatient based procedures require authorization.	9/1/2019	33240	INSJ IMPLNTBL DEFIB PULSE GEN W 1 EXISTING LD	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
Out-Patient Hospital/Ambulatory Surgery Center (ASC) **Procedures.** Please note all Inpatient based procedures require authorization.	9/1/2019	33249	INSJ RPLCMT PERM DFB W TRNSVNS LDS 1 DUAL CHMBR	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
Out-Patient Hospital/Ambulatory Surgery Center (ASC) **Procedures.** Please note all Inpatient based procedures require authorization.	9/1/2019	33262	RMVL IMPLTBL DFB PLSE GEN W REPL PLSE GEN 1 LEAD	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria	Notes
Out-Patient Hospital/Ambulatory Surgery Center (ASC) Procedures. Please note all Inpatient based procedures require authorization.	9/1/2019	33263	RMVL IMPLTBL DFB PLSE GEN W RPLCMT PLSE GEN 2 LD	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
Out-Patient Hospital/Ambulatory Surgery Center (ASC) Procedures. Please note all Inpatient based procedures require authorization.	9/1/2019	33264	RMVL IMPLTBL DFB PLS GEN W RPLCMT PLS GEN MLT LD	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
OP Hosp/Amb Surgery Center (ASC) Procedures	1/1/2022	33267	Exclusion of left atrial appendage, open, any method (eg, excision, isolation via stapling, oversewing, ligation, plication, clip)	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
OP Hosp/Amb Surgery Center (ASC) Procedures	1/1/2022	33268	Exclusion of left atrial appendage, open, performed at the time of other sternotomy or thoracotomy procedure(s), any method (eg, excision, isolation via stapling, oversewing, ligation, plication, clip) (List separately in addition to code for primary procedure)	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
OP Hosp/Amb Surgery Center (ASC) Procedures	1/1/2022	33269	Exclusion of left atrial appendage, thoracoscopic, any method (eg, excision, isolation via stapling, oversewing, ligation, plication, clip)	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
Out-Patient Hospital/Ambulatory Surgery Center (ASC) Procedures. Please note all Inpatient based procedures require authorization.	9/1/2019	33270	INS RPLCMNT PERM SUBQ IMPLTBL DFB W SUBQ ELTRD	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria	Notes
Out-Patient Hospital/Ambulatory Surgery Center (ASC) Procedures. Please note all Inpatient based procedures require authorization.	9/1/2019	33274	TCAT INSJ RPL PERM LEADLESS PACEMAKER RV W IMG	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
Out-Patient Hospital/Ambulatory Surgery Center (ASC) Procedures. Please note all Inpatient based procedures require authorization.	9/1/2019	33275	TCAT REMOVAL PERM LEADLESS PACEMAKER R VENTR	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
Out-Patient Hospital/Ambulatory Surgery Center (ASC) Procedures. Please note all Inpatient based procedures require authorization.	1/1/2021	33285	INSERTION SUBQ CARDIAC RHYTHM MONITOR W/PRGRMG	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
Out-Patient Hospital/Ambulatory Surgery Center (ASC) Procedures. Please note all Inpatient based procedures require authorization.	9/1/2019	33289	TCAT IMPL WRLS P-ART PRS SNR L-T HEMODYN MNTR	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
OP Hosp/Amb Surgery Center (ASC) Procedures	1/1/2022	33370	Transcatheter placement and subsequent removal of cerebral embolic protection device(s), including arterial access, catheterization, imaging, and radiological supervision and interpretation, percutaneous (List separately in addition to code for primary procedure)	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
Out-Patient Hospital/Ambulatory Surgery Center (ASC) Procedures. Please note all Inpatient based procedures require authorization.	10/1/2023	33440	RPLCMT AORTIC VALVE BY TLCJ AUTOL PULM VALVE	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria	Notes
OP Hosp/Amb Surgery Center (ASC) Procedures	1/1/2023	33904	PRCTNS PLMNRY ARTRY RVSCLRZTN BY STNT PLCMNT, EACH ADDTNL VSSL OR SEPARTE LESION, NRML OR ABNRML CNNCTNS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
Transplants/Gene Therapy: (Including Solid Organ and Bone Marrow) Corneal Transplans Do Not Require Prior Authorization	10/1/2019	33929	Surgical Procedures on the Heart and Pericardium, Heart/Lung Transplantation Procedures	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Lung Transplantation and Heart Transplant	
Transplants/Gene Therapy: (Including Solid Organ and Bone Marrow) Corneal Transplans Do Not Require Prior Authorization	10/1/2019	33930	DONOR CARDIECTOMY - PNEUMONECTOMY	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Lung Transplantation and Heart Transplant	
Transplants/Gene Therapy: (Including Solid Organ and Bone Marrow) Corneal Transplans Do Not Require Prior Authorization	10/1/2019	33933	DONOR CARDIECTOMY - INCLUDING COLD PRESERVATION	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Lung Transplantation and Heart Transplant	
Transplants/Gene Therapy: (Including Solid Organ and Bone Marrow) Corneal Transplans Do Not Require Prior Authorization	10/1/2019	33935	HEART-LUNG TRNSPL W/RECIPIENT CARDIECTOMY-PNUMEC	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Lung Transplantation and Heart Transplant	
Transplants/Gene Therapy: (Including Solid Organ and Bone Marrow) Corneal Transplans Do Not Require Prior Authorization	10/1/2019	33940	OBTAINING DONOR CADAVER HEART	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Heart Transplant	

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria	Notes
Transplants/Gene Therapy: (Including Solid Organ and Bone Marrow) Corneal Transplans Do Not Require Prior Authorization	10/1/2019	33944	PREP OF DONOR HEART FOR TRANSPLANT	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Heart Transplant	
Transplants/Gene Therapy: (Including Solid Organ and Bone Marrow) Corneal Transplans Do Not Require Prior Authorization	10/1/2019	33945	HEART TRANSPLANT W/WO RECIPIENT CARDIECTOMY	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Heart Transplant	
Out-Patient Hospital/Ambulatory Surgery Center (ASC) **Procedures.** Please note all Inpatient based procedures require authorization.	1/1/2021	33975	INSERTION OF VENTRICULAR ASSIST DEVICE; EXTRACORPOREAL, SINGLE VENTRICLE	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
Out-Patient Hospital/Ambulatory Surgery Center (ASC) **Procedures.** Please note all Inpatient based procedures require authorization.	1/1/2021	33976	INSERTION OF VENTRICULAR ASSIST DEVICE; EXTRACORPOREAL, BIVENTRICULAR	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
Healthcare Administered Drugs	9/1/2019	33979	INSJ VENTR ASSIST DEV IMPLTABLE ICORP 1 VNTRC	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
Transplants/Gene Therapy: (Including Solid Organ and Bone Marrow) Corneal Transplans Do Not Require Prior Authorization	1/1/2021	33995	INSERTION OF VENTRICULAR ASSIST DEVICE, PERCUTANEOUS, INCLUDING RADIOLOGICAL SUPERVISION AND INTERPRETATION; RIGHT HEART, VENOUS ACCESS ONLY	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria	Notes
Out-Patient Hospital/Ambulatory Surgery Center (ASC) **Procedures.** Please note all Inpatient based procedures require authorization.	7/1/2021	33999	UNLISTED PROCEDURE, CARDIAC SURGERY	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
Unlisted/Miscellaneous codes: Molina requires prior authorization, as well as, medical necessity documentation and rationale be submitted with the prior authorization request for all Unlisted/Miscellaneous codes, including those not listed here	9/1/2019	33999	UNLISTED CARDIAC SURGERY	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Additional information is required to define this code and determine criteria.	
Unlisted/Miscellaneous codes: Molina requires prior authorization, as well as, medical necessity documentation and rationale be submitted with the prior authorization request for all Unlisted/Miscellaneous codes, including those not listed here	9/1/2019	36299	UNLISTED PROCEDURE VASCULAR INJECTION	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Additional information is required to define this code and determine criteria.	
Out-Patient Hospital/Ambulatory Surgery Center (ASC) **Procedures.** Please note all Inpatient based procedures require authorization.	9/1/2019	36460	TRANSFUSION INTRAUTERINE FETAL	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
Out-Patient Hospital/Ambulatory Surgery Center (ASC) **Procedures.** Please note all Inpatient based procedures require authorization.	9/1/2019	36465	NJX NONCMPND SCLEROSANT SINGLE INCMPTNT VEIN	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
Out-Patient Hospital/Ambulatory Surgery Center (ASC) **Procedures.** Please note all Inpatient based procedures require authorization.	9/1/2019	36466	NJX NONCMPND SCLEROSANT MULTIPLE INCMPTNT VEINS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria	Notes
Out-Patient Hospital/Ambulatory Surgery Center (ASC) Procedures. Please note all Inpatient based procedures require authorization.	9/1/2019	36468	INJECTIONS SCLEROSANT FOR SPIDER VEINS LIM TRNK	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
Out-Patient Hospital/Ambulatory Surgery Center (ASC) Procedures. Please note all Inpatient based procedures require authorization.	9/1/2019	36470	INJECTION SCLEROSANT SINGLE INCMPTNT VEIN	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
Out-Patient Hospital/Ambulatory Surgery Center (ASC) Procedures. Please note all Inpatient based procedures require authorization.	9/1/2019	36471	INJECTION SCLEROSANT MULTIPLE INCMPTNT VEINS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
Out-Patient Hospital/Ambulatory Surgery Center (ASC) Procedures. Please note all Inpatient based procedures require authorization.	1/1/2021	36473	ENDOVEN ABLTJ INCMPTNT VEIN MCHNCHEM 1ST VEIN	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
Out-Patient Hospital/Ambulatory Surgery Center (ASC) Procedures. Please note all Inpatient based procedures require authorization.	9/1/2019	36475	ENDOVEN ABLTJ INCMPTNT VEIN XTR RF 1ST VEIN	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
Out-Patient Hospital/Ambulatory Surgery Center (ASC) Procedures. Please note all Inpatient based procedures require authorization.	9/1/2019	36476	ENDOVEN ABLTJ INCMPTNT VEIN XTR RF 2ND PLUS VEINS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria	Notes
Out-Patient Hospital/Ambulatory Surgery Center (ASC) **Procedures.** Please note all Inpatient based procedures require authorization.	9/1/2019	36478	ENDOVEN ABLTJ INCMPTNT VEIN XTR LASER 1ST VEIN	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
Out-Patient Hospital/Ambulatory Surgery Center (ASC) **Procedures.** Please note all Inpatient based procedures require authorization.	9/1/2019	36479	ENDOVEN ABLTJ INCMPTNT VEIN XTR LASER 2ND PLUS VEINS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
Out-Patient Hospital/Ambulatory Surgery Center (ASC) **Procedures.** Please note all Inpatient based procedures require authorization.	9/1/2019	36482	ENDOVEN ABLTI THER CHEM ADHESIVE 1ST VEIN	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
Out-Patient Hospital/Ambulatory Surgery Center (ASC) **Procedures.** Please note all Inpatient based procedures require authorization.	9/1/2019	36483	ENDOVEN ABLTI THER CHEM ADHESIVE SBSQ VEIN	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
Out-Patient Hospital/Ambulatory Surgery Center (ASC) **Procedures.** Please note all Inpatient based procedures require authorization.	9/1/2019	36514	THERAPEUTIC APHERESIS PLASMA PHERESIS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	oMolina Clinical Policy: Plasmapheresis for Renal and Nonrenal Indications	
Out-Patient Hospital/Ambulatory Surgery Center (ASC) **Procedures.** Please note all Inpatient based procedures require authorization.	1/1/2021	37220	REVASCULARIZATION ILIAC ARTERY ANGIOP 1ST VSL	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria	Notes
Out-Patient Hospital/Ambulatory Surgery Center (ASC) Procedures. Please note all Inpatient based procedures require authorization.	1/1/2021	37221	REVSC OPN/PRQ ILIAC ART W/STNT PLMT & ANGIOPLSTY	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
Out-Patient Hospital/Ambulatory Surgery Center (ASC) Procedures. Please note all Inpatient based procedures require authorization.	1/1/2021	37224	REVSC OPN/PRG FEM/POP W/ANGIOPLASTY UNI	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
Out-Patient Hospital/Ambulatory Surgery Center (ASC) Procedures. Please note all Inpatient based procedures require authorization.	1/1/2021	37225	REVSC OPN/PRQ FEM/POP W/ATHRC/ANGIOP SM VSL	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
Out-Patient Hospital/Ambulatory Surgery Center (ASC) Procedures. Please note all Inpatient based procedures require authorization.	1/1/2021	37226	REVSC OPN/PRQ FEM/POP W/STNT/ANGIOP SM VSL	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
Out-Patient Hospital/Ambulatory Surgery Center (ASC) Procedures. Please note all Inpatient based procedures require authorization.	1/1/2021	37227	REVSC OPN/PRQ FEM/POP W/STNT/ATHRC/ANGIOP SM VSL	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
Out-Patient Hospital/Ambulatory Surgery Center (ASC) Procedures. Please note all Inpatient based procedures require authorization.	1/1/2021	37228	REVSC OPN/PRQ TIB/PERO W/ANGIOPLASTY UNI	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	

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Out-Patient Hospital/Ambulatory Surgery Center (ASC) **Procedures.** Please note all Inpatient based procedures require authorization.	1/1/2021	37229	REVSC OPN/PRQ TIB/PERO W/ATHRC/ANGIOP SM VSL	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
Out-Patient Hospital/Ambulatory Surgery Center (ASC) **Procedures.** Please note all Inpatient based procedures require authorization.	1/1/2021	37230	REVSC OPN/PRQ TIB/PERO W/STNT/ANGIOP SM VSL	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
Out-Patient Hospital/Ambulatory Surgery Center (ASC) **Procedures.** Please note all Inpatient based procedures require authorization.	1/1/2021	37231	REVSC OPN/PRQ TIB/PERO W/STNT/ATHR/ANGIOP SM VSL	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
Out-Patient Hospital/Ambulatory Surgery Center (ASC) **Procedures.** Please note all Inpatient based procedures require authorization.	1/1/2021	37236	OPEN/PERQ PLACEMENT INTRAVASCULAR STENT INITIAL	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
Out-Patient Hospital/Ambulatory Surgery Center (ASC) **Procedures.** Please note all Inpatient based procedures require authorization.	9/1/2019	37243	VASCULAR EMBOLIZE OCCLUDE ORGAN TUMOR INFARCT	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
Out-Patient Hospital/Ambulatory Surgery Center (ASC) **Procedures.** Please note all Inpatient based procedures require authorization.	9/1/2019	37243	VASCULAR EMBOLIZE OCCLUDE ORGAN TUMOR INFARCT	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria	Notes
Out-Patient Hospital/Ambulatory Surgery Center (ASC) **Procedures.** Please note all Inpatient based procedures require authorization.	9/1/2019	37700	LIG AND DIV LONG SAPH VEIN SAPHFEM JUNCT INTERRUPJ	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
Out-Patient Hospital/Ambulatory Surgery Center (ASC) **Procedures.** Please note all Inpatient based procedures require authorization.	9/1/2019	37718	LIGJ DIVJ AND STRIPPING SHORT SAPHENOUS VEIN	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
Out-Patient Hospital/Ambulatory Surgery Center (ASC) **Procedures.** Please note all Inpatient based procedures require authorization.	9/1/2019	37722	LIGJ DIVJ AND STRIP LONG SAPH SAPHFEM JUNCT KNE BELW	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
Out-Patient Hospital/Ambulatory Surgery Center (ASC) **Procedures.** Please note all Inpatient based procedures require authorization.	9/1/2019	37735	LIGJ AND DIVJ RADICAL STRIP LONG SHORT SAPHENOUS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
Out-Patient Hospital/Ambulatory Surgery Center (ASC) **Procedures.** Please note all Inpatient based procedures require authorization.	9/1/2019	37760	LIG PRFRATR VEIN SUBFSCAL RAD INCL SKN GRF 1 LEG	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
Out-Patient Hospital/Ambulatory Surgery Center (ASC) **Procedures.** Please note all Inpatient based procedures require authorization.	9/1/2019	37761	LIG PRFRATR VEIN SUBFSCAL OPEN INCL US GID 1 LEG	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria	Notes
Out-Patient Hospital/Ambulatory Surgery Center (ASC) **Procedures.** Please note all Inpatient based procedures require authorization.	9/1/2019	37765	STAB PHLEBT VARICOSE VEINS 1 XTR 10-20 STAB INCS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
Out-Patient Hospital/Ambulatory Surgery Center (ASC) **Procedures.** Please note all Inpatient based procedures require authorization.	9/1/2019	37766	STAB PHLEBT VARICOSE VEINS 1 XTR OVER 20 INCS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
Out-Patient Hospital/Ambulatory Surgery Center (ASC) **Procedures.** Please note all Inpatient based procedures require authorization.	9/1/2019	37780	LIGJ AND DIV SHORT SAPH VEIN SAPHENOPOP JUNCT SPX	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
Out-Patient Hospital/Ambulatory Surgery Center (ASC) **Procedures.** Please note all Inpatient based procedures require authorization.	9/1/2019	37785	LIGJ DIVJ AND EXCJ VARICOSE VEIN CLUSTER 1 LEG	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
Unlisted/Miscellaneous codes: Molina requires prior authorization, as well as, medical necessity documentation and rationale be submitted with the prior authorization request for all Unlisted/Miscellaneous codes, including those not listed here	9/1/2019	37799	UNLISTED PROCEDURE VASCULAR SURGERY	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Additional information is required to define this code and determine criteria.	
Unlisted/Miscellaneous codes: Molina requires prior authorization, as well as, medical necessity documentation and rationale be submitted with the prior authorization request for all Unlisted/Miscellaneous codes, including those not listed here	9/1/2019	38129	UNLISTED LAPAROSCOPY PROCEDURE SPLEEN	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Additional information is required to define this code and determine criteria.	

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria	Notes
Out-Patient Hospital/Ambulatory Surgery Center (ASC) **Procedures.** Please note all Inpatient based procedures require authorization.	9/1/2019	38204	MGMT RCP HEMATOP PROGENITOR CELL DONOR AND ACQUISJ	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
Transplants/Gene Therapy: (Including Solid Organ and Bone Marrow) Corneal Transplans Do Not Require Prior Authorization	9/1/2019	38205	BLD-DRV HEMATOP PROGEN CELL HRVG TRNSPLJ ALGNC	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policies: Hematopoietic Stem Cell Transplantation Aplastic, Hematopoietic Stem Cell Transplantation Ewing's Sarcoma Anemia, Hematopoietic Stem Cell Transplantation for Acute Lymphoblastic Leukemia, Hematopoietic Stem Cell Transplantation for Acute Myelogenous Leukemia, Hematopoietic Stem Cell Transplantation for Chronic Lymphoblastic Leukemia (CLL), Hematopoietic Stem Cell Transplantation for Chronic Myelogenous Leukemia (CML)	
Transplants/Gene Therapy: (Including Solid Organ and Bone Marrow) Corneal Transplans Do Not Require Prior Authorization	9/1/2019	38206	BLD-DRV HEMATOP PROGEN CELL HRVG TRNSPL AUTO	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policies: Hematopoietic Stem Cell Transplantation Aplastic, Hematopoietic Stem Cell Transplantation Ewing's Sarcoma Anemia, Hematopoietic Stem Cell Transplantation for Acute Lymphoblastic Leukemia, Hematopoietic Stem Cell Transplantation for Acute Myelogenous Leukemia, Hematopoietic Stem Cell Transplantation for Chronic Lymphoblastic Leukemia (CLL), Hematopoietic Stem Cell Transplantation for Chronic Myelogenous Leukemia (CML)	
Out-Patient Hospital/Ambulatory Surgery Center (ASC) **Procedures.** Please note all Inpatient based procedures require authorization.	9/1/2019	38207	TRNSPL PREPJ HEMATOP PROGEN CELLS CRYOPRSRV STOR	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Hematopoietic Stem Cell Transplantation for Acute Myelogenous Leukemia; Hematopoietic Stem Cell Transplantation Ewing's Sarcoma; Hematopoietic Stem Cell Transplantation for Acute Lymphoblastic Leukemia; Hematopoietic Stem Cell Transplantation for Chronic Lymphoblastic Leukemia (CLL);	
Out-Patient Hospital/Ambulatory Surgery Center (ASC) **Procedures.** Please note all Inpatient based procedures require authorization.	9/1/2019	38208	TRNSPL PREP HEMATOP PROGEN THAW PREV HRV PER DNR	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Hematopoietic Stem Cell Transplantation for Acute Myelogenous Leukemia; Hematopoietic Stem Cell Transplantation Ewing's Sarcoma; Hematopoietic Stem Cell Transplantation for Acute Lymphoblastic Leukemia; Hematopoietic Stem Cell Transplantation for Chronic Lymphoblastic Leukemia (CLL);	
Out-Patient Hospital/Ambulatory Surgery Center (ASC) **Procedures.** Please note all Inpatient based procedures require authorization.	9/1/2019	38209	TRNSP PREP HMATOP PROG THAW PREV HRV WSH PER DNR	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Hematopoietic Stem Cell Transplantation for Acute Myelogenous Leukemia; Hematopoietic Stem Cell Transplantation Ewing's Sarcoma; Hematopoietic Stem Cell Transplantation for Acute Lymphoblastic Leukemia; Hematopoietic Stem Cell Transplantation for Chronic Lymphoblastic Leukemia (CLL);	

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Out-Patient Hospital/Ambulatory Surgery Center (ASC) **Procedures.** Please note all Inpatient based procedures require authorization.	9/1/2019	38210	TRNSPL PREPJ HEMATOP PROGEN DEPLJ IN HRV T-CELL	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Hematopoietic Stem Cell Transplantation for Acute Myelogenous Leukemia; Hematopoietic Stem Cell Transplantation Ewing's Sarcoma; Hematopoietic Stem Cell Transplantation for Acute Lymphoblastic Leukemia; Hematopoietic Stem Cell Transplantation for Chronic Lymphoblastic Leukemia (CLL);	
Out-Patient Hospital/Ambulatory Surgery Center (ASC) **Procedures.** Please note all Inpatient based procedures require authorization.	9/1/2019	38211	TRNSPL PREPJ HEMATOP PROGEN TUM CELL DEPLJ	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Hematopoietic Stem Cell Transplantation for Acute Myelogenous Leukemia; Hematopoietic Stem Cell Transplantation Ewing's Sarcoma; Hematopoietic Stem Cell Transplantation for Acute Lymphoblastic Leukemia; Hematopoietic Stem Cell Transplantation for Chronic Lymphoblastic Leukemia (CLL);	
Out-Patient Hospital/Ambulatory Surgery Center (ASC) **Procedures.** Please note all Inpatient based procedures require authorization.	9/1/2019	38212	TRNSPL PREPJ HEMATOP PROGEN RED BLD CELL RMVL	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Hematopoietic Stem Cell Transplantation for Acute Myelogenous Leukemia; Hematopoietic Stem Cell Transplantation Ewing's Sarcoma; Hematopoietic Stem Cell Transplantation for Acute Lymphoblastic Leukemia; Hematopoietic Stem Cell Transplantation for Chronic Lymphoblastic Leukemia (CLL);	
Out-Patient Hospital/Ambulatory Surgery Center (ASC) **Procedures.** Please note all Inpatient based procedures require authorization.	9/1/2019	38213	TRNSPL PREPJ HEMATOP PROGEN PLTLT DEPLJ	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Hematopoietic Stem Cell Transplantation for Acute Myelogenous Leukemia; Hematopoietic Stem Cell Transplantation Ewing's Sarcoma; Hematopoietic Stem Cell Transplantation for Acute Lymphoblastic Leukemia; Hematopoietic Stem Cell Transplantation for Chronic Lymphoblastic Leukemia (CLL);	
Out-Patient Hospital/Ambulatory Surgery Center (ASC) **Procedures.** Please note all Inpatient based procedures require authorization.	9/1/2019	38214	TRNSPL PREPJ HEMATOP PROGEN PLSM VOL DEPLJ	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Hematopoietic Stem Cell Transplantation for Acute Myelogenous Leukemia; Hematopoietic Stem Cell Transplantation Ewing's Sarcoma; Hematopoietic Stem Cell Transplantation for Acute Lymphoblastic Leukemia; Hematopoietic Stem Cell Transplantation for Chronic Lymphoblastic Leukemia (CLL);	
Out-Patient Hospital/Ambulatory Surgery Center (ASC) **Procedures.** Please note all Inpatient based procedures require authorization.	9/1/2019	38215	TRNSPL PREPJ HEMATOP PROGEN CONCENTRATION PLSM	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Hematopoietic Stem Cell Transplantation for Acute Myelogenous Leukemia; Hematopoietic Stem Cell Transplantation Ewing's Sarcoma; Hematopoietic Stem Cell Transplantation for Acute Lymphoblastic Leukemia; Hematopoietic Stem Cell Transplantation for Chronic Lymphoblastic Leukemia (CLL);	

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria	Notes
Transplant/Gene Therapy	1/1/2025	38225	Chimeric antigen receptor T-cell (CAR-T) therapy; harvesting of blood-derived T lymphocytes for development of genetically modified autologous CAR-T cells, per day	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
Transplant/Gene Therapy	1/1/2025	38226	Chimeric antigen receptor T-cell (CAR-T) therapy; preparation of blood-derived T lymphocytes for transportation (eg, cryopreservation, storage)	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
Transplant/Gene Therapy	1/1/2025	38227	Chimeric antigen receptor T-cell (CAR-T) therapy; receipt and preparation of CAR-T cells for administration	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
Transplant/Gene Therapy	1/1/2025	38228	Chimeric antigen receptor T-cell (CAR-T) therapy; CAR-T cell administration, autologous	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
Transplants/Gene Therapy: (Including Solid Organ and Bone Marrow) Corneal Transplans Do Not Require Prior Authorization	9/1/2019	38230	BONE MARROW HARVEST TRANSPLANTATION ALLOGENEIC	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policies: Hematopoietic Stem Cell Transplantation Aplastic, Hematopoietic Stem Cell Transplantation Ewing's Sarcoma Anemia, Hematopoietic Stem Cell Transplantation for Acute Lymphoblastic Leukemia, Hematopoietic Stem Cell Transplantation for Acute Myelogenous Leukemia, Hematopoietic Stem Cell Transplantation for Chronic Lymphoblastic Leukemia (CLL), Hematopoietic Stem Cell Transplantation for Chronic Myelogenous Leukemia (CML), Hematopoietic Stem Cell Transplantation for Germ Cell Tumors, Hematopoietic Stem Cell Transplantation for Immunodeficiency Disorders, Hematopoietic Stem Cell Transplantation for MPS, Hematopoietic Stem Cell Transplantation for Myelodysplastic Syndromes (MDS), Hematopoietic Stem Cell Transplantation for Neuroblastoma, Hematopoietic Stem Cell Transplantation for Primary Myelofibrosis, Hematopoietic Stem Cell Transplantation for Sickle Cell Anemia, Hematopoietic Stem Cell Transplantation for Wilm's Tumor, Hematopoietic Stem Cell Transplantation Hodgkins and NonHodgkins Lymphoma, Hematopoietic Stem Cell Transplantation Multiple Myeloma, Pretransplant Evaluation, Donor Lymphocyte Infusion	
Out-Patient Hospital/Ambulatory Surgery Center (ASC) **Procedures.** Please note all Inpatient based procedures require authorization.	9/1/2019	38232	BONE MARROW HARVEST TRANSPLANTATION AUTOLOGOUS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria	Notes
Transplants/Gene Therapy: (Including Solid Organ and Bone Marrow) Corneal Transplans Do Not Require Prior Authorization	9/1/2019	38240	TRNSPLJ ALLOGENEIC HEMATOPOIETIC CELLS PER DONOR	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policies: Hematopoietic Stem Cell Transplantation Aplastic, Hematopoietic Stem Cell Transplantation Ewing's Sarcoma Anemia, Hematopoietic Stem Cell Transplantation for Acute Lymphoblastic Leukemia, Hematopoietic Stem Cell Transplantation for Acute Myelogenous Leukemia, Hematopoietic Stem Cell Transplantation for Chronic Lymphoblastic Leukemia (CLL), Hematopoietic Stem Cell Transplantation for Chronic Myelogenous Leukemia (CML), Hematopoietic Stem Cell Transplantation for Germ Cell Tumors, Hematopoietic Stem Cell Transplantation for Immunodeficiency Disorders, Hematopoietic Stem Cell Transplantation for MPS, Hematopoietic Stem Cell Transplantation for Myelodysplastic Syndromes (MDS), Hematopoietic Stem Cell Transplantation for Neuroblastoma, Hematopoietic Stem Cell Transplantation for Primary Myelofibrosis, Hematopoietic Stem Cell Transplantation for Sickle Cell Anemia, Hematopoietic Stem Cell Transplantation for Wilm's Tumor, Hematopoietic Stem Cell Transplantation Hodgkins and NonHodgkins Lymphoma, Hematopoietic Stem Cell Transplantation Multiple Myeloma, Pretransplant Evaluation, Donor Lymphocyte Infusion	
Transplants/Gene Therapy: (Including Solid Organ and Bone Marrow) Corneal Transplans Do Not Require Prior Authorization	9/1/2019	38241	TRNSPLJ AUTOLOGOUS HEMATOPOIETIC CELLS PER DONOR	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policies: Hematopoietic Stem Cell Transplantation Aplastic, Hematopoietic Stem Cell Transplantation Ewing's Sarcoma Anemia, Hematopoietic Stem Cell Transplantation for Acute Lymphoblastic Leukemia, Hematopoietic Stem Cell Transplantation for Acute Myelogenous Leukemia, Hematopoietic Stem Cell Transplantation for Chronic Lymphoblastic Leukemia (CLL), Hematopoietic Stem Cell Transplantation for Chronic Myelogenous Leukemia (CML), Hematopoietic Stem Cell Transplantation for Germ Cell Tumors, Hematopoietic Stem Cell Transplantation for Immunodeficiency Disorders, Hematopoietic Stem Cell Transplantation for MPS, Hematopoietic Stem Cell Transplantation for Myelodysplastic Syndromes (MDS), Hematopoietic Stem Cell Transplantation for Neuroblastoma, Hematopoietic Stem Cell Transplantation for Primary Myelofibrosis, Hematopoietic Stem Cell Transplantation for Sickle Cell Anemia, Hematopoietic Stem Cell Transplantation for Wilm's Tumor, Hematopoietic Stem Cell Transplantation Hodgkins and NonHodgkins Lymphoma, Hematopoietic Stem Cell Transplantation Multiple Myeloma, Pretransplant Evaluation, Donor Lymphocyte Infusion	
Transplants/Gene Therapy: (Including Solid Organ and Bone Marrow) Corneal Transplans Do Not Require Prior Authorization	9/1/2019	38242	ALLOGENEIC LYMPHOCYTE INFUSIONS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policies: Hematopoietic Stem Cell Transplantation Aplastic, Hematopoietic Stem Cell Transplantation Ewing's Sarcoma Anemia, Hematopoietic Stem Cell Transplantation for Acute Lymphoblastic Leukemia, Hematopoietic Stem Cell Transplantation for Acute Myelogenous Leukemia, Hematopoietic Stem Cell Transplantation for Chronic Lymphoblastic Leukemia (CLL), Hematopoietic Stem Cell Transplantation for Chronic Myelogenous Leukemia (CML), Hematopoietic Stem Cell Transplantation for Germ Cell Tumors, Hematopoietic Stem Cell Transplantation for Immunodeficiency Disorders, Hematopoietic Stem Cell Transplantation for MPS, Hematopoietic Stem Cell Transplantation for Myelodysplastic Syndromes (MDS), Hematopoietic Stem Cell Transplantation for Neuroblastoma, Hematopoietic Stem Cell Transplantation for Primary Myelofibrosis, Hematopoietic Stem Cell Transplantation for Sickle Cell Anemia, Hematopoietic Stem Cell Transplantation for Wilm's Tumor, Hematopoietic Stem Cell Transplantation Hodgkins and NonHodgkins Lymphoma, Hematopoietic Stem Cell Transplantation Multiple Myeloma, Pretransplant Evaluation, Donor Lymphocyte Infusion	

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Transplants/Gene Therapy: (Including Solid Organ and Bone Marrow) Corneal Transplans Do Not Require Prior Authorization	9/1/2019	38243	TRNSPLJ HEMATOPOIETIC CELL BOOST	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policies: Hematopoietic Stem Cell Transplantation Aplastic, Hematopoietic Stem Cell Transplantation Ewing's Sarcoma Anemia, Hematopoietic Stem Cell Transplantation for Acute Lymphoblastic Leukemia, Hematopoietic Stem Cell Transplantation for Acute Myelogenous Leukemia, Hematopoietic Stem Cell Transplantation for Chronic Lymphoblastic Leukemia (CLL), Hematopoietic Stem Cell Transplantation for Chronic Myelogenous Leukemia (CML), Hematopoietic Stem Cell Transplantation for Germ Cell Tumors, Hematopoietic Stem Cell Transplantation for Immunodeficiency Disorders, Hematopoietic Stem Cell Transplantation for MPS, Hematopoietic Stem Cell Transplantation for Myelodysplastic Syndromes (MDS), Hematopoietic Stem Cell Transplantation for Neuroblastoma, Hematopoietic Stem Cell Transplantation for Primary Myelofibrosis, Hematopoietic Stem Cell Transplantation for Sickle Cell Anemia, Hematopoietic Stem Cell Transplantation for Wilm's Tumor, Hematopoietic Stem Cell Transplantation Hodgkins and NonHodgkins Lymphoma, Hematopoietic Stem Cell Transplantation Multiple Myeloma, Pretransplant Evaluation, Donor Lymphocyte Infusion	
Out-Patient Hospital/Ambulatory Surgery Center (ASC) **Procedures.** Please note all Inpatient based procedures require authorization.	9/1/2019	38573	LAPS W BI TOT PEL LMPHADEC AND OMNTC LYMPH BX	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
Unlisted/Miscellaneous codes: Molina requires prior authorization, as well as, medical necessity documentation and rationale be submitted with the prior authorization request for all Unlisted/Miscellaneous codes, including those not listed here	9/1/2019	38589	UNLISTED LAPAROSCOPY PX LYMPHATIC SYSTEM	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Additional information is required to define this code and determine criteria.	
Unlisted/Miscellaneous codes: Molina requires prior authorization, as well as, medical necessity documentation and rationale be submitted with the prior authorization request for all Unlisted/Miscellaneous codes, including those not listed here	9/1/2019	38999	UNLISTED PROCEDURE HEMIC OR LYMPHATIC SYSTEM	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Additional information is required to define this code and determine criteria.	
Unlisted/Miscellaneous codes: Molina requires prior authorization, as well as, medical necessity documentation and rationale be submitted with the prior authorization request for all Unlisted/Miscellaneous codes, including those not listed here	9/1/2019	39499	UNLISTED PROCEDURE MEDIASTINUM	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Additional information is required to define this code and determine criteria.	
Unlisted/Miscellaneous codes: Molina requires prior authorization, as well as, medical necessity documentation and rationale be submitted with the prior authorization request for all Unlisted/Miscellaneous codes, including those not listed here	9/1/2019	39599	UNLISTED PROCEDURE DIAPHRAGM	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Additional information is required to define this code and determine criteria.	

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria	Notes
Unlisted/Miscellaneous codes: Molina requires prior authorization, as well as, medical necessity documentation and rationale be submitted with the prior authorization request for all Unlisted/Miscellaneous codes, including those not listed here	9/1/2019	40799	UNLISTED PROCEDURE LIPS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Additional information is required to define this code and determine criteria.	
Unlisted/Miscellaneous codes: Molina requires prior authorization, as well as, medical necessity documentation and rationale be submitted with the prior authorization request for all Unlisted/Miscellaneous codes, including those not listed here	9/1/2019	40899	UNLISTED PROCEDURE VESTIBULE MOUTH	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Additional information is required to define this code and determine criteria.	
Unlisted/Miscellaneous codes: Molina requires prior authorization, as well as, medical necessity documentation and rationale be submitted with the prior authorization request for all Unlisted/Miscellaneous codes, including those not listed here	9/1/2019	41599	UNLISTED PROCEDURE TONGUE FLOOR MOUTH	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Additional information is required to define this code and determine criteria.	
Unlisted/Miscellaneous codes: Molina requires prior authorization, as well as, medical necessity documentation and rationale be submitted with the prior authorization request for all Unlisted/Miscellaneous codes, including those not listed here	9/1/2019	42299	UNLISTED PROCEDURE PALATE UVULA	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Additional information is required to define this code and determine criteria.	
Unlisted/Miscellaneous codes: Molina requires prior authorization, as well as, medical necessity documentation and rationale be submitted with the prior authorization request for all Unlisted/Miscellaneous codes, including those not listed here	9/1/2019	42699	UNLISTED PX SALIVARY GLANDS DUCTS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Additional information is required to define this code and determine criteria.	
Unlisted/Miscellaneous codes: Molina requires prior authorization, as well as, medical necessity documentation and rationale be submitted with the prior authorization request for all Unlisted/Miscellaneous codes, including those not listed here	9/1/2019	42999	UNLISTED PROCEDURE PHARYNX ADENOIDS TONSILS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Additional information is required to define this code and determine criteria.	

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Unlisted/Miscellaneous codes: Molina requires prior authorization, as well as, medical necessity documentation and rationale be submitted with the prior authorization request for all Unlisted/Miscellaneous codes, including those not listed here	9/1/2019	43289	UNLISTED LAPAROSCOPIC PROCEDURE ESOPHAGUS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Additional information is required to define this code and determine criteria.	
Experimental/Investigational	1/1/2023	43290	ESPHGGSTRDUDNSCPY, FLXIBL, TRNSORAL; WITH DPLYMNT OF INTRGASTRIC BARIATRIC BALLON	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
OP Hosp/Amb Surgery Center (ASC) Procedures	1/1/2023	43291	ESPHGGSTRDUDNSCPY, FLXIBLE, TRNSORAL; WITH RMVL OF INTRAGASTRIC BARIATRIC BALLON(S)	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
Unlisted/Miscellaneous codes: Molina requires prior authorization, as well as, medical necessity documentation and rationale be submitted with the prior authorization request for all Unlisted/Miscellaneous codes, including those not listed here	9/1/2019	43499	UNLISTED PROCEDURE ESOPHAGUS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Additional information is required to define this code and determine criteria.	
Out-Patient Hospital/Ambulatory Surgery Center (ASC) Procedures. Please note all Inpatient based procedures require authorization.	9/1/2019	43644	LAPS GSTR RSTCV PX W BYP ROUX-EN-Y LIMB UNDER 150 CM	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Healthcare of Texas, Inc. Aggreement and Evidence of Coverage (EOC)	
Out-Patient Hospital/Ambulatory Surgery Center (ASC) Procedures. Please note all Inpatient based procedures require authorization.	9/1/2019	43645	LAPS GSTR RSTCV PX W BYP AND SM INT RCNSTJ	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Healthcare of Texas, Inc. Aggreement and Evidence of Coverage (EOC)	

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Out-Patient Hospital/Ambulatory Surgery Center (ASC) **Procedures.** Please note all Inpatient based procedures require authorization.	9/1/2019	43647	LAPS IMPLTJ RPLCMT GASTRIC NSTIM ELTRD ANTRUM	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Healthcare of Texas, Inc. Aggreement and Evidence of Coverage (EOC)	
Out-Patient Hospital/Ambulatory Surgery Center (ASC) **Procedures.** Please note all Inpatient based procedures require authorization.	9/1/2019	43648	LAPS REVISION RMVL GASTRIC NSTIM ELTRD ANTRUM	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Healthcare of Texas, Inc. Aggreement and Evidence of Coverage (EOC)	
Out-Patient Hospital/Ambulatory Surgery Center (ASC) **Procedures.** Please note all Inpatient based procedures require authorization.	9/1/2019	43653	LAPS SURG GASTROSTOMY W O CONSTJ GSTR TUBE SPX	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Healthcare of Texas, Inc. Aggreement and Evidence of Coverage (EOC)	
Unlisted/Miscellaneous codes: Molina requires prior authorization, as well as, medical necessity documentation and rationale be submitted with the prior authorization request for all Unlisted/Miscellaneous codes, including those not listed here	9/1/2019	43659	UNLISTED LAPAROSCOPIC PROCEDURE STOMACH	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Additional information is required to define this code and determine criteria.	
Out-Patient Hospital/Ambulatory Surgery Center (ASC) **Procedures.** Please note all Inpatient based procedures require authorization.	9/1/2019	43770	LAPS GASTRIC RESTRICTIVE PROCEDURE PLACE DEVICE	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Healthcare of Texas, Inc. Aggreement and Evidence of Coverage (EOC)	
Out-Patient Hospital/Ambulatory Surgery Center (ASC) **Procedures.** Please note all Inpatient based procedures require authorization.	9/1/2019	43771	LAPS GASTRIC RESTRICTIVE PX REVISION DEVICE	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Healthcare of Texas, Inc. Aggreement and Evidence of Coverage (EOC)	

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Out-Patient Hospital/Ambulatory Surgery Center (ASC) **Procedures.** Please note all Inpatient based procedures require authorization.	9/1/2019	43772	LAPS GASTRIC RESTRICTIVE PX REMOVE DEVICE	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Healthcare of Texas, Inc. Aggreement and Evidence of Coverage (EOC)	
Out-Patient Hospital/Ambulatory Surgery Center (ASC) **Procedures.** Please note all Inpatient based procedures require authorization.	9/1/2019	43773	LAPS GASTRIC RESTRICTIVE PX REMOVE AND RPLCMT DEVICE	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Healthcare of Texas, Inc. Aggreement and Evidence of Coverage (EOC)	
Out-Patient Hospital/Ambulatory Surgery Center (ASC) **Procedures.** Please note all Inpatient based procedures require authorization.	9/1/2019	43774	LAPS GASTRIC RESTRICTIVE PX REMOVE DEVICE AND PORT	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Healthcare of Texas, Inc. Aggreement and Evidence of Coverage (EOC)	
Out-Patient Hospital/Ambulatory Surgery Center (ASC) **Procedures.** Please note all Inpatient based procedures require authorization.	9/1/2019	43775	LAPS GSTRC RSTRICTIV PX LONGITUDINAL GASTRECTOMY	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Healthcare of Texas, Inc. Aggreement and Evidence of Coverage (EOC)	
Out-Patient Hospital/Ambulatory Surgery Center (ASC) **Procedures.** Please note all Inpatient based procedures require authorization.	9/1/2019	43842	GASTRIC RSTCV W O BYP VERTICAL-BANDED GASTROPLY	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Healthcare of Texas, Inc. Aggreement and Evidence of Coverage (EOC)	
Out-Patient Hospital/Ambulatory Surgery Center (ASC) **Procedures.** Please note all Inpatient based procedures require authorization.	9/1/2019	43843	GSTR RSTCV W O BYP OTH THN VER-BANDED GSTP	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Healthcare of Texas, Inc. Aggreement and Evidence of Coverage (EOC)	

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria	Notes
Out-Patient Hospital/Ambulatory Surgery Center (ASC) **Procedures.** Please note all Inpatient based procedures require authorization.	9/1/2019	43845	GASTRIC RSTCV W PRTL GASTRECTOMY 50-100 CM	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Healthcare of Texas, Inc. Aggreement and Evidence of Coverage (EOC)	
Out-Patient Hospital/Ambulatory Surgery Center (ASC) **Procedures.** Please note all Inpatient based procedures require authorization.	9/1/2019	43846	GASTRIC RSTCV W BYP W SHORT LIMB 150 CM OR LESS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Healthcare of Texas, Inc. Aggreement and Evidence of Coverage (EOC)	
Out-Patient Hospital/Ambulatory Surgery Center (ASC) **Procedures.** Please note all Inpatient based procedures require authorization.	9/1/2019	43847	GASTRIC RSTCV W BYP W SM INT RCNSTJ LIMIT ABSRPJ	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Healthcare of Texas, Inc. Aggreement and Evidence of Coverage (EOC)	
Out-Patient Hospital/Ambulatory Surgery Center (ASC) **Procedures.** Please note all Inpatient based procedures require authorization.	9/1/2019	43848	REVISION OPEN GASTRIC RESTRICTIVE PX NOT DEVICE	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Healthcare of Texas, Inc. Aggreement and Evidence of Coverage (EOC)	
Out-Patient Hospital/Ambulatory Surgery Center (ASC) **Procedures.** Please note all Inpatient based procedures require authorization.	9/1/2019	43881	IMPLTJ RPLCMT GASTRIC NSTIM ELTRDE ANTRUM OPEN	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Healthcare of Texas, Inc. Aggreement and Evidence of Coverage (EOC)	
Out-Patient Hospital/Ambulatory Surgery Center (ASC) **Procedures.** Please note all Inpatient based procedures require authorization.	9/1/2019	43882	REVISION RMVL GASTRIC NSTIM ELTRDE ANTRUM OPEN	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Healthcare of Texas, Inc. Aggreement and Evidence of Coverage (EOC)	

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria	Notes
Out-Patient Hospital/Ambulatory Surgery Center (ASC) **Procedures.** Please note all Inpatient based procedures require authorization.	9/1/2019	43886	GSTR RSTCV PX OPN REVJ SUBQ PORT COMPONENT ONLY	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Healthcare of Texas, Inc. Aggreement and Evidence of Coverage (EOC)	
Out-Patient Hospital/Ambulatory Surgery Center (ASC) **Procedures.** Please note all Inpatient based procedures require authorization.	9/1/2019	43888	GSTR RSTCV OPN RMVL AND RPLCMT SUBQ PORT	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Healthcare of Texas, Inc. Aggreement and Evidence of Coverage (EOC)	
Unlisted/Miscellaneous codes: Molina requires prior authorization, as well as, medical necessity documentation and rationale be submitted with the prior authorization request for all Unlisted/Miscellaneous codes, including those not listed here	9/1/2019	43999	UNLISTED PROCEDURE STOMACH	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Additional information is required to define this code and determine criteria.	
Transplants/Gene Therapy	7/1/2021	44132	DONOR ENTERECTOMY OPEN CADAVER DONOR	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
Transplants/Gene Therapy	7/1/2021	44133	DONOR ENTERECTOMY OPEN LIVING DONOR	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
Transplants/Gene Therapy	7/1/2021	44135	INTESTINAL ALLOTRANSPLANTATION; CADAVER DONOR	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria	Notes
Transplants/Gene Therapy	7/1/2021	44136	INTESTINAL ALLOTRANSPLANTATION; LIVING DONOR	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
Transplants/Gene Therapy: (Including Solid Organ and Bone Marrow) Corneal Transplans Do Not Require Prior Authorization	10/1/2019	44137	RMVL TRNSPLED INTESTINAL ALLOGRAFT COMPL	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Small Bowel Transplantation, Small Bowel and Liver Transplantation and Multivisceral Transplantation	
Unlisted/Miscellaneous codes: Molina requires prior authorization, as well as, medical necessity documentation and rationale be submitted with the prior authorization request for all Unlisted/Miscellaneous codes, including those not listed here	9/1/2019	44238	UNLISTED LAPAROSCOPY PX INTESTINE XCP RECTUM	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Additional information is required to define this code and determine criteria.	
Transplants/Gene Therapy: (Including Solid Organ and Bone Marrow) Corneal Transplans Do Not Require Prior Authorization	9/1/2019	44715	BKBENCH PREP CADAVER LIVING DONOR INTESTINE	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Small Bowel Transplantation, Small Bowel and Liver Transplantation and Multivisceral Transplantation	
Transplants/Gene Therapy: (Including Solid Organ and Bone Marrow) Corneal Transplans Do Not Require Prior Authorization	9/1/2019	44720	BKBENCH RCNSTJ INT ALGRFT VEN ANAST EA	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Small Bowel Transplantation, Small Bowel and Liver Transplantation and Multivisceral Transplantation	
Transplants/Gene Therapy: (Including Solid Organ and Bone Marrow) Corneal Transplans Do Not Require Prior Authorization	9/1/2019	44721	BKBENCH RCNSTJ INT ALGRFT ARTL ANAST EA	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Small Bowel Transplantation, Small Bowel and Liver Transplantation and Multivisceral Transplantation	

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria	Notes
Unlisted/Miscellaneous codes: Molina requires prior authorization, as well as, medical necessity documentation and rationale be submitted with the prior authorization request for all Unlisted/Miscellaneous codes, including those not listed here	9/1/2019	44799	UNLISTED PROCEDURE SMALL INTESTINE	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Additional information is required to define this code and determine criteria.	
Unlisted/Miscellaneous codes: Molina requires prior authorization, as well as, medical necessity documentation and rationale be submitted with the prior authorization request for all Unlisted/Miscellaneous codes, including those not listed here	9/1/2019	44899	UNLISTED PX MECKEL'S DIVERTICULUM AND MESENTERY	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Additional information is required to define this code and determine criteria.	
Unlisted/Miscellaneous codes: Molina requires prior authorization, as well as, medical necessity documentation and rationale be submitted with the prior authorization request for all Unlisted/Miscellaneous codes, including those not listed here	9/1/2019	44979	UNLISTED LAPAROSCOPY PROCEDURE APPENDIX	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Additional information is required to define this code and determine criteria.	
Unlisted/Miscellaneous codes: Molina requires prior authorization, as well as, medical necessity documentation and rationale be submitted with the prior authorization request for all Unlisted/Miscellaneous codes, including those not listed here	9/1/2019	45399	UNLISTED PROCEDURE COLON	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Additional information is required to define this code and determine criteria.	
Unlisted/Miscellaneous codes: Molina requires prior authorization, as well as, medical necessity documentation and rationale be submitted with the prior authorization request for all Unlisted/Miscellaneous codes, including those not listed here	9/1/2019	45499	UNLISTED LAPAROSCOPY PROCEDURE RECTUM	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Additional information is required to define this code and determine criteria.	
Unlisted/Miscellaneous codes: Molina requires prior authorization, as well as, medical necessity documentation and rationale be submitted with the prior authorization request for all Unlisted/Miscellaneous codes, including those not listed here	9/1/2019	45999	UNLISTED PROCEDURE RECTUM	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Additional information is required to define this code and determine criteria.	

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria	Notes
Unlisted/Miscellaneous codes: Molina requires prior authorization, as well as, medical necessity documentation and rationale be submitted with the prior authorization request for all Unlisted/Miscellaneous codes, including those not listed here	9/1/2019	46999	UNLISTED PROCEDURE ANUS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Additional information is required to define this code and determine criteria.	
Transplants/Gene Therapy: (Including Solid Organ and Bone Marrow) Corneal Transplans Do Not Require Prior Authorization	9/1/2019	47133	DONOR HEPATECTOMY CADAVER DONOR	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Liver	
Transplants/Gene Therapy: (Including Solid Organ and Bone Marrow) Corneal Transplans Do Not Require Prior Authorization	9/1/2019	47135	LVR ALTRNSPLJ ORTHOTOPIC PRTL WHL DON ANY AGE	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Liver Transplantation	
Transplants/Gene Therapy: (Including Solid Organ and Bone Marrow) Corneal Transplans Do Not Require Prior Authorization	9/1/2019	47140	DONOR HEPATECTOMY LIVING DONOR SEG II AND III	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Liver Transplantation	
Transplants/Gene Therapy: (Including Solid Organ and Bone Marrow) Corneal Transplans Do Not Require Prior Authorization	9/1/2019	47141	DONOR HEPATECTOMY LIVING DONOR SEG II III AND IV	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Liver Transplantation	
Transplants/Gene Therapy: (Including Solid Organ and Bone Marrow) Corneal Transplans Do Not Require Prior Authorization	9/1/2019	47142	DONOR HEPATECTOMY LIVING DONOR SEG V VI VII AND VI	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Liver Transplantation	

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria	Notes
Transplants/Gene Therapy: (Including Solid Organ and Bone Marrow) Corneal Transplans Do Not Require Prior Authorization	9/1/2019	47143	BKBENCH PREP CADAVER DONOR	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Liver Transplantation	
Transplants/Gene Therapy: (Including Solid Organ and Bone Marrow) Corneal Transplans Do Not Require Prior Authorization	9/1/2019	47144	BKBENCH PREPJ CADAVER WHOLE LIVER GRF I AND IV VII	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Liver Transplantation	
Transplants/Gene Therapy: (Including Solid Organ and Bone Marrow) Corneal Transplans Do Not Require Prior Authorization	9/1/2019	47145	BKBENCH PREPJ CADAVER DONOR WHL LVR GRF I AND V VI	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Liver Transplantation	
Transplants/Gene Therapy: (Including Solid Organ and Bone Marrow) Corneal Transplans Do Not Require Prior Authorization	9/1/2019	47146	BKBENCH RCNSTJ LVR GRF VENOUS ANAST EA	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Liver Transplantation	
Transplants/Gene Therapy: (Including Solid Organ and Bone Marrow) Corneal Transplans Do Not Require Prior Authorization	9/1/2019	47147	BKBENCH RCNSTJ LVR GRF ARTL ANAST EA	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Liver Transplantation	
Unlisted/Miscellaneous codes: Molina requires prior authorization, as well as, medical necessity documentation and rationale be submitted with the prior authorization request for all Unlisted/Miscellaneous codes, including those not listed here	9/1/2019	47379	UNLIS LAPAROSCOPIC PROCEDURE LIVER	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Additional information is required to define this code and determine criteria.	

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria	Notes
Out-Patient Hospital/Ambulatory Surgery Center (ASC) **Procedures.** Please note all Inpatient based procedures require authorization.	9/1/2019	47380	ABLTJ OPN 1 OR GRT LVR TUM RF	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
Out-Patient Hospital/Ambulatory Surgery Center (ASC) **Procedures.** Please note all Inpatient based procedures require authorization.	9/1/2019	47381	ABLTJ OPN 1 OR GRT LVR TUM CRYOSURG	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
Out-Patient Hospital/Ambulatory Surgery Center (ASC) **Procedures.** Please note all Inpatient based procedures require authorization.	9/1/2019	47382	ABLTJ 1 OR GRT LVR TUM PRQ RF	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
Unlisted/Miscellaneous codes: Molina requires prior authorization, as well as, medical necessity documentation and rationale be submitted with the prior authorization request for all Unlisted/Miscellaneous codes, including those not listed here	9/1/2019	47399	UNLISTED PROCEDURE LIVER	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Additional information is required to define this code and determine criteria.	
Unlisted/Miscellaneous codes: Molina requires prior authorization, as well as, medical necessity documentation and rationale be submitted with the prior authorization request for all Unlisted/Miscellaneous codes, including those not listed here	9/1/2019	47579	UNLISTED LAPAROSCOPY PROCEDURE BILIARY TRACT	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Additional information is required to define this code and determine criteria.	
Out-Patient Hospital/Ambulatory Surgery Center (ASC) **Procedures.** Please note all Inpatient based procedures require authorization.	9/1/2019	47605	CHOLECYSTECTOMY W CHOLANGIOGRAPHY	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria	Notes
Out-Patient Hospital/Ambulatory Surgery Center (ASC) Procedures. Please note all Inpatient based procedures require authorization.	9/1/2019	47620	CHOLECSTC EXPL DUX SPHNCTROTOMY SPHNCTROP	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
Unlisted/Miscellaneous codes: Molina requires prior authorization, as well as, medical necessity documentation and rationale be submitted with the prior authorization request for all Unlisted/Miscellaneous codes, including those not listed here	9/1/2019	47999	UNLISTED PROCEDURE BILIARY TRACT	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Additional information is required to define this code and determine criteria.	
Transplants/Gene Therapy: (Including Solid Organ and Bone Marrow) Corneal Transplans Do Not Require Prior Authorization	9/1/2019	48160	PANCREATECTOMY W TRNSPLJ PANCREAS ISLET CELLS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Pancreas Transplantation Procedures (Pancreas Alone, Simultaneous Pancreas and Kidney, Pancreas after Kidney and Pancreatic Islet Cell and Retransplantation)	
Transplants/Gene Therapy: (Including Solid Organ and Bone Marrow) Corneal Transplans Do Not Require Prior Authorization	9/1/2019	48550	DONOR PANCREATECTOMY DUODENAL SGM TRANSPLANT	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Pancreas Transplantation Procedures (Pancreas Alone, Simultaneous Pancreas and Kidney, Pancreas after Kidney and Pancreatic Islet Cell and Retransplantation)	
Transplants/Gene Therapy: (Including Solid Organ and Bone Marrow) Corneal Transplans Do Not Require Prior Authorization	9/1/2019	48551	BKBENCH PREPJ CADAVER DONOR PANCREAS ALLOGRAFT	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Pancreas Transplantation Procedures (Pancreas Alone, Simultaneous Pancreas and Kidney, Pancreas after Kidney and Pancreatic Islet Cell and Retransplantation)	
Transplants/Gene Therapy: (Including Solid Organ and Bone Marrow) Corneal Transplans Do Not Require Prior Authorization	9/1/2019	48552	BKBENCH RCNSTJ CDVR PNCRS ALGRFT VEN ANAST EA	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Pancreas Transplantation Procedures (Pancreas Alone, Simultaneous Pancreas and Kidney, Pancreas after Kidney and Pancreatic Islet Cell and Retransplantation)	

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria	Notes
Transplants/Gene Therapy: (Including Solid Organ and Bone Marrow) Corneal Transplans Do Not Require Prior Authorization	9/1/2019	48554	TRANSPLANTATION PANCREATIC ALLOGRAFT	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Pancreas Transplantation Procedures (Pancreas Alone, Simultaneous Pancreas and Kidney, Pancreas after Kidney and Pancreatic Islet Cell and Retransplantation)	
Transplants/Gene Therapy: (Including Solid Organ and Bone Marrow) Corneal Transplans Do Not Require Prior Authorization	9/1/2019	48556	RMVL TRANSPLANTED PANCREATIC ALLOGRAFT	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Pancreas Transplantation Procedures (Pancreas Alone, Simultaneous Pancreas and Kidney, Pancreas after Kidney and Pancreatic Islet Cell and Retransplantation)	
Unlisted/Miscellaneous codes: Molina requires prior authorization, as well as, medical necessity documentation and rationale be submitted with the prior authorization request for all Unlisted/Miscellaneous codes, including those not listed here	9/1/2019	48999	UNLISTED PROCEDURE PANCREAS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Additional information is required to define this code and determine criteria.	
Unlisted/Miscellaneous codes: Molina requires prior authorization, as well as, medical necessity documentation and rationale be submitted with the prior authorization request for all Unlisted/Miscellaneous codes, including those not listed here	9/1/2019	49329	UNLISTED LAPAROSCOPIC PX ABD PERTONEUM AND OMENTUM	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Additional information is required to define this code and determine criteria.	
Unlisted/Miscellaneous codes: Molina requires prior authorization, as well as, medical necessity documentation and rationale be submitted with the prior authorization request for all Unlisted/Miscellaneous codes, including those not listed here	9/1/2019	49659	UNLIS LAPS PX HRNAP HERNIORRHAPHY HERNIOTOMY	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Additional information is required to define this code and determine criteria.	
Unlisted/Miscellaneous codes: Molina requires prior authorization, as well as, medical necessity documentation and rationale be submitted with the prior authorization request for all Unlisted/Miscellaneous codes, including those not listed here	9/1/2019	49999	UNLISTED PROCEDURE ABDOMEN PERITONEUM AND OMENTUM	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Additional information is required to define this code and determine criteria.	

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria	Notes
Transplants/Gene Therapy: (Including Solid Organ and Bone Marrow) Corneal Transplans Do Not Require Prior Authorization	9/1/2019	50300	DONOR NEPHRECTOMY CADAVER DONOR UNI BILATERAL	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: : Kidney Transplantation	
Transplants/Gene Therapy: (Including Solid Organ and Bone Marrow) Corneal Transplans Do Not Require Prior Authorization	9/1/2019	50320	DONOR NEPHRECTOMY OPEN LIVING DONOR	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: : Kidney Transplantation	
Transplants/Gene Therapy: (Including Solid Organ and Bone Marrow) Corneal Transplans Do Not Require Prior Authorization	9/1/2019	50323	BKBENCH PREPJ CADAVER DONOR RENAL ALLOGRAFT	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: : Kidney Transplantation	
Transplants/Gene Therapy: (Including Solid Organ and Bone Marrow) Corneal Transplans Do Not Require Prior Authorization	9/1/2019	50325	BKBENCH PREPJ LIVING RENAL DONOR ALLOGRAFT	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: : Kidney Transplantation	
Transplants/Gene Therapy: (Including Solid Organ and Bone Marrow) Corneal Transplans Do Not Require Prior Authorization	9/1/2019	50327	BKBENCH RCNSTJ RENAL ALGRFT VENOUS ANAST EA	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: : Kidney Transplantation	
Transplants/Gene Therapy: (Including Solid Organ and Bone Marrow) Corneal Transplans Do Not Require Prior Authorization	9/1/2019	50328	BKBENCH RCNSTJ RENAL ALLOGRAFT ARTERIAL ANAST EA	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: : Kidney Transplantation	

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria	Notes
Transplants/Gene Therapy: (Including Solid Organ and Bone Marrow) Corneal Transplans Do Not Require Prior Authorization	9/1/2019	50329	BKBENCH RCNSTJ ALGRFT URETERAL ANAST EA	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: : Kidney Transplantation	
Transplants/Gene Therapy: (Including Solid Organ and Bone Marrow) Corneal Transplans Do Not Require Prior Authorization	9/1/2019	50340	RECIPIENT NEPHRECTOMY SEPARATE PROCEDURE	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: : Kidney Transplantation	
Transplants/Gene Therapy: (Including Solid Organ and Bone Marrow) Corneal Transplans Do Not Require Prior Authorization	9/1/2019	50360	RENAL ALTRNSPLJ IMPLTJ GRF W O RCP NEPHRECTOMY	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: : Kidney Transplantation	
Transplants/Gene Therapy: (Including Solid Organ and Bone Marrow) Corneal Transplans Do Not Require Prior Authorization	9/1/2019	50365	RENAL ALTRNSPLJ IMPLTJ GRF W RCP NEPHRECTOMY	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: : Kidney Transplantation	
Transplants/Gene Therapy: (Including Solid Organ and Bone Marrow) Corneal Transplans Do Not Require Prior Authorization	9/1/2019	50370	RMVL TRNSPLED RENAL ALLOGRAFT	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: : Kidney Transplantation	
Transplants/Gene Therapy: (Including Solid Organ and Bone Marrow) Corneal Transplans Do Not Require Prior Authorization	9/1/2019	50380	RENAL AUTOTRNSPLJ REIMPLANTATION KIDNEY	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria	Notes
Unlisted/Miscellaneous codes: Molina requires prior authorization, as well as, medical necessity documentation and rationale be submitted with the prior authorization request for all Unlisted/Miscellaneous codes, including those not listed here	9/1/2019	50549	UNLISTED LAPAROSCOPY PROCEDURE RENAL	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Additional information is required to define this code and determine criteria.	
Out-Patient Hospital/Ambulatory Surgery Center (ASC) Procedures. Please note all Inpatient based procedures require authorization.	9/1/2019	50590	LITHOTRIPSY XTRCORP SHOCK WAVE	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
Unlisted/Miscellaneous codes: Molina requires prior authorization, as well as, medical necessity documentation and rationale be submitted with the prior authorization request for all Unlisted/Miscellaneous codes, including those not listed here	9/1/2019	50949	UNLISTED LAPAROSCOPY PROCEDURE URETER	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Additional information is required to define this code and determine criteria.	
Unlisted/Miscellaneous codes: Molina requires prior authorization, as well as, medical necessity documentation and rationale be submitted with the prior authorization request for all Unlisted/Miscellaneous codes, including those not listed here	9/1/2019	51999	UNLISTED LAPAROSCOPY PROCEDURE BLADDER	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Additional information is required to define this code and determine criteria.	
Out-Patient Hospital/Ambulatory Surgery Center (ASC) Procedures. Please note all Inpatient based procedures require authorization.	9/1/2019	52441	CYSTO INSERTION TRANSPROSTATIC IMPLANT SINGLE	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Prostatic Urethral Lift or UroLift for BPH.	
Out-Patient Hospital/Ambulatory Surgery Center (ASC) Procedures. Please note all Inpatient based procedures require authorization.	9/1/2019	52649	LASER ENUCLEATION PROSTATE W MORCELLATION	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria	Notes
OP Hosp/Amb Surgery Center (ASC) Procedures	1/1/2023	53410	URETHROPLASTY 1 STG RECNST MALE ANTERIOR URETHRA	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
OP Hosp/Amb Surgery Center (ASC) Procedures	1/1/2023	53420	URTP 2-STG RCNSTJ/RPR PROSTAT/URETHRA 1ST STAGE	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
OP Hosp/Amb Surgery Center (ASC) Procedures	1/1/2023	53425	URTP 2-STG RCNSTJ/RPR PROSTAT/URETHRA 2ND STAGE	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
OP Hosp/Amb Surgery Center (ASC) Procedures	1/1/2023	53430	URETHROPLASTY RCNSTJ FEMALE URETHRA	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
Out-Patient Hospital/Ambulatory Surgery Center (ASC) Procedures. Please note all Inpatient based procedures require authorization.	9/1/2019	53850	TRURL DSTRJ PRSTATE TISS MICROWAVE THERMOTH	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
Out-Patient Hospital/Ambulatory Surgery Center (ASC) Procedures. Please note all Inpatient based procedures require authorization.	9/1/2019	53852	TRURL DSTRJ PRSTATE TISS RF THERMOTH	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria	Notes
Out-Patient Hospital/Ambulatory Surgery Center (ASC) Procedures. Please note all Inpatient based procedures require authorization.	9/1/2019	53854	TRURL DSTRJ PRST8 TISS RF WV THERMOTHERAPY	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
Out-Patient Hospital/Ambulatory Surgery Center (ASC) Procedures. Please note all Inpatient based procedures require authorization.	1/1/2025	53865	Cystourethroscopy with insertion of temporary device for ischemic remodeling (ie, pressure necrosis) of bladder neck and prostate	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	Replaces code C9769
Unlisted/Miscellaneous codes: Molina requires prior authorization, as well as, medical necessity documentation and rationale be submitted with the prior authorization request for all Unlisted/Miscellaneous codes, including those not listed here	9/1/2019	53899	UNLISTED PROCEDURE URINARY SYSTEM	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Additional information is required to define this code and determine criteria.	
OP Hosp/Amb Surgery Center (ASC) Procedures	1/1/2023	54125	AMPUTATION PENIS COMPLETE	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
Out-Patient Hospital/Ambulatory Surgery Center (ASC) Procedures. Please note all Inpatient based procedures require authorization.	9/1/2019	54401	INSJ PENILE PROSTHESOS INFLATABLE SELF-CONTAINED	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
Out-Patient Hospital/Ambulatory Surgery Center (ASC) Procedures. Please note all Inpatient based procedures require authorization.	9/1/2019	54405	INSJ MULTI-COMPONENT INFLATABLE PENILE PROSTH	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria	Notes
OP Hosp/Amb Surgery Center (ASC) Procedures	1/1/2023	54410	RMVL AND RPLCMT INFLATABLE PENILE PROSTH SAME SESS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
OP Hosp/Amb Surgery Center (ASC) Procedures	1/1/2023	54411	RMVL AND RPLCMT NFLTBL PENILE PROSTH INFECTED FIEL	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
OP Hosp/Amb Surgery Center (ASC) Procedures	1/1/2023	54416	RMVL and RPLCMT NON-NFLTBL/NFLTBL PENILE PROSTHESI	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
OP Hosp/Amb Surgery Center (ASC) Procedures	1/1/2023	54417	RMVL AND RPLCMT PENILE PROSTHESIS INFECTED FIELD	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
OP Hosp/Amb Surgery Center (ASC) Procedures	1/1/2023	54520	ORCHIECTOMY SIMPLE SCROTAL/INGUINAL APPROACH	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
OP Hosp/Amb Surgery Center (ASC) Procedures	1/1/2023	54690	LAPAROSCOPY SURGICAL ORCHIECTOMY	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria	Notes
Unlisted/Miscellaneous codes: Molina requires prior authorization, as well as, medical necessity documentation and rationale be submitted with the prior authorization request for all Unlisted/Miscellaneous codes, including those not listed here	9/1/2019	54699	UNLISTED LAPAROSCOPY PROCEDURE TESTIS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Additional information is required to define this code and determine criteria.	
Unlisted/Miscellaneous codes: Molina requires prior authorization, as well as, medical necessity documentation and rationale be submitted with the prior authorization request for all Unlisted/Miscellaneous codes, including those not listed here	9/1/2019	55559	UNLISTED LAPROSCOPY PROCEDURE SPERMATIC CORD	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Additional information is required to define this code and determine criteria.	
OP Hosp/Amb Surgery Center (ASC) Procedures	1/1/2023	55866	LAPS PROSTECT RETROPUBIC RAD W/NRV SPARING ROBOT	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
OP Hosp/Amb Surgery Center (ASC) Procedures	1/1/2023	55867	LPRSCOPY, SRGCL PRSTTECTOMY, SMPLE SUBTOTL (NCLDNG CTRL OF PSTOPRTVE BLEEDING, VSCTOMY, MEATOTMY, URTHRL CALBRTN AND/OR DLTION, AND NTERNL URTHROTOMY), NCLUDS RBTC ASISTNCE, WHN PRFRMD	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
Out-Patient Hospital/Ambulatory Surgery Center (ASC) Procedures. Please note all Inpatient based procedures require authorization.	9/1/2019	55874	TRANSPERINEAL PLMT BIODEGRADABLE MATRL 1 MLT NJX	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
Out-Patient Hospital/Ambulatory Surgery Center (ASC) Procedures. Please note all Inpatient based procedures require authorization.	1/1/2021	55880	ABLATION OF MALIGNANT PROSTATE TISSUE, TRANSRECTAL, WITH HIGH INTENSITY-FOCUSED ULTRASOUND (HIFU), INCLUDING ULTRASOUND GUIDANCE	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria	Notes
Unlisted/Miscellaneous codes: Molina requires prior authorization, as well as, medical necessity documentation and rationale be submitted with the prior authorization request for all Unlisted/Miscellaneous codes, including those not listed here	9/1/2019	55899	UNLISTED PROCEDURE MALE GENITAL SYSTEM	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Additional information is required to define this code and determine criteria.	
Out-Patient Hospital/Ambulatory Surgery Center (ASC) Procedures. Please note all Inpatient based procedures require authorization.	9/1/2019	55970	INTERSEX SURG MALE FEMALE	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
OP Hosp/Amb Surgery Center (ASC) Procedures	1/1/2023	55970	NTERSEX SURG MALE FEMALE	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
Out-Patient Hospital/Ambulatory Surgery Center (ASC) Procedures. Please note all Inpatient based procedures require authorization.	9/1/2019	55980	INTERSEX SURG FEMALE MALE	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
OP Hosp/Amb Surgery Center (ASC) Procedures	1/1/2023	55980	INTERSEX SURG FEMALE MALE	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
OP Hosp/Amb Surgery Center (ASC) Procedures	1/1/2023	56625	VULVECTOMY SIMPLE COMPLETE	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria	Notes
OP Hosp/Amb Surgery Center (ASC) Procedures	1/1/2023	56800	PLASTIC REPAIR INTROITUS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.		
OP Hosp/Amb Surgery Center (ASC) Procedures	1/1/2023	56805	CLITOROPLASTY INTERSEX STATE	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
OP Hosp/Amb Surgery Center (ASC) Procedures	1/1/2023	57106	VAGINECTOMY PARTIAL REMOVAL VAGINAL WALL	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
OP Hosp/Amb Surgery Center (ASC) Procedures	1/1/2023	57110	VAGINECTOMY COMPLETE REMOVAL VAGINAL WALL	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
OP Hosp/Amb Surgery Center (ASC) Procedures	1/1/2023	57291	CONSTRUCTION ARTIFICIAL VAGINA W/O GRAFT	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
OP Hosp/Amb Surgery Center (ASC) Procedures	1/1/2023	57292	CONSTRUCTION ARTIFICIAL VAGINA W/GRAFT	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria	Notes
OP Hosp/Amb Surgery Center (ASC) Procedures	1/1/2023	57296	REVJ W/RMVL PROSTHETIC VAGINAL GRAFT ABDML APPR	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
OP Hosp/Amb Surgery Center (ASC) Procedures	1/1/2023	57335	VAGINOPLASTY INTERSEX STATE	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
OP Hosp/Amb Surgery Center (ASC) Procedures	1/1/2023	57426	REVISION PROSTHETIC VAGINAL GRAFT LAPAROSCOPIC	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
Out-Patient Hospital/Ambulatory Surgery Center (ASC) Procedures. Please note all Inpatient based procedures require authorization.	1/1/2021	57465	COMPUTER-AIDED MAPPING OF CERVIX UTERI DURING COLPOSCOPY, INCLUDING OPTICAL DYNAMIC SPECTRAL IMAGING AND ALGORITHMIC QUANTIFICATION OF THE ACETOWHITENING EFFECT (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
Out-Patient Hospital/Ambulatory Surgery Center (ASC) Procedures. Please note all Inpatient based procedures require authorization.	9/1/2019	58150	TOTAL ABDOMINAL HYSTERECT W WO RMVL TUBE OVARY	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
Out-Patient Hospital/Ambulatory Surgery Center (ASC) Procedures. Please note all Inpatient based procedures require authorization.	9/1/2019	58152	TOT ABD HYST W WO RMVL TUBE OVARY W COLPURETHRXY	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria	Notes
Out-Patient Hospital/Ambulatory Surgery Center (ASC) Procedures. Please note all Inpatient based procedures require authorization.	9/1/2019	58180	SUPRACERVICAL ABDL HYSTER W WO RMVL TUBE OVARY	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
Out-Patient Hospital/Ambulatory Surgery Center (ASC) Procedures. Please note all Inpatient based procedures require authorization.	9/1/2019	58200	TOT ABD HYST W PARAORTIC AND PELVIC LYMPH NODE SAM	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
Out-Patient Hospital/Ambulatory Surgery Center (ASC) Procedures. Please note all Inpatient based procedures require authorization.	9/1/2019	58210	RAD ABDL HYSTERECTOMY W BI PELVIC LMPHADENECTOMY	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
Out-Patient Hospital/Ambulatory Surgery Center (ASC) Procedures. Please note all Inpatient based procedures require authorization.	9/1/2019	58260	VAGINAL HYSTERECTOMY UTERUS 250 GM OR LESS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
Out-Patient Hospital/Ambulatory Surgery Center (ASC) Procedures. Please note all Inpatient based procedures require authorization.	9/1/2019	58262	VAG HYST 250 GM OR LESS W RMVL TUBE AND OVARY	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
Out-Patient Hospital/Ambulatory Surgery Center (ASC) Procedures. Please note all Inpatient based procedures require authorization.	9/1/2019	58263	VAG HYST 250 GM OR LESS W RMVL TUBE OVARY W RPR NTRCL	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria	Notes
Out-Patient Hospital/Ambulatory Surgery Center (ASC) Procedures. Please note all Inpatient based procedures require authorization.	9/1/2019	58267	VAG HYST 250 GM OR LESS W COLPO-URTCSTOPEXY	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
Out-Patient Hospital/Ambulatory Surgery Center (ASC) Procedures. Please note all Inpatient based procedures require authorization.	9/1/2019	58270	VAGINAL HYSTERECTOMY 250 GM OR LESS W RPR ENTEROCELE	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
Out-Patient Hospital/Ambulatory Surgery Center (ASC) Procedures. Please note all Inpatient based procedures require authorization.	9/1/2019	58275	VAGINAL HYSTERECTOMY W TOT PRTL VAGINECTOMY	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
Out-Patient Hospital/Ambulatory Surgery Center (ASC) Procedures. Please note all Inpatient based procedures require authorization.	9/1/2019	58280	VAG HYSTER W TOT PRTL VAGINECT W RPR ENTEROCELE	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
Out-Patient Hospital/Ambulatory Surgery Center (ASC) Procedures. Please note all Inpatient based procedures require authorization.	9/1/2019	58285	VAGINAL HYSTERECTOMY RADICAL SCHAUTA OPERATION	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
Out-Patient Hospital/Ambulatory Surgery Center (ASC) Procedures. Please note all Inpatient based procedures require authorization.	9/1/2019	58290	VAGINAL HYSTERECTOMY UTERUS OVER 250 GM	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria	Notes
Out-Patient Hospital/Ambulatory Surgery Center (ASC) **Procedures.** Please note all Inpatient based procedures require authorization.	9/1/2019	58291	VAG HYST OVER 250 GM RMVL TUBE AND OVARY	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
Out-Patient Hospital/Ambulatory Surgery Center (ASC) **Procedures.** Please note all Inpatient based procedures require authorization.	9/1/2019	58292	VAG HYST OVER 250 GM RMVL TUBE AND OVARY W RPR ENTRCLE	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
Out-Patient Hospital/Ambulatory Surgery Center (ASC) **Procedures.** Please note all Inpatient based procedures require authorization.	9/1/2019	58293	VAG HYST OVER 250 GM COLPOURTCSTOPEXY W WO NDSC CTR	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
Out-Patient Hospital/Ambulatory Surgery Center (ASC) **Procedures.** Please note all Inpatient based procedures require authorization.	9/1/2019	58294	VAGINAL HYSTERECTOMY OVER 250 GM RPR ENTEROCELE	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
Out-Patient Hospital/Ambulatory Surgery Center (ASC) **Procedures.** Please note all Inpatient based procedures require authorization.	9/1/2019	58321	ARTIFICIAL INSEMINATION INTRA-CERVICAL	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
Out-Patient Hospital/Ambulatory Surgery Center (ASC) **Procedures.** Please note all Inpatient based procedures require authorization.	9/1/2019	58322	ARTIFICIAL INSEMINATION INTRA-UTERINE	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	

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Out-Patient Hospital/Ambulatory Surgery Center (ASC) **Procedures.** Please note all Inpatient based procedures require authorization.	9/1/2019	58323	SPERM WASHING ARTIFICIAL INSEMINATION	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
Out-Patient Hospital/Ambulatory Surgery Center (ASC) **Procedures.** Please note all Inpatient based procedures require authorization.	9/1/2019	58345	TRANSCERV FALLOPIAN TUBE CATH W WO HYSTOSALPING	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
Out-Patient Hospital/Ambulatory Surgery Center (ASC) **Procedures.** Please note all Inpatient based procedures require authorization.	9/1/2019	58350	CHROMOTUBATION OVIDUCT W MATERIALS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
Out-Patient Hospital/Ambulatory Surgery Center (ASC) **Procedures.** Please note all Inpatient based procedures require authorization.	9/1/2019	58356	ENDOMETRIAL CRYOABLATION W US AND ENDOMETRIAL CR	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
Out-Patient Hospital/Ambulatory Surgery Center (ASC) **Procedures.** Please note all Inpatient based procedures require authorization.	9/1/2019	58540	HYSTEROPLASTY RPR UTERINE ANOMALY	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
Out-Patient Hospital/Ambulatory Surgery Center (ASC) **Procedures.** Please note all Inpatient based procedures require authorization.	9/1/2019	58541	LAPAROSCOPY SUPRACERVICAL HYSTERECTOMY 250 GM OR LESS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria	Notes
Out-Patient Hospital/Ambulatory Surgery Center (ASC) **Procedures.** Please note all Inpatient based procedures require authorization.	9/1/2019	58542	LAPS SUPRACRV HYSTERECT 250 GM OR LESS RMVL TUBE OVAR	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
Out-Patient Hospital/Ambulatory Surgery Center (ASC) **Procedures.** Please note all Inpatient based procedures require authorization.	9/1/2019	58543	LAPS SUPRACERVICAL HYSTERECTOMY OVER 250	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
Out-Patient Hospital/Ambulatory Surgery Center (ASC) **Procedures.** Please note all Inpatient based procedures require authorization.	9/1/2019	58544	LAPS SUPRACRV HYSTEREC OVER 250 G RMVL TUBE OVARY	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
Out-Patient Hospital/Ambulatory Surgery Center (ASC) **Procedures.** Please note all Inpatient based procedures require authorization.	9/1/2019	58545	LAPS MYOMECTOMY EXC 1-4 MYOMAS 250 GM OR LESS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
Out-Patient Hospital/Ambulatory Surgery Center (ASC) **Procedures.** Please note all Inpatient based procedures require authorization.	9/1/2019	58546	LAPS MYOMECTOMY EXC 5 OR GRT MYOMAS OVER 250 GRAMS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
Out-Patient Hospital/Ambulatory Surgery Center (ASC) **Procedures.** Please note all Inpatient based procedures require authorization.	9/1/2019	58548	LAPS W RAD HYST W BILAT LMPHADEC RMVL TUBE OVARY	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria	Notes
Out-Patient Hospital/Ambulatory Surgery Center (ASC) Procedures. Please note all Inpatient based procedures require authorization.	9/1/2019	58550	LAPS VAGINAL HYSTERECTOMY UTERUS 250 GM OR LESS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
Out-Patient Hospital/Ambulatory Surgery Center (ASC) Procedures. Please note all Inpatient based procedures require authorization.	9/1/2019	58552	LAPS W VAG HYSTERECT 250 GM AND RMVL TUBE AND OVARIES	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
Out-Patient Hospital/Ambulatory Surgery Center (ASC) Procedures. Please note all Inpatient based procedures require authorization.	9/1/2019	58553	LAPS W VAGINAL HYSTERECTOMY OVER 250 GRAMS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
Out-Patient Hospital/Ambulatory Surgery Center (ASC) Procedures. Please note all Inpatient based procedures require authorization.	9/1/2019	58554	LAPS VAGINAL HYSTERECT OVER 250 GM RMVL TUBE AND OVAR	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
Out-Patient Hospital/Ambulatory Surgery Center (ASC) Procedures. Please note all Inpatient based procedures require authorization.	9/1/2019	58570	LAPAROSCOPY W TOTAL HYSTERECTOMY UTERUS 250 GM OR LESS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
Out-Patient Hospital/Ambulatory Surgery Center (ASC) Procedures. Please note all Inpatient based procedures require authorization.	9/1/2019	58571	LAPS TOTAL HYSTERECT 250 GM OR LESS W RMVL TUBE OVARY	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria	Notes
Out-Patient Hospital/Ambulatory Surgery Center (ASC) **Procedures.** Please note all Inpatient based procedures require authorization.	9/1/2019	58572	LAPAROSCOPY TOTAL HYSTERECTOMY UTERUS OVER 250 GM	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
Out-Patient Hospital/Ambulatory Surgery Center (ASC) **Procedures.** Please note all Inpatient based procedures require authorization.	9/1/2019	58573	LAPAROSCOPY TOT HYSTERECTOMY OVER 250 G W TUBE OVAR	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
Unlisted/Miscellaneous codes: Molina requires prior authorization, as well as, medical necessity documentation and rationale be submitted with the prior authorization request for all Unlisted/Miscellaneous codes, including those not listed here	9/1/2019	58578	UNLISTED LAPAROSCOPY PROCEDURE UTERUS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Additional information is required to define this code and determine criteria.	
Unlisted/Miscellaneous codes: Molina requires prior authorization, as well as, medical necessity documentation and rationale be submitted with the prior authorization request for all Unlisted/Miscellaneous codes, including those not listed here	9/1/2019	58579	UNLISTED HYSTEROSCOPY PROCEDURE UTERUS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Additional information is required to define this code and determine criteria.	
Out-Patient Hospital/Ambulatory Surgery Center (ASC) **Procedures.** Please note all Inpatient based procedures require authorization.	9/1/2019	58660	LAPAROSCOPY W LYSIS OF ADHESIONS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
Out-Patient Hospital/Ambulatory Surgery Center (ASC) **Procedures.** Please note all Inpatient based procedures require authorization.	9/1/2019	58661	LAPAROSCOPY W RMVL ADNEXAL STRUCTURES	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria	Notes
Out-Patient Hospital/Ambulatory Surgery Center (ASC) **Procedures.** Please note all Inpatient based procedures require authorization.	9/1/2019	58662	LAPS FULG EXC OVARY VISCERA PERITONEAL SURFACE	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Proprietary criteria please contact Molina for a copy and/or Molina Clinical Policy: Deep Brain Stimulation for Epilepsy	
Out-Patient Hospital/Ambulatory Surgery Center (ASC) **Procedures.** Please note all Inpatient based procedures require authorization.	9/1/2019	58672	LAPAROSCOPY FIMBRIOPLASTY	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
Out-Patient Hospital/Ambulatory Surgery Center (ASC) **Procedures.** Please note all Inpatient based procedures require authorization.	9/1/2019	58673	LAPAROSCOPY SALPINGOSTOMY	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
Unlisted/Miscellaneous codes: Molina requires prior authorization, as well as, medical necessity documentation and rationale be submitted with the prior authorization request for all Unlisted/Miscellaneous codes, including those not listed here	9/1/2019	58679	UNLISTED LAPAROSCOPY PROCEDURE OVIDUCT OVARY	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Additional information is required to define this code and determine criteria.	
Out-Patient Hospital/Ambulatory Surgery Center (ASC) **Procedures.** Please note all Inpatient based procedures require authorization.	9/1/2019	58700	SALPINGECTOMY COMPLETE PARTIAL UNI BI SPX	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
Out-Patient Hospital/Ambulatory Surgery Center (ASC) **Procedures.** Please note all Inpatient based procedures require authorization.	9/1/2019	58720	SALPINGO-OOPHORECTOMY COMPL PRTL UNI BI SPX	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria	Notes
Out-Patient Hospital/Ambulatory Surgery Center (ASC) **Procedures.** Please note all Inpatient based procedures require authorization.	9/1/2019	58740	LYSIS OF ADHESIONS SALPINX OVARY	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
Out-Patient Hospital/Ambulatory Surgery Center (ASC) **Procedures.** Please note all Inpatient based procedures require authorization.	9/1/2019	58750	TUBOTUBAL ANASTATOMOSIS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
Out-Patient Hospital/Ambulatory Surgery Center (ASC) **Procedures.** Please note all Inpatient based procedures require authorization.	9/1/2019	58752	TUBOUTERINE IMPLANTATION	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
Out-Patient Hospital/Ambulatory Surgery Center (ASC) **Procedures.** Please note all Inpatient based procedures require authorization.	9/1/2019	58760	FIMBRIOPLASTY	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
Out-Patient Hospital/Ambulatory Surgery Center (ASC) **Procedures.** Please note all Inpatient based procedures require authorization.	9/1/2019	58770	SALPINGOSTOMY	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
Out-Patient Hospital/Ambulatory Surgery Center (ASC) **Procedures.** Please note all Inpatient based procedures require authorization.	9/1/2019	58940	OOPHORECTOMY PARTIAL TOTAL UNI BI	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria	Notes
Out-Patient Hospital/Ambulatory Surgery Center (ASC) Procedures. Please note all Inpatient based procedures require authorization.	9/1/2019	58943	OOPHORECTOMY PRTL TOT UNI BI OVARIAN MALIGNANCY	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
Out-Patient Hospital/Ambulatory Surgery Center (ASC) Procedures. Please note all Inpatient based procedures require authorization.	9/1/2019	58950	RESCJ OVARIAN TUBAL PERITONEAL MALIGNANCY W BSO	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
Out-Patient Hospital/Ambulatory Surgery Center (ASC) Procedures. Please note all Inpatient based procedures require authorization.	9/1/2019	58951	RESCJ PRIM PRTL MAL W BSO AND OMNTC TAH AND LMPHAD	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
Out-Patient Hospital/Ambulatory Surgery Center (ASC) Procedures. Please note all Inpatient based procedures require authorization.	9/1/2019	58952	RESCJ PRIM PRTL MAL W BSO AND OMNTC RAD DEBULKING	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
Out-Patient Hospital/Ambulatory Surgery Center (ASC) Procedures. Please note all Inpatient based procedures require authorization.	9/1/2019	58953	BSO W OMENTECTOMY TAH AND RAD DEBULKING DISSECTION	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
Out-Patient Hospital/Ambulatory Surgery Center (ASC) Procedures. Please note all Inpatient based procedures require authorization.	9/1/2019	58954	BSO W OMENTECTOMY TAH DEBULKING W LMPHADECTOMY	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	

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Out-Patient Hospital/Ambulatory Surgery Center (ASC) Procedures. Please note all Inpatient based procedures require authorization.	9/1/2019	58956	BSO W TOT OMENTECTOMY AND HYSTERECTOMY MALIGNANC	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
Out-Patient Hospital/Ambulatory Surgery Center (ASC) Procedures. Please note all Inpatient based procedures require authorization.	9/1/2019	58957	RESECJ RECUR OVARIAN TUBAL PERITONEAL MALIGNANCY	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
Out-Patient Hospital/Ambulatory Surgery Center (ASC) Procedures. Please note all Inpatient based procedures require authorization.	9/1/2019	58958	RESECTION RECRT MAL W OMENTECTOMY PEL LMPHADEC	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
Out-Patient Hospital/Ambulatory Surgery Center (ASC) Procedures. Please note all Inpatient based procedures require authorization.	9/1/2019	58970	FOLLICLE PUNCTURE OOCYTE RETRIEVAL ANY METHOD	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
Out-Patient Hospital/Ambulatory Surgery Center (ASC) Procedures. Please note all Inpatient based procedures require authorization.	9/1/2019	58974	EMBRYO TRANSFER INTRAUTERINE	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
Out-Patient Hospital/Ambulatory Surgery Center (ASC) Procedures. Please note all Inpatient based procedures require authorization.	9/1/2019	58976	GAMETE ZYGOTE EMBRYO FALLOPIAN TRANSFER ANY METH	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria	Notes
Unlisted/Miscellaneous codes: Molina requires prior authorization, as well as, medical necessity documentation and rationale be submitted with the prior authorization request for all Unlisted/Miscellaneous codes, including those not listed here	9/1/2019	58999	UNLISTED PX FEMALE GENITAL SYSTEM NONOBSTETRICAL	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Additional information is required to define this code and determine criteria.	
Out-Patient Hospital/Ambulatory Surgery Center (ASC) Procedures. Please note all Inpatient based procedures require authorization.	9/1/2019	59070	TRANSABDOMINAL AMNIOINFUSION W ULTRSND GUIDANCE	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
Out-Patient Hospital/Ambulatory Surgery Center (ASC) Procedures. Please note all Inpatient based procedures require authorization.	9/1/2019	59074	FETAL FLUID DRAINAGE W ULTRASOUND GUIDANCE	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
Out-Patient Hospital/Ambulatory Surgery Center (ASC) Procedures. Please note all Inpatient based procedures require authorization.	9/1/2019	59076	FETAL SHUNT PLACEMENT W ULTRASOUND GUIDANCE	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
Unlisted/Miscellaneous codes: Molina requires prior authorization, as well as, medical necessity documentation and rationale be submitted with the prior authorization request for all Unlisted/Miscellaneous codes, including those not listed here	9/1/2019	59897	UNLISTED FETAL INVASIVE PX W ULTRASOUND	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Additional information is required to define this code and determine criteria.	
Unlisted/Miscellaneous codes: Molina requires prior authorization, as well as, medical necessity documentation and rationale be submitted with the prior authorization request for all Unlisted/Miscellaneous codes, including those not listed here	9/1/2019	59898	UNLISTED LAPAROSCOPY PX MATERNITY CARE AND DELIVERY	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Additional information is required to define this code and determine criteria.	

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria	Notes
Unlisted/Miscellaneous codes: Molina requires prior authorization, as well as, medical necessity documentation and rationale be submitted with the prior authorization request for all Unlisted/Miscellaneous codes, including those not listed here	9/1/2019	59899	UNLISTED PROCEDURE MATERNITY CARE AND DELIVERY	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Additional information is required to define this code and determine criteria.	
Unlisted/Miscellaneous codes: Molina requires prior authorization, as well as, medical necessity documentation and rationale be submitted with the prior authorization request for all Unlisted/Miscellaneous codes, including those not listed here	9/1/2019	60659	UNLISTED LAPAROSCOPY PROCEDURE ENDOCRINE SYSTEM	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Additional information is required to define this code and determine criteria.	
Unlisted/Miscellaneous codes: Molina requires prior authorization, as well as, medical necessity documentation and rationale be submitted with the prior authorization request for all Unlisted/Miscellaneous codes, including those not listed here	9/1/2019	60699	UNLISTED PROCEDURE ENDOCRINE SYSTEM	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Additional information is required to define this code and determine criteria.	
Out-Patient Hospital/Ambulatory Surgery Center (ASC) Procedures. Please note all Inpatient based procedures require authorization.	9/1/2019	61863	STRTCTC IMPLTJ NSTIM ELTRD W O RECORD 1ST ARRAY	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
Out-Patient Hospital/Ambulatory Surgery Center (ASC) Procedures. Please note all Inpatient based procedures require authorization.	9/1/2019	61867	STRTCTC IMPLTJ NSTIM ELTRD W RECORD 1ST ARRAY	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
Out-Patient Hospital/Ambulatory Surgery Center (ASC) Procedures. Please note all Inpatient based procedures require authorization.	9/1/2019	61885	INSJ RPLCMT CRANIAL NEUROSTIM PULSE GENERATOR	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria	Notes
Out-Patient Hospital/Ambulatory Surgery Center (ASC) Procedures. Please note all Inpatient based procedures require authorization.	9/1/2019	61886	INSJ RPLCMT CRANIAL NEUROSTIM GENER 2 OR GRT ELTRDS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
Pain Management	9/1/2019	62263	PRQ LYSIS EPIDURAL ADHESIONS MULT SESS 2 OR GRT DAYS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Percutaneous Epidural Adhesiolysis for Chronic Low Back Pain Racz Procedure	Authorization required in any setting
Pain Management	9/1/2019	62264	PRQ LYSIS EPIDURAL ADHESIONS MULT SESSIONS 1 DAY	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Percutaneous Epidural Adhesiolysis for Chronic Low Back Pain Racz Procedure	Authorization required in any setting
Pain Management	9/1/2019	62320	NJX DX THER SBST INTRLMNR CRV THRC W O IMG GDN	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	Authorization required in any setting
Pain Management	9/1/2019	62321	NJX DX THER SBST INTRLMNR CRV THRC W IMG GDN	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	Authorization required in any setting
Pain Management	9/1/2019	62322	NJX DX THER SBST INTRLMNR LMBR SAC W O IMG GDN	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	Authorization required in any setting

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria	Notes
Pain Management	9/1/2019	62323	NJX DX THER SBST INTRLMNR LMBR SAC W IMG GDN	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	Authorization required in any setting
Out-Patient Hospital/Ambulatory Surgery Center (ASC) **Procedures.** Please note all Inpatient based procedures require authorization.	9/1/2019	62324	NJX DX THER SBST INTRLMNR CRV THRC W O IMG GDN	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
Out-Patient Hospital/Ambulatory Surgery Center (ASC) **Procedures.** Please note all Inpatient based procedures require authorization.	9/1/2019	62325	NJX DX THER SBST INTRLMNR CRV THRC W IMG GDN	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
Out-Patient Hospital/Ambulatory Surgery Center (ASC) **Procedures.** Please note all Inpatient based procedures require authorization.	9/1/2019	62326	NJX DX THER SBST INTRLMNR LMBR SAC W O IMG GDN	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
Out-Patient Hospital/Ambulatory Surgery Center (ASC) **Procedures.** Please note all Inpatient based procedures require authorization.	9/1/2019	62327	NJX DX THER SBST INTRLMNR LMBR SAC W IMG GDN	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
Pain Management	9/1/2019	62351	IMPLTJ REVJ RPSG ITHCL EDRL CATH W LAM	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	Authorization required in any setting

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria	Notes
Pain Management	9/1/2019	62360	IMPLTJ RPLCMT ITHCL EDRL DRUG NFS SUBQ RSVR	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	Authorization required in any setting
Pain Management	9/1/2019	62361	IMPLTJ RPLCMT FS NON-PRGRBL PUMP	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	Authorization required in any setting
Pain Management	9/1/2019	62362	IMPLTJ RPLCMT ITHCL EDRL DRUG NFS PRGRBL PUMP	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	Authorization required in any setting
Out-Patient Hospital/Ambulatory Surgery Center (ASC) **Procedures.** Please note all Inpatient based procedures require authorization.	9/1/2019	62380	NDSC DCMPRN SPINAL CORD 1 W LAMOT NTRSPC LUMBAR	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
Out-Patient Hospital/Ambulatory Surgery Center (ASC) **Procedures.** Please note all Inpatient based procedures require authorization.	9/1/2019	63001	LAM W O FACETEC FORAMOT DSKC 1 2 VRT SEG CRV	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
Out-Patient Hospital/Ambulatory Surgery Center (ASC) **Procedures.** Please note all Inpatient based procedures require authorization.	9/1/2019	63003	LAMINECTOMY W O FFD 1 2 VERT SEG THORACIC	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	

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Out-Patient Hospital/Ambulatory Surgery Center (ASC) **Procedures.** Please note all Inpatient based procedures require authorization.	9/1/2019	63005	LAMINECTOMY W O FFD 1 2 VERT SEG LUMBAR	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
Out-Patient Hospital/Ambulatory Surgery Center (ASC) **Procedures.** Please note all Inpatient based procedures require authorization.	9/1/2019	63011	LAMINECTOMY W O FFD 1 2 VERT SEG SACRAL	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
Out-Patient Hospital/Ambulatory Surgery Center (ASC) **Procedures.** Please note all Inpatient based procedures require authorization.	9/1/2019	63012	LAMINECTOMY W RMVL ABNORMAL FACETS LUMBAR	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
Out-Patient Hospital/Ambulatory Surgery Center (ASC) **Procedures.** Please note all Inpatient based procedures require authorization.	9/1/2019	63015	LAMINECTOMY W O FFD OVER 2 VERT SEG CERVICAL	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
Out-Patient Hospital/Ambulatory Surgery Center (ASC) **Procedures.** Please note all Inpatient based procedures require authorization.	9/1/2019	63016	LAMINECTOMY W O FFD OVER 2 VERT SEG THORACIC	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
Out-Patient Hospital/Ambulatory Surgery Center (ASC) **Procedures.** Please note all Inpatient based procedures require authorization.	9/1/2019	63017	LAMINECTOMY W O FFD OVER 2 VERT SEG LUMBAR	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	

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Out-Patient Hospital/Ambulatory Surgery Center (ASC) **Procedures.** Please note all Inpatient based procedures require authorization.	9/1/2019	63020	LAMNOTMY INCL W DCMPRSN NRV ROOT 1 INTRSPC CERVC	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
Out-Patient Hospital/Ambulatory Surgery Center (ASC) **Procedures.** Please note all Inpatient based procedures require authorization.	9/1/2019	63030	LAMNOTMY INCL W DCMPRSN NRV ROOT 1 INTRSPC LUMBR	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
Out-Patient Hospital/Ambulatory Surgery Center (ASC) **Procedures.** Please note all Inpatient based procedures require authorization.	1/1/2021	63035	LAMNOTMY W/DCMPRSN NRV EACH ADDL CRVCL/LMBR	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
Out-Patient Hospital/Ambulatory Surgery Center (ASC) **Procedures.** Please note all Inpatient based procedures require authorization.	9/1/2019	63040	LAMOT PRTL FFD EXC DISC REEXPL 1 NTRSPC CERVICAL	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
Out-Patient Hospital/Ambulatory Surgery Center (ASC) **Procedures.** Please note all Inpatient based procedures require authorization.	9/1/2019	63042	LAMOT PRTL FFD EXC DISC REEXPL 1 NTRSPC LUMBAR	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
Out-Patient Hospital/Ambulatory Surgery Center (ASC) **Procedures.** Please note all Inpatient based procedures require authorization.	1/1/2021	63043	LAMOT PRTL FFD EXC DISC REEXPL 1 NTRSPC EA CRV	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria	Notes
Out-Patient Hospital/Ambulatory Surgery Center (ASC) **Procedures.** Please note all Inpatient based procedures require authorization.	1/1/2021	63044	LAMOT W/PRTL FFD HRNA8 REEXPL 1 NTRSPC EA LMBR	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
Out-Patient Hospital/Ambulatory Surgery Center (ASC) **Procedures.** Please note all Inpatient based procedures require authorization.	9/1/2019	63045	LAM FACETECTOMY AND FORAMOTOMY 1 SEGMENT CERVICAL	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
Out-Patient Hospital/Ambulatory Surgery Center (ASC) **Procedures.** Please note all Inpatient based procedures require authorization.	9/1/2019	63046	LAM FACETECTOMY AND FORAMOTOMY 1 SEGMENT THORACIC	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
Out-Patient Hospital/Ambulatory Surgery Center (ASC) **Procedures.** Please note all Inpatient based procedures require authorization.	9/1/2019	63047	LAM FACETECTOMY AND FORAMOTOMY 1 SEGMENT LUMBAR	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
Out-Patient Hospital/Ambulatory Surgery Center (ASC) **Procedures.** Please note all Inpatient based procedures require authorization.	1/1/2021	63048	LAM FACETECTOMY and FORAMTOMY 1 SGM EA CRV THRC/LMBR	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
Out-Patient Hospital/Ambulatory Surgery Center (ASC) **Procedures.** Please note all Inpatient based procedures require authorization.	9/1/2019	63050	LAMOP CERVICAL W DCMPRN SPI CORD 2 OR GRT VERT SEG	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria	Notes
Out-Patient Hospital/Ambulatory Surgery Center (ASC) Procedures. Please note all Inpatient based procedures require authorization.	9/1/2019	63051	LAMOPLASTY CERVICAL DCMPRN CORD 2 OR GRT SEG RCNSTJ	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
OP Hosp/Amb Surgery Center (ASC) Procedures	1/1/2022	63052	Laminectomy, facetectomy, or foraminotomy (unilateral or bilateral with decompression of spinal cord, cauda equina and/or nerve root[s] [eg, spinal or lateral recess stenosis]), during posterior interbody arthrodesis, lumbar; single vertebral segment (List separately in addition to code for primary procedure)	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
OP Hosp/Amb Surgery Center (ASC) Procedures	1/1/2022	63053	Laminectomy, facetectomy, or foraminotomy (unilateral or bilateral with decompression of spinal cord, cauda equina and/or nerve root[s] [eg, spinal or lateral recess stenosis]), during posterior interbody arthrodesis, lumbar; each additional segment (List separately in addition to code for primary procedure)	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
Out-Patient Hospital/Ambulatory Surgery Center (ASC) Procedures. Please note all Inpatient based procedures require authorization.	9/1/2019	63055	TRANSPEDICULAR DCMPRN SPINAL CORD 1 SEG THORACIC	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
Out-Patient Hospital/Ambulatory Surgery Center (ASC) Procedures. Please note all Inpatient based procedures require authorization.	9/1/2019	63056	TRANSPEDICULAR DCMPRN SPINAL CORD 1 SEG LUMBAR	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
Out-Patient Hospital/Ambulatory Surgery Center (ASC) Procedures. Please note all Inpatient based procedures require authorization.	1/1/2021	63057	TRANSPEDICULAR DCMPRN 1 SEG EA THORACIC/LUMBAR	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria	Notes
Out-Patient Hospital/Ambulatory Surgery Center (ASC) Procedures. Please note all Inpatient based procedures require authorization.	9/1/2019	63064	COSTOVERTEBRAL DCMPRN SPINAL CORD THORACIC 1 SEG	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
Out-Patient Hospital/Ambulatory Surgery Center (ASC) Procedures. Please note all Inpatient based procedures require authorization.	9/1/2019	63075	DISCECTOMY ANT DCMPRN CORD CERVICAL 1 NTRSPC	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
Out-Patient Hospital/Ambulatory Surgery Center (ASC) Procedures. Please note all Inpatient based procedures require authorization.	1/1/2021	63076	DISCECTOMY ANT DCMPRN CORD CERVICAL EA NTRSPC	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
Out-Patient Hospital/Ambulatory Surgery Center (ASC) Procedures. Please note all Inpatient based procedures require authorization.	9/1/2019	63077	DISCECTOMY ANT DCMPRN CORD THORACIC 1 NTRSPC	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
Out-Patient Hospital/Ambulatory Surgery Center (ASC) Procedures. Please note all Inpatient based procedures require authorization.	9/1/2019	63081	VERTEBRAL CORPECTOMY ANT DCMPRN CERVICAL 1 SEG	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
OP Hosp/Amb Surgery Center (ASC) Procedures	7/1/2021	63082	VERTEBRAL CORPECTOMY DCMPRN CERVICAL EA SEG	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria	Notes
Out-Patient Hospital/Ambulatory Surgery Center (ASC) Procedures. Please note all Inpatient based procedures require authorization.	9/1/2019	63085	VERTEBRAL CORPECTOMY DCMPRN CORD THORACIC 1 SEG	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
Out-Patient Hospital/Ambulatory Surgery Center (ASC) Procedures. Please note all Inpatient based procedures require authorization.	9/1/2019	63087	VCRPEC THORACOLMBR DCMPRN LWR THRC LMBR 1 SEG	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
Out-Patient Hospital/Ambulatory Surgery Center (ASC) Procedures. Please note all Inpatient based procedures require authorization.	9/1/2019	63090	VCRPEC TRANSPRTL RPR DCMPRN THRC LMBR SAC 1 SEG	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
Out-Patient Hospital/Ambulatory Surgery Center (ASC) Procedures. Please note all Inpatient based procedures require authorization.	9/1/2019	63101	VERTEB CORPECT LAT XTRCAVITARY DCMPRN THRC 1 SEG	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
Out-Patient Hospital/Ambulatory Surgery Center (ASC) Procedures. Please note all Inpatient based procedures require authorization.	9/1/2019	63102	VERTEB CORPECT LAT XTRCAVITARY DCMPRN LMBR 1 SEG	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
OP Hosp/Amb Surgery Center (ASC) Procedures	7/1/2021	63300	VCRPEC LES 1 SGM XDRL CERVICAL	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria	Notes
OP Hosp/Amb Surgery Center (ASC) Procedures	7/1/2021	63304	VERTEBRAL CORPECTOMY EXC LES 1 SEG IDRL CERVICAL	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
OP Hosp/Amb Surgery Center (ASC) Procedures	7/1/2021	63308	VERTEBRAL CORPECTOMY EXC INDRL LES EACH SEG	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
Pain Management	9/1/2019	63650	PRQ IMPLTJ NSTIM ELECTRODE ARRAY EPIDURAL	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	Authorization required in any setting
Pain Management	9/1/2019	63655	LAM IMPLTJ NSTIM ELTRDS PLATE PADDLE EDRL	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	Authorization required in any setting
Pain Management	9/1/2019	63661	RMVL SPINAL NSTIM ELTRD PRQ ARRAY INCL FLUOR	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	Authorization required in any setting
Pain Management	9/1/2019	63662	RMVL SPINAL NSTIM ELTRD PLATE PADDLE INCL FLUOR	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	Authorization required in any setting

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria	Notes
Pain Management	9/1/2019	63663	REVJ INCL RPLCMT NSTIM ELTRD PRQ RA INCL FLUOR	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	Authorization required in any setting
Pain Management	9/1/2019	63664	REVJ INCL RPLCMT NSTIM ELTRD PLT PDLE INCL FLUOR	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	Authorization required in any setting
Pain Management	9/1/2019	63685	INSJ RPLCMT SPI NPGR DIR INDUXIVE COUPLING	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	Authorization required in any setting
Pain Management	9/1/2019	63688	REVJ RMVL IMPLANTED SPINAL NEUROSTIM GENERATOR	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	Authorization required in any setting
Pain Management	10/1/2019	64450	INJECTION ANES OTHER PERIPHERAL NERVE BRANCH	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Genicular RFA for Chronic Knee Pain	No PA required in office or ASC setting. PA required if done in hospital setting outside of another procedure. No PA required if combined with another surgical procedure.
Pain Management	4/1/2020	64451	INJECTION(S), ANESTHETIC AGENT(S) AND/OR STEROID; NERVES INNERVATING THE SACROILIAC JOINT, WITH IMAGE GUIDANCE (IE, FLUOROSCOPY OR COMPUTED TOMOGRAPHY)	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	Authorization required in any setting

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria	Notes
Pain Management	4/1/2020	64454	INJECTION(S), ANESTHETIC AGENT(S) AND/OR STEROID; GENICULAR NERVE BRANCHES, INCLUDING IMAGING GUIDANCE, WHEN PERFORMED	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	Authorization required in any setting
Pain Management	9/1/2019	64479	NJX ANES AND STRD W IMG TFRML EDRL CRV THRC 1 LVL	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	Authorization required in any setting
Pain Management	9/1/2019	64480	NJX ANES AND STRD W IMG TFRML EDRL CRV THRC EA LV	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Review: Epidural Steroid Injections for Chronic Back Pain	Authorization required in any setting
Pain Management	9/1/2019	64483	NJX ANES AND STRD W IMG TFRML EDRL LMBR SAC 1 LVL	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	Authorization required in any setting
Pain Management	9/1/2019	64484	NJX ANES AND STRD W IMG TFRML EDRL LMBR SAC EA LV	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Review: Epidural Steroid Injections for Chronic Back Pain	Authorization required in any setting
Pain Management	9/1/2019	64487	TAP BLOCK UNILATERAL BY CONTINUOUS INFUSION(S)	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	Authorization required in any setting

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria	Notes
Pain Management	9/1/2019	64490	NJX DX THER AGT PVRT FACET JT CRV THRC 1 LEVEL	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	Authorization required in any setting
Pain Management	9/1/2019	64491	NJX DX THER AGT PVRT FACET JT CRV THRC 2ND LEVEL	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Review: Facet Joint Diagnostic Injections for Chronic Back Pain	Authorization required in any setting
Pain Management	9/1/2019	64492	NJX DX THER AGT PVRT FACET JT CRV THRC 3 PLUS LEVEL	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Review: Facet Joint Diagnostic Injections for Chronic Back Pain	Authorization required in any setting
Pain Management	9/1/2019	64493	NJX DX THER AGT PVRT FACET JT LMBR SAC 1 LEVEL	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	Authorization required in any setting
Pain Management	9/1/2019	64494	NJX DX THER AGT PVRT FACET JT LMBR SAC 2ND LEVEL	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Review: Facet Joint Diagnostic Injections for Chronic Back Pain	Authorization required in any setting
Pain Management	9/1/2019	64495	NJX DX THER AGT PVRT FACET JT LMBR SAC 3 PLUS LEVEL	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Review: Facet Joint Diagnostic Injections for Chronic Back Pain	Authorization required in any setting

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria	Notes
Out-Patient Hospital/Ambulatory Surgery Center (ASC) Procedures. Please note all Inpatient based procedures require authorization.	9/1/2019	64553	PRQ IMPLTJ NEUROSTIMULATOR ELTRD CRANIAL NERVE	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
Out-Patient Hospital/Ambulatory Surgery Center (ASC) Procedures. Please note all Inpatient based procedures require authorization.	9/1/2019	64568	INC IMPLTJ CRNL NRV NSTIM ELTRDS AND PULSE GENER	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
Out-Patient Hospital/Ambulatory Surgery Center (ASC) Procedures. Please note all Inpatient based procedures require authorization.	9/1/2019	64569	REVISION REPLMT NEUROSTIMLATOR ELTRD CRANIAL NRV	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Review: Vagal Nerve Stimulation	
Out-Patient Hospital/Ambulatory Surgery Center (ASC) Procedures. Please note all Inpatient based procedures require authorization.	9/1/2019	64570	REMOVAL CRNL NRV NSTIM ELTRDS AND PULSE GENERATO	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Review: Vagal Nerve Stimulation	
OP Hosp/Amb Surgery Center (ASC) Procedures	1/1/2022	64582	Open implantation of hypoglossal nerve neurostimulator array, pulse generator, and distal respiratory sensor electrode or electrode array	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
OP Hosp/Amb Surgery Center (ASC) Procedures	1/1/2022	64583	REVISION OR REPLACEMENT OF HYPOGLOSSAL NERVE NEUROSTIMULATOR ARRAY AND DISTAL RESPIRATORY SENSOR ELECTRODE OR ELECTRODE ARRAY, INCLUDING CONNECTION TO EXISTING PULSE GENERATOR	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria	Notes
Out-Patient Hospital/Ambulatory Surgery Center (ASC) Procedures. Please note all Inpatient based procedures require authorization.	9/1/2019	64590	INSERTION RPLCMT PERIPHERAL GASTRIC NPGR	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
Out-Patient Hospital/Ambulatory Surgery Center (ASC) Procedures. Please note all Inpatient based procedures require authorization.	9/1/2019	64595	REVISION RMVL PERIPHERAL GASTRIC NPGR	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
Pain Management	4/1/2020	64624	Destruction by neurolytic agent, genicular nerve branches including imaging guidance, when performed	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	Authorization required in any setting
Pain Management	4/1/2020	64625	Radiofrequency ablation, nerves innervating the sacroiliac joint, with image guidance (ie, fluoroscopy or computed tomography)	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	Authorization required in any setting
Pain Management Procedures	1/1/2022	64628	Thermal destruction of intraosseous basivertebral nerve, including all imaging guidance; first 2 vertebral bodies, lumbar or sacral	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
Pain Management Procedures	1/1/2022	64629	Thermal destruction of intraosseous basivertebral nerve, including all imaging guidance; each additional vertebral body, lumbar or sacral (List separately in addition to code for primary procedure)	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria	Notes
Pain Management	9/1/2019	64633	DSTR NROLYTC AGNT PARVERTEB FCT SNGL CRVCL THORA	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	Authorization required in any setting
Pain Management	9/1/2019	64634	DSTR NROLYTC AGNT PARVERTEB FCT ADDL CRVCL THORA	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Review: Radiofrequency Ablation for chronic back pain.	Authorization required in any setting
Pain Management	9/1/2019	64635	DSTR NROLYTC AGNT PARVERTEB FCT SNGL LMBR SACRAL	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	Authorization required in any setting
Pain Management	9/1/2019	64636	DSTR NROLYTC AGNT PARVERTEB FCT ADDL LMBR SACRAL	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Review: Radiofrequency Ablation for chronic back pain.	Authorization required in any setting
Pain Management	9/1/2019	64640	DSTRJ NEUROLYTIC AGENT OTHER PERIPHERAL NERVE	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	Authorization required in any setting
Out-Patient Hospital/Ambulatory Surgery Center (ASC) **Procedures.** Please note all Inpatient based procedures require authorization.	9/1/2019	64912	NERVE REPAIR W NERVE ALLOGRAFT FIRST STRAND	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria	Notes
Unlisted/Miscellaneous codes: Molina requires prior authorization, as well as, medical necessity documentation and rationale be submitted with the prior authorization request for all Unlisted/Miscellaneous codes, including those not listed here	9/1/2019	64999	UNLISTED PROCEDURE NERVOUS SYSTEM	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Additional information is required to define this code and determine criteria.	
Out-Patient Hospital/Ambulatory Surgery Center (ASC) **Procedures.** Please note all Inpatient based procedures require authorization.	9/1/2019	65771	RADIAL KERATOTOMY	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
Unlisted/Miscellaneous codes: Molina requires prior authorization, as well as, medical necessity documentation and rationale be submitted with the prior authorization request for all Unlisted/Miscellaneous codes, including those not listed here	9/1/2019	66999	UNLISTED PROCEDURE ANTERIOR SEGMENT EYE	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Additional information is required to define this code and determine criteria.	
Unlisted/Miscellaneous codes: Molina requires prior authorization, as well as, medical necessity documentation and rationale be submitted with the prior authorization request for all Unlisted/Miscellaneous codes, including those not listed here	9/1/2019	67299	UNLISTED PROCEDURE POSTERIOR SEGMENT	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Additional information is required to define this code and determine criteria.	
Unlisted/Miscellaneous codes: Molina requires prior authorization, as well as, medical necessity documentation and rationale be submitted with the prior authorization request for all Unlisted/Miscellaneous codes, including those not listed here	9/1/2019	67399	UNLISTED PROCEDURE EXTRAOCULAR MUSCLE	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Additional information is required to define this code and determine criteria.	
Unlisted/Miscellaneous codes: Molina requires prior authorization, as well as, medical necessity documentation and rationale be submitted with the prior authorization request for all Unlisted/Miscellaneous codes, including those not listed here	9/1/2019	67599	UNLISTED PROCEDURE ORBIT	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Additional information is required to define this code and determine criteria.	

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria	Notes
Out-Patient Hospital/Ambulatory Surgery Center (ASC) Procedures. Please note all Inpatient based procedures require authorization.	9/1/2019	67900	REPAIR BROW PTOSIS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
Out-Patient Hospital/Ambulatory Surgery Center (ASC) Procedures. Please note all Inpatient based procedures require authorization.	9/1/2019	67901	RPR BLEPHAROPTOSIS FRONTALIS MUSC SUTR OTH MATRL	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
Out-Patient Hospital/Ambulatory Surgery Center (ASC) Procedures. Please note all Inpatient based procedures require authorization.	9/1/2019	67902	RPR BLEPHAROPT FRONTALIS MUSC AUTOL FASCAL SLING	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
Out-Patient Hospital/Ambulatory Surgery Center (ASC) Procedures. Please note all Inpatient based procedures require authorization.	9/1/2019	67903	RPR BLEPHAROPTOSIS LEVATOR RESCJ ADVMNT INTERNAL	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
Cosmetic, Plastic & Reconstructive Procedures In ANY Setting require authorization	9/1/2019	67904	RPR BLEPHAROPTOSIS LEVATOR RESCJ ADVMNT XTRNL	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Review: Blepharoplasty	Prior Authorization Required in any setting.
Cosmetic, Plastic & Reconstructive Procedures In ANY Setting require authorization	9/1/2019	67906	RPR BLEPHAROPTOSIS SUPERIOR RECTUS FASCIAL SLING	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Review: Blepharoplasty	Prior Authorization Required in any setting.

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria	Notes
Cosmetic, Plastic & Reconstructive Procedures **In ANY Setting require authorization**	9/1/2019	67908	RPR BLPOS CONJUNCTIVO-TARSO-MUSC-LEVATOR RESCJ	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Review: Blepharoplasty	Prior Authorization Required in any setting.
Out-Patient Hospital/Ambulatory Surgery Center (ASC) **Procedures.** Please note all Inpatient based procedures require authorization.	9/1/2019	67909	REDUCTION OVERCORRECTION PTOSIS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
Out-Patient Hospital/Ambulatory Surgery Center (ASC) **Procedures.** Please note all Inpatient based procedures require authorization.	9/1/2019	67950	CANTHOPLASTY	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
Unlisted/Miscellaneous codes: Molina requires prior authorization, as well as, medical necessity documentation and rationale be submitted with the prior authorization request for all Unlisted/Miscellaneous codes, including those not listed here	9/1/2019	67999	UNLISTED PROCEDURE EYELIDS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Additional information is required to define this code and determine criteria.	
Unlisted/Miscellaneous codes: Molina requires prior authorization, as well as, medical necessity documentation and rationale be submitted with the prior authorization request for all Unlisted/Miscellaneous codes, including those not listed here	9/1/2019	68399	UNLISTED PROCEDURE CONJUNCTIVA	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Additional information is required to define this code and determine criteria.	
OP Hosp/Amb Surgery Center (ASC) Procedures	1/1/2022	68841	Insertion of drug-eluting implant, including punctal dilation when performed, into lacrimal canaliculus, each	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria	Notes
Unlisted/Miscellaneous codes: Molina requires prior authorization, as well as, medical necessity documentation and rationale be submitted with the prior authorization request for all Unlisted/Miscellaneous codes, including those not listed here	9/1/2019	68899	UNLISTED PROCEDURE LACRIMAL SYSTEM	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Additional information is required to define this code and determine criteria.	
Cosmetic, Plastic & Reconstructive Procedures **In ANY Setting require authorization**	9/1/2019	69300	OTOPLASTY PROTRUDING EAR W WO SIZE RDCTJ	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	Prior Authorization Required in any setting.
Unlisted/Miscellaneous codes: Molina requires prior authorization, as well as, medical necessity documentation and rationale be submitted with the prior authorization request for all Unlisted/Miscellaneous codes, including those not listed here	9/1/2019	69399	UNLISTED PROCEDURE EXTERNAL EAR	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Additional information is required to define this code and determine criteria.	
Out-Patient Hospital/Ambulatory Surgery Center (ASC) **Procedures.** Please note all Inpatient based procedures require authorization.	9/1/2019	69714	IMPLTJ OSSEOINTEGRATED TEMPORAL BONE W MASTOID	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
OP Hosp/Amb Surgery Center (ASC) Procedures	1/1/2022	69716	Implantation, osseointegrated implant, skull; with magnetic transcutaneous attachment to external speech processor	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
Out-Patient Hospital/Ambulatory Surgery Center (ASC) **Procedures.** Please note all Inpatient based procedures require authorization.	9/1/2019	69717	RPLMCT OSSEOINTEGRATE IMPLNT W O MASTOIDECTOMY	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria	Notes
OP Hosp/Amb Surgery Center (ASC) Procedures	1/1/2022	69719	REVISION OR REPLACEMENT (INCLUDING REMOVAL OF EXISTING DEVICE), OSSEOINTEGRATED IMPLANT, SKULL; WITH MAGNETIC TRANSCUTANEOUS ATTACHMENT TO EXTERNAL SPEECH PROCESSOR	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
OP Hosp/Amb Surgery Center (ASC) Procedures	1/1/2022	69726	REMOVAL, OSSEOINTEGRATED IMPLANT, SKULL; WITH PERCUTANEOUS ATTACHMENT TO EXTERNAL SPEECH PROCESSOR	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
OP Hosp/Amb Surgery Center (ASC) Procedures	1/1/2022	69727	REMOVAL, OSSEOINTEGRATED IMPLANT, SKULL; WITH MAGNETIC TRANSCUTANEOUS ATTACHMENT TO EXTERNAL SPEECH PROCESSOR	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
OP Hosp/Amb Surgery Center (ASC) Procedures	1/1/2023	69729	IMPLNTTN, OSSNTGRTD IMPLNT, SKULL; WTH MGNTC TRNSCTNS ATTCHMNT TO XTRNL SPCH PRCSSR, OUTSDE OF THE MSTD AND RSLTNG IN RMVL OF GRTR THN OR EQL TO 100 SQ MM SRFCE AREA OF BONE DEEP TO THE OUTR CRNL CRTX	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
OP Hosp/Amb Surgery Center (ASC) Procedures	1/1/2023	69730	RPLCMNT (NCLDNG RMVL OF EXSTNG DVC), OSSNTGRTD IMPLNT, SKULL; WTH MGNTC TRNSCTNS ATTCHMNT TO XTRNL SPCH PRCSSR, OUTSDE THE MSTD AND NVOLVNG BONY DFCT GRTR THN OR EQL TO 100 SQ MM SRFCE AREA OF BONE DEEP TO THE OUTR CRNL CRTX	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
Unlisted/Miscellaneous codes: Molina requires prior authorization, as well as, medical necessity documentation and rationale be submitted with the prior authorization request for all Unlisted/Miscellaneous codes, including those not listed here	9/1/2019	69799	UNLISTED PROCEDURE MIDDLE EAR	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Additional information is required to define this code and determine criteria.	

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria	Notes
Out-Patient Hospital/Ambulatory Surgery Center (ASC) Procedures. Please note all Inpatient based procedures require authorization.	9/1/2019	69930	COCHLEAR DEVICE IMPLANTATION W WO MASTOIDECTOMY	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
Unlisted/Miscellaneous codes: Molina requires prior authorization, as well as, medical necessity documentation and rationale be submitted with the prior authorization request for all Unlisted/Miscellaneous codes, including those not listed here	9/1/2019	69949	UNLISTED PROCEDURE INNER EAR	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Additional information is required to define this code and determine criteria.	
Unlisted/Miscellaneous codes: Molina requires prior authorization, as well as, medical necessity documentation and rationale be submitted with the prior authorization request for all Unlisted/Miscellaneous codes, including those not listed here	9/1/2019	69979	UNLISTED PROCEDURE TEMPORAL BONE MIDDLE FOSSA	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Additional information is required to define this code and determine criteria.	
Imaging and Special Tests	9/1/2019	70336	MRI TEMPOROMANDIBULAR JOINT	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Review: MRI Temporomandibular Joint (TMJ)	
Imaging and Special Tests	9/1/2019	70450	CT HEAD BRAIN W O CONTRAST MATERIAL	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Review: Brain CT	
Imaging and Special Tests	9/1/2019	70460	CT HEAD BRAIN W CONTRAST MATERIAL	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Review: Brain CT	

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria	Notes
Imaging and Special Tests	9/1/2019	70470	CT HEAD BRAIN W O AND W CONTRAST MATERIAL	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Review: Brain CT	
Imaging & Special Tests	7/1/2026	70471	CTA HEAD and NECK C Plus W/NONCONTRAST IMG and POST-PXESS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
Imaging and Special Tests	9/1/2019	70480	CT ORBIT SELLA POST FOSSA EAR W O CONTRAST MATRL	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Review: Orbit-Sella-Temporal Bone IAC Mastoid-Posterior Fossa CT	
Imaging and Special Tests	9/1/2019	70481	CT ORBIT SELLA POST FOSSA EAR W CONTRAST MATRL	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Review: Orbit-Sella-Temporal Bone IAC Mastoid-Posterior Fossa CT	
Imaging and Special Tests	9/1/2019	70482	CT ORBIT SELLA POST FOSSA EAR W O AND W CONTR MATR	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Review: Orbit-Sella-Temporal Bone IAC Mastoid-Posterior Fossa CT	
Imaging and Special Tests	9/1/2019	70486	CT MAXILLOFACIAL W O CONTRAST MATERIAL	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Review: CT Sinus- Face	

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria	Notes
Imaging and Special Tests	9/1/2019	70487	CT MAXILLOFACIAL W CONTRAST MATERIAL	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Review: CT Sinus- Face	
Imaging and Special Tests	9/1/2019	70488	CT MAXILLOFACIAL W O AND W CONTRAST MATERIAL	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Review: CT Sinus- Face	
Imaging and Special Tests	9/1/2019	70496	CT ANGIOGRAPHY HEAD W CONTRAST NONCONTRAST	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Review: CT Angiography Brain	
Imaging and Special Tests	9/1/2019	70498	CT ANGIOGRAPHY NECK W CONTRAST NONCONTRAST	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Review: Neck CTA	
Imaging and Special Tests	9/1/2019	70540	MRI ORBIT FACE AND NECK W O CONTRAST	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Review: Orbit-Sella-Neck-Temporal Bone IAC including Mastoid-Posterior Fossa MRI	
Imaging and Special Tests	9/1/2019	70542	MRI ORBIT FACE AND NECK W CONTRAST MATERIAL	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Review: Orbit-Sella-Neck-Temporal Bone IAC including Mastoid-Posterior Fossa MRI	

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria	Notes
Imaging and Special Tests	9/1/2019	70543	MRI ORBIT FACE AND NECK W O AND W CONTRAST MATRL	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Review: Orbit-Sella-Neck-Temporal Bone IAC including Mastoid-Posterior Fossa MRI	
Imaging and Special Tests	9/1/2019	70544	MRA HEAD W O CONTRST MATERIAL	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Review: MRA Angiography Brain	
Imaging and Special Tests	9/1/2019	70545	MRA HEAD W CONTRAST MATERIAL	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Review: MRA Angiography Brain	
Imaging and Special Tests	9/1/2019	70546	MRA HEAD W O AND W CONTRAST MATERIAL	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Review: MRA Angiography Brain	
Imaging and Special Tests	9/1/2019	70547	MRA NECK W O CONTRST MATERIAL	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Review: Neck MRA	
Imaging and Special Tests	9/1/2019	70548	MRA NECK W CONTRAST MATERIAL	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Review: Neck MRA	

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria	Notes
Imaging and Special Tests	9/1/2019	70549	MRA NECK W O AND W CONTRAST MATERIAL	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Review: Neck MRA	
Imaging and Special Tests	9/1/2019	70551	MRI BRAIN BRAIN STEM W O CONTRAST MATERIAL	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Review: Brain MRI	
Imaging and Special Tests	9/1/2019	70552	MRI BRAIN BRAIN STEM W CONTRAST MATERIAL	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Review: Brain MRI	
Imaging and Special Tests	9/1/2019	70553	MRI BRAIN BRAIN STEM W O W CONTRAST MATERIAL	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Review: Brain MRI	
Imaging and Special Tests	9/1/2019	70554	MRI BRAIN FUNCTIONAL W O PHYSICIAN ADMNISTRATION	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Review: Functional Brain MRI	
Imaging and Special Tests	9/1/2019	70555	MRI BRAIN FUNCTIONAL W PHYSICIAN ADMNISTRATION	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Review: Functional Brain MRI	

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria	Notes
Imaging and Special Tests	9/1/2019	71250	CT THORAX W O CONTRAST MATERIAL	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Review: Chest CT	
Imaging and Special Tests	9/1/2019	71260	CT THORAX W CONTRAST MATERIAL	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Review: Chest CT	
Imaging and Special Tests	9/1/2019	71270	CT THORAX W O AND W CONTRAST MATERIAL	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Review: Chest CT	
Imaging and Special Tests	9/1/2019	71275	CT ANGIOGRAPHY CHEST W CONTRAST NONCONTRAST	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Review: Chest CTA	
Imaging and Special Tests	9/1/2019	71550	MRI CHEST W O CONTRAST MATERIAL	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Review: Chest MRI	
Imaging and Special Tests	9/1/2019	71551	MRI CHEST W CONTRAST MATERIAL	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Review: Chest MRI	

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria	Notes
Imaging and Special Tests	9/1/2019	71552	MRI CHEST W O AND W CONTRAST MATERIAL	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Review: Chest MRI	
Imaging and Special Tests	9/1/2019	71555	MRA CHEST W O AND W CONTRAST MATERIAL	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Review: Chest MRA	
Imaging and Special Tests	9/1/2019	72128	CT THORACIC SPINE W O CONTRAST MATERIAL	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Review: Thoracic Spine CT	
Imaging and Special Tests	9/1/2019	72129	CT THORACIC SPINE W CONTRAST MATERIAL	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Review: Thoracic Spine CT	
Imaging and Special Tests	9/1/2019	72130	CT THORACIC SPINE W O AND W CONTRAST MATRL	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Review: Thoracic Spine CT	
Imaging and Special Tests	9/1/2019	72131	CT LUMBAR SPINE W O CONTRAST MATERIAL	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Review: Lumbar Spine CT	

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria	Notes
Imaging and Special Tests	9/1/2019	72132	CT LUMBAR SPINE W CONTRAST MATERIAL	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Review: Lumbar Spine CT	
Imaging and Special Tests	9/1/2019	72133	CT LUMBAR SPINE W O AND W CONTRAST MATERIAL	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Review: Lumbar Spine CT	
Imaging and Special Tests	9/1/2019	72141	MRI SPINAL CANAL CERVICAL W O CONTRAST MATRL	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Review: Cervical Spine MRI	
Imaging and Special Tests	9/1/2019	72142	MRI SPINAL CANAL CERVICAL W CONTRAST MATRL	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Review: Cervical Spine MRI	
Imaging and Special Tests	9/1/2019	72146	MRI SPINAL CANAL THORACIC W O CONTRAST MATRL	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Review: Cervical Spine MRI	
Imaging and Special Tests	9/1/2019	72147	MRI SPINAL CANAL THORACIC W CONTRAST MATRL	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Review: Thoracic Spine MRI	

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria	Notes
Imaging and Special Tests	9/1/2019	72148	MRI SPINAL CANAL LUMBAR W O CONTRAST MATERIAL	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Review: Lumbar Spine MRI	
Imaging and Special Tests	9/1/2019	72149	MRI SPINAL CANAL LUMBAR W CONTRAST MATERIAL	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Review: Lumbar Spine MRI	
Imaging and Special Tests	9/1/2019	72156	MRI SPINAL CANAL CERVICAL WO AND W CONTR MATRL	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Review: Cervical Spine MRI	
Imaging and Special Tests	9/1/2019	72157	MRI SPINAL CANAL THORACIC WO AND W CONTR MATRL	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Review: Thoracic Spine MRI	
Imaging and Special Tests	9/1/2019	72158	MRI SPINAL CANAL LUMBAR WO AND W CONTR MATRL	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Review: Lumbar Spine MRI	
Imaging and Special Tests	9/1/2019	72159	MRA SPINAL CANAL W WO CONTRAST MATERIAL	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Review: MRI Angiography Spinal Canal	

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria	Notes
Imaging and Special Tests	9/1/2019	72191	CT ANGIOGRAPHY PELVIS W CONTRAST NONCONTRAST	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Review: Pelvis CTA	
Imaging and Special Tests	9/1/2019	72192	CT PELVIS W O CONTRAST MATERIAL	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Review: Pelvic CT	
Imaging and Special Tests	9/1/2019	72193	CT PELVIS W CONTRAST MATERIAL	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Review: Pelvic CT	
Imaging and Special Tests	9/1/2019	72194	CT PELVIS W O AND W CONTRAST MATERIAL	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Review: Pelvic CT	
Imaging and Special Tests	9/1/2019	72195	MRI PELVIS W O CONTRAST MATERIAL	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Review: Pelvic MRI	
Imaging and Special Tests	9/1/2019	72196	MRI PELVIS W CONTRAST MATERIAL	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Review: Pelvic MRI	

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria	Notes
Imaging and Special Tests	9/1/2019	72197	MRI PELVIS W O AND W CONTRAST MATERIAL	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Review: Pelvic MRI	
Imaging and Special Tests	9/1/2019	72198	MRA PELVIS W WO CONTRAST MATERIAL	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Review: Pelvis MRA	
Imaging and Special Tests	9/1/2019	73200	CT UPPER EXTREMITY W O CONTRAST MATERIAL	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Review: Upper extremity CT	
Imaging and Special Tests	9/1/2019	73201	CT UPPER EXTREMITY W CONTRAST MATERIAL	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Review: Upper extremity CT	
Imaging and Special Tests	9/1/2019	73202	CT UPPER EXTREMITY W O AND W CONTRAST MATERIAL	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Review: Upper extremity CT	
Imaging and Special Tests	9/1/2019	73206	CT ANGIOGRAPHY UPPER EXTREMITY	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Review: Upper Extremity CTA	

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria	Notes
Imaging and Special Tests	9/1/2019	73218	MRI UPPER EXTREMITY OTH THAN JT W O CONTR MATRL	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Review: Upper extremity MRI	
Imaging and Special Tests	9/1/2019	73219	MRI UPPER EXTREMITY OTH THAN JT W CONTR MATRL	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Review: Upper extremity MRI	
Imaging and Special Tests	9/1/2019	73220	MRI UPPER EXTREM OTHER THAN JT W O AND W CONTRAS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Review: Upper extremity MRI	
Imaging and Special Tests	9/1/2019	73221	MRI ANY JT UPPER EXTREMITY W O CONTRAST MATRL	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Review: Upper extremity MRI	
Imaging and Special Tests	9/1/2019	73222	MRI ANY JT UPPER EXTREMITY W CONTRAST MATRL	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Review: Upper extremity MRI	
Imaging and Special Tests	9/1/2019	73223	MRI ANY JT UPPER EXTREMITY W O AND W CONTR MATRL	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Review: Upper extremity MRI	

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria	Notes
Imaging and Special Tests	9/1/2019	73225	MRA UPPER EXTREMITY W WO CONTRAST MATERIAL	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Review: Upper Extremity MRA	
Imaging and Special Tests	9/1/2019	73700	CT LOWER EXTREMITY W O CONTRAST MATERIAL	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Review: Lower Extremity CT	
Imaging and Special Tests	9/1/2019	73701	CT LOWER EXTREMITY W CONTRAST MATERIAL	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Review: Lower Extremity CT	
Imaging and Special Tests	9/1/2019	73702	CT LOWER EXTREMITY W O AND W CONTRAST MATRL	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Review: Lower Extremity CT	
Imaging and Special Tests	9/1/2019	73706	CT ANGIOGRAPHY LOWER EXTREMITY	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Review: Lower Extremity CTA	
Imaging and Special Tests	9/1/2019	73718	MRI LOWER EXTREM OTH THN JT W O CONTR MATRL	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Review: Lower Extremity MRI	

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria	Notes
Imaging and Special Tests	9/1/2019	73719	MRI LOWER EXTREM OTH THN JT W CONTRAST MATRL	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Review: Lower Extremity MRI	
Imaging and Special Tests	9/1/2019	73720	MRI LOWER EXTREM OTH THN JT W O AND W CONTR MATR	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Review: Lower Extremity MRI	
Imaging and Special Tests	9/1/2019	73721	MRI ANY JT LOWER EXTREM W O CONTRAST MATRL	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Review: Lower Extremity MRI	
Imaging and Special Tests	9/1/2019	73722	MRI ANY JT LOWER EXTREM W CONTRAST MATERIAL	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Review: Lower Extremity MRI	
Imaging and Special Tests	9/1/2019	73723	MRI ANY JT LOWER EXTREM W O AND W CONTRAST MATRL	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Review: Lower Extremity MRI	
Imaging and Special Tests	9/1/2019	73725	MRA LOWER EXTREMITY W WO CONTRAST MATERIAL	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Review: Lower Extremity MRA	

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria	Notes
Imaging and Special Tests	9/1/2019	74150	CT ABDOMEN W O CONTRAST MATERIAL	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Review: Abdomen CT	
Imaging and Special Tests	9/1/2019	74160	CT ABDOMEN W CONTRAST MATERIAL	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Review: Abdomen CT	
Imaging and Special Tests	9/1/2019	74170	CT ABDOMEN W O AND W CONTRAST MATERIAL	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Review: Abdomen CT	
Imaging and Special Tests	9/1/2019	74174	CT ANGIO ABD AND PLVIS CNTRST MTRL W WO CNTRST IMG	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Review: Abdomen Pelvic CTA	
Imaging and Special Tests	9/1/2019	74175	CT ANGIOGRAPHY ABDOMEN W CONTRAST NONCONTRAST	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Review: Abdomen Pelvic CTA	
Imaging and Special Tests	9/1/2019	74176	CT ABDOMEN AND PELVIS W O CONTRAST MATERIAL	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Review: Abdomen Pelvis CT	

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria	Notes
Imaging and Special Tests	9/1/2019	74177	CT ABDOMEN AND PELVIS W CONTRAST MATERIAL	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Review: Abdomen Pelvis CT	
Imaging and Special Tests	9/1/2019	74178	CT ABDOMEN AND PELVIS W O CONTRST 1 OR GRT BODY RE	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Review: Abdomen Pelvis CT	
Imaging and Special Tests	9/1/2019	74181	MRI ABDOMEN W O CONTRAST MATERIAL	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Review: Abdomen MRI	
Imaging and Special Tests	9/1/2019	74182	MRI ABDOMEN W CONTRAST MATERIAL	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Review: Abdomen MRI	
Imaging and Special Tests	9/1/2019	74183	MRI ABDOMEN W O AND W CONTRAST MATERIAL	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Review: Abdomen MRI	
Imaging and Special Tests	9/1/2019	74185	MRA ABDOMEN W WO CONTRAST MATERIAL	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Review: Abdomen MRA	

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria	Notes
Imaging and Special Tests	9/1/2019	74261	CT COLONOGRPHY DX IMAGE POSTPROCESS W O CONTRAST	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Review: Diagnostic CT Colonography	
Imaging and Special Tests	9/1/2019	74262	CT COLONOGRPHY DX IMAGE POSTPROCESS W CONTRAST	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Review: Diagnostic CT Colonography	
Imaging and Special Tests	9/1/2019	74263	CT COLONOGRAPHY SCREENING IMAGE POSTPROCESSING	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Review: Screening CT Colonography	
Imaging and Special Tests	9/1/2019	74712	FETAL MRI W PLACNTL MATRNL PLVC IMG SING 1ST GES	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Review: Fetal MRI	
Imaging and Special Tests	9/1/2019	75557	CARDIAC MRI MORPHOLOGY AND FUNCTION W O CONTRAST	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Review: Heart MRI	
Imaging and Special Tests	9/1/2019	75559	CARDIAC MRI W O CONTRAST W STRESS IMAGING	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Review: Heart MRI	

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria	Notes
Imaging and Special Tests	9/1/2019	75561	CARDIAC MRI W WO CONTRAST AND FURTHER SEQ	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Review: Heart MRI	
Imaging and Special Tests	9/1/2019	75563	CARDIAC MRI W W O CONTRAST W STRESS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Review: Heart MRI	
Imaging and Special Tests	9/1/2019	75571	CT HEART NO CONTRAST QUANT EVAL CORONRY CALCIUM	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Review: CT Heart Calcium Scoring	
Imaging and Special Tests	9/1/2019	75572	CT HEART CONTRAST EVAL CARDIAC STRUCTURE AND MORPH	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Review: CT (Computer Tomography) Heart with 3D Image	
Imaging and Special Tests	9/1/2019	75573	CT HRT CONTRST CARDIAC STRUCT AND MORPH CONG HRT D	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Review: CT (Computer Tomography) Heart with 3D Image	
Imaging and Special Tests	9/1/2019	75574	CTA HRT CORNRY ART BYPASS GRFTS CONTRST 3D POST	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Review: CT Angiography Heart with 3D Image CCTA (Coronary Computed Tomography Angiography)	

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria	Notes
Imaging & Special Tests	4/1/2026	75577	QNTFCTN CHRCTRZTN CRNRY ATHRSCLRTC PLQ ASSESS SVRTY CRNRY DISSE, DRVD FRM AGMNTTV SFTWRE ANLYSS DATA SET FRM CRNRY CMPTD TMGRPHC ANGRPHY, W NTRPRTTN AND RPORT BY PHYS OR OTHR QLFD HLTH CRE PRFSSNAL	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
Imaging and Special Tests	9/1/2019	75635	CTA ABDL AORTA AND BI ILIOFEM W CONTRAST AND POSTP	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Review: Abdomen CTA with runoff	
Imaging and Special Tests	9/1/2019	76376	3D RENDERING W INTERP AND POSTPROCESS SUPERVISION	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Review: 3D Interpretation and Reporting of Imaging Studies	
Imaging and Special Tests	9/1/2019	76377	3D RENDERING W INTERP AND POSTPROC DIFF WORK STATION	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Review: 3D Interpretation and Reporting of Imaging Studies	
Imaging and Special Tests	9/1/2019	76380	CT LIMITED LOCALIZED FOLLOW UP STUDY	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
Imaging & Special Tests	7/1/2021	76390	MRI SPECTROSCOPY	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria	Notes
Imaging & Special Tests	7/1/2021	76391	MAGNETIC RESONANCE ELASTOGRAPHY	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
Unlisted/Miscellaneous codes: Molina requires prior authorization, as well as, medical necessity documentation and rationale be submitted with the prior authorization request for all Unlisted/Miscellaneous codes, including those not listed here	9/1/2019	76496	UNLISTED FLUOROSCOPIC PROCEDURE	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Additional information is required to define this code and determine criteria.	
Imaging and Special Tests	9/1/2019	76497	UNLISTED COMPUTED TOMOGRAPHY PROCEDURE	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Review: Low Dose CT Scan for Lung Cancer Screening	
Imaging and Special Tests	9/1/2019	76498	UNLISTED MAGNETIC RESONANCE PROCEDURE	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Review: Magnetic Resonance Neurography	
Unlisted/Miscellaneous codes: Molina requires prior authorization, as well as, medical necessity documentation and rationale be submitted with the prior authorization request for all Unlisted/Miscellaneous codes, including those not listed here	9/1/2019	76499	UNLISTED DIAGNOSTIC RADIOGRAPHIC PROCEDURE	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Additional information is required to define this code and determine criteria.	
Imaging and Special Tests	9/1/2019	76999	UNLISTED US PROCEDURE	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria	Notes
Radiation Therapy & Radio Surgery	7/1/2021	77014	CT GUIDANCE RADIATION THERAPY FLDS PLACEMENT	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
Imaging & Special Tests	7/1/2021	77021	MRI GUIDANCE NEEDLE PLACEMENT RS AND I	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
Imaging & Special Tests	7/1/2021	77022	MRI GUIDANCE FOR PARENCHYMAL TISSUE ABLATION	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
Imaging and Special Tests	9/1/2019	77046	MRI BREAST WITHOUT CONTRAST MATERIAL UNILATERAL	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Review: Breast MRI	
Imaging and Special Tests	9/1/2019	77047	MRI BREAST WITHOUT CONTRAST MATERIAL BILATERAL	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Review: Breast MRI	
Imaging and Special Tests	9/1/2019	77048	MRI BREAST W OUT AND WITH CONTRAST W CAD UNILATERAL	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Review: Breast MRI	

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria	Notes
Imaging and Special Tests	9/1/2019	77049	MRI BREAST WITHOUT AND WITH CONTRAST W CAD BILATERAL	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Review: Breast MRI	
Imaging & Special Tests	7/1/2021	77078	CT BONE MINERL DENSITY STUDY 1 OR GRT SITS AXIAL SKE	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
Imaging & Special Tests	1/1/2022	77089	Trabecular bone score (TBS), structural condition of the bone microarchitecture; using dual X-ray absorptiometry (DXA) or other imaging data on gray-scale variogram, calculation, with interpretation and report on fracture-risk	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
Imaging & Special Tests	1/1/2022	77090	Trabecular bone score (TBS), structural condition of the bone microarchitecture; technical preparation and transmission of data for analysis to be performed elsewhere	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
Imaging & Special Tests	1/1/2022	77091	Trabecular bone score (TBS), structural condition of the bone microarchitecture; technical calculation only	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
Imaging & Special Tests	1/1/2022	77092	Trabecular bone score (TBS), structural condition of the bone microarchitecture; interpretation and report on fracture-risk only by other qualified health care professional	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria	Notes
Radiation Therapy & Radio Surgery	7/1/2021	77371	RADIATION DELIVERY STEREOTACTIC CRANIAL COBALT	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
Radiation Therapy & Radio Surgery	7/1/2021	77372	RADIATION DELIVERY STEREOTACTIC CRANIAL LINEAR	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
Radiation Therapy & Radio Surgery	7/1/2021	77373	STEREOTACTIC BODY RADIATION DELIVERY	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
Imaging and Special Tests	9/1/2019	77385	INTENSITY MODULATED RADIATION TX DLVR SIMPLE	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
Radiation Therapy & Radio Surgery	7/1/2021	77386	INTENSITY MODULATED RADIATION TX DLVR COMPLEX	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
Radiation Therapy & Radio Surgery	7/1/2021	77387	GUIDANCE FOR LOCLZJ TARGET VOL FOR RADJ TX DLVR	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria	Notes
Unlisted/Miscellaneous codes: Molina requires prior authorization, as well as, medical necessity documentation and rationale be submitted with the prior authorization request for all Unlisted/Miscellaneous codes, including those not listed here	9/1/2019	77399	UNLIS MEDICAL RADJ DOSIM TX DEV SPEC SVCS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Additional information is required to define this code and determine criteria.	
Radiation Therapy & Radio Surgery	7/1/2021	77401	RADIATION TX DELIVERY SUPERFICIAL AND ORTHO VOLTA	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
Radiation Therapy & Radio Surgery	7/1/2021	77402	RADIATION TREATMENT DELIVERY 1 MEV PLUS SIMPLE	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
Radiation Therapy & Radio Surgery	7/1/2021	77412	RADIATION TREATMENT DELIVERY 1 MEV EQ OVER COMPLEX	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
Radiation Therapy & Radio Surgery	7/1/2021	77423	HI ENRGY NEUTRON RADJ TX DLVR 1 OR GRT ISOCENTER	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
Radiation Therapy & Radio Surgery	7/1/2021	77424	INTRAOP RADIAJ TX DELIVER XRAY SINGLE TX SESSION	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria	Notes
Imaging and Special Tests	9/1/2019	77425	INTRAOP RADIAJ TX DELIVER ELECTRONS SNGL TX SESS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
Radiation Therapy	9/1/2019	77520	PROTON TX DELIVERY SIMPLE W O COMPENSATION	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
Radiation Therapy	9/1/2019	77522	PROTON TX DELIVERY SIMPLE W COMPENSATION	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
Radiation Therapy	9/1/2019	77523	PROTON TX DELIVERY INTERMEDIATE	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
Radiation Therapy	9/1/2019	77525	PROTON TX DELIVERY COMPLEX	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
Radiation Therapy & Radio Surgery	7/1/2021	77600	HYPERTHERMIA EXTERNAL GENERATED SUPERFICIAL	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria	Notes
Radiation Therapy & Radio Surgery	7/1/2021	77605	HYPERTHERMIA EXTERNAL GENERATED DEEP	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
Radiation Therapy & Radio Surgery	7/1/2021	77610	HYPERTHERMIA INTERSTITIAL PROBE 5 OR LESS APPLICATORS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
Radiation Therapy & Radio Surgery	7/1/2021	77615	HYPERTHERMIA INTERSTIAL PROBE 5 OR GRT APPLICATORS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
Radiation Therapy & Radio Surgery	7/1/2021	77620	HYPERTHERMIA INTRACAVITARY PROBES	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
Radiation Therapy & Radio Surgery	7/1/2021	77750	NFS INSTLJ RADIOELMNT SLN 3 MO FOLLOW-UP CARE	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
Radiation Therapy & Radio Surgery	7/1/2021	77761	INTRACAVITARY RADIATION SOURCE APPLIC SIMPLE	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria	Notes
Radiation Therapy & Radio Surgery	7/1/2021	77762	INTRACAVITARY RADIATION SOURCE APPLIC INTERMED	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
Radiation Therapy & Radio Surgery	7/1/2021	77763	INTRACAVITARY RADIATION SOURCE APPLIC COMPLEX	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
Radiation Therapy & Radio Surgery	7/1/2021	77767	HDR RDNCL SKN SURF BRACHYTX LES UNDER 2CM 1 CHAN	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
Radiation Therapy & Radio Surgery	7/1/2021	77768	HDR RDNCL SK SRF BRCHYTX LES OVER 2CM AND 2CHAN MLT LES	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
Radiation Therapy & Radio Surgery	7/1/2021	77770	HDR RDNCL NTRSTL INTRCAV BRACHYTX 1 CHANNEL	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
Radiation Therapy & Radio Surgery	7/1/2021	77771	HDR RDNCL NTRSTL INTRCAV BRACHYTX 2-12 CHANNEL	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria	Notes
Radiation Therapy & Radio Surgery	7/1/2021	77772	HDR RDNCL NTRSTL INTRCAV BRACHYTX OVER 12 CHANNELS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
Radiation Therapy & Radio Surgery	7/1/2021	77778	INTERSTITIAL RADIATION SOURCE APPLIC COMPLEX	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
Unlisted/Miscellaneous codes: Molina requires prior authorization, as well as, medical necessity documentation and rationale be submitted with the prior authorization request for all Unlisted/Miscellaneous codes, including those not listed here	9/1/2019	77799	UNLISTED PROCEDURE CLINICAL BRACHYTHERAPY	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Additional information is required to define this code and determine criteria.	
Imaging & Special Tests	7/1/2021	78012	THYROID UPTAKE SINGLE MULTIPLE QUANT MEASUREMENT	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
Imaging & Special Tests	7/1/2021	78013	THYROID IMAGING WITH VASCULAR FLOW	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
Imaging & Special Tests	7/1/2021	78014	THYROID UPTAKE W BLOOD FLOW SNGLE MULT QUAN MEAS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria	Notes
Imaging & Special Tests	7/1/2021	78015	THYROID CARCINOMA METASTASES IMG LMTD AREA	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
Imaging & Special Tests	7/1/2021	78016	THYROID CARCINOMA METASTASES IMG ADDL STUDY	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
Imaging & Special Tests	7/1/2021	78018	THYROID CARCINOMA METASTASES IMG WHOLE BODY	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
Imaging & Special Tests	7/1/2021	78070	PARATHYROID PLANAR IMAGING	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
Imaging & Special Tests	7/1/2021	78071	PARATHYROID PLANAR IMAGING W WO SUBTRACTION	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
Imaging & Special Tests	7/1/2021	78072	PARATHYROID IMAGING W TOMOGRAPHIC SPECT AND CT	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria	Notes
Imaging & Special Tests	7/1/2021	78075	ADRENAL IMAGING CORTEX AND MEDULLA	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
Unlisted/Miscellaneous codes: Molina requires prior authorization, as well as, medical necessity documentation and rationale be submitted with the prior authorization request for all Unlisted/Miscellaneous codes, including those not listed here	9/1/2019	78099	UNLISTED ENDOCRINE PX DX NUCLEAR MEDICINE	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Additional information is required to define this code and determine criteria.	
Imaging & Special Tests	7/1/2021	78102	BONE MARROW IMAGING LIMITED AREA	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
Imaging & Special Tests	7/1/2021	78103	BONE MARROW IMAGING MULTIPLE AREAS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
Imaging & Special Tests	7/1/2021	78104	BONE MARROW IMAGING WHOLE BODY	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
Imaging & Special Tests	7/1/2021	78140	LABELED RBC SEQUESTRATION DIFFERNTL ORGAN TISSUE	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria	Notes
Imaging & Special Tests	7/1/2021	78185	SPLEEN IMAGING ONLY W WO VASCULAR FLOW	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
Imaging & Special Tests	7/1/2021	78195	LYMPHATICS AND LYMPH NODES IMAGING	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
Unlisted/Miscellaneous codes: Molina requires prior authorization, as well as, medical necessity documentation and rationale be submitted with the prior authorization request for all Unlisted/Miscellaneous codes, including those not listed here	9/1/2019	78199	UNLIS HEMATOP RET ENDO AND LYMPHATIC DX NUC MED	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Additional information is required to define this code and determine criteria.	
Imaging & Special Tests	7/1/2021	78201	LIVER IMAGING STATIC ONLY	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
Imaging & Special Tests	7/1/2021	78202	LIVER IMAGING W VASCULAR FLOW	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
Imaging & Special Tests	7/1/2021	78215	LIVER AND SPLEEN IMAGING STATIC ONLY	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria	Notes
Imaging & Special Tests	7/1/2021	78216	LIVER AND SPLEEN IMAGING W VASCULAR FLOW	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
Imaging & Special Tests	7/1/2021	78226	HEPATOBILIARY SYST IMAGING INCLUDING GALLBLADDER	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
Imaging & Special Tests	7/1/2021	78227	HEPATOBIL SYST IMAG INC GB W PHARMA INTERVENJ	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
Imaging & Special Tests	7/1/2021	78230	SALIVARY GLAND IMAGING	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
Imaging & Special Tests	7/1/2021	78231	SALIVARY GLAND IMAGING SERIAL IMAGES	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
Imaging & Special Tests	7/1/2021	78232	SALIVARY GLAND FUNCTION STUDY	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria	Notes
Imaging & Special Tests	7/1/2021	78258	ESOPHAGEAL MOTILITY	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
Imaging & Special Tests	7/1/2021	78261	GASTRIC MUCOSA IMAGING	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
Imaging & Special Tests	7/1/2021	78262	GASTROESOPHAGEAL REFLUX STUDY	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
Imaging & Special Tests	7/1/2021	78264	GASTRIC EMPTYING IMAGING STUDY	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
Imaging & Special Tests	7/1/2021	78265	GASTRIC EMPTYNG IMAG STD W SM BWL TRANSIT	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
Imaging & Special Tests	7/1/2021	78266	GSTRC EMPTNG IMAG STD W SM BWL COL TRNST MLT DAY	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria	Notes
Imaging & Special Tests	7/1/2021	78278	ACUTE GASTROINTESTINAL BLOOD LOSS IMAGING	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
Imaging & Special Tests	7/1/2021	78290	INTESTINE IMAGING	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
Imaging & Special Tests	7/1/2021	78291	PERITONEAL-VENOUS SHUNT PATENCY TEST	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
Unlisted/Miscellaneous codes: Molina requires prior authorization, as well as, medical necessity documentation and rationale be submitted with the prior authorization request for all Unlisted/Miscellaneous codes, including those not listed here	9/1/2019	78299	UNLISTED GASTROINTESTINAL PX DX NUCLEAR MEDICINE	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Additional information is required to define this code and determine criteria.	
Imaging & Special Tests	7/1/2021	78300	BONE AND JOINT IMAGING LIMITED AREA	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
Imaging & Special Tests	7/1/2021	78305	BONE AND JOINT IMAGING MULTIPLE AREAS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria	Notes
Imaging & Special Tests	7/1/2021	78306	BONE AND JOINT IMAGING WHOLE BODY	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
Imaging & Special Tests	7/1/2021	78315	BONE AND JOINT IMAGING 3 PHASE STUDY	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
Unlisted/Miscellaneous codes: Molina requires prior authorization, as well as, medical necessity documentation and rationale be submitted with the prior authorization request for all Unlisted/Miscellaneous codes, including those not listed here	9/1/2019	78399	UNLISTED MUSCULOSKELETAL PX DX NUCLEAR MEDICINE	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Additional information is required to define this code and determine criteria.	
Imaging & Special Tests	7/1/2021	78414	CARD-VASC HEMODYNAM W WO PHARM EXER 1 MLT DETERM	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
Imaging & Special Tests	7/1/2021	78428	CARDIAC SHUNT DETECTION	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
Imaging and Special Tests	4/1/2020	78429	Myocardial imaging, positron emission tomography (PET), metabolic evaluation study (including ventricular wall motion[s] and/or ejection fraction[s], when performed), single study; with concurrently acquired computed tomography transmission scan	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Review: PET Scan Heart (Cardiac)	

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria	Notes
Imaging and Special Tests	4/1/2020	78430	Myocardial imaging, positron emission tomography (PET), perfusion study (including ventricular wall motion[s] and/or ejection fraction[s], when performed); single study, at rest or stress (exercise or pharmacologic), with concurrently acquired computed tomography transmission scan	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Review: PET Scan Heart (Cardiac)	
Imaging and Special Tests	4/1/2020	78431	Myocardial imaging, positron emission tomography (PET), perfusion study (including ventricular wall motion[s] and/or ejection fraction[s], when performed); multiple studies at rest and stress (exercise or pharmacologic), with concurrently acquired computed tomography transmission scan	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Review: PET Scan Heart (Cardiac)	
Imaging and Special Tests	4/1/2020	78432	Myocardial imaging, positron emission tomography (PET), combined perfusion with metabolic evaluation study (including ventricular wall motion[s] and/or ejection fraction[s], when performed), dual radiotracer (eg, myocardial viability);	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Review: PET Scan Heart (Cardiac)	
Imaging and Special Tests	4/1/2020	78433	Myocardial imaging, positron emission tomography (PET), combined perfusion with metabolic evaluation study (including ventricular wall motion[s] and/or ejection fraction[s], when performed), dual radiotracer (eg, myocardial viability); with concurrently acquired computed tomography transmission scan	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Review: PET Scan Heart (Cardiac)	
Imaging & Special Tests	7/1/2021	78445	NONCARDIAC VASCULAR FLOW IMAGING	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
Imaging and Special Tests	9/1/2019	78451	MYOCARDIAL SPECT SINGLE STUDY AT REST OR STRESS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Review: Nuclear Stress Test	

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria	Notes
Imaging and Special Tests	9/1/2019	78452	MYOCARDIAL SPECT MULTIPLE STUDIES	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Review: Nuclear Stress Test	
Imaging and Special Tests	9/1/2019	78453	MYOCARDIAL PERFUSION PLANAR 1 STUDY REST STRESS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Review: Nuclear Stress Test	
Imaging and Special Tests	9/1/2019	78454	MYOCARDIAL PERFUSION PLANAR MULTIPLE STUDIES	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Review: Nuclear Stress Test	
Imaging & Special Tests	7/1/2021	78456	ACUTE VENOUS THROMBOSIS IMAGING PEPTIDE	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
Imaging & Special Tests	7/1/2021	78457	VENOUS THROMBOSIS IMAGING VENOGRAM UNILATERAL	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
Imaging & Special Tests	7/1/2021	78458	VENOUS THROMBOSIS IMAGING VENOGRAM BILATERAL	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria	Notes
Imaging and Special Tests	9/1/2019	78459	MYOCARDIAL IMAGING PET METABOLIC EVALUATION	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Review: PET Scan Heart (Cardiac)	
Imaging and Special Tests	9/1/2019	78466	MYOCARDIAL IMAGING INFARCT AVID PLANAR QUAL QUAN	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Review: Nuclear Stress Test	
Imaging and Special Tests	9/1/2019	78468	MYOCRD IMG INFARCT AVID PLNR EJEC FXJ 1ST PS TQ	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Review: Nuclear Stress Test	
Imaging and Special Tests	9/1/2019	78469	MYOCRD INFARCT AVID PLNR TOMOG SPECT W WO QUANTJ	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Review: Nuclear Stress Test	
Imaging and Special Tests	9/1/2019	78481	CARD BL POOL PLANAR 1 STDY WAL MOTN EJECT FRACT	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Review: MUGA Scan	
Imaging and Special Tests	9/1/2019	78483	CARD BL POOL PLNR MLT STDY WAL MOTN EJECT FRACT	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Review: MUGA Scan	

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria	Notes
Imaging and Special Tests	9/1/2019	78491	MYOCRD IMAGE PET PERFUS SINGLE STUDY REST STRESS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Review: PET Scan Heart (Cardiac)	
Imaging and Special Tests	9/1/2019	78492	MYOCRD IMAGE PET PERFUS MULTPL STUDY REST STRESS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Review: PET Scan Heart (Cardiac)	
Imaging and Special Tests	9/1/2019	78499	UNLISTED CARDIOVASCULAR PX DX NUCLEAR MEDICINE	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
Imaging & Special Tests	7/1/2021	78579	PULMONARY VENTILATION IMAGING	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria	Notes
Imaging & Special Tests	7/1/2021	78580	PULMONARY PERFUSION IMAGING PARTICULATE	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
Imaging & Special Tests	7/1/2021	78582	PULMONARY VENTILATION AND PERFUSION IMAGING	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
Imaging & Special Tests	7/1/2021	78597	QUANT DIFFERENTIAL PULM PERFUSION W WO IMAGING	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria	Notes
Imaging & Special Tests	7/1/2021	78598	QUANT DIFF PULM PRFUSION AND VENTLAJ W WO IMAGIN	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
Unlisted/Miscellaneous codes: Molina requires prior authorization, as well as, medical necessity documentation and rationale be submitted with the prior authorization request for all Unlisted/Miscellaneous codes, including those not listed here	9/1/2019	78599	UNLISTED RESPIRATORY PX DX NUCLEAR MEDICINE	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Additional information is required to define this code and determine criteria.	
Imaging & Special Tests	7/1/2021	78600	BRAIN IMAGING UNDER 4 STATIC VIEWS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
Imaging & Special Tests	7/1/2021	78601	BRAIN IMAGING UNDER 4 STATIC VIEWS W VASCULAR FLOW	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
Imaging & Special Tests	7/1/2021	78605	BRAIN IMAGING MINIMUM 4 STATIC VIEWS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
Imaging & Special Tests	7/1/2021	78606	BRAIN IMAGING MIN 4 STATIC VIEWS W VASCULAR FLOW	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria	Notes
Imaging and Special Tests	9/1/2019	78608	BRAIN IMAGING PET METABOLIC EVALUATION	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Review: Brain PET	
Imaging and Special Tests	9/1/2019	78609	BRAIN IMAGING PET PERFUSION EVALUATION	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Review: Brain PET	
Imaging & Special Tests	7/1/2021	78610	BRAIN IMAGING VASCULAR FLOW ONLY	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
Imaging & Special Tests	7/1/2021	78630	CEREBROSPINAL FLUID FLOW W O MATL CISTERNOGRAPHY	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
Imaging & Special Tests	7/1/2021	78635	CEREBROSPINAL FLUID FLOW W O MATL VENTRICLGRAPHY	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
Imaging & Special Tests	7/1/2021	78645	CEREBROSPINAL FLUID FLOW W O MATL SHUNT EVALTJ	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria	Notes
Imaging & Special Tests	7/1/2021	78650	CEREBROSPINAL FLUID LEAK DETECTION AND LOCALIZATIO	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
Imaging & Special Tests	7/1/2021	78660	RADIOPHARMACEUTICAL DACRYOCYSTOGRAPHY	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
Unlisted/Miscellaneous codes: Molina requires prior authorization, as well as, medical necessity documentation and rationale be submitted with the prior authorization request for all Unlisted/Miscellaneous codes, including those not listed here	9/1/2019	78699	UNLISTED NERVOUS SYSTEM PX DX NUCLEAR MEDICINE	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Additional information is required to define this code and determine criteria.	
Imaging & Special Tests	7/1/2021	78700	KIDNEY IMAGING MORPHOLOGY	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
Imaging & Special Tests	7/1/2021	78701	KIDNEY IMAGING MORPHOOGY W VASCULAR FLOW	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
Imaging & Special Tests	7/1/2021	78707	KIDNEY IMG MORPHOLOGY VASCULAR FLOW 1 W O RX	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria	Notes
Imaging & Special Tests	7/1/2021	78708	KIDNEY IMG MORPHOLOGY VASCULAR FLOW 1 W RX	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
Imaging & Special Tests	7/1/2021	78709	KIDNEY IMG MORPHOLOGY VASCULAR FLOW MULTIPLE	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
Imaging & Special Tests	7/1/2021	78725	KIDNEY FUNCJ STUDY NON-IMG RADIOISOTOPIC STUDY	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
Imaging & Special Tests	7/1/2021	78740	URETERAL REFLUX STUDY RP VOIDING CYSTOGRAM	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
Imaging & Special Tests	7/1/2021	78761	TESTICULAR IMAGING WITH VASCULAR FLOW	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
Unlisted/Miscellaneous codes: Molina requires prior authorization, as well as, medical necessity documentation and rationale be submitted with the prior authorization request for all Unlisted/Miscellaneous codes, including those not listed here	9/1/2019	78799	UNLISTED GENITOURINARY PX DX NUCLEAR MEDICINE	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Additional information is required to define this code and determine criteria.	

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria	Notes
Imaging & Special Tests	7/1/2021	78800	RP LOCLZJ TUM PLNR 1 AREA SINGLE DAY IMAGING	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
Imaging & Special Tests	7/1/2021	78801	RP LOCLZJ TUM PLNR 2 PLUS AREA 1 PLUS D IMG 1 AREA IMG OVE	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
Imaging & Special Tests	7/1/2021	78802	RP LOCLZJ TUMOR DSTRBJ AGENT WHOLE BDY 1 DAY	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
Imaging and Special Tests	1/1/2020	78803	RP LOCLZJ TUMOR DSTRBJ AGENT TOMOG SPECT	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
Imaging & Special Tests	7/1/2021	78804	RP LOCLZJ TUMOR DSTRBJ AGT WHOL BDY REQ 2 OR GRT DAY	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
Imaging and Special Tests	9/1/2019	78811	PET IMAGING LIMITED AREA CHEST HEAD NECK	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Review: PET Scan With or Without CT Attenuation	

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria	Notes
Imaging and Special Tests	9/1/2019	78812	PET IMAGING SKULL BASE TO MID-THIGH	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Review: PET Scan With or Without CT Attenuation	
Imaging and Special Tests	9/1/2019	78813	PET IMAGING WHOLE BODY	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Review: PET Scan With or Without CT Attenuation	
Imaging and Special Tests	9/1/2019	78814	PET IMAGING CT FOR ATTENUATION LIMITED AREA	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Review: PET Scan With or Without CT Attenuation	
Imaging and Special Tests	9/1/2019	78815	PET IMAGING CT ATTENUATION SKULL BASE MID-THIGH	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Review: PET Scan With or Without CT Attenuation	
Imaging and Special Tests	9/1/2019	78816	PET IMAGING FOR CT ATTENUATION WHOLE BODY	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Review: PET Scan With or Without CT Attenuation	
Imaging and Special Tests	4/1/2020	78830	SPECT SINGLE AREA SINGLE DAY WITH CONCURRENT CT	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Review: Nuclear Cardiac Study	

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria	Notes
Imaging and Special Tests	4/1/2020	78831	SPECT MULTI AREAS SINGLE DAY or SINGLE AREA MULTI DAYS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Review: Nuclear Cardiac Study	
Imaging and Special Tests	4/1/2020	78832	CONCURRENT CT (WITH SPECT 78831)	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Review: Nuclear Cardiac Study	
Unlisted/Miscellaneous codes: Molina requires prior authorization, as well as, medical necessity documentation and rationale be submitted with the prior authorization request for all Unlisted/Miscellaneous codes, including those not listed here	9/1/2019	78999	UNLISTED MISCELLANEOUS PX DX NUCLEAR MEDICINE	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Additional information is required to define this code and determine criteria.	
Radiation Therapy & Radio Surgery	7/1/2021	79101	RP THERAPY INTRAVENOUS ADMINISTRATION	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
Radiation Therapy & Radio Surgery	7/1/2021	79403	RP THER RADIOLBLD MONOCLONAL ANTIBODY IV INFUS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
Unlisted/Miscellaneous codes: Molina requires prior authorization, as well as, medical necessity documentation and rationale be submitted with the prior authorization request for all Unlisted/Miscellaneous codes, including those not listed here	9/1/2019	79999	RP THERAPY UNLISTED PROCEDURE	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Additional information is required to define this code and determine criteria.	

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria	Notes
Genetic Counseling & Testing	4/1/2020	80145	Adalimumab	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Genetic Testing	
Genetic Counseling & Testing	4/1/2020	80187	Posaconazole	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Genetic Testing	
Genetic Counseling & Testing	4/1/2020	80230	Infliximab	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Genetic Testing	
Genetic Counseling & Testing	4/1/2020	80235	Lacosamide	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Genetic Testing	
Genetic Counseling & Testing	4/1/2020	80280	Vedolizumab	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Genetic Testing	
Genetic Counseling & Testing	4/1/2020	80285	Voriconazole	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Genetic Testing	

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria	Notes
Unlisted/Miscellaneous codes: Molina requires prior authorization, as well as, medical necessity documentation and rationale be submitted with the prior authorization request for all Unlisted/Miscellaneous codes, including those not listed here	9/1/2019	80299	QUANTITATION DRUG NOT ELSEWHERE SPECIFIED	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Additional information is required to define this code and determine criteria.	
Behavioral/Mental Health, Alcohol-Chemical Dependency: Transitional Substance Abuse Residential Treatment, Inpatient, Residential Treatment, Partial Hospitalization, Electroconvulsive Therapy (ECT), Applied Behavior Analysis (ABA) for treatment of Autism Spectrum Disorder (ASD).	1/1/2021	80305	Drug test(s), presumptive, any number of drug classes, any number of devices or procedures; capable of being read by direct optical observation only (eg, utilizing immunoassay [eg, dipsticks, cups, cards, or cartridges]), includes sample validation when performed, per date of service	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	MH/SUD Requests submit to fax number: 866-617-4967 Med/Surg Requests submit to fax number: 866-420-3639 Prior Authorization required after 24 units used (any combination of 80305, 80306, 80307, 80320, 80324, 80346, 80348, 80353, 80354, 80356, 80358, 80359, 80361, 80362, 80365, 80369, 80372, 80373)
Behavioral/Mental Health, Alcohol-Chemical Dependency: Transitional Substance Abuse Residential Treatment, Inpatient, Residential Treatment, Partial Hospitalization, Electroconvulsive Therapy (ECT), Applied Behavior Analysis (ABA) for treatment of Autism Spectrum Disorder (ASD).	1/1/2021	80306	Drug test(s), presumptive, any number of drug classes, any number of devices or procedures; read by instrument assisted direct optical observation (eg, utilizing immunoassay [eg, dipsticks, cups, cards, or cartridges]), includes sample validation when performed, per date of service	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	MH/SUD Requests submit to fax number: 866-617-4967 Med/Surg Requests submit to fax number: 866-420-3639 Prior Authorization required after 24 units used (any combination of 80305, 80306, 80307, 80320, 80324, 80346, 80348, 80353, 80354, 80356, 80358, 80359, 80361, 80362, 80365, 80369, 80372, 80373)
Behavioral/Mental Health, Alcohol-Chemical Dependency: Transitional Substance Abuse Residential Treatment, Inpatient, Residential Treatment, Partial Hospitalization, Electroconvulsive Therapy (ECT), Applied Behavior Analysis (ABA) for treatment of Autism Spectrum Disorder (ASD).	1/1/2021	80307	Drug test(s), presumptive, any number of drug classes, any number of devices or procedures; by instrument chemistry analyzers (eg, utilizing immunoassay [eg, EIA, ELISA, EMIT, FPIA, IA, KIMS, RIA]), chromatography (eg, GC, HPLC), and mass spectrometry either with or without chromatography, (eg, DART, DESI, GC-MS, GC-MS/MS, LC-MS, LC-MS/MS, LDTD, MALDI, TOF) includes sample validation when performed, per date of service	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	MH/SUD Requests submit to fax number: 866-617-4967 Med/Surg Requests submit to fax number: 866-420-3639 Prior Authorization required after 24 units used (any combination of 80305, 80306, 80307, 80320, 80324, 80346, 80348, 80353, 80354, 80356, 80358, 80359, 80361, 80362, 80365, 80369, 80372, 80373)
Behavioral/Mental Health, Alcohol-Chemical Dependency: Transitional Substance Abuse Residential Treatment, Inpatient, Residential Treatment, Partial Hospitalization, Electroconvulsive Therapy (ECT), Applied Behavior Analysis (ABA) for treatment of Autism Spectrum Disorder (ASD).	1/1/2021	80320	DRUG TEST DEF DRUG TESTING PROCEDURES - ALCOHOLS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	MH/SUD Requests submit to fax number: 866-617-4967 Med/Surg Requests submit to fax number: 866-420-3639 DEFINITIVE - PA after 12 dates of service for codes 80320, 80321, 80322, 80324, 80325, 80326, 80327, 80328, 80346, 80347, 80348, 80353, 80354, 80356, 80358, 80359, 80361, 80362, 80363, 80364, 80365, 80367, 80368, 80369, 80372, 80373, 80374, 80375, 80376, 80377, 83992or G0480, G0481, G0482, G0483, G0659
Behavioral/Mental Health, Alcohol-Chemical Dependency: Transitional Substance Abuse Residential Treatment, Inpatient, Residential Treatment, Partial Hospitalization, Electroconvulsive Therapy (ECT), Applied Behavior Analysis (ABA) for treatment of Autism Spectrum Disorder (ASD).	10/1/2021	80321	DRUG SCREEN QUANT ALCOHOLS BIOMARKERS 1 OR 2	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	MH/SUD Requests submit to fax number: 866-617-4967 Med/Surg Requests submit to fax number: 866-420-3639 DEFINITIVE - PA after 12 dates of service for codes 80320, 80321, 80322, 80324, 80325, 80326, 80327, 80328, 80346, 80347, 80348, 80353, 80354, 80356, 80358, 80359, 80361, 80362, 80363, 80364, 80365, 80367, 80368, 80369, 80372, 80373, 80374, 80375, 80376, 80377, 83992or G0480, G0481, G0482, G0483, G0659

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria	Notes
Behavioral/Mental Health, Alcohol-Chemical Dependency: Transitional Substance Abuse Residential Treatment, Inpatient, Residential Treatment, Partial Hospitalization, Electroconvulsive Therapy (ECT), Applied Behavior Analysis (ABA) for treatment of Autism Spectrum Disorder (ASD).	10/1/2021	80322	DRUG SCREEN QUANT ALCOHOLS BIOMARKERS 3 OR MORE	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	MH/SUD Requests submit to fax number: 866-617-4967 Med/Surg Requests submit to fax number: 866-420-3639 DEFINITIVE - PA after 12 dates of service for codes 80320, 80321, 80322, 80324, 80325, 80326, 80327, 80328, 80346, 80347, 80348, 80353, 80354, 80356, 80358, 80359, 80361, 80362, 80363, 80364, 80365, 80367, 80368, 80369, 80372, 80373, 80374, 80375, 80376, 80377, 83992or G0480, G0481, G0482, G0483, G0659
Behavioral/Mental Health, Alcohol-Chemical Dependency: Transitional Substance Abuse Residential Treatment, Inpatient, Residential Treatment, Partial Hospitalization, Electroconvulsive Therapy (ECT), Applied Behavior Analysis (ABA) for treatment of Autism Spectrum Disorder (ASD).	1/1/2021	80324	DRUG TEST DEF DRUG TESTING PROCEDURES - AMPHETAMINS; 1 OR 2	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	MH/SUD Requests submit to fax number: 866-617-4967 Med/Surg Requests submit to fax number: 866-420-3639 DEFINITIVE - PA after 12 dates of service for codes 80320, 80321, 80322, 80324, 80325, 80326, 80327, 80328, 80346, 80347, 80348, 80353, 80354, 80356, 80358, 80359, 80361, 80362, 80363, 80364, 80365, 80367, 80368, 80369, 80372, 80373, 80374, 80375, 80376, 80377, 83992or G0480, G0481, G0482, G0483, G0659
Behavioral/Mental Health, Alcohol-Chemical Dependency: Transitional Substance Abuse Residential Treatment, Inpatient, Residential Treatment, Partial Hospitalization, Electroconvulsive Therapy (ECT), Applied Behavior Analysis (ABA) for treatment of Autism Spectrum Disorder (ASD).	10/1/2021	80325	DRUG SCREEN QUANT AMPHETAMINES 3 OR 4	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	MH/SUD Requests submit to fax number: 866-617-4967 Med/Surg Requests submit to fax number: 866-420-3639 DEFINITIVE - PA after 12 dates of service for codes 80320, 80321, 80322, 80324, 80325, 80326, 80327, 80328, 80346, 80347, 80348, 80353, 80354, 80356, 80358, 80359, 80361, 80362, 80363, 80364, 80365, 80367, 80368, 80369, 80372, 80373, 80374, 80375, 80376, 80377, 83992or G0480, G0481, G0482, G0483, G0659
Behavioral/Mental Health, Alcohol-Chemical Dependency: Transitional Substance Abuse Residential Treatment, Inpatient, Residential Treatment, Partial Hospitalization, Electroconvulsive Therapy (ECT), Applied Behavior Analysis (ABA) for treatment of Autism Spectrum Disorder (ASD).	10/1/2021	80326	DRUG SCREEN QUANT AMPHETAMINES 5 OR MORE	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	MH/SUD Requests submit to fax number: 866-617-4967 Med/Surg Requests submit to fax number: 866-420-3639 DEFINITIVE - PA after 12 dates of service for codes 80320, 80321, 80322, 80324, 80325, 80326, 80327, 80328, 80346, 80347, 80348, 80353, 80354, 80356, 80358, 80359, 80361, 80362, 80363, 80364, 80365, 80367, 80368, 80369, 80372, 80373, 80374, 80375, 80376, 80377, 83992or G0480, G0481, G0482, G0483, G0659
Behavioral/Mental Health, Alcohol-Chemical Dependency: Transitional Substance Abuse Residential Treatment, Inpatient, Residential Treatment, Partial Hospitalization, Electroconvulsive Therapy (ECT), Applied Behavior Analysis (ABA) for treatment of Autism Spectrum Disorder (ASD).	10/1/2021	80327	DRUG SCREEN QUANT AMPHETAMINES 5 OR MORE	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	MH/SUD Requests submit to fax number: 866-617-4967 Med/Surg Requests submit to fax number: 866-420-3639 DEFINITIVE - PA after 12 dates of service for codes 80320, 80321, 80322, 80324, 80325, 80326, 80327, 80328, 80346, 80347, 80348, 80353, 80354, 80356, 80358, 80359, 80361, 80362, 80363, 80364, 80365, 80367, 80368, 80369, 80372, 80373, 80374, 80375, 80376, 80377, 83992or G0480, G0481, G0482, G0483, G0659

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria	Notes
Behavioral/Mental Health, Alcohol-Chemical Dependency: Transitional Substance Abuse Residential Treatment, Inpatient, Residential Treatment, Partial Hospitalization, Electroconvulsive Therapy (ECT), Applied Behavior Analysis (ABA) for treatment of Autism Spectrum Disorder (ASD).	10/1/2021	80328	DRUG SCREEN QUANT AMPHETAMINES 5 OR MORE	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	MH/SUD Requests submit to fax number: 866-617-4967 Med/Surg Requests submit to fax number: 866-420-3639 DEFINITIVE - PA after 12 dates of service for codes 80320, 80321, 80322, 80324, 80325, 80326, 80327, 80328, 80346, 80347, 80348, 80353, 80354, 80356, 80358, 80359, 80361, 80362, 80363, 80364, 80365, 80367, 80368, 80369, 80372, 80373, 80374, 80375, 80376, 80377, 83992or G0480, G0481, G0482, G0483, G0659
Behavioral/Mental Health, Alcohol-Chemical Dependency: Transitional Substance Abuse Residential Treatment, Inpatient, Residential Treatment, Partial Hospitalization, Electroconvulsive Therapy (ECT), Applied Behavior Analysis (ABA) for treatment of Autism Spectrum Disorder (ASD).	1/1/2021	80346	DRUG TEST DEF DRUG TESTING PROCEDURES - BENZODIAZEPINES, 1-12	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	MH/SUD Requests submit to fax number: 866-617-4967 Med/Surg Requests submit to fax number: 866-420-3639 DEFINITIVE - PA after 12 dates of service for codes 80320, 80321, 80322, 80324, 80325, 80326, 80327, 80328, 80346, 80347, 80348, 80353, 80354, 80356, 80358, 80359, 80361, 80362, 80363, 80364, 80365, 80367, 80368, 80369, 80372, 80373, 80374, 80375, 80376, 80377, 83992or G0480, G0481, G0482, G0483, G0659
Behavioral/Mental Health, Alcohol-Chemical Dependency: Transitional Substance Abuse Residential Treatment, Inpatient, Residential Treatment, Partial Hospitalization, Electroconvulsive Therapy (ECT), Applied Behavior Analysis (ABA) for treatment of Autism Spectrum Disorder (ASD).	1/1/2021	80347	DRUG SCREENING BENZODIAZEPINES 13 OR MORE	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	MH/SUD Requests submit to fax number: 866-617-4967 Med/Surg Requests submit to fax number: 866-420-3639 DEFINITIVE - PA after 12 dates of service for codes 80320, 80321, 80322, 80324, 80325, 80326, 80327, 80328, 80346, 80347, 80348, 80353, 80354, 80356, 80358, 80359, 80361, 80362, 80363, 80364, 80365, 80367, 80368, 80369, 80372, 80373, 80374, 80375, 80376, 80377, 83992or G0480, G0481, G0482, G0483, G0659
Behavioral/Mental Health, Alcohol-Chemical Dependency: Transitional Substance Abuse Residential Treatment, Inpatient, Residential Treatment, Partial Hospitalization, Electroconvulsive Therapy (ECT), Applied Behavior Analysis (ABA) for treatment of Autism Spectrum Disorder (ASD).	1/1/2021	80348	DRUG TEST DEF DRUG TESTING PROCEDURES - BUPRENORPHINE	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	MH/SUD Requests submit to fax number: 866-617-4967 Med/Surg Requests submit to fax number: 866-420-3639 DEFINITIVE - PA after 12 dates of service for codes 80320, 80321, 80322, 80324, 80325, 80326, 80327, 80328, 80346, 80347, 80348, 80353, 80354, 80356, 80358, 80359, 80361, 80362, 80363, 80364, 80365, 80367, 80368, 80369, 80372, 80373, 80374, 80375, 80376, 80377, 83992or G0480, G0481, G0482, G0483, G0659
Behavioral/Mental Health, Alcohol-Chemical Dependency: Transitional Substance Abuse Residential Treatment, Inpatient, Residential Treatment, Partial Hospitalization, Electroconvulsive Therapy (ECT), Applied Behavior Analysis (ABA) for treatment of Autism Spectrum Disorder (ASD).	1/1/2021	80353	DRUG TEST DEF DRUG TESTING PROCEDURES - COCAINE	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	MH/SUD Requests submit to fax number: 866-617-4967 Med/Surg Requests submit to fax number: 866-420-3639 DEFINITIVE - PA after 12 dates of service for codes 80320, 80321, 80322, 80324, 80325, 80326, 80327, 80328, 80346, 80347, 80348, 80353, 80354, 80356, 80358, 80359, 80361, 80362, 80363, 80364, 80365, 80367, 80368, 80369, 80372, 80373, 80374, 80375, 80376, 80377, 83992or G0480, G0481, G0482, G0483, G0659

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria	Notes
Behavioral/Mental Health, Alcohol-Chemical Dependency: Transitional Substance Abuse Residential Treatment, Inpatient, Residential Treatment, Partial Hospitalization, Electroconvulsive Therapy (ECT), Applied Behavior Analysis (ABA) for treatment of Autism Spectrum Disorder (ASD).	1/1/2021	80354	DRUG TEST DEF DRUG TESTING PROCEDURES - FENTANYL	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	MH/SUD Requests submit to fax number: 866-617-4967 Med/Surg Requests submit to fax number: 866-420-3639 DEFINITIVE - PA after 12 dates of service for codes 80320, 80321, 80322, 80324, 80325, 80326, 80327, 80328, 80346, 80347, 80348, 80353, 80354, 80356, 80358, 80359, 80361, 80362, 80363, 80364, 80365, 80367, 80368, 80369, 80372, 80373, 80374, 80375, 80376, 80377, 83992or G0480, G0481, G0482, G0483, G0659
Behavioral/Mental Health, Alcohol-Chemical Dependency	7/1/2021	80356	DRUG TEST DEF DRUG TESTING PROCEDURES - HEROIN METABOLITE	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
Behavioral/Mental Health, Alcohol-Chemical Dependency: Transitional Substance Abuse Residential Treatment, Inpatient, Residential Treatment, Partial Hospitalization, Electroconvulsive Therapy (ECT), Applied Behavior Analysis (ABA) for treatment of Autism Spectrum Disorder (ASD).	1/1/2021	80358	DRUG TEST DEF DRUG TESTING PROCEDURES - METHADONE	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	MH/SUD Requests submit to fax number: 866-617-4967 Med/Surg Requests submit to fax number: 866-420-3639 DEFINITIVE - PA after 12 dates of service for codes 80320, 80321, 80322, 80324, 80325, 80326, 80327, 80328, 80346, 80347, 80348, 80353, 80354, 80356, 80358, 80359, 80361, 80362, 80363, 80364, 80365, 80367, 80368, 80369, 80372, 80373, 80374, 80375, 80376, 80377, 83992or G0480, G0481, G0482, G0483, G0659
Behavioral/Mental Health, Alcohol-Chemical Dependency: Transitional Substance Abuse Residential Treatment, Inpatient, Residential Treatment, Partial Hospitalization, Electroconvulsive Therapy (ECT), Applied Behavior Analysis (ABA) for treatment of Autism Spectrum Disorder (ASD).	1/1/2021	80359	DRUG TEST DEF DRUG TESTING PROCEDURES - METHYLENEDIOXYAMPHETAMINES (MDA, MDEA, MDMA)	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	MH/SUD Requests submit to fax number: 866-617-4967 Med/Surg Requests submit to fax number: 866-420-3639 DEFINITIVE - PA after 12 dates of service for codes 80320, 80321, 80322, 80324, 80325, 80326, 80327, 80328, 80346, 80347, 80348, 80353, 80354, 80356, 80358, 80359, 80361, 80362, 80363, 80364, 80365, 80367, 80368, 80369, 80372, 80373, 80374, 80375, 80376, 80377, 83992or G0480, G0481, G0482, G0483, G0659
Behavioral/Mental Health, Alcohol-Chemical Dependency: Transitional Substance Abuse Residential Treatment, Inpatient, Residential Treatment, Partial Hospitalization, Electroconvulsive Therapy (ECT), Applied Behavior Analysis (ABA) for treatment of Autism Spectrum Disorder (ASD).	1/1/2021	80361	DRUG TEST DEF DRUG TESTING PROCEDURES - OPTIATES, 1 OR MORE	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	MH/SUD Requests submit to fax number: 866-617-4967 Med/Surg Requests submit to fax number: 866-420-3639 DEFINITIVE - PA after 12 dates of service for codes 80320, 80321, 80322, 80324, 80325, 80326, 80327, 80328, 80346, 80347, 80348, 80353, 80354, 80356, 80358, 80359, 80361, 80362, 80363, 80364, 80365, 80367, 80368, 80369, 80372, 80373, 80374, 80375, 80376, 80377, 83992or G0480, G0481, G0482, G0483, G0659

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria	Notes
Behavioral/Mental Health, Alcohol-Chemical Dependency: Transitional Substance Abuse Residential Treatment, Inpatient, Residential Treatment, Partial Hospitalization, Electroconvulsive Therapy (ECT), Applied Behavior Analysis (ABA) for treatment of Autism Spectrum Disorder (ASD).	1/1/2021	80362	DRUG TEST DEF DRUG TESTING PROCEDURES - OPIODS AND OPTIATE ANALOGS, 1 OR 2	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	MH/SUD Requests submit to fax number: 866-617-4967 Med/Surg Requests submit to fax number: 866-420-3639 DEFINITIVE - PA after 12 dates of service for codes 80320, 80321, 80322, 80324, 80325, 80326, 80327, 80328, 80346, 80347, 80348, 80353, 80354, 80356, 80358, 80359, 80361, 80362, 80363, 80364, 80365, 80367, 80368, 80369, 80372, 80373, 80374, 80375, 80376, 80377, 83992or G0480, G0481, G0482, G0483, G0659
Behavioral/Mental Health, Alcohol-Chemical Dependency: Transitional Substance Abuse Residential Treatment, Inpatient, Residential Treatment, Partial Hospitalization, Electroconvulsive Therapy (ECT), Applied Behavior Analysis (ABA) for treatment of Autism Spectrum Disorder (ASD).	10/1/2021	80363	DRUG SCREENING OPIOIDS AND OPIATE ANALOGS 3 OR 4	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	MH/SUD Requests submit to fax number: 866-617-4967 Med/Surg Requests submit to fax number: 866-420-3639 DEFINITIVE - PA after 12 dates of service for codes 80320, 80321, 80322, 80324, 80325, 80326, 80327, 80328, 80346, 80347, 80348, 80353, 80354, 80356, 80358, 80359, 80361, 80362, 80363, 80364, 80365, 80367, 80368, 80369, 80372, 80373, 80374, 80375, 80376, 80377, 83992or G0480, G0481, G0482, G0483, G0659
Behavioral/Mental Health, Alcohol-Chemical Dependency: Transitional Substance Abuse Residential Treatment, Inpatient, Residential Treatment, Partial Hospitalization, Electroconvulsive Therapy (ECT), Applied Behavior Analysis (ABA) for treatment of Autism Spectrum Disorder (ASD).	10/2/2021	80364	DRUG SCREENING OPIOIDS and OPIATE ANALOGS 5/MORE	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	MH/SUD Requests submit to fax number: 866-617-4967 Med/Surg Requests submit to fax number: 866-420-3639 DEFINITIVE - PA after 12 dates of service for codes 80320, 80321, 80322, 80324, 80325, 80326, 80327, 80328, 80346, 80347, 80348, 80353, 80354, 80356, 80358, 80359, 80361, 80362, 80363, 80364, 80365, 80367, 80368, 80369, 80372, 80373, 80374, 80375, 80376, 80377, 83992or G0480, G0481, G0482, G0483, G0659
Behavioral/Mental Health, Alcohol-Chemical Dependency: Transitional Substance Abuse Residential Treatment, Inpatient, Residential Treatment, Partial Hospitalization, Electroconvulsive Therapy (ECT), Applied Behavior Analysis (ABA) for treatment of Autism Spectrum Disorder (ASD).	1/1/2021	80365	DRUG TEST DEF DRUG TESTING PROCEDURES - OXYCODONE	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	MH/SUD Requests submit to fax number: 866-617-4967 Med/Surg Requests submit to fax number: 866-420-3639 DEFINITIVE - PA after 12 dates of service for codes 80320, 80321, 80322, 80324, 80325, 80326, 80327, 80328, 80346, 80347, 80348, 80353, 80354, 80356, 80358, 80359, 80361, 80362, 80363, 80364, 80365, 80367, 80368, 80369, 80372, 80373, 80374, 80375, 80376, 80377, 83992or G0480, G0481, G0482, G0483, G0659
Behavioral/Mental Health, Alcohol-Chemical Dependency: Transitional Substance Abuse Residential Treatment, Inpatient, Residential Treatment, Partial Hospitalization, Electroconvulsive Therapy (ECT), Applied Behavior Analysis (ABA) for treatment of Autism Spectrum Disorder (ASD).	10/1/2021	80367	DRUG SCREENING PROPOXYPHENE	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	MH/SUD Requests submit to fax number: 866-617-4967 Med/Surg Requests submit to fax number: 866-420-3639 DEFINITIVE - PA after 12 dates of service for codes 80320, 80321, 80322, 80324, 80325, 80326, 80327, 80328, 80346, 80347, 80348, 80353, 80354, 80356, 80358, 80359, 80361, 80362, 80363, 80364, 80365, 80367, 80368, 80369, 80372, 80373, 80374, 80375, 80376, 80377, 83992or G0480, G0481, G0482, G0483, G0659

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria	Notes
Behavioral/Mental Health, Alcohol-Chemical Dependency: Transitional Substance Abuse Residential Treatment, Inpatient, Residential Treatment, Partial Hospitalization, Electroconvulsive Therapy (ECT), Applied Behavior Analysis (ABA) for treatment of Autism Spectrum Disorder (ASD).	10/2/2021	80368	DRUG SCREENING SEDATIVE HYPNOTICS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	MH/SUD Requests submit to fax number: 866-617-4967 Med/Surg Requests submit to fax number: 866-420-3639 DEFINITIVE - PA after 12 dates of service for codes 80320, 80321, 80322, 80324, 80325, 80326, 80327, 80328, 80346, 80347, 80348, 80353, 80354, 80356, 80358, 80359, 80361, 80362, 80363, 80364, 80365, 80367, 80368, 80369, 80372, 80373, 80374, 80375, 80376, 80377, 83992or G0480, G0481, G0482, G0483, G0659
Behavioral/Mental Health, Alcohol-Chemical Dependency: Transitional Substance Abuse Residential Treatment, Inpatient, Residential Treatment, Partial Hospitalization, Electroconvulsive Therapy (ECT), Applied Behavior Analysis (ABA) for treatment of Autism Spectrum Disorder (ASD).	1/1/2021	80369	DRUG TEST DEF DRUG TESTING PROCEDURES - SKELETAL MUSCLE RELAXANTS, 1 OR 2	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	MH/SUD Requests submit to fax number: 866-617-4967 Med/Surg Requests submit to fax number: 866-420-3639 DEFINITIVE - PA after 12 dates of service for codes 80320, 80321, 80322, 80324, 80325, 80326, 80327, 80328, 80346, 80347, 80348, 80353, 80354, 80356, 80358, 80359, 80361, 80362, 80363, 80364, 80365, 80367, 80368, 80369, 80372, 80373, 80374, 80375, 80376, 80377, 83992or G0480, G0481, G0482, G0483, G0659
Behavioral/Mental Health, Alcohol-Chemical Dependency: Transitional Substance Abuse Residential Treatment, Inpatient, Residential Treatment, Partial Hospitalization, Electroconvulsive Therapy (ECT), Applied Behavior Analysis (ABA) for treatment of Autism Spectrum Disorder (ASD).	1/1/2021	80372	DRUG TEST DEF DRUG TESTING PROCEDURES - TAPENTADOL	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	MH/SUD Requests submit to fax number: 866-617-4967 Med/Surg Requests submit to fax number: 866-420-3639 DEFINITIVE - PA after 12 dates of service for codes 80320, 80321, 80322, 80324, 80325, 80326, 80327, 80328, 80346, 80347, 80348, 80353, 80354, 80356, 80358, 80359, 80361, 80362, 80363, 80364, 80365, 80367, 80368, 80369, 80372, 80373, 80374, 80375, 80376, 80377, 83992or G0480, G0481, G0482, G0483, G0659
Behavioral/Mental Health, Alcohol-Chemical Dependency: Transitional Substance Abuse Residential Treatment, Inpatient, Residential Treatment, Partial Hospitalization, Electroconvulsive Therapy (ECT), Applied Behavior Analysis (ABA) for treatment of Autism Spectrum Disorder (ASD).	1/1/2021	80373	DRUG TEST DEF DRUG TESTING PROCEDURES - TRAMADOL	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	MH/SUD Requests submit to fax number: 866-617-4967 Med/Surg Requests submit to fax number: 866-420-3639 DEFINITIVE - PA after 12 dates of service for codes 80320, 80321, 80322, 80324, 80325, 80326, 80327, 80328, 80346, 80347, 80348, 80353, 80354, 80356, 80358, 80359, 80361, 80362, 80363, 80364, 80365, 80367, 80368, 80369, 80372, 80373, 80374, 80375, 80376, 80377, 83992or G0480, G0481, G0482, G0483, G0659
Behavioral/Mental Health, Alcohol-Chemical Dependency: Transitional Substance Abuse Residential Treatment, Inpatient, Residential Treatment, Partial Hospitalization, Electroconvulsive Therapy (ECT), Applied Behavior Analysis (ABA) for treatment of Autism Spectrum Disorder (ASD).	10/1/2021	80374	DRUG SCREEN STEREOISOMER ANALYSIS 1 DRUG CLASS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	MH/SUD Requests submit to fax number: 866-617-4967 Med/Surg Requests submit to fax number: 866-420-3639 DEFINITIVE - PA after 12 dates of service for codes 80320, 80321, 80322, 80324, 80325, 80326, 80327, 80328, 80346, 80347, 80348, 80353, 80354, 80356, 80358, 80359, 80361, 80362, 80363, 80364, 80365, 80367, 80368, 80369, 80372, 80373, 80374, 80375, 80376, 80377, 83992or G0480, G0481, G0482, G0483, G0659

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria	Notes
Behavioral/Mental Health, Alcohol-Chemical Dependency: Transitional Substance Abuse Residential Treatment, Inpatient, Residential Treatment, Partial Hospitalization, Electroconvulsive Therapy (ECT), Applied Behavior Analysis (ABA) for treatment of Autism Spectrum Disorder (ASD).	10/1/2021	80375	Behavioral/Mental Health, Alcohol-Chemical Dependency	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	MH/SUD Requests submit to fax number: 866-617-4967 Med/Surg Requests submit to fax number: 866-420-3639 DEFINITIVE - PA after 12 dates of service for codes 80320, 80321, 80322, 80324, 80325, 80326, 80327, 80328, 80346, 80347, 80348, 80353, 80354, 80356, 80358, 80359, 80361, 80362, 80363, 80364, 80365, 80367, 80368, 80369, 80372, 80373, 80374, 80375, 80376, 80377, 83992or G0480, G0481, G0482, G0483, G0659
Behavioral/Mental Health, Alcohol-Chemical Dependency: Transitional Substance Abuse Residential Treatment, Inpatient, Residential Treatment, Partial Hospitalization, Electroconvulsive Therapy (ECT), Applied Behavior Analysis (ABA) for treatment of Autism Spectrum Disorder (ASD).	10/1/2021	80376	Behavioral/Mental Health, Alcohol-Chemical Dependency	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	MH/SUD Requests submit to fax number: 866-617-4967 Med/Surg Requests submit to fax number: 866-420-3639 DEFINITIVE - PA after 12 dates of service for codes 80320, 80321, 80322, 80324, 80325, 80326, 80327, 80328, 80346, 80347, 80348, 80353, 80354, 80356, 80358, 80359, 80361, 80362, 80363, 80364, 80365, 80367, 80368, 80369, 80372, 80373, 80374, 80375, 80376, 80377, 83992or G0480, G0481, G0482, G0483, G0659
Behavioral/Mental Health, Alcohol-Chemical Dependency: Transitional Substance Abuse Residential Treatment, Inpatient, Residential Treatment, Partial Hospitalization, Electroconvulsive Therapy (ECT), Applied Behavior Analysis (ABA) for treatment of Autism Spectrum Disorder (ASD).	10/1/2021	80377	DRUG/SUBSTANCE DEFINITIVE QUAL/QUANT NOS 7/MORE	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	MH/SUD Requests submit to fax number: 866-617-4967 Med/Surg Requests submit to fax number: 866-420-3639 DEFINITIVE - PA after 12 dates of service for codes 80320, 80321, 80322, 80324, 80325, 80326, 80327, 80328, 80346, 80347, 80348, 80353, 80354, 80356, 80358, 80359, 80361, 80362, 80363, 80364, 80365, 80367, 80368, 80369, 80372, 80373, 80374, 80375, 80376, 80377, 83992or G0480, G0481, G0482, G0483, G0659
Unlisted/Miscellaneous codes: Molina requires prior authorization, as well as, medical necessity documentation and rationale be submitted with the prior authorization request for all Unlisted/Miscellaneous codes, including those not listed here	9/1/2019	81099	UNLISTED URINALYSIS PROCEDURE	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Additional information is required to define this code and determine criteria.	
Genetic Counseling & Testing	9/1/2019	81106	HPA-2 GENOTYPING GENE ANALYSIS COMMON VARIANT	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Genetic Testing	
Genetic Counseling & Testing	9/1/2019	81108	HPA-4 GENOTYPING GENE ANALYSIS COMMON VARIANT	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Genetic Testing	

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria	Notes
Genetic Counseling & Testing	9/1/2019	81110	HPA-6 GENOTYPING GENE ANALYSIS COMMON VARIANT	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Genetic Testing	
Genetic Counseling & Testing	9/1/2019	81112	HPA-15 GENOTYPING GENE ANALYSIS COMMON VARIANT	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Genetic Testing	
Genetic Counseling & Testing	9/1/2019	81120	IDH1 COMMON VARIANTS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Genetic Testing	
Genetic Counseling & Testing	9/1/2019	81121	IDH2 COMMON VARIANTS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Genetic Testing	
Genetic Counseling & Testing	9/1/2019	81161	DMD DUPLICATION DELETION ANALYSIS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Genetic Testing	
Genetic Counseling & Testing	9/1/2019	81162	BRCA1 BRCA2 GENE ALYS FULL SEQ FULL DUP DEL ALYS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Genetic Testing	

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria	Notes
Genetic Counseling & Testing	9/1/2019	81163	BRCA1 BRCA2 GENE ANALYSIS FULL SEQUENCE ANALYSIS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Genetic Testing	
Genetic Counseling & Testing	9/1/2019	81164	BRCA1 BRCA2 GENE ANALYSIS FULL DUP DEL ANALYSIS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Genetic Testing	
Genetic Counseling & Testing	9/1/2019	81165	BRCA1 GENE ANALYSIS FULL SEQUENCE ANALYSIS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Genetic Testing	
Genetic Counseling & Testing	9/1/2019	81166	BRCA1 GENE ANALYSIS FULL DUP DEL ANALYSIS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Genetic Testing	
Genetic Counseling & Testing	9/1/2019	81167	BRCA2 GENE ANALYSIS FULL DUP DEL ANALYSIS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Genetic Testing	
Genetic Counseling & Testing	9/1/2019	81173	AR GENE ANALYSIS FULL GENE SEQUENCE	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Genetic Testing	

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria	Notes
Genetic Counseling & Testing	9/1/2019	81175	ASXL1 GENE ANALYSIS FULL GENE SEQUENCE	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Genetic Testing	
Genetic Counseling & Testing	9/1/2019	81176	ASXL1 GENE ANALYSIS TARGETED SEQ ANALYSIS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Genetic Testing	
Genetic Counseling & Testing	9/1/2019	81177	ATN1 GENE ANALYSIS EVAL DETECT ABNORMAL ALLELES	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Genetic Testing	
Genetic Counseling & Testing	9/1/2019	81185	CACNA1A GENE ANALYSIS FULL GENE SEQUENCE	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Genetic Testing	
Genetic Counseling & Testing	9/1/2019	81186	CACNA1A GENE ANALYSIS KNOWN FAMILIAL VARIANT	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Genetic Testing	
Genetic Counseling & Testing	9/1/2019	81188	CSTB GENE ANALYSIS EVAL DETECT ABNORMAL ALLELES	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Genetic Testing	

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria	Notes
Genetic Counseling & Testing	9/1/2019	81189	CSTB GENE ANALYSIS FULL GENE SEQUENCE	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Genetic Testing	
Genetic Counseling & Testing	9/1/2019	81190	CSTB GENE ANALYSIS KNOWN FAMILIAL VARIANTS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Genetic Testing	
Genetic Counseling & Testing	7/1/2021	81191	NTRK1 (NEUROTROPHIC RECEPTOR TYROSINE KINASE 1) (EG, SOLID TUMORS) TRANSLOCATION ANALYSIS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
Genetic Counseling & Testing	7/1/2021	81193	NTRK3 (NEUROTROPHIC RECEPTOR TYROSINE KINASE 3) (EG, SOLID TUMORS) TRANSLOCATION ANALYSIS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
Genetic Counseling & Testing	7/1/2021	81194	NTRK (NEUROTROPHIC-TROPOMYOSIN RECEPTOR TYROSINE KINASE 1, 2, AND 3) (EG, SOLID TUMORS) TRANSLOCATION ANALYSIS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
Genetic Counseling & Testing	9/1/2019	81201	APC GENE ANALYSIS FULL GENE SEQUENCE	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Genetic Testing	

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria	Notes
Genetic Counseling & Testing	7/1/2021	81202	APC GENE ANALYSIS KNOWN FAMILIAL VARIANTS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
Genetic Counseling & Testing	9/1/2019	81203	APC GENE ANALYSIS DUPLICATION DELETION VARIANTS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Genetic Testing	
Genetic Counseling & Testing	10/1/2019	81205	BCKDHB GENE ANALYSIS COMMON VARIANTS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Genetic Testing	
Genetic Counseling & Testing	9/1/2019	81210	BRAF GENE ANALYSIS V600 VARIANT(S)	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Genetic Testing	
Genetic Counseling & Testing	9/1/2019	81212	BRCA1 BRCA 2 GEN ALYS 185DELAG 5385INSC 6174DELT	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Genetic Testing	
Genetic Counseling & Testing	9/1/2019	81216	BRCA2 GENE ANALYSIS FULL SEQUENCE ANALYSIS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Genetic Testing	

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria	Notes
Genetic Counseling & Testing	9/1/2019	81217	BRCA2 GENE ANALYSIS KNOWN FAMILIAL VARIANT	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Genetic Testing	
Genetic Counseling & Testing	9/1/2019	81218	CEBPA GENE ANALYSIS FULL GENE SEQUENCE	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Genetic Testing	
Genetic Counseling & Testing	9/1/2019	81219	CALR GENE ANALYSIS COMMON VARIANTS IN EXON 9	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Genetic Testing	
Genetic Counseling & Testing	9/1/2019	81222	CFTR GENE ANALYSIS DUPLICATION DELETION VARIANTS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Genetic Testing	
Genetic Counseling & Testing	9/1/2019	81223	CFTR GENE ANALYSIS FULL GENE SEQUENCE	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Genetic Testing	
Genetic Counseling & Testing	9/1/2019	81225	CYP2C19 GENE ANALYSIS COMMON VARIANTS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Genetic Testing	

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria	Notes
Genetic Counseling & Testing	9/1/2019	81226	CYP2D6 GENE ANALYSIS COMMON VARIANTS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Genetic Testing	
Genetic Counseling & Testing	9/1/2019	81227	CYP2C9 GENE ANALYSIS COMMON VARIANTS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Genetic Testing	
Genetic Counseling & Testing	9/1/2019	81228	CYTOGENOM CONST MICROARRAY COPY NUMBER VARIANTS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Genetic Testing	
Genetic Counseling & Testing	9/1/2019	81229	CYTOGENOM CONST MICROARRAY COPY NUMBER AND SNP VAR	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Genetic Testing	
Genetic Counseling & Testing	9/1/2019	81230	CYP3A4 GENE ANALYSIS COMMON VARIANTS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Genetic Testing	
Genetic Counseling & Testing	9/1/2019	81231	CYP3A5 GENE ANALYSIS COMMON VARIANTS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Genetic Testing	

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria	Notes
Genetic Counseling & Testing	9/1/2019	81232	DYPD GENE ANALYSIS COMMON VARIANTS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Genetic Testing	
Genetic Counseling & Testing	9/1/2019	81233	BTK GENE ANALYSIS COMMON VARIANTS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Genetic Testing	
Genetic Counseling & Testing	9/1/2019	81234	DMPK GENE ANALYSIS EVAL DETECT ABNORMAL ALLELES	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Genetic Testing	
Genetic Counseling & Testing	9/1/2019	81235	EGFR GENE ANALYSIS COMMON VARIANTS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Genetic Testing	
Genetic Counseling & Testing	9/1/2019	81236	EZH2 GENE ANALYSIS FULL GENE SEQUENCE	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Genetic Testing	
Genetic Counseling & Testing	9/1/2019	81238	F9 FULL GENE SEQUENCE	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Genetic Testing	

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria	Notes
Genetic Counseling & Testing	9/1/2019	81243	FMR1 ANALYSIS EVAL TO DETECT ABNORMAL ALLELES	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Genetic Testing	
Genetic Counseling & Testing	9/1/2019	81244	FMR1 GENE ANALYSIS CHARACTERIZATION OF ALLELES	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Genetic Testing	
Genetic Counseling & Testing	9/1/2019	81246	FLT3 GENE ANLYS TYROSINE KINASE DOMAIN VARIANTS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Genetic Testing	
Genetic Counseling & Testing	9/1/2019	81247	G6PD GENE ANALYSIS COMMON VARIANTS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Genetic Testing	
Genetic Counseling & Testing	9/1/2019	81248	G6PD GENE ANALYSIS KNOWN FAMILIAL VARIANTS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Genetic Testing	
Genetic Counseling & Testing	9/1/2019	81249	G6PD GENE ANALYSIS FULL GENE SEQUENCE	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Genetic Testing	

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria	Notes
Genetic Counseling & Testing	7/1/2021	81252	GJB2 GENE ANALYSIS FULL GENE SEQUENCE	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
Genetic Counseling & Testing	7/1/2021	81253	GJB2 GENE ANALYSIS KNOWN FAMILIAL VARIANTS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
Genetic Counseling & Testing	7/1/2021	81257	HBA1 HBA2 GENE ANALYSIS COMMON DELETIONS VARIANT	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
Genetic Counseling & Testing	9/1/2019	81258	HBA1 HBA2 GENE ANALYSIS KNOWN FAMILIAL VARIANT	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Genetic Testing	
Genetic Counseling & Testing	9/1/2019	81259	HBA1 HBA2 GENE ANALYSIS FULL GENE SEQUENCE	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Genetic Testing	
Genetic Counseling & Testing	9/1/2019	81265	COMPARATIVE ANAL STR MARKERS PATIENT AND COMP SPEC	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Genetic Testing	

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria	Notes
Genetic Counseling & Testing	9/1/2019	81266	COMPARATIVE ANAL STR MARKERS EA ADDL SPECIMEN	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Genetic Testing	
Genetic Counseling & Testing	9/1/2019	81269	HBA1 HBA2 GENE ANALYSIS DUP DEL VARIANTS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Genetic Testing	
Genetic Counseling & Testing	9/1/2019	81272	KIT GENE ANALYSIS TARGETED SEQUENCE ANALYSIS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Genetic Testing	
Genetic Counseling & Testing	9/1/2019	81273	KIT GENE ANALYSIS D816 VARIANT(S)	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Genetic Testing	
Genetic Counseling & Testing	9/1/2019	81274	HTT GENE ANALYSIS CHARACTERIZATION ALLELES	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Genetic Testing	
Genetic Counseling & Testing	7/1/2021	81275	KRAS GENE ANALYSIS VARIANTS IN EXON 2	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria	Notes
Genetic Counseling & Testing	7/1/2021	81276	KRAS GENE ANALYSIS ADDITIONAL VARIANT(S)	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
Genetic Counseling & Testing	4/1/2020	81277	CYTOGENOMIC NEOPLASIA MICROARRAY ANALYSIS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Genetic Testing	
Genetic Counseling & Testing	7/1/2021	81278	IGH@/BCL2 (T(14;18)) (EG, FOLLICULAR LYMPHOMA) TRANSLOCATION ANALYSIS, MAJOR BREAKPOINT REGION (MBR) AND MINOR CLUSTER REGION (MCR) BREAKPOINTS, QUALITATIVE OR QUANTITATIVE	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
Genetic Counseling & Testing	9/1/2019	81285	FXN GENE ANALYSIS CHARACTERIZATION ALLELES	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Genetic Testing	
Genetic Counseling & Testing	9/1/2019	81286	FXN GENE ANALYSIS FULL GENE SEQUENCE	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Genetic Testing	
Genetic Counseling & Testing	9/1/2019	81289	FXN GENE ANALYSIS KNOWN FAMILIAL VARIANTS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Genetic Testing	

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria	Notes
Genetic Counseling & Testing	9/1/2019	81291	MTHFR GENE ANALYSIS COMMON VARIANTS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Genetic Testing	
Genetic Counseling & Testing	9/1/2019	81292	MLH1 GENE ANALYSIS FULL SEQUENCE ANALYSIS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Genetic Testing	
Genetic Counseling & Testing	7/1/2021	81293	MLH1 GENE ANALYSIS KNOWN FAMILIAL VARIANTS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
Genetic Counseling & Testing	9/1/2019	81294	MLH1 GENE ANALYSIS DUPLICATION DELETION VARIANTS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Genetic Testing	
Genetic Counseling & Testing	9/1/2019	81295	MSH2 GENE ANALYSIS FULL SEQUENCE ANALYSIS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Genetic Testing	
Genetic Counseling & Testing	9/1/2019	81297	MSH2 GENE ANALYSIS DUPLICATION DELETION VARIANTS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Genetic Testing	

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria	Notes
Genetic Counseling & Testing	9/1/2019	81298	MSH6 GENE ANALYSIS FULL SEQUENCE ANALYSIS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Genetic Testing	
Genetic Counseling & Testing	7/1/2021	81299	MSH6 GENE ANALYSIS KNOWN FAMILIAL VARIANTS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
Genetic Counseling & Testing	9/1/2019	81300	MSH6 GENE ANALYSIS DUPLICATION DELETION VARIA	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Genetic Testing	
Genetic Counseling & Testing	7/1/2021	81302	MECP2 GENE ANALYSIS FULL SEQUENCE	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
Genetic Counseling & Testing	7/1/2021	81303	MECP2 GENE ANALYSIS KNOWN FAMILIAL VARIANT	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
Genetic Counseling & Testing	7/1/2021	81304	MECP2 GENE ANALYSIS DUPLICATION DELETION VARIANT	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria	Notes
Genetic Counseling & Testing	4/1/2020	81307	PALB2 GENE ANALYSIS (FULL GENE SEQ)	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Genetic Testing	
Genetic Counseling & Testing	4/1/2020	81308	PALB2 GENE ANALYSIS (KNOWN FAMILIAL VARIANT)	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Genetic Testing	
Genetic Counseling & Testing	4/1/2020	81309	PIK3CA (phosphatidylinositol-4, 5-biphosphate 3-kinase, catalytic subunit alpha) (eg, colorectal and breast cancer) gene analysis, targeted sequence analysis (eg, exons 7, 9, 20)	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Genetic Testing	
Genetic Counseling & Testing	9/1/2019	81311	NRAS GENE ANALYSIS VARIANTS IN EXON 2 AND 3	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Genetic Testing	
Genetic Counseling & Testing	9/1/2019	81312	PABPN1 GENE ANALYSIS EVAL DETC ABNORMAL ALLELES	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Genetic Testing	
Genetic Counseling & Testing	9/1/2019	81313	PCA3 KLK3 PROSTATE SPECIFIC ANTIGEN RATIO	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Genetic Testing	

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria	Notes
Genetic Counseling & Testing	9/1/2019	81314	PDGFRA GENE ANALYS TARGETED SEQUENCE ANALYS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Genetic Testing	
Genetic Counseling & Testing	9/1/2019	81317	PMS2 GENE ANALYSIS FULL SEQUENCE	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Genetic Testing	
Genetic Counseling & Testing	7/1/2021	81318	PMS2 GENE ANALYSIS KNOWN FAMILIAL VARIANTS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
Genetic Counseling & Testing	9/1/2019	81319	PMS2 GENE ANALYSIS DUPLICATION DELETION VARIANTS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Genetic Testing	
Genetic Counseling & Testing	9/1/2019	81320	PLCG2 GENE ANALYSIS COMMON VARIANTS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Genetic Testing	
Genetic Counseling & Testing	9/1/2019	81321	PTEN GENE ANALYSIS FULL SEQUENCE ANALYSIS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Genetic Testing	

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria	Notes
Genetic Counseling & Testing	7/1/2021	81322	PTEN GENE ANALYSIS KNOWN FAMILIAL VARIANT	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
Genetic Counseling & Testing	9/1/2019	81323	PTEN GENE ANALYSIS DUPLICATION DELETION VARIANT	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Genetic Testing	
Genetic Counseling & Testing	9/1/2019	81324	PMP22 GENE ANAL DUPLICATION DELETION ANALYSIS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Genetic Testing	
Genetic Counseling & Testing	9/1/2019	81325	PMP22 GENE ANALYSIS FULL SEQUENCE ANALYSIS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Genetic Testing	
Genetic Counseling & Testing	7/1/2021	81326	PMP22 GENE ANALYSIS KNOWN FAMILIAL VARIANT	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
Genetic Counseling & Testing	7/1/2021	81327	SEPT9 GENE PROMOTER METHYLATION ANALYSIS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria	Notes
Genetic Counseling & Testing	9/1/2019	81328	SLCO1B1 GENE ANALYSIS COMMON VARIANTS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Genetic Testing	
Genetic Counseling & Testing	9/1/2019	81334	RUNX1 GENE ANALYSIS TARGETED SEQUENCE ANALYSIS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Genetic Testing	
Genetic Counseling & Testing	9/1/2019	81335	TPMT GENE ANALAYSIS COMMON VARIANTS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Genetic Testing	
Genetic Counseling & Testing	9/1/2019	81336	SMN1 GENE ANALYSIS FULL GENE SEQUENCE	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Genetic Testing	
Genetic Counseling & Testing	9/1/2019	81337	SMN1 GENE ANALYSIS KNOWN FAMILIAL SEQ VARIANTS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Genetic Testing	
Genetic Counseling & Testing	9/1/2019	81345	TERT GENE ANALYSIS TARGETED SEQUENCE ANALYSIS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Genetic Testing	

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria	Notes
Genetic Counseling & Testing	9/1/2019	81346	TYMS GENE ANALYSIS COMMON VARIANTS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Genetic Testing	
Genetic Counseling & Testing	7/1/2021	81348	SRSF2 (SERINE AND ARGININE-RICH SPLICING FACTOR 2) (EG, MYELODYSPLASTIC SYNDROME, ACUTE MYELOID LEUKEMIA) GENE ANALYSIS, COMMON VARIANTS (EG, P95H, P95L)	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
Genetic Counseling & Testing	1/1/2022	81349	Cytogenomic (genome-wide) analysis for constitutional chromosomal abnormalities; interrogation of genomic regions for copy number and loss-of-heterozygosity variants, low-pass sequencing analysis	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
Genetic Counseling & Testing	7/1/2021	81350	UGT1A1 GENE ANALYSIS COMMON VARIANTS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
Genetic Counseling & Testing	7/1/2021	81351	TP53 (TUMOR PROTEIN 53) (EG, LI-FRAUMENI SYNDROME) GENE ANALYSIS; FULL GENE SEQUENCE	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
Genetic Counseling & Testing	7/1/2021	81352	TP53 (TUMOR PROTEIN 53) (EG, LI-FRAUMENI SYNDROME) GENE ANALYSIS; TARGETED SEQUENCE ANALYSIS (EG, 4 ONCOLOGY)	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria	Notes
Genetic Counseling & Testing	7/1/2021	81353	TP53 (TUMOR PROTEIN 53) (EG, LI-FRAUMENI SYNDROME) GENE ANALYSIS; KNOWN FAMILIAL VARIANT	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
Genetic Counseling & Testing	9/1/2019	81355	VKORC1 GENE ANALYSIS COMMON VARIANT(S)	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Genetic Testing	
Genetic Counseling & Testing	7/1/2021	81357	U2AF1 (U2 SMALL NUCLEAR RNA AUXILIARY FACTOR 1) (EG, MYELODYSPLASTIC SYNDROME, ACUTE MYELOID LEUKEMIA) GENE ANALYSIS, COMMON VARIANTS (EG, S34F, S34Y, Q157R, Q157P)	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
Genetic Counseling & Testing	7/1/2021	81360	ZRSR2 (ZINC FINGER CCCH-TYPE, RNA BINDING MOTIF AND SERINE/ARGININE-RICH 2) (EG, MYELODYSPLASTIC SYNDROME, ACUTE MYELOID LEUKEMIA) GENE ANALYSIS, COMMON VARIANT(S) (EG, E65FS, E122FS, R448FS)	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
Genetic Counseling & Testing	9/1/2019	81361	HBB COMMON VARIANTS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Genetic Testing	
Genetic Counseling & Testing	9/1/2019	81362	HBB KNOWN FAMILIAL VARIANTS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Genetic Testing	

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria	Notes
Genetic Counseling & Testing	9/1/2019	81364	HBB FULL GENE SEQUENCE	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Genetic Testing	
Genetic Counseling & Testing	9/1/2019	81401	MOLECULAR PATHOLOGY PROCEDURE LEVEL 2	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Genetic Testing	
Genetic Counseling & Testing	9/1/2019	81402	MOLECULAR PATHOLOGY PROCEDURE LEVEL 3	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Genetic Testing	
Genetic Counseling & Testing	9/1/2019	81403	MOLECULAR PATHOLOGY PROCEDURE LEVEL 4	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Genetic Testing	
Genetic Counseling & Testing	9/1/2019	81404	MOLECULAR PATHOLOGY PROCEDURE LEVEL 5	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Genetic Testing	
Genetic Counseling & Testing	9/1/2019	81405	MOLECULAR PATHOLOGY PROCEDURE LEVEL 6	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Genetic Testing	

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria	Notes
Genetic Counseling & Testing	9/1/2019	81406	MOLECULAR PATHOLOGY PROCEDURE LEVEL 7	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
Genetic Counseling & Testing	9/1/2019	81407	MOLECULAR PATHOLOGY PROCEDURE LEVEL 8	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Genetic Testing	
Genetic Counseling & Testing	9/1/2019	81408	MOLECULAR PATHOLOGY PROCEDURE LEVEL 9	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Genetic Testing	
Genetic Counseling & Testing	9/1/2019	81410	AORTIC DYSFUNCTION DILATION GENOMIC SEQ ANALYSIS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Genetic Testing	

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria	Notes
Genetic Counseling & Testing	9/1/2019	81411	AORTIC DYSFUNCTION DILATION DUP DEL ANALYSIS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Genetic Testing	
Genetic Counseling & Testing	9/1/2019	81412	ASHKENAZI JEWISH ASSOC DSRDRS GEN SEQ ANAL 9 GEN	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Genetic Testing	
Genetic Counseling & Testing	9/1/2019	81413	CAR ION CHNNLPATH GENOMIC SEQ ALYS INC 10 GNS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Genetic Testing	
Genetic Counseling & Testing	9/1/2019	81414	CAR ION CHNNLPATH DUP DEL GN ALYS PANEL 2 GENES	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Genetic Testing	
Genetic Counseling & Testing	9/1/2019	81415	EXOME SEQUENCE ANALYSIS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Genetic Testing	
Genetic Counseling & Testing	9/1/2019	81416	EXOME SEQUENCE ANALYSIS EACH COMPARATOR EXOME	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Genetic Testing	

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria	Notes
Genetic Counseling & Testing	1/1/2023	81418	DRG MTBLSM (EG, PHRMCGNOMCS) GNOMIC SQNC ANLYSS PANL, MUST INCLD TSTNG OF ATLEAST 6 GENES, NCLDNG CYP2C19, CYP2D6, ND CYP2D6 DPLCTN/DELETN ANLYSS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Genetic Testing	
Genetic Counseling & Testing	7/1/2021	81419	EPILEPSY GENOMIC SEQUENCE ANALYSIS PANEL, MUST INCLUDE ANALYSES FOR ALDH7A1, CACNA1A, CDKL5, CHD2, GABRG2, GRIN2A, KCNQ2, MECP2, PCDH19, POLG, PRRT2, SCN1A, SCN1B, SCN2A, SCN8A, SLC2A1, SLC9A6, STXBP1, SYNGAP1, TCF4, TPP1, TSC1, TSC2, AND ZEB2	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
Genetic Counseling & Testing	9/1/2019	81422	FETAL CHROMOSOMAL MICRODELTJ GENOMIC SEQ ANALYS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Genetic Testing	
Genetic Counseling & Testing	9/1/2019	81425	GENOME SEQUENCE ANALYSIS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Genetic Testing	
Genetic Counseling & Testing	9/1/2019	81426	GENOME SEQUENCE ANALYSIS EACH COMPARATOR GENOME	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Genetic Testing	
Genetic Counseling & Testing	9/1/2019	81427	GENOME RE-EVALUATION OF PREC OBTAINED GENOME SEQ	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Genetic Testing	

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria	Notes
Genetic Counseling & Testing	9/1/2019	81430	HEARING LOSS GENOMIC SEQUENCE ANALYSIS 60 GENES	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Genetic Testing	
Genetic Counseling & Testing	9/1/2019	81431	HEARING LOSS DUP DEL ANALYSIS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Genetic Testing	
Genetic Counseling & Testing	9/1/2019	81432	HEREDITARY BRST CA-RELATED GEN SEQ ANALYS 10 GEN	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Genetic Testing	
Genetic Counseling & Testing	9/1/2019	81434	HEREDITARY RETINAL DSRDRS GEN SEQ ANALYS 15 GEN	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Genetic Testing	
Genetic Counseling & Testing	9/1/2019	81435	HEREDITARY COLON CA DSRDRS GEN SEQ ANALYS 10 GEN	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Genetic Testing	
Genetic Counseling & Testing	9/1/2019	81437	HEREDTRY NURONDCRN TUM DSRDRS GEN SEQ ANAL 6 GEN	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Genetic Testing	

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria	Notes
Genetic Counseling & Testing	9/1/2019	81439	HEREDITARY CARDIOMYOPATHY GEN SEQ ANALYS 5 GEN	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Genetic Testing	
Genetic Counseling & Testing	9/1/2019	81440	NUCLEAR MITOCHONDRIAL 100 GENE GENOMIC SEQ	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Genetic Testing	
Genetic Counseling & Testing	1/1/2023	81441	INHRTD BONE MRRW FAILRE SYNDRMS (IBMFS) (EG, FANCONI ANMIA, DYSKRTOSIS CONGNITA, DMND-BLCKFAN ANMIA, SHWACHMAN-DMND SYNDRM, GATA2 DFCNCY SYNDRM, CONGNTL AMGKRYCYTIC THRMBCYTPNIA) SQNC ANLYSS PANEL, MUST INCLD SQNCNG OF ATLEAST 30 GENES, INCLDNG BRCA2, BRIP1, DKC1, FANCA, FANCB, FANCC, FANCD2, FANCE, FANCF, FANCG, FANCI, FANCL, GATA1, GATA2, MPL, NHP2, NOP10, PALB2, RAD51C, RPL11, RPL35A, RPL5, RPS10, RPS19, RPS24, RPS26, RPS7, SBDS, TERT, AND TINF2	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Genetic Testing	
Genetic Counseling & Testing	9/1/2019	81442	NOONAN SPECTRUM DISORDERS GEN SEQ ANALYS 12 GEN	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Genetic Testing	
Genetic Counseling & Testing	9/1/2019	81443	GENETIC TESTING FOR SEVERE INHERITED CONDITIONS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Genetic Testing	
Genetic Counseling & Testing	9/1/2019	81445	GEN SEQ ANALYS SOLID ORGAN NEOPLASM 5-50 GENE	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Genetic Testing	

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria	Notes
Genetic Counseling & Testing	9/1/2019	81448	HEREDITARY PERIPHERAL NEUROPATHY GEN SEQ PNL	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Genetic Testing	
Genetic Counseling & Testing	1/1/2023	81449	TRGTD GNMIC SQNC ANLYSS PANEL, SOLID ORGN NPLSM, 5-50 GENES (EG, ALK, BRAF, CDKN2A, EGFR, ERBB2, KIT, KRAS, MET, NRAS, PDGFRA, PDGFRB, PGR, PIK3CA, PTEN, RET), INTRRGTION FOR SQNC VRNTS AND COPY NMBR VRNTS OR REARRNGMNTS, IF PRFRMD; RNA ANLYSS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Genetic Testing	
Genetic Counseling & Testing	9/1/2019	81450	GEN SEQ ANALYS HEMATOLYMPHOID NEO 5-50 GENE	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Genetic Testing	
Genetic Counseling & Testing	1/1/2023	81451	TRGTD GNMIC SQNC ANLYSS PANEL, HMTLYMPHOID NPLSM OR DSRDR, 5-50 GENES (EG, BRAF, CEBPA, DNMT3A, EZH2, FLT3, IDH1, IDH2, JAK2, KIT, KRAS, MLL, NOTCH1, NPM1, NRAS), INTRRGTN FOR SQNC VRNTS, AND COPY NMBR VRNTS OR REARRNGMNTS, OR ISFRM XPRSSN OR MRNA XPRSSN LVLS, IF PRFRMD; RNA ANLYSS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
Genetic Counseling & Testing	9/1/2019	81455	GEN SEQ ANALYS SOL ORG HEMTOLMPHOID NEO 51 OR GRT GEN	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Genetic Testing	
Genetic Counseling & Testing	1/1/2023	81456	TRGTD GNMC SQNC ANLYSS PANEL, SOLID ORGN OR HMTLYMPHOID NPLSM OR DSRDR, 51 OR GRTR GENES (EG, ALK, BRAF, CDKN2A, CEBPA, DNMT3A, EGFR, ERBB2, EZH2, FLT3, IDH1, IDH2, JAK2, KIT, KRAS, MET, MLL, NOTCH1, NPM1, NRAS, PDGFRA, PDGFRB, PGR, PIK3CA, PTEN, RET), INTRRGTN FOR SQNC VRNTS AND COPY NMBR VRNTS OR REARRNGMNTS, OR ISOFRM XPRSSN OR MRNA XPRSSN LVLS, IF PRFRMD; RNA ANLYSS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria	Notes
Genetic Counseling & Testing	9/1/2019	81460	WHOLE MITOCHONDRIAL GENOME	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Genetic Testing	
Genetic Counseling & Testing	9/1/2019	81465	WHOLE MITOCHONDRIAL GENOME ANALYSIS PANEL	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Genetic Testing	
Genetic Counseling & Testing	9/1/2019	81470	X-LINKED INTELLECTUAL DBLT GENOMIC SEQ ANALYS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Genetic Testing	
Genetic Counseling & Testing	9/1/2019	81471	X-LINKED INTELLECTUAL DBLT DUP DEL GENE ANALYS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Genetic Testing	
Radiation Therapy	9/1/2019	81479	UNLISTED MOLECULAR PATHOLOGY PROCEDURE	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
Genetic Counseling & Testing	7/1/2021	81490	AUTOIMMUNE RHEUMATOID ARTHRTS ANALYS 12 BIOMRKRS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria	Notes
Genetic Counseling & Testing	7/1/2021	81500	ONCO (OVARIAN) BIOCHEMICAL ASSAY TWO PROTEINS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
Radiation Therapy	9/1/2019	81503	ONCO (OVARIAN) BIOCHEMICAL ASSAY FIVE PROTEINS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
Genetic Counseling & Testing	9/1/2019	81518	ONCOLOGY BREAST MRNA GENE EXPRESSION 11 GENES	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Genetic Testing	
Genetic Counseling & Testing	9/1/2019	81519	ONCOLOGY BREAST MRNA GENE EXPRESSION 21 GENES	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Genetic Testing	
Genetic Counseling & Testing	9/1/2019	81520	ONC BREAST MRNA GENE XPRSN PRFL HYBRD 58 GENES	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Genetic Testing	
Genetic Counseling & Testing	9/1/2019	81521	ONC BREAST MRNA MICRORA GENE XPRSN PRFL 70 GENES	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Genetic Testing	

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria	Notes
Genetic Counseling & Testing	4/1/2020	81522	BREAST ONCOLOGY, MRNA, GENE EXPRESSION PROFILING	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Genetic Testing	
Genetic Counseling & Testing	1/1/2022	81523	Oncology (breast), mRNA, next-generation sequencing gene expression profiling of 70 content genes and 31 housekeeping genes, utilizing formalin-fixed paraffin-embedded tissue, algorithm reported as index related to risk to distant metastasis	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
Genetic Counseling & Testing	9/1/2019	81525	ONCOLOGY COLON MRNA GENE EXPRESSION 12 GENES	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Genetic Testing	
Genetic Counseling & Testing	7/1/2021	81529	ONCOLOGY (CUTANEOUS MELANOMA), MRNA, GENE EXPRESSION PROFILING BY REAL-TIME RT-PCR OF 31 GENES (28 CONTENT AND 3 HOUSEKEEPING), UTILIZING FORMALIN-FIXED PARAFFIN-EMBEDDED TISSUE, ALGORITHM REPORTED AS RECURRENCE RISK, INCLUDING LIKELIHOOD OF SENTINEL LYMPH NODE METASTASIS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
Genetic Counseling & Testing	7/1/2021	81539	ONCOLOGY PROSTATE BIOCHEMICAL ASSAY 4 PROTEINS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
Genetic Counseling & Testing	9/1/2019	81540	ONCOLOGY TUM UNKNOWN ORIGIN MRNA 92 GENES	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Genetic Testing	

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria	Notes
Genetic Counseling & Testing	9/1/2019	81541	ONC PRST8 MRNA GENE XPRSN PRFL RT-PCR 46 GENES	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Genetic Testing	
Genetic Counseling & Testing	7/1/2021	81542	ONC PROSTATE MRNA MICRORA GENE XPRSN PRFL 22 GENES	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
Genetic Counseling & Testing	9/1/2019	81545	ONCOLOGY THYROID GENE EXPRESSION 142 GENES	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Genetic Testing	
Genetic Counseling & Testing	7/1/2021	81546	ONCOLOGY (THYROID), MRNA, GENE EXPRESSION ANALYSIS OF 10,196 GENES, UTILIZING FINE NEEDLE ASPIRATE, ALGORITHM REPORTED AS A CATEGORICAL RESULT (EG, BENIGN OR SUSPICIOUS)	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
Genetic Counseling & Testing	9/1/2019	81551	ONC PRST8 PRMTR METHYLATION PRFL R-T PCR 3 GENES	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Genetic Testing	
Genetic Counseling & Testing	7/1/2021	81552	ONC UVEAL MLNMA MRNA GENE XPRSN PRFL 15 GENES	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria	Notes
Genetic Counseling & Testing	7/1/2021	81554	PULMONARY DISEASE (IDIOPATHIC PULMONARY FIBROSIS [IPF]), MRNA, GENE EXPRESSION ANALYSIS OF 190 GENES, UTILIZING TRANSBRONCHIAL BIOPSIES, DIAGNOSTIC ALGORITHM REPORTED AS CATEGORICAL RESULT (EG, POSITIVE OR NEGATIVE FOR HIGH PROBABILITY OF USUAL INTERSTITIAL PNEUMONIA [UIP])	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
Transplants/Gene Therapy	1/1/2022	81560	Transplantation medicine (allograft rejection, pediatric liver and small bowel), measurement of donor and third-party-induced CD154+T-cytotoxic memory cells, utilizing whole peripheral blood, algorithm reported as a rejection risk score	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
Genetic Counseling & Testing	9/1/2019	81595	CARDIOLOGY HRT TRNSPL MRNA GENE EXPRESS 20 GENES	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Genetic Testing	
Radiation Therapy	9/1/2019	81599	UNLISTED MULTIANALYTE ASSAY ALGORITHMIC ANALYSIS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
Experimental & Investigational Procedures	9/1/2019	83987	PH EXHALED BREATH CONDENSATE	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Experimental and Investigational Services	
Behavioral/Mental Health, Alcohol-Chemical Dependency: Transitional Substance Abuse Residential Treatment, Inpatient, Residential Treatment, Partial Hospitalization, Electroconvulsive Therapy (ECT), Applied Behavior Analysis (ABA) for treatment of Autism Spectrum Disorder (ASD).	10/1/2021	83992	Behavioral/Mental Health, Alcohol-Chemical Dependency	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	MH/SUD Requests submit to fax number: 866-617-4967 Med/Surg Requests submit to fax number: 866-420-3639 DEFINITIVE - PA after 12 dates of service for codes 80320, 80321, 80322, 80324, 80325, 80326, 80327, 80328, 80346, 80347, 80348, 80353, 80354, 80356, 80358, 80359, 80361, 80362, 80363, 80364, 80365, 80367, 80368, 80369, 80372, 80373, 80374, 80375, 80376, 80377, 83992or G0480, G0481, G0482, G0483, G0659

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria	Notes
Genetic Counseling & Testing	9/1/2019	84999	UNLISTED CHEMISTRY PROCEDURE	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Genetic Testing	All plans: Including Oncotype Diagnosis
Unlisted/Miscellaneous codes: Molina requires prior authorization, as well as, medical necessity documentation and rationale be submitted with the prior authorization request for all Unlisted/Miscellaneous codes, including those not listed here	9/1/2019	85999	UNLISTED HEMATOLOGY AND COAGULATION PROCEDURE	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Additional information is required to define this code and determine criteria.	
Experimental & Investigational Procedures	9/1/2019	86343	LEUKOCYTE HISTAMINE RELEASE TEST LHR	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Experimental and Investigational Services	
Unlisted/Miscellaneous codes: Molina requires prior authorization, as well as, medical necessity documentation and rationale be submitted with the prior authorization request for all Unlisted/Miscellaneous codes, including those not listed here	9/1/2019	86486	SKIN TEST UNLISTED ANTIGEN EACH	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Additional information is required to define this code and determine criteria.	
Unlisted/Miscellaneous codes: Molina requires prior authorization, as well as, medical necessity documentation and rationale be submitted with the prior authorization request for all Unlisted/Miscellaneous codes, including those not listed here	9/1/2019	86849	UNLISTED IMMUNOLOGY	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Additional information is required to define this code and determine criteria.	
Unlisted/Miscellaneous codes: Molina requires prior authorization, as well as, medical necessity documentation and rationale be submitted with the prior authorization request for all Unlisted/Miscellaneous codes, including those not listed here	9/1/2019	86999	UNLISTED TRANSFUSION MEDICINE PROCEDURE	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Additional information is required to define this code and determine criteria.	

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria	Notes
Genetic Counseling & Testing	4/1/2020	87563	Infectious agent detection by nucleic acid (DNA or RNA); Mycoplasma genitalium, amplified probe technique	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Genetic Testing	
Unlisted/Miscellaneous codes: Molina requires prior authorization, as well as, medical necessity documentation and rationale be submitted with the prior authorization request for all Unlisted/Miscellaneous codes, including those not listed here	9/1/2019	87797	IADNA NOS DIRECT PROBE TQ EACH ORGANISM	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Additional information is required to define this code and determine criteria.	
Unlisted/Miscellaneous codes: Molina requires prior authorization, as well as, medical necessity documentation and rationale be submitted with the prior authorization request for all Unlisted/Miscellaneous codes, including those not listed here	9/1/2019	87798	IADNA NOS AMPLIFIED PROBE TQ EACH ORGANISM	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Additional information is required to define this code and determine criteria.	
Unlisted/Miscellaneous codes: Molina requires prior authorization, as well as, medical necessity documentation and rationale be submitted with the prior authorization request for all Unlisted/Miscellaneous codes, including those not listed here	9/1/2019	87999	UNLISTED MICROBIOLOGY	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Additional information is required to define this code and determine criteria.	
Unlisted/Miscellaneous codes: Molina requires prior authorization, as well as, medical necessity documentation and rationale be submitted with the prior authorization request for all Unlisted/Miscellaneous codes, including those not listed here	9/1/2019	88099	UNLISTED NECROPSY PROCEDURE	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Additional information is required to define this code and determine criteria.	
Unlisted/Miscellaneous codes: Molina requires prior authorization, as well as, medical necessity documentation and rationale be submitted with the prior authorization request for all Unlisted/Miscellaneous codes, including those not listed here	9/1/2019	88199	UNLISTED CYTOPATHOLOGY PROCEDURE	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Additional information is required to define this code and determine criteria.	

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria	Notes
Genetic Counseling & Testing	9/1/2019	88261	CHRMSM COUNT 5 CELL 1KARYOTYPE BANDING	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Genetic Testing	
Genetic Counseling & Testing	9/1/2019	88271	MOLECULAR CYTOGENETICS DNA PROBE EACH	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Genetic Testing	
Unlisted/Miscellaneous codes: Molina requires prior authorization, as well as, medical necessity documentation and rationale be submitted with the prior authorization request for all Unlisted/Miscellaneous codes, including those not listed here	9/1/2019	88299	UNLISTED CYTOGENETIC STUDY	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Additional information is required to define this code and determine criteria.	
Genetic Counseling & Testing	9/1/2019	88374	M PHMTRC ALYS ISH QUANT SEMIQ CPTR EACH MULTIPRB	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Genetic Testing	
Genetic Counseling & Testing	9/1/2019	88377	M PHMTRC ALYS ISH QUANT SEMIQ MNL EACH MULTIPRB	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Genetic Testing	
Unlisted/Miscellaneous codes: Molina requires prior authorization, as well as, medical necessity documentation and rationale be submitted with the prior authorization request for all Unlisted/Miscellaneous codes, including those not listed here	9/1/2019	88399	UNLISTED SURGICAL PATHOLOGY PROCEDURE	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Additional information is required to define this code and determine criteria.	

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria	Notes
Unlisted/Miscellaneous codes: Molina requires prior authorization, as well as, medical necessity documentation and rationale be submitted with the prior authorization request for all Unlisted/Miscellaneous codes, including those not listed here	9/1/2019	88749	UNLISTED IN VIVO LABORTORY SERVICE	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Additional information is required to define this code and determine criteria.	
Unlisted/Miscellaneous codes: Molina requires prior authorization, as well as, medical necessity documentation and rationale be submitted with the prior authorization request for all Unlisted/Miscellaneous codes, including those not listed here	9/1/2019	89240	UNLIS MISC PATH	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Additional information is required to define this code and determine criteria.	
Unlisted/Miscellaneous: Fertility Preservation	1/1/2025	89250	CUL OOCYTE/EMBRYO LT 4 DAYS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
Unlisted/Miscellaneous: Fertility Preservation	1/1/2025	89251	CUL OOCYTE/EMBRYO LT 4 D CO-CULT OCYTE/EMBRY	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
Unlisted/Miscellaneous: Fertility Preservation	1/1/2025	89254	OOCYTE ID FROM FOLLICULAR FLU	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
Unlisted/Miscellaneous: Fertility Preservation	1/1/2025	89258	CRYOPRSRV EMBRYO	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria	Notes
Unlisted/Miscellaneous: Fertility Preservation	1/1/2025	89259	CRYOPRSRV SPRM	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
Unlisted/Miscellaneous: Fertility Preservation	1/1/2025	89268	INSEMINATION OOCYTES	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
Unlisted/Miscellaneous: Fertility Preservation	1/1/2025	89272	EXTND CUL OOCYTE/EMBRYO 4-7 DAYS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
Unlisted/Miscellaneous: Fertility Preservation	1/1/2025	89280	ASSTD FERTILIZATION MICROTQ LT or equal to 10 OOCYTES	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
Unlisted/Miscellaneous: Fertility Preservation	1/1/2025	89281	ASSTD FERTILIZATION MICROTQ GT 10 OOCYTES	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
Unlisted/Miscellaneous: Fertility Preservation	1/1/2025	89320	SEMEN ANALYSIS VOLUME COUNT MOTILITY DIFFERENT	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria	Notes
Unlisted/Miscellaneous: Fertility Preservation	1/1/2025	89335	CRYOPRSRV REPRODUCTIVE TISSUE TESTICULAR	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
Unlisted/Miscellaneous: Fertility Preservation	1/1/2025	89337	CRYOPRESERVATION MATURE OOCYTE(S)	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
Unlisted/Miscellaneous: Fertility Preservation	1/1/2025	89342	STORAGE PER YEAR EMBRYO	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
Unlisted/Miscellaneous: Fertility Preservation	1/1/2025	89343	STORAGE PER YEAR SPERM/SEMEN	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
Unlisted/Miscellaneous: Fertility Preservation	1/1/2025	89344	STORAGE PER YR REPRDTVE TISS TSTICULAR/OVARIAN	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
Unlisted/Miscellaneous: Fertility Preservation	1/1/2025	89346	STORAGE PER YEAR OOCYTE	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria	Notes
Unlisted/Miscellaneous: Fertility Preservation	1/1/2025	89352	THAWING CRYOPRESERVED EMBRYO	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
Unlisted/Miscellaneous: Fertility Preservation	1/1/2025	89353	THAWING CRYOPRESERVED SPERM/SEMEN EACH ALIQUOT	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
Unlisted/Miscellaneous: Fertility Preservation	1/1/2025	89354	THAWING CRYOPRESERVED TESTICULAR/OVARIAN	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
Unlisted/Miscellaneous: Fertility Preservation	1/1/2025	89356	THAWING CRYOPRESERVED OOCYTES EACH ALIQUOT	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
Unlisted/Miscellaneous codes: Molina requires prior authorization, as well as, medical necessity documentation and rationale be submitted with the prior authorization request for all Unlisted/Miscellaneous codes, including those not listed here	9/1/2019	89398	UNLISTED REPRODUCTIVE MEDICINE LAB PROCEDURE	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Additional information is required to define this code and determine criteria.	
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 MHI 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. Pharmacy authorization regardless of CPT/HCPC code requests should be faxed to: 888-487-9251.	9/1/2019	90283	IMMUNE GLOBULIN IGIV HUMAN IV USE	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Intravenous Immunoglobulin (IVIg)	

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria	Notes
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 MHI 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. Pharmacy authorization regardless of CPT/HCPC code requests should be faxed to: 888-487-9251.	9/1/2019	90284	IMMUNE GLOBULIN HUMAN SUBQ INFUSION 100 MG EA	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Subcutaneous Immune Globulin (SCIg)	
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 MHI 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. Pharmacy authorization regardless of CPT/HCPC code requests should be faxed to: 888-487-9251.	4/1/2020	90291	Cytomegalovirus immune globulin(CMV-IVIg), human, for intravenous use	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Cytogam (cytomegalovirus immune globulin)	
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 MHI 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. Pharmacy authorization regardless of CPT/HCPC code requests should be faxed to: 888-487-9251.	4/1/2020	90371	Hepatitis B immune globulin (HBIg), human, for intramuscular use	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Hep B Immune Globulin	
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 MHI 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. Pharmacy authorization regardless of CPT/HCPC code requests should be faxed to: 888-487-9251.	9/1/2019	90378	RESPIRATORY SYNCYTIAL VIRUS IG IM 50 MG E	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Synagis (palivizumab)	
Unlisted/Miscellaneous codes: Molina requires prior authorization, as well as, medical necessity documentation and rationale be submitted with the prior authorization request for all Unlisted/Miscellaneous codes, including those not listed here	9/1/2019	90399	UNLISTED IMMUNE GLOBULIN	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Additional information is required to define this code and determine criteria.	

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria	Notes
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 MHI 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. Pharmacy authorization regardless of CPT/HCPC code requests should be faxed to: 888-487-9251.	6/12/2024	90679	RSV VACC PREF RECOMBINANT ADJUVANTED FOR IM USE	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third-Party Proprietary	Arexvy label expanded. No age restrictions.
Unlisted/Miscellaneous codes: Molina requires prior authorization, as well as, medical necessity documentation and rationale be submitted with the prior authorization request for all Unlisted/Miscellaneous codes, including those not listed here	9/1/2019	90749	UNLISTED VACCINE TOXOID	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Additional information is required to define this code and determine criteria.	
Behavioral/Mental Health, Alcohol-Chemical Dependency: Transitional Substance Abuse Residential Treatment, Inpatient, Residential Treatment, Partial Hospitalization, Electroconvulsive Therapy (ECT), Applied Behavior Analysis (ABA) for treatment of Autism Spectrum Disorder (ASD).	9/1/2019	90867	REPET TMS TX INITIAL W MAP MOTR THRESHLD DEL AND MNG	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
Behavioral/Mental Health, Alcohol-Chemical Dependency: Transitional Substance Abuse Residential Treatment, Inpatient, Residential Treatment, Partial Hospitalization, Electroconvulsive Therapy (ECT), Applied Behavior Analysis (ABA) for treatment of Autism Spectrum Disorder (ASD).	9/1/2019	90868	THERAP REPETITIVE TMS TX SUBSEQ DELIVERY AND MNG	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
Behavioral/Mental Health, Alcohol-Chemical Dependency: Transitional Substance Abuse Residential Treatment, Inpatient, Residential Treatment, Partial Hospitalization, Electroconvulsive Therapy (ECT), Applied Behavior Analysis (ABA) for treatment of Autism Spectrum Disorder (ASD).	9/1/2019	90869	REPET TMS TX SUBSEQ MOTR THRESHLD W DELIV AND MNG	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
Behavioral/Mental Health, Alcohol-Chemical Dependency: Transitional Substance Abuse Residential Treatment, Inpatient, Residential Treatment, Partial Hospitalization, Electroconvulsive Therapy (ECT), Applied Behavior Analysis (ABA) for treatment of Autism Spectrum Disorder (ASD).	9/1/2019	90870	ELECTROCONVULSIVE THERAPY (ECT)	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria	Notes
Unlisted/Miscellaneous codes: Molina requires prior authorization, as well as, medical necessity documentation and rationale be submitted with the prior authorization request for all Unlisted/Miscellaneous codes, including those not listed here	9/1/2019	90899	UNLISTED PSYCHIATRIC SERVICE PROCEDURE	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Additional information is required to define this code and determine criteria.	
Unlisted/Miscellaneous codes: Molina requires prior authorization, as well as, medical necessity documentation and rationale be submitted with the prior authorization request for all Unlisted/Miscellaneous codes, including those not listed here	9/1/2019	91299	UNLISTED DIAGNOSTIC GASTROENTEROLOGY PROCEDURE	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Additional information is required to define this code and determine criteria.	
Unlisted/Miscellaneous codes: Molina requires prior authorization, as well as, medical necessity documentation and rationale be submitted with the prior authorization request for all Unlisted/Miscellaneous codes, including those not listed here	9/1/2019	92499	UNLISTED OPHTHALMOLOGICAL SERVICE PROCEDURE	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Additional information is required to define this code and determine criteria.	
Speech Therapy: Prior authorization required after initial evaluation plus six (6) visits for office and outpatient settings	9/1/2019	92507	TX SPEECH LANG VOICE COMMJ AND AUDITORY PROC IND	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	Authorization required after initial evaluation plus 6 visits
Speech Therapy: Prior authorization required after initial evaluation plus six (6) visits for office and outpatient settings	9/1/2019	92508	TX SPEECH LANGUAGE VOICE COMMJ AUDITRY 2 OR GRT INDIV	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	Authorization required after initial evaluation plus 6 visits
Speech Therapy: Prior authorization required after initial evaluation plus six (6) visits for office and outpatient settings	9/1/2019	92526	TX SWALLOWING DYSFUNCTION AND ORAL FUNCJ FEEDING	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	Authorization required after initial evaluation plus 6 visits

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria	Notes
Unlisted/Miscellaneous codes: Molina requires prior authorization, as well as, medical necessity documentation and rationale be submitted with the prior authorization request for all Unlisted/Miscellaneous codes, including those not listed here	9/1/2019	92700	UNLISTED OTORHINOLARYNGOLOGICAL SERVICE	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Additional information is required to define this code and determine criteria.	
Out-Patient Hospital/Ambulatory Surgery Center (ASC) **Procedures.** Please note all Inpatient based procedures require authorization.	1/1/2021	93025	MICROVOLT T-WAVE ASSESS VENTRICULAR ARRHYTHMIAS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
Out-Patient Hospital/Ambulatory Surgery Center (ASC) **Procedures.** Please note all Inpatient based procedures require authorization.	4/1/2023	93228	XTRNL MOBILE CV TELEMETRY W/I&REPORT 30 DAYS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
Out-Patient Hospital/Ambulatory Surgery Center (ASC) **Procedures.** Please note all Inpatient based procedures require authorization.	9/1/2019	93229	XTRNL MOBILE CV TELEMETRY W TECHNICAL SUPPORT	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
Imaging & Special Tests	7/1/2021	93241	EXTERNAL ELECTROCARDIOGRAPHIC RECORDING FOR MORE THAN 48 HOURS UP TO 7 DAYS BY CONTINUOUS RHYTHM RECORDING AND STORAGE; INCLUDES RECORDING, SCANNING ANALYSIS WITH REPORT, REVIEW AND INTERPRETATION	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
Imaging & Special Tests	7/1/2021	93242	EXTERNAL ELECTROCARDIOGRAPHIC RECORDING FOR MORE THAN 48 HOURS UP TO 7 DAYS BY CONTINUOUS RHYTHM RECORDING AND STORAGE; RECORDING (INCLUDES CONNECTION AND INITIAL RECORDING)	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria	Notes
Imaging & Special Tests	7/1/2021	93243	EXTERNAL ELECTROCARDIOGRAPHIC RECORDING FOR MORE THAN 48 HOURS UP TO 7 DAYS BY CONTINUOUS RHYTHM RECORDING AND STORAGE; SCANNING ANALYSIS WITH REPORT	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
Imaging & Special Tests	7/1/2021	93244	EXTERNAL ELECTROCARDIOGRAPHIC RECORDING FOR MORE THAN 48 HOURS UP TO 7 DAYS BY CONTINUOUS RHYTHM RECORDING AND STORAGE; REVIEW AND INTERPRETATION	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
Imaging & Special Tests	7/1/2021	93245	EXTERNAL ELECTROCARDIOGRAPHIC RECORDING FOR MORE THAN 7 DAYS UP TO 15 DAYS BY CONTINUOUS RHYTHM RECORDING AND STORAGE; INCLUDES RECORDING, SCANNING ANALYSIS WITH REPORT, REVIEW AND INTERPRETATION	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
Imaging & Special Tests	7/1/2021	93246	EXTERNAL ELECTROCARDIOGRAPHIC RECORDING FOR MORE THAN 7 DAYS UP TO 15 DAYS BY CONTINUOUS RHYTHM RECORDING AND STORAGE; RECORDING (INCLUDES CONNECTION AND INITIAL RECORDING)	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
Imaging & Special Tests	7/1/2021	93247	EXTERNAL ELECTROCARDIOGRAPHIC RECORDING FOR MORE THAN 7 DAYS UP TO 15 DAYS BY CONTINUOUS RHYTHM RECORDING AND STORAGE; SCANNING ANALYSIS WITH REPORT	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
Imaging & Special Tests	7/1/2021	93248	EXTERNAL ELECTROCARDIOGRAPHIC RECORDING FOR MORE THAN 7 DAYS UP TO 15 DAYS BY CONTINUOUS RHYTHM RECORDING AND STORAGE; REVIEW AND INTERPRETATION	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria	Notes
Out-Patient Hospital/Ambulatory Surgery Center (ASC) Procedures. Please note all Inpatient based procedures require authorization.	10/1/2023	93264	REMOTE MNTR WIRELESS P-ART PRS SNR UP TO 30 D	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
Imaging & Special Tests	7/1/2021	93303	COMPLETE TTHRC ECHO CONGENITAL CARDIAC ANOMALY	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
Imaging & Special Tests	7/1/2021	93304	F-UP LIMITED TTHRC ECHO CONGENITAL CAR ANOMALY	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
Imaging & Special Tests	7/1/2021	93306	ECHO TTHRC R-T 2D W WOM-MODE COMPL SPEC AND COLR D	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
Imaging & Special Tests	7/1/2021	93307	ECHO TRANSTHORAC R-T 2D W WO M-MODE REC COMP	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
Imaging & Special Tests	7/1/2021	93308	ECHO TRANSTHORC R-T 2D W WO M-MODE REC F-UP LMTD	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria	Notes
Imaging & Special Tests	7/1/2021	93312	ECHO TRANSESOPHAG R-T 2D W PRB IMG ACQUISJ I AND R	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
Imaging & Special Tests	7/1/2021	93313	ECHO R-T 2D W PROBE PLACEMENT ONLY	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
Imaging & Special Tests	7/1/2021	93314	ECHO TRANSESOPHAG R-T 2D IMG ACQUISJ I AND R ONLY	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
Imaging & Special Tests	7/1/2021	93315	ECHO TRANSESOPHAG CONGEN PROBE PLCMT IMGNG I AND R	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
Imaging & Special Tests	7/1/2021	93316	ECHO TRANSESOPHAG CONGEN PROBE PLCMT ONLY	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
Imaging & Special Tests	7/1/2021	93317	ECHO TRANSESOPHAG IMAGE ACQUISJ INTERP AND REPORT	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria	Notes
Imaging & Special Tests	7/1/2021	93350	ECHO TTHRC R-T 2D W WO M-MODE COMPLETE REST AND ST	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
Imaging & Special Tests	7/1/2021	93351	ECHO TTHRC R-T 2D W WO M-MODE REST AND STRS CONT ECG	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
Imaging & Special Tests	7/1/2021	93451	RIGHT HEART CATH O2 SATURATION AND CARDIAC OUTPUT	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
Imaging & Special Tests	7/1/2021	93452	L HRT CATH W NJX L VENTRICULOGRAPHY IMG S AND I	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
Imaging & Special Tests	7/1/2021	93453	R AND L HRT CATH W NJX L VENTRICULOG IMG S AND I	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
Imaging & Special Tests	7/1/2021	93454	CATH PLACEMENT AND NJX CORONARY ART ANGIO IMG S AND I	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria	Notes
Imaging & Special Tests	7/1/2021	93455	CATH PLMT AND NJX CORONARY ART GRFT ANGIO IMG S AND I	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
Imaging & Special Tests	7/1/2021	93456	CATH PLMT R HRT AND ARTS W NJX AND ANGIO IMG S AND I	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
Imaging & Special Tests	7/1/2021	93457	CATH PLMT R HRT ARTS GRFTS W NJX AND ANGIO IMG S AND I	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
Imaging & Special Tests	7/1/2021	93458	CATH PLMT L HRT AND ARTS W NJX AND ANGIO IMG S AND I	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
Imaging & Special Tests	7/1/2021	93459	CATH PLMT L HRT ARTS GRFTS WNJX AND ANGIO IMG S AND I	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
Imaging & Special Tests	7/1/2021	93460	R AND L HRT CATH WINJX HRT ART AND L VENTR IMG	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria	Notes
Imaging & Special Tests	7/1/2021	93461	R AND L HRT CATH W INJEC HRT ART GRFT AND L VENT I	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
Experimental/Investigational	7/1/2021	93702	BIS EXTRACELLULAR FLUID ALYS LYMPHEDEMA ASSMNT	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
Physical & Occupational Therapy	7/1/2021	93797	Physician or other qualified health care professional services for outpatient cardiac rehabilitation; without continuous ECG monitoring (per session)	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	Allow first visit for cardiopulmonary rehab without PA. All additional visits will require PA where covered.
Physical & Occupational Therapy	7/1/2021	93798	Physician or other qualified health care professional services for outpatient cardiac rehabilitation; with continuous ECG monitoring (per session)	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	Allow first visit for cardiopulmonary rehab without PA. All additional visits will require PA where covered.
Unlisted/Miscellaneous codes: Molina requires prior authorization, as well as, medical necessity documentation and rationale be submitted with the prior authorization request for all Unlisted/Miscellaneous codes, including those not listed here	9/1/2019	93799	UNLISTED CARDIOVASCULAR SERVICE PROCEDURE	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Additional information is required to define this code and determine criteria.	
Experimental & Investigational Procedures	1/1/2021	93895	CAROTID INTIMA MEDIA & CAROTID ATHEROMA EVAL BI	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Measurement of Carotid Artery Intima Thickness	

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria	Notes
Physical & Occupational Therapy	7/1/2022	94625	Physician or other qualified health care professional services for outpatient pulmonary rehabilitation; without continuous oximetry monitoring (per session)	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	Allow first visit for cardiopulmonary rehab without PA. All additional visits will require PA where covered.
Physical & Occupational Therapy	7/1/2022	94626	Physician or other qualified health care professional services for outpatient pulmonary rehabilitation; with continuous oximetry monitoring (per session)	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	Allow first visit for cardiopulmonary rehab without PA. All additional visits will require PA where covered.
Out-Patient Hospital/Ambulatory Surgery Center (ASC) **Procedures.** Please note all Inpatient based procedures require authorization.	9/1/2019	94657	CONTINUED VENTILATOR MGMT	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
Unlisted/Miscellaneous codes: Molina requires prior authorization, as well as, medical necessity documentation and rationale be submitted with the prior authorization request for all Unlisted/Miscellaneous codes, including those not listed here	9/1/2019	94799	UNLISTED PULMONARY SERVICE PROCEDURE	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Additional information is required to define this code and determine criteria.	
Unlisted/Miscellaneous codes: Molina requires prior authorization, as well as, medical necessity documentation and rationale be submitted with the prior authorization request for all Unlisted/Miscellaneous codes, including those not listed here	9/1/2019	95199	UNLISTED ALLERGY CLINICAL IMMUNOLOGIC SRVC PX	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Additional information is required to define this code and determine criteria.	
Out-Patient Hospital/Ambulatory Surgery Center (ASC) **Procedures.** Please note all Inpatient based procedures require authorization.	9/1/2019	95249	CONT GLUC MONITORING PATIENT PROVIDED EQUIPTMENT	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Continuous Glucose Monitoring of the Interstitial Fluid	

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria	Notes
Neuropsychological and Psychological Tests require prior authorization in any setting	1/1/2020	95700	ELECTROENCEPHALOGRAM (EEG) CONTINUOUS RECORDING. WITH VIDEO WHEN PERFORMED, SETUP, PATIENT EDUCATION, AND TAKEDOWN WHEN PERFORMED, ADMINISTERED IN PERSON BY EEG TECHNOLOGIST, MINIMUM OF 8 CHANNELS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Ambulatory and Video EEG Monitoring Outpatient Setting	
Neuropsychological and Psychological Tests require prior authorization in any setting	1/1/2020	95708	ELECTROENCEPHALOGRAM (EEG) WITHOUT VIDEO, REVIEW OF DATA, TECHNICAL DESCRIPTION BY EEG TECHNOLOGIST, EACH INCREMENT OF 12-26 HOURS; UNMONITORED	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Ambulatory and Video EEG Monitoring Outpatient Setting	
Neuropsychological and Psychological Tests require prior authorization in any setting	1/1/2020	95709	ELECTROENCEPHALOGRAM (EEG) WITHOUT VIDEO, REVIEW OF DATA, TECHNICAL DESCRIPTION BY EEG TECHNOLOGIST, EACH INCREMENT OF 12-26 HOURS; WITH INTERMITTENT MONITORING AND MAINTENANCE	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Ambulatory and Video EEG Monitoring Outpatient Setting	
Neuropsychological and Psychological Tests require prior authorization in any setting	1/1/2020	95710	ELECTROENCEPHALOGRAM (EEG) WITHOUT VIDEO, REVIEW OF DATA, TECHNICAL DESCRIPTION BY EEG TECHNOLOGIST, EACH INCREMENT OF 12-26 HOURS; WITH CONTINUOUS, REAL-TIME MONITORING AND MAINTENANCE	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Ambulatory and Video EEG Monitoring Outpatient Setting	
Neuropsychological and Psychological Tests require prior authorization in any setting	1/1/2020	95711	ELECTROENCEPHALOGRAM WITH VIDEO (VEEG), REVIEW OF DATA, TECHNICAL DESCRIPTION BY EEG TECHNOLOGIST, 2-12 HOURS; UNMONITORED	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Ambulatory and Video EEG Monitoring Outpatient Setting	
Neuropsychological and Psychological Tests require prior authorization in any setting	1/1/2020	95712	ELECTROENCEPHALOGRAM WITH VIDEO (VEEG), REVIEW OF DATA, TECHNICAL DESCRIPTION BY EEG TECHNOLOGIST, 2-12 HOURS; WITH INTERMITTENT MONITORING AND MAINTENANCE	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Ambulatory and Video EEG Monitoring Outpatient Setting	

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria	Notes
Neuropsychological and Psychological Tests require prior authorization in any setting	1/1/2020	95713	ELECTROENCEPHALOGRAM WITH VIDEO (VEEG), REVIEW OF DATA, TECHNICAL DESCRIPTION BY EEG TECHNOLOGIST, 2-12 HOURS; WITH CONTINUOUS, REAL-TIME MONITORING AND MAINTENANCE	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Ambulatory and Video EEG Monitoring Outpatient Setting	
Neuropsychological and Psychological Tests require prior authorization in any setting	1/1/2020	95714	ELECTROENCEPHALOGRAM WITH VIDEO (VEEG), REVIEW OF DATA, TECHNICAL DESCRIPTION BY EEG TECHNOLOGIST, 12-26 HOURS; UNMONITORED	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Ambulatory and Video EEG Monitoring Outpatient Setting	
Neuropsychological and Psychological Tests require prior authorization in any setting	1/1/2020	95715	ELECTROENCEPHALOGRAM WITH VIDEO (VEEG), REVIEW OF DATA, TECHNICAL DESCRIPTION BY EEG TECHNOLOGIST, 12-26 HOURS; WITH INTERMITTENT MONITORING AND MAINTENANCE	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Ambulatory and Video EEG Monitoring Outpatient Setting	
Neuropsychological and Psychological Tests require prior authorization in any setting	1/1/2020	95716	ELECTROENCEPHALOGRAM WITH VIDEO (VEEG), REVIEW OF DATA, TECHNICAL DESCRIPTION BY EEG TECHNOLOGIST, 12-26 HOURS; WITH CONTINUOUS, REAL-TIME MONITORING AND MAINTENANCE	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Ambulatory and Video EEG Monitoring Outpatient Setting	
Neuropsychological and Psychological Tests require prior authorization in any setting	1/1/2020	95718	ELECTROENCEPHALOGRAM (EEG) CONTINUOUS RECORDING, PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL REVIEW OF RECORDED EVENTS, ANALYSIS OF SPIKE AND SEIZURE DETECTION, INTERPRETATION AND REPORT, 2-12 HOURS OR EEG RECORDING; WITH VIDEO (VEEG)	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Ambulatory and Video EEG Monitoring Outpatient Setting	
Neuropsychological and Psychological Tests require prior authorization in any setting	1/1/2020	95719	ELECTROENCEPHALOGRAM (EEG) CONTINUOUS RECORDING, PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL REVIEW OF RECORDED EVENTS, ANALYSIS OF SPIKE AND SEIZURE DETECTION, EACH INCREMENT OF GREATER THAN 12 HOURS, UP TO 26 HOURS OF EEG RECORDING, INTERPRETATION AND REPORT AFTER EACH 24-HOUR PERIOD; WITHOUT VIDEO	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Ambulatory and Video EEG Monitoring Outpatient Setting	

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria	Notes
Neuropsychological and Psychological Tests require prior authorization in any setting	1/1/2020	95720	ELECTROENCEPHALOGRAM (EEG) CONTINUOUS RECORDING, PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL REVIEW OF RECORDED EVENTS, ANALYSIS OF SPIKE AND SEIZURE DETECTION, EACH INCREMENT OF GREATER THAN 12 HOURS, UP TO 26 HOURS OF EEG RECORDING, INTERPRETATION AND REPORT AFTER EACH 24-HOUR PERIOD; WITH VIDEO (VEEG)	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Ambulatory and Video EEG Monitoring Outpatient Setting	
Neuropsychological and Psychological Tests require prior authorization in any setting	1/1/2020	95721	ELECTROENCEPHALOGRAM (EEG) CONTINUOUS RECORDING, PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL REVIEW OF RECORDED EVENTS, ANALYSIS OF SPIKE AND SEIZURE DETECTION, INTERPRETATION, AND SUMMARY REPORT, COMPLETE STUDY; GREATER THAN 36 HOURS, UP TO 60 HOURS OF EEG RECORDING, WITHOUT VIDEO	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Ambulatory and Video EEG Monitoring Outpatient Setting	
Neuropsychological and Psychological Tests require prior authorization in any setting	1/1/2020	95722	ELECTROENCEPHALOGRAM (EEG) CONTINUOUS RECORDING, PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL REVIEW OF RECORDED EVENTS, ANALYSIS OF SPIKE AND SEIZURE DETECTION, INTERPRETATION, AND SUMMARY REPORT, COMPLETE STUDY; GREATER THAN 36 HOURS, UP TO 60 HOURS OF EEG RECORDING, WITH VIDEO (VEEG)	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Ambulatory and Video EEG Monitoring Outpatient Setting	
Neuropsychological and Psychological Tests require prior authorization in any setting	1/1/2020	95723	ELECTROENCEPHALOGRAM (EEG) CONTINUOUS RECORDING, PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL REVIEW OF RECORDED EVENTS, ANALYSIS OF SPIKE AND SEIZURE DETECTION, INTERPRETATION, AND SUMMARY REPORT, COMPLETE STUDY; GREATER THAN 60 HOURS, UP TO 84 HOURS OF EEG RECORDING, WITHOUT VIDEO	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Ambulatory and Video EEG Monitoring Outpatient Setting	
Neuropsychological and Psychological Tests require prior authorization in any setting	1/1/2020	95724	ELECTROENCEPHALOGRAM (EEG) CONTINUOUS RECORDING, PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL REVIEW OF RECORDED EVENTS, ANALYSIS OF SPIKE AND SEIZURE DETECTION, INTERPRETATION, AND SUMMARY REPORT, COMPLETE STUDY; GREATER THAN 84 HOURS OF EEG RECORDING, WITH VIDEO (VEEG)	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Ambulatory and Video EEG Monitoring Outpatient Setting	
Neuropsychological and Psychological Tests require prior authorization in any setting	1/1/2020	95725	ELECTROENCEPHALOGRAM (EEG) CONTINUOUS RECORDING, PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL REVIEW OF RECORDED EVENTS, ANALYSIS OF SPIKE AND SEIZURE DETECTION, INTERPRETATION, AND SUMMARY REPORT, COMPLETE STUDY; GREATER THAN 84 HOURS OF EEG RECORDING, WITHOUT VIDEO	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Ambulatory and Video EEG Monitoring Outpatient Setting	

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria	Notes
Neuropsychological and Psychological Tests require prior authorization in any setting	1/1/2020	95726	ELECTROENCEPHALOGRAM (EEG) CONTINUOUS RECORDING, PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL REVIEW OF RECORDED EVENTS, ANALYSIS OF SPIKE AND SEIZURE DETECTION, INTERPRETATION, AND SUMMARY REPORT, COMPLETE STUDY; GREATER THAN 84 HOURS OF EEG RECORDING, WITH VIDEO (VEEG)	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Ambulatory and Video EEG Monitoring Outpatient Setting	
Sleep Studies	7/1/2021	95782	POLYSOM UNDER 6 YRS SLEEP STAGE 4 OR GRT ADDL PARAM ATTN	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
Sleep Studies	7/1/2021	95783	POLYSOM UNDER 6 YRS SLEEP W CPAP BILVL VENT 4 OR GRT PAR	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
Sleep Studies **Home Sleep Studies (POS 12) Do Not Require Authorization**	5/20/2020	95805	MLT SLEEP LATENCY MAINT OF WAKEFULNESS TSTG	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	Home Sleep Studies (POS 12) Do Not Require Authorization
Sleep Studies **Home Sleep Studies (POS 12) Do Not Require Authorization**	5/20/2020	95807	SLEEP STD REC VNTJ RESPIR ECG HRT RATE AND O2 ATTN	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	Home Sleep Studies (POS 12) Do Not Require Authorization
Sleep Studies **Home Sleep Studies (POS 12) Do Not Require Authorization**	5/20/2020	95808	POLYSOM ANY AGE SLEEP STAGE 1-3 ADDL PARAM ATTND	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	Home Sleep Studies (POS 12) Do Not Require Authorization

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria	Notes
Sleep Studies **Home Sleep Studies (POS 12) Do Not Require Authorization**	5/20/2020	95810	POLYSOM 6 OR GRT YRS SLEEP 4 OR GRT ADDL PARAM ATTND	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	Home Sleep Studies (POS 12) Do Not Require Authorization
Sleep Studies **Home Sleep Studies (POS 12) Do Not Require Authorization**	5/20/2020	95811	POLYSOM 6 OR GRT YRS SLEEP W CPAP 4 OR GRT ADDL PARAM ATT	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	Home Sleep Studies (POS 12) Do Not Require Authorization
Neuropsychological and Psychological Tests require prior authorization in any setting	9/1/2019	95957	DIGITAL ANALYSIS ELECTROENCEPHALOGRAM	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	Authorization required in any setting
Unlisted/Miscellaneous codes: Molina requires prior authorization, as well as, medical necessity documentation and rationale be submitted with the prior authorization request for all Unlisted/Miscellaneous codes, including those not listed here	9/1/2019	95999	UNLIS NEUROLOGICAL NEUROMUSCULAR DX PX	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Additional information is required to define this code and determine criteria.	
Behavioral/Mental Health, Alcohol-Chemical Dependency: Transitional Substance Abuse Residential Treatment, Inpatient, Residential Treatment, Partial Hospitalization, Electroconvulsive Therapy (ECT), Applied Behavior Analysis (ABA) for treatment of Autism Spectrum Disorder (ASD).	4/1/2022	96020	TEST SELECT and ADMN FUNCTL BRAIN MAP PHYS/QHP	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
Neuropsychological and Psychological Tests require prior authorization in any setting	9/1/2019	96112	DEVELOPMENTAL TST ADMIN PHYS QHP 1ST HOUR	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	No prior auth required for the initial 4 units of 96112 and 96113 combined per calendar year.

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria	Notes
Neuropsychological and Psychological Tests require prior authorization in any setting	9/1/2019	96113	DEVELOPMENTAL TST ADMIN PHYS QHP EA ADDL 30 MIN	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	No prior auth required for the initial 4 units of 96112 and 96113 combined per calendar year.
Neuropsychological and Psychological Tests require prior authorization in any setting	9/1/2019	96116	NEUROBEHAVIORAL STATUS XM PHYS QHP 1ST HOUR	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	Prior Auth required after initial 4 hours of testing per calendar year.
Neuropsychological and Psychological Tests require prior authorization in any setting	9/1/2019	96121	NEUROBEHAVIORAL STATUS XM PHYS QHP EA ADDL HOUR	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	Prior Auth required after initial 4 hours of testing per calendar year.
Neuropsychological and Psychological Tests require prior authorization in any setting	9/1/2019	96125	STANDARDIZED COGNITIVE PERFORMANCE TESTING	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	Authorization required in any setting
Neuropsychological and Psychological Tests require prior authorization in any setting	9/1/2019	96130	PSYCHOLOGICAL TST EVAL SVC PHYS QHP FIRST HOUR	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	Prior Auth required after initial 4 hours of testing per calendar year.
Neuropsychological and Psychological Tests require prior authorization in any setting	9/1/2019	96131	PSYCHOLOGICAL TST EVAL SVC PHYS QHP EA ADDL HOUR	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	Prior Auth required after initial 4 hours of testing per calendar year.

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria	Notes
Neuropsychological and Psychological Tests require prior authorization in any setting	9/1/2019	96132	NEUROPSYCHOLOGICAL TST EVAL PHYS QHP 1ST HOUR	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	Prior Auth required after initial 4 hours of testing per calendar year.
Neuropsychological and Psychological Tests require prior authorization in any setting	9/1/2019	96133	NEUROPSYCHOLOGICAL TST EVAL PHYS QHP EA ADDL HR	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	Prior Auth required after initial 4 hours of testing per calendar year.
Neuropsychological and Psychological Tests require prior authorization in any setting	9/1/2019	96136	PSYL NRPSYCL TST PHYS QHP 2 PLUS TST 1ST 30 MIN	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	Prior Auth required after initial 4 hours of testing per calendar year.
Neuropsychological and Psychological Tests require prior authorization in any setting	9/1/2019	96137	PSYCL NRPSYCL TST PHYS QHP 2 PLUS TST EA ADDL 30 MIN	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	Prior Auth required after initial 4 hours of testing per calendar year.
Neuropsychological and Psychological Tests require prior authorization in any setting	9/1/2019	96138	PSYCL NRPSYCL TST TECH 2 PLUS TST 1ST 30 MIN	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	Prior Auth required after initial 4 hours of testing per calendar year.
Neuropsychological and Psychological Tests require prior authorization in any setting	9/1/2019	96139	PSYCL NRPSYCL TST TECH 2 PLUS TST EA ADDL 30 MIN	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	Prior Auth required after initial 4 hours of testing per calendar year.

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria	Notes
Neuropsychological and Psychological Tests require prior authorization in any setting	9/1/2019	96146	PSYCL NRPSYCL TST ELEC PLATFORM AUTO RESULT	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	Prior Auth required after initial 4 hours of testing per calendar year.
Unlisted/Miscellaneous codes: Molina requires prior authorization, as well as, medical necessity documentation and rationale be submitted with the prior authorization request for all Unlisted/Miscellaneous codes, including those not listed here	1/1/2023	96203	MLTPL-FMLY GRP BHVR MNGMNT/MDFCTN TRNNG FOR PRNT(S)/GRDN(S)/CRGVR(S) OF PTNTS WTH A MNTL OR PHYSCL HLTH DGNSS, ADMNSTRD BY PHYSCN OR OTHR QLFD HLTH CARE PRFSSNL (WTHOUT THE PTNT PRSNT), FCE-TO-FCE WTH MLTPL SETS OF PRNT(S)/GRDN(S)/CRGVR(S); EACH ADDTNL 15 MNTS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Genetic Testing	
Unlisted/Miscellaneous codes: Molina requires prior authorization, as well as, medical necessity documentation and rationale be submitted with the prior authorization request for all Unlisted/Miscellaneous codes, including those not listed here	9/1/2019	96379	UNLISTED THERAPEUTIC PROPH DX IV IA NJX NFS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Additional information is required to define this code and determine criteria.	
Unlisted/Miscellaneous codes: Molina requires prior authorization, as well as, medical necessity documentation and rationale be submitted with the prior authorization request for all Unlisted/Miscellaneous codes, including those not listed here	9/1/2019	96549	UNLISTED CHEMOTHERAPY PROCEDURE	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Additional information is required to define this code and determine criteria.	
Out-Patient Hospital/Ambulatory Surgery Center (ASC) **Procedures.** Please note all Inpatient based procedures require authorization.	9/1/2019	96567	PDT DSTR PRMLG LES SKN ILLUM ACTIVJ PER DAY	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
Out-Patient Hospital/Ambulatory Surgery Center (ASC) **Procedures.** Please note all Inpatient based procedures require authorization.	9/1/2019	96573	PDT DSTR PRMLG LES SKN ILLUM ACTIVJ BY PHYS QHP	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria	Notes
Out-Patient Hospital/Ambulatory Surgery Center (ASC) Procedures. Please note all Inpatient based procedures require authorization.	9/1/2019	96574	DEBRIDEMENT PRMLG HYPERKERATOTIC LES W PDT	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
Out-Patient Hospital/Ambulatory Surgery Center (ASC) Procedures. Please note all Inpatient based procedures require authorization.	9/1/2019	96900	ACTINOTHERAPY ULTRAVIOLET LIGHT	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Review: Phototherapy and Laser Therapy for Dermatological Conditions	
Out-Patient Hospital/Ambulatory Surgery Center (ASC) Procedures. Please note all Inpatient based procedures require authorization.	9/1/2019	96910	PHOTOCHEMOTX TAR AND UVB PETROLATUM UVB	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Review: Phototherapy and Laser Therapy for Dermatological Conditions	
Out-Patient Hospital/Ambulatory Surgery Center (ASC) Procedures. Please note all Inpatient based procedures require authorization.	9/1/2019	96912	PHOTOCHEMOTX PSORALENS AND ULTRAVIOLET PUVA	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Review: Phototherapy and Laser Therapy for Dermatological Conditions	
Out-Patient Hospital/Ambulatory Surgery Center (ASC) Procedures. Please note all Inpatient based procedures require authorization.	9/1/2019	96913	PHOTOCHEMOTHERAPY DERMATOSES 4-8 HRS SUPERVISION	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Review: Phototherapy and Laser Therapy for Dermatological Conditions	
Out-Patient Hospital/Ambulatory Surgery Center (ASC) Procedures. Please note all Inpatient based procedures require authorization.	9/1/2019	96920	LASER SKIN DISEASE PSORIASIS TOT AREA UNDER 250 SQ CM	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Review: Phototherapy and Laser Therapy for Dermatological Conditions	

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria	Notes
Out-Patient Hospital/Ambulatory Surgery Center (ASC) **Procedures.** Please note all Inpatient based procedures require authorization.	9/1/2019	96921	LASER SKIN DISEASE PSORIASIS 250-500 SQ CM	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Review: Phototherapy and Laser Therapy for Dermatological Conditions	
Out-Patient Hospital/Ambulatory Surgery Center (ASC) **Procedures.** Please note all Inpatient based procedures require authorization.	9/1/2019	96922	LASER SKIN DISEASE PSORIASIS OVER 500 SQ CM	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Review: Phototherapy and Laser Therapy for Dermatological Conditions	
Out-Patient Hospital/Ambulatory Surgery Center (ASC) **Procedures.** Please note all Inpatient based procedures require authorization.	9/1/2019	96931	RCM CELULR AND SUBCELULR SKN IMGNG IMG ACQ I AND R 1ST	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
Out-Patient Hospital/Ambulatory Surgery Center (ASC) **Procedures.** Please note all Inpatient based procedures require authorization.	9/1/2019	96934	RCM CELULR AND SUBCELULR SKN IMGNG IMG ACQ I AND R ADD	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
Out-Patient Hospital/Ambulatory Surgery Center (ASC) **Procedures.** Please note all Inpatient based procedures require authorization.	9/1/2019	96935	RCM CELULR AND SUBCELULR SKN IMGNG IMG ACQ EA ADDL	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
Out-Patient Hospital/Ambulatory Surgery Center (ASC) **Procedures.** Please note all Inpatient based procedures require authorization.	9/1/2019	96936	RCM CELULR AND SUBCELULR SKN IMGNG I AND R EA ADDL	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria	Notes
Unlisted/Miscellaneous codes: Molina requires prior authorization, as well as, medical necessity documentation and rationale be submitted with the prior authorization request for all Unlisted/Miscellaneous codes, including those not listed here	9/1/2019	96999	UNLISTED SPECIAL DERMATOLOGICAL SERVICE PROCED	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Additional information is required to define this code and determine criteria.	
Unlisted/Miscellaneous codes: Molina requires prior authorization, as well as, medical necessity documentation and rationale be submitted with the prior authorization request for all Unlisted/Miscellaneous codes, including those not listed here	9/1/2019	97039	UNLIST MODALITY SPEC TYPE AND TIME CONSTANT ATTEND	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Additional information is required to define this code and determine criteria.	
Physical & Occupational Therapy	9/1/2019	97110	THERAPEUTIC PX 1 OR GRT AREAS EACH 15 MIN EXERCISES	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	For PT/OT, PA required after initial evaluation + 12 visits/year.
Physical & Occupational Therapy	9/1/2019	97112	FAMILY ADAPT BHV TX GDN PHYS QHP EA 15 MIN	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	For PT/OT, PA required after initial evaluation + 12 visits/year.
Physical & Occupational Therapy	4/1/2022	97113	THER PX 1 OR GT AREAS EACH 15 MIN AQUA THER W/XERSS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	For PT/OT, PA required after initial evaluation + 12 visits/year.
Physical & Occupational Therapy	4/1/2022	97116	THER PX 1 OR GT AREAS EA 15 MIN GAIT TRAING W/STAIR	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	For PT/OT, PA required after initial evaluation + 12 visits/year.

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria	Notes
Physical & Occupational Therapy	4/1/2020	97129	Therapeutic interventions that focus on cognitive function (eg, attention, memory, reasoning, executive function, problem solving, and/or pragmatic functioning) and compensatory strategies to manage the performance of an activity (eg, managing time or schedules, initiating, organizing, and sequencing tasks), direct (one-on-one) patient contact; initial 15 minutes	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	For PT/OT, PA required after initial evaluation + 12 visits/year.
Physical & Occupational Therapy	4/1/2020	97130	Therapeutic interventions that focus on cognitive function (eg, attention, memory, reasoning, executive function, problem solving, and/or pragmatic functioning) and compensatory strategies to manage the performance of an activity (eg, managing time or schedules, initiating, organizing, and sequencing tasks), direct (one-on-one) patient contact; each additional 15 minutes (List separately in addition to code for primary procedure)	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	For PT/OT, PA required after initial evaluation + 12 visits/year.
Unlisted/Miscellaneous codes: Molina requires prior authorization, as well as, medical necessity documentation and rationale be submitted with the prior authorization request for all Unlisted/Miscellaneous codes, including those not listed here	9/1/2019	97139	UNLISTED THERAPEUTIC PROCEDURE SPECIFY	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Additional information is required to define this code and determine criteria.	For PT/OT, PA required after initial 12 visits/year.
Physical & Occupational Therapy	4/1/2022	97140	MANUAL THERAPY TQS 1 OR GT REGIONS EACH 15 MINUTES	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	PA required after initial evaluation + 12 visits/year.
Physical & Occupational Therapy	4/1/2022	97150	THERAPEUTIC PROCEDURES GROUP 2 OR GT INDIVIDUALS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	PA required after initial evaluation + 12 visits/year.
Behavioral/Mental Health, Alcohol-Chemical Dependency: Transitional Substance Abuse Residential Treatment, Inpatient, Residential Treatment, Partial Hospitalization, Electroconvulsive Therapy (ECT), Applied Behavior Analysis (ABA) for treatment of Autism Spectrum Disorder (ASD).	9/1/2019	97153	ADAPTIVE BEHAVIOR TX BY PROTOCOL TECH EA 15 MIN	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	PA required after 48 units per calendar year for ABA therapy (cumulative of 0373T, 97153, 97154, 97155, 97156, 97157, 97158). (Note: 97151 and 97152 should not be included in this accumulator.)

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria	Notes
Behavioral/Mental Health, Alcohol-Chemical Dependency: Transitional Substance Abuse Residential Treatment, Inpatient, Residential Treatment, Partial Hospitalization, Electroconvulsive Therapy (ECT), Applied Behavior Analysis (ABA) for treatment of Autism Spectrum Disorder (ASD).	9/1/2019	97154	GROUP ADAPTIVE BHV TX BY PROTOCOL TECH EA 15 MIN	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	PA required after 48 units per calendar year for ABA therapy (cumulative of 0373T, 97153, 97154, 97155, 97156, 97157, 97158). (Note: 97151 and 97152 should not be included in this accumulator.)
Behavioral/Mental Health, Alcohol-Chemical Dependency: Transitional Substance Abuse Residential Treatment, Inpatient, Residential Treatment, Partial Hospitalization, Electroconvulsive Therapy (ECT), Applied Behavior Analysis (ABA) for treatment of Autism Spectrum Disorder (ASD).	9/1/2019	97155	ADAPT BHV TX PRTCL MODIFICAJ PHYS QHP EA 15 MIN	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	PA required after 48 units per calendar year for ABA therapy (cumulative of 0373T, 97153, 97154, 97155, 97156, 97157, 97158). (Note: 97151 and 97152 should not be included in this accumulator.)
Behavioral/Mental Health, Alcohol-Chemical Dependency: Transitional Substance Abuse Residential Treatment, Inpatient, Residential Treatment, Partial Hospitalization, Electroconvulsive Therapy (ECT), Applied Behavior Analysis (ABA) for treatment of Autism Spectrum Disorder (ASD).	9/1/2019	97156	FAMILY ADAPT BHV TX GDN PHYS QHP EA 15 MIN	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	PA required after 48 units per calendar year for ABA therapy (cumulative of 0373T, 97153, 97154, 97155, 97156, 97157, 97158). (Note: 97151 and 97152 should not be included in this accumulator.)
Behavioral/Mental Health, Alcohol-Chemical Dependency: Transitional Substance Abuse Residential Treatment, Inpatient, Residential Treatment, Partial Hospitalization, Electroconvulsive Therapy (ECT), Applied Behavior Analysis (ABA) for treatment of Autism Spectrum Disorder (ASD).	9/1/2019	97157	MULTIPLE FAM GROUP BHV TX GDN PHYS QHP EA 15 MIN	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	PA required after 48 units per calendar year for ABA therapy (cumulative of 0373T, 97153, 97154, 97155, 97156, 97157, 97158). (Note: 97151 and 97152 should not be included in this accumulator.)
Behavioral/Mental Health, Alcohol-Chemical Dependency: Transitional Substance Abuse Residential Treatment, Inpatient, Residential Treatment, Partial Hospitalization, Electroconvulsive Therapy (ECT), Applied Behavior Analysis (ABA) for treatment of Autism Spectrum Disorder (ASD).	9/1/2019	97158	GRP ADAPT BHV PRTCL MODIFCAJ PHYS QHP EA 15 MIN	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	PA required after 48 units per calendar year for ABA therapy (cumulative of 0373T, 97153, 97154, 97155, 97156, 97157, 97158). (Note: 97151 and 97152 should not be included in this accumulator.)
Physical & Occupational Therapy	4/1/2022	97161	PHYSICAL THERAPY EVALUATION LOW COMPLEX 20 MINS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	PA required after initial evaluation + 12 visits/year.

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria	Notes
Physical & Occupational Therapy	4/1/2022	97162	PT EVAL MOD COMPLEX 30 MIN	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	PA required after initial evaluation + 12 visits/year.
Physical & Occupational Therapy	4/1/2022	97163	PHYSICAL THERAPY EVALUATION HIGH COMPLEX 45 MINS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	PA required after initial evaluation + 12 visits/year.
Physical & Occupational Therapy	4/1/2022	97164	PHYSICAL THERAPY RE-EVAL EST PLAN CARE 20 MINS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	PA required after initial evaluation + 12 visits/year.
Physical & Occupational Therapy	4/1/2022	97165	OCCUPATIONAL THERAPY EVAL LOW COMPLEX 30 MINS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	PA required after initial evaluation + 12 visits/year.
Physical & Occupational Therapy	4/1/2022	97166	OCCUPATIONAL THERAPY EVAL MOD COMPLEX 45 MINS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	PA required after initial evaluation + 12 visits/year.
Physical & Occupational Therapy	4/1/2022	97167	OCCUPATIONAL THERAPY EVAL HIGH COMPLEX 60 MINS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	PA required after initial evaluation + 12 visits/year.

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria	Notes
Physical & Occupational Therapy	4/1/2022	97168	OCCUPATIONAL THER RE-EVAL EST PLAN CARE 30 MINS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	PA required after initial evaluation + 12 visits/year.
Physical & Occupational Therapy	10/1/2022	97530	THERAPEUT ACTVITY DIRECT PT CONTACT EACH 15 MIN	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	For PT/OT, PA required after initial evaluation + 12 visits/year.
Physical & Occupational Therapy	10/1/2022	97533	SENSORY INTEGRATIVE TECHNIQUES EACH 15 MINUTES	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	For PT/OT, PA required after initial evaluation + 12 visits/year.
Physical & Occupational Therapy	10/1/2022	97535	SELF-CARE/HOME MGMT TRAINING EACH 15 MINUTES	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	For PT/OT, PA required after initial evaluation + 12 visits/year.
Physical & Occupational Therapy	10/1/2022	97542	WHEELCHAIR MGMT EA 15 MIN	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	For PT/OT, PA required after initial evaluation + 12 visits/year.
Physical & Occupational Therapy	10/1/2022	97750	PHYSICAL PERFORMANCE TEST/MEAS W/REPRT EA 15 MIN	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	For PT/OT, PA required after initial evaluation + 12 visits/year.

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria	Notes
Physical & Occupational Therapy	10/1/2022	97755	ASSTV TECHNOL ASSMT DIR CNTCT W/REPRT EA 15 MIN	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	For PT/OT, PA required after initial evaluation + 12 visits/year.
Physical & Occupational Therapy	9/1/2019	97763	ORTHOTICS PROSTH MGMT AND TRAINJ SBSQ ENCTR 15 MIN	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	For PT/OT, PA required after initial evaluation + 12 visits/year.
Unlisted/Miscellaneous codes: Molina requires prior authorization, as well as, medical necessity documentation and rationale be submitted with the prior authorization request for all Unlisted/Miscellaneous codes, including those not listed here	9/1/2019	97799	UNLISTED PHYSICAL MEDICINE REHAB SERVICE PROC	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Additional information is required to define this code and determine criteria.	
Pain Management	9/1/2019	97812	ACUPUNCTURE 1 OR GRT NDLS W ELEC STIMJ 1ST 15 MIN	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	Authorization required in any setting
Physical, Occupational and Speech Therapy	1/1/2024	98940	CHIROPRACTIC MANIPULATIVE TX SPINAL 1-2 REGIONS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	For PT/OT/Chiro, PA required after initial evaluation + 12 visits/year.
Physical, Occupational and Speech Therapy	1/1/2024	98941	CHIROPRACTIC MANIPULATIVE TX SPINAL 3-4 REGIONS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	For PT/OT/Chiro, PA required after initial evaluation + 12 visits/year.

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria	Notes
Physical, Occupational and Speech Therapy	1/1/2024	98942	CHIROPRACTIC MANIPULATIVE TX SPINAL 5 REGIONS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	For PT/OT/Chiro, PA required after initial evaluation + 12 visits/year.
Physical, Occupational and Speech Therapy	1/1/2024	98943	CHIROPRACTIC MANIPLTV TX EXTRASPINAL 1 OR GT REGION	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	For PT/OT/Chiro, PA required after initial evaluation + 12 visits/year.
Durable Medical Equipment (DME)	1/1/2022	98975	Remote therapeutic monitoring (eg, respiratory system status, musculoskeletal system status, therapy adherence, therapy response); initial set-up and patient education on use of equipment	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
Durable Medical Equipment (DME)	1/1/2022	98976	Remote therapeutic monitoring (eg, respiratory system status, musculoskeletal system status, therapy adherence, therapy response); device(s) supply with scheduled (eg, daily) recording(s) and/or programmed alert(s) transmission to monitor respiratory system, each 30 days	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
Durable Medical Equipment (DME)	1/1/2022	98977	Remote therapeutic monitoring (eg, respiratory system status, musculoskeletal system status, therapy adherence, therapy response); device(s) supply with scheduled (eg, daily) recording(s) and/or programmed alert(s) transmission to monitor musculoskeletal system, each 30 days	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
Experimental/Investigational	1/1/2023	98978	RMTE THRPTC MNTRNG (EG, THRPY ADHRNCE, THRPY RSPNSE); DVCE(S) SPPLY WTH SCHDLD (EG, DAILY) RCRDNG(S) AND/OR PRGRMMD ALRT(S) TRNSMSSN TO MNTR CGNTV BHVRL THRPY, EACH 30 DAYS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Genetic Testing	

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria	Notes
Hyperbaric Therapy	9/1/2019	99183	PHYS QHP ATTN AND SUPVJ HYPRBARIC OXYGEN TX SESSION	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
Unlisted/Miscellaneous codes: Molina requires prior authorization, as well as, medical necessity documentation and rationale be submitted with the prior authorization request for all Unlisted/Miscellaneous codes, including those not listed here	9/1/2019	99199	UNLISTED SPECIAL SERVICE PROCEDURE REPORT	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Additional information is required to define this code and determine criteria.	
Unlisted/Miscellaneous codes: Molina requires prior authorization, as well as, medical necessity documentation and rationale be submitted with the prior authorization request for all Unlisted/Miscellaneous codes, including those not listed here	1/1/2023	99418	PRLNGD INPTNT OR OBSRVTN VALUATON AND MNGMNT SRVC(S) TIME WTH OR WTHOUT DRCT PTNT CNTCT BYND THE RQRD TIME OF THE PRMRY SRVC WHN THE PRMRY SRVC LVL HAS BEEN SLCTD USNG TTL TIME, EACH 15 MNTS OF TTL TIME	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Genetic Testing	
Unlisted/Miscellaneous codes: Molina requires prior authorization, as well as, medical necessity documentation and rationale be submitted with the prior authorization request for all Unlisted/Miscellaneous codes, including those not listed here	7/1/2020	99429	UNLISTED PREVENTIVE MEDICINE SERVICE	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Additional information is required to define this code and determine criteria.	
Unlisted/Miscellaneous	7/1/2021	99487	COMPLEX CHRONIC CARE MANAGEMENT SERVICES, 60 MIN	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
Unlisted/Miscellaneous	7/1/2021	99489	COMPLEX CHRONIC CARE MANAGEMENT SERVICES, ADDL 30 MIN	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria	Notes
Unlisted/Miscellaneous	7/1/2021	99490	COMPLEX CHRONIC CARE MANAGEMENT SERVICES, FIRST 20 MIN	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
Unlisted/Miscellaneous	7/1/2021	99491	COMPLEX CHRONIC CARE MANAGEMENT SERVICES, BY PHYSICIAN	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
Unlisted/Miscellaneous codes: Molina requires prior authorization, as well as, medical necessity documentation and rationale be submitted with the prior authorization request for all Unlisted/Miscellaneous codes, including those not listed here	9/1/2019	99499	UNLISTED EVALUATION AND MANAGEMENT SERVICE	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Additional information is required to define this code and determine criteria.	
Unlisted/Miscellaneous codes: Molina requires prior authorization, as well as, medical necessity documentation and rationale be submitted with the prior authorization request for all Unlisted/Miscellaneous codes, including those not listed here	9/1/2019	99600	UNLISTED HOME VISIT SERVICE PROCEDURE	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Additional information is required to define this code and determine criteria.	
Transplants/Gene Therapy	1/1/2024	J1413	INJ DELANDISTROGENE MOXEPARVOVEC-ROKL PER THR D	Information generally required to support authorization decision making includes, but not limited to: • Comprehensive clinical documentation, including but not limited to: Transplant surgery consultation and clearance, cardiology consultation and clearance, cardiac, pulmonary, and other testing, psychosocial evaluation and clearance, absence of major or minor contraindications. All documentation must meet MCP criteria as outlined in the relative medical policy. • Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; • History of the presenting problem • Clinical exam; • Pertinent diagnostic testing results, operative and/or pathological reports; • Treatment plan and progress notes; • Pertinent psychosocial history; • Information and consultations with the treating practitioner; • Pertinent evaluations from other health care practitioners and providers; • Pertinent charts, graphs or photographic information, as appropriate; • Rehabilitation evaluations; • Information regarding the local delivery system; and • Patient characteristics and information.	Third Party Proprietary Criteria	
Healthcare Administered Drugs	1/1/2024	J9324	INJECTION PEMETREXED 10 MG	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria	Notes
Genetic Counseling & Testing	7/1/2021	0001U	RBC DNA HEA 35 AG 11 BLD GRP WHL BLD CMN ALLEL	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
Genetic Counseling & Testing	7/1/2021	0002M	LIVER DIS 10 ASSAYS SERUM ALGORITHM W ASH	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
Genetic Counseling & Testing	7/1/2021	0003M	LIVER DIS 10 ASSAYS SERUM ALGORITHM W NASH	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
Genetic Counseling & Testing	9/1/2019	0004M	SCOLIOSIS 53 SNPS SALIVA PROGNOSTIC RISK SCORE	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Genetic Testing	
Genetic Counseling & Testing	9/1/2019	0005U	ONCO PRST8 GENE XPRS PRFL 3 GENE UR ALG RSK SCOR	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Genetic Testing	
Genetic Counseling & Testing	9/1/2019	0006M	ONCOLOGY HEP MRNA 161 GENES RISK CLASSIFIER	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Genetic Testing	

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria	Notes
Genetic Counseling & Testing	9/1/2019	0007M	ONCOLOGY GASTRO 51 GENES NOMOGRAM DISEASE INDEX	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Genetic Testing	
Genetic Counseling & Testing	9/1/2019	0008U	HPYLORI DETECTION AND ANTIBIOTIC RESISTANCE DNA	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Genetic Testing	
Genetic Counseling & Testing	9/1/2019	0010U	NFCT DS STRN TYP WHL GENOME SEQUENCING PR ISOL	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Genetic Testing	
Genetic Counseling & Testing	7/1/2021	0011M	ONC PROSTATE CA MRNA 12 GENES BLD PLSM AND UR ALG	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
Genetic Counseling & Testing	9/1/2019	0011U	RX MNTR DRUGS PRESENT LC-MS MS ORAL FLUID PR DOS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Genetic Testing	
Genetic Counseling & Testing	7/1/2021	0012M	ONC MRNA 5 GENES UR ALG RISK UROTHELIAL CANCER	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria	Notes
Genetic Counseling & Testing	7/1/2021	0013M	ONC MRNA 5 GENES UR ALG RISK RECR UROTHELIAL CA	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
Genetic Counseling & Testing	1/1/2021	0015M	ADRNL CORTCL TUM BCHM ASY	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Genetic Testing	
Genetic Counseling & Testing	1/1/2021	0016M	ONC BLADDER MRNA 209 GEN ALG	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Genetic Testing	
Genetic Counseling & Testing	9/1/2019	0016U	ONC HMTLMF NEO RNA BCR ABL1 BLD BNE MARROW	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Genetic Testing	
Genetic Counseling & Testing	7/1/2021	0017M	ONC DLBCL MRNA 20 GENES ALG	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
Genetic Counseling & Testing	9/1/2019	0017U	ONC HMTLMF NEO JAK2 MUTATION DNA BLD BNE MARROW	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Genetic Testing	

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria	Notes
Genetic Counseling & Testing	7/1/2021	0018U	ONC THYR 10 MICRORNA SEQ PLUS - RSLT MOD HI RSK MAL	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
Genetic Counseling & Testing	7/1/2021	0019U	ONC RNA WHL TRANSCIPTOME SEQ TISS PREDCT ALG	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
Genetic Counseling & Testing	10/1/2019	0022U	TRGT GEN SEQ ALYS NONSM LNG NEO DNA AND RNA 23 GENES	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Genetic Testing	
Genetic Counseling & Testing	9/1/2019	0026U	ONC THYR DNA AND MRNA 112 GENES FNA NDUL ALG ALYS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Genetic Testing	
Genetic Counseling & Testing	9/1/2019	0027U	JAK2 GENE ANALYSIS TRGT SEQ ALYS EXONS 12-15	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Genetic Testing	
Genetic Counseling & Testing	9/1/2019	0029U	RX METAB ADVRS RX RXN AND RSPSE TRGT SEQ ALYS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Genetic Testing	

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria	Notes
Genetic Counseling & Testing	9/1/2019	0030U	RX METAB WARFARIN RX RESPONSE TRGT SEQ ALYS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Genetic Testing	
Genetic Counseling & Testing	9/1/2019	0031U	CYP1A2 GENE ANALYSIS COMMON VARIANTS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Genetic Testing	
Genetic Counseling & Testing	9/1/2019	0032U	COMT GENE ANALYSIS C.472G OVER A VARIANT	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Genetic Testing	
Genetic Counseling & Testing	9/1/2019	0034U	TPMT NUDT15 GENE ANALYSIS COMMON VARIANTS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Genetic Testing	
Genetic Counseling & Testing	7/1/2021	0036U	EXOME TUMOR TISSUE AND NORMAL SPECIMEN SEQ ALYS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
Genetic Counseling & Testing	9/1/2019	0037U	TRGT GEN SEQ ALYS SLD ORGN NEO DNA 324 GENES	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Genetic Testing	

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria	Notes
Imaging and Special Tests	9/1/2019	0042T	CEREBRAL PERFUSION ANALYS CT W BLOOD FLOW AND VOLUME	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
Genetic Counseling & Testing	9/1/2019	0045U	ONC BRST DUX CARC IS MRNA 12 GENES ALG RSK SCOR	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Genetic Testing	
Genetic Counseling & Testing	9/1/2019	0046U	FLT3 GENE INT TANDEM DUPL VARIANTS QUANTITATIVE	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Genetic Testing	
Genetic Counseling & Testing	9/1/2019	0047U	ONC PRST8 MRNA GEN XPRS PRFL 17 GEN ALG RSK SCOR	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Genetic Testing	
Genetic Counseling & Testing	9/1/2019	0048U	ONC SLD ORG NEO DNA 468 CANCER ASSOCIATED GENES	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Genetic Testing	
Genetic Counseling & Testing	9/1/2019	0049U	NPM1 GENE ANALYSIS QUANTITATIVE	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Genetic Testing	

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria	Notes
Genetic Counseling & Testing	9/1/2019	0050U	TRGT GEN SEQ ALYS AML 194 GENE INTERROG SEQ VRNT	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Genetic Testing	
Experimental & Investigational Procedures	9/1/2019	0054T	CPTR-ASST MUSCSKEL NAVIGJ ORTHO FLUOR IMAGES	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Experimental and Investigational Services	
Genetic Counseling & Testing	9/1/2019	0055U	CARD HRT TRNSPL 96 TARGET DNA SEQUENCES PLASMA	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Genetic Testing	
Experimental & Investigational Procedures	9/1/2019	0058T	CRYOPRESERVATION REPRODUCTIVE TISSUE OVARIAN	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Experimental and Investigational Services	
Genetic Counseling & Testing	9/1/2019	0058U	ONC MERKEL CELL CARC DETCJ ANTB SERUM QUAN	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Genetic Testing	
Genetic Counseling & Testing	9/1/2019	0059U	ONC MERKEL CELL CARC DETCJ ANTB SERUM REPRTD PLUS -	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Genetic Testing	

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria	Notes
Genetic Counseling & Testing	9/1/2019	0060U	TWN ZYG GEN TRGT SEQ ALYS CHRMS2 FTL DNA MAT BLD	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Genetic Testing	
Genetic Counseling & Testing	7/1/2021	0067U	ONC BRST IMHCHEM PRTN XPRS PRFL 4 BMRK CA PRTN	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
Genetic Counseling & Testing	7/1/2021	0069U	ONC CLRCT MICRORNA XPRS PRFL MIR-31-3P ALG	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
Experimental & Investigational Procedures	9/1/2019	0071T	US ABLATJ UTERINE LEIOMYOMATA UNDER 200 CC TISSUE	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Experimental and Investigational Services	
Genetic Counseling & Testing	7/1/2021	0071U	CYP2D6 GENE ANALYSIS FULL GENE SEQUENCE	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
Experimental & Investigational Procedures	9/1/2019	0072T	US ABLATJ UTERINE LEIOMYOMAT OR MOREEQUAL 200 CC TISS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Experimental and Investigational Services	

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria	Notes
Genetic Counseling & Testing	7/1/2021	0072U	CYP2D6 GENE TRGT SEQ ALYS CYP2D6-2D7 HYBRID GENE	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
Genetic Counseling & Testing	7/1/2021	0073U	CYP2D6 GENE TRGT SEQ ALYS CYP2D7-2D6 HYBRID GENE	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
Genetic Counseling & Testing	7/1/2021	0074U	CYP2D6 TRGT SEQ ALYS NONDUP GENE DUPL MLT TRANS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
Experimental & Investigational Procedures	9/1/2019	0075T	TCAT PLMT XTRC VRT CRTD STENT RS AND I PRQ 1ST VSL	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Experimental and Investigational Services	
Genetic Counseling & Testing	7/1/2021	0075U	CYP2D6 GENE TRGT SEQ ALYS 5' GENE DUPL MLT	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
Genetic Counseling & Testing	7/1/2021	0076U	CYP2D6 GENE TRGT SEQ ALYS 3' GENE DUPL MLT	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria	Notes
Genetic Counseling & Testing	7/1/2021	0079U	CMPRTV DNA ALYS MLT SNPS UR AND BUCCAL SPEC ID VERIF	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
Genetic Counseling & Testing	7/1/2021	0084U	RBS DNA GNOTYP 10 BLD GRP PHNT PREDICT 37 RBC AG	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
Experimental & Investigational Procedures	9/1/2019	0085T	BREATH TEST HEART TRANSPLANT REJECTION	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Experimental and Investigational Services	
Genetic Counseling & Testing	7/1/2021	0087U	CARD HRT TRNSPL MRNA GEN XPRS PRFL 1283 GENE ALG	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
Genetic Counseling & Testing	7/1/2021	0088U	TRNSPL J MED KDN ALGRFT REJ 1494 GENE ALG	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
Genetic Counseling & Testing	7/1/2021	0089U	ONC MLNMA GEN XPRS PRFL RTQPCR PRAME AND LINC00518	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria	Notes
Genetic Counseling & Testing	7/1/2021	0090U	ONC CUTAN MLNMA MRNA GEN XPRS PRFL 23 GENE ALG	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
Genetic Counseling & Testing	7/1/2021	0094U	GENOME RAPID SEQUENCE ANALYSIS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
Out-Patient Hospital/Ambulatory Surgery Center (ASC) **Procedures.** Please note all Inpatient based procedures require authorization.	1/1/2021	0095T	RMVL TOT DISC ARTHRP ANT APPR CRV EA NTRSPC	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
Out-Patient Hospital/Ambulatory Surgery Center (ASC) **Procedures.** Please note all Inpatient based procedures require authorization.	1/1/2021	0098T	REVJ TOT DISC ARTHRP ANT APPR CRV EA NTRSPC	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
Experimental & Investigational Procedures	9/1/2019	0100T	PLMT SCJNCL RTA PROSTH AND PLS AND IMPLTJ INTRA-OC RTA	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Experimental and Investigational Services	
Genetic Counseling & Testing	10/1/2020	0101U	HERED BRST CA RLTD DO GEN SEQ ALYS PNL 17 GENE	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Genetic Testing	

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria	Notes
Experimental & Investigational Procedures	9/1/2019	0102T	EXTRCRPL SHOCK WAVE W ANES LAT HUMERL EPICONDYLE	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Experimental and Investigational Services	
Genetic Counseling & Testing	10/1/2020	0102U	HERED BRST CA RLTD DO GEN SEQ ALYS PNL 17 GENE	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Genetic Testing	
Genetic Counseling & Testing	10/1/2020	0103U	HERED OVARIAN CA GEN SEQ ALYS PANEL 24 GENE	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Genetic Testing	
Experimental & Investigational Procedures	9/1/2019	0106T	QUANT SENSORY TEST AND INTERPJ XTR W TOUCH STIMULI	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Experimental and Investigational Services	
Experimental & Investigational Procedures	9/1/2019	0107T	QUANT SENSORY TEST AND INTERPJ XTR W VIBRJ STIMULI	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Experimental and Investigational Services	
Experimental & Investigational Procedures	9/1/2019	0108T	QUANT SENSORY TEST AND INTERPJ XTR W COOL STIMULI	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Experimental and Investigational Services	

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria	Notes
Experimental & Investigational Procedures	9/1/2019	0109T	QUANT SENAORY TEST AND INTERPJ XTR W HT-PN STIMULI	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Experimental and Investigational Services	
Experimental & Investigational Procedures	9/1/2019	0110T	QUANT SENSORY TEST AND INTERPJ XTR OTHER STIMULI	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Experimental and Investigational Services	
Experimental & Investigational Procedures	9/1/2019	0111T	LONG-CHAIN OMEGA-3 FATTY ACIDS RBC MEMBS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Experimental and Investigational Services	
Genetic Counseling & Testing	7/1/2021	0111U	ONCOLOGY COLON CA TRGT KRAS AND NRAS GENE ALYS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
Genetic Counseling & Testing	7/1/2021	0113U	ONCOLOGY PROSTATE MEAS PCA3 AND TMPRSS2-ERG UR AND PSA SRM	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
Genetic Counseling & Testing	7/1/2021	0114U	GI BARRETS ESOPHAGUS VIM AND CCNA1 MTHYLTN ALYS ALG	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria	Notes
Genetic Counseling & Testing	7/1/2021	0118U	TRANSPLANT MED QUAN DON-DRV CLL-FR DNA PLSM	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
Genetic Counseling & Testing	7/1/2021	0120U	ON B CLL LYMPHM MRNA GENE XPRSN PRFL 58 GEN ALG	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
Experimental & Investigational Procedures	9/1/2019	0126T	COMMON CAROTID INTIMA MEDIA THICKNESS STUDY	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Measurement of Carotid Artery Intima Thickness and Molina Clinical Policy: Experimental and Investigational Services	
Genetic Counseling & Testing	7/1/2021	0129U	HERED BRST CA RLTD DO GEN SEQ AND DEL DUP PNL	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
Genetic Counseling & Testing	7/1/2021	0130U	HERED COLON CA DO TRGT MRAN SEQ ALYS PANEL	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
Genetic Counseling & Testing	7/1/2021	0133U	HERED PROSTATE CA RLTD DO TRGT MRNA SEQ ALYS 11 GENE	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria	Notes
Genetic Counseling & Testing	7/1/2021	0134U	HERED PAN CA GEN SEQ ALYS PANEL 18 GENE	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
Genetic Counseling & Testing	7/1/2021	0136U	ATM MRNA SEQ ALYS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
Genetic Counseling & Testing	7/1/2021	0137U	PALB2 MRNA SEQ ALYS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
Genetic Counseling & Testing	7/1/2021	0138U	BRCA1 BRCA2 MRNA SEQ ALYS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
Genetic Counseling & Testing	4/1/2020	0141U	Infectious disease (bacteria and fungi), gram-positive organism identification and drug resistance element detection, DNA (20 gram-positive bacterial targets, 4 resistance genes, 1 pan gram-negative bacterial target, 1 pan Candida target), blood culture, amplified probe technique, each target reported as detected or not detected	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Genetic Testing	
Genetic Counseling & Testing	4/1/2020	0142U	Infectious disease (bacteria and fungi), gram-negative bacterial identification and drug resistance element detection, DNA (21 gram-negative bacterial targets, 6 resistance genes, 1 pan gram-positive bacterial target, 1 pan Candida target), amplified probe technique, each target reported as detected or not detected	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Genetic Testing	

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria	Notes
Genetic Counseling & Testing	4/1/2020	0152U	Infectious disease (bacteria, fungi, parasites, and DNA viruses), DNA, PCR and next-generation sequencing, plasma, detection of >1,000 potential microbial organisms for significant positive pathogens	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Genetic Testing	
Genetic Counseling & Testing	4/1/2020	0156U	Copy number (eg, intellectual disability, dysmorphology), sequence analysis	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Genetic Testing	
Genetic Counseling & Testing	4/1/2020	0157U	APC MRNA SEQ ALYS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Genetic Testing	
Genetic Counseling & Testing	4/1/2020	0158U	MLH1 (mutL homolog 1) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) mRNA sequence analysis (List separately in addition to code for primary procedure)	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Genetic Testing	
Genetic Counseling & Testing	4/1/2020	0159U	MSH2 MRNA SEQ ALYS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Genetic Testing	
Genetic Counseling & Testing	4/1/2020	0160U	MSH6 MRNA SEQ ALYS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Genetic Testing	

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria	Notes
Genetic Counseling & Testing	4/1/2020	0161U	PMS2 MRNA SEQ ALYS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Genetic Testing	
Genetic Counseling & Testing	4/1/2020	0162U	HERED COLON CA TRGT MRNA PN	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Genetic Testing	
Genetic Counseling & Testing	7/1/2021	0169U	NUDT15 AND TPMT GENE ANALYSIS COMMON VARIANTS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
Genetic Counseling & Testing	7/1/2021	0170U	NEURO ASD RNA NEXT-GNRJ SEQ SALIVA ALG ALYS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
Genetic Counseling & Testing	7/1/2021	0171U	TARGETED GENOMIC SEQUENCE ALYS PNL DNA 23 GENES	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
Genetic Counseling & Testing	7/1/2020	0172U	Oncology (solid tumor as indicated by the label), somatic mutation analysis of BRCA1 (BRCA1, DNA repair associated), BRCA2 (BRCA2, DNA repair associated) and analysis of homologous recombination deficiency pathways, DNA, formalin -fixed paraffin-embedded tissue, algorithm quantifying tumor genomic instability score	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Genetic Testing	

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria	Notes
Genetic Counseling & Testing	7/1/2020	0175U	Psychiatry (eg, depression, anxiety), genomic analysis panel, variant analysis of 15 genes	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Genetic Testing	
Genetic Counseling & Testing	7/1/2020	0176U	Cytolethal distending toxin B (CdtB) and vinculin IgG antibodies by immunoassay (ie, ELISA)	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Genetic Testing	
Genetic Counseling & Testing	7/1/2020	0177U	Oncology (breast cancer), DNA, PIK3CA (phosphatidylinositol -4,5-bisphosphate 3-kinase catalytic subunit alpha) gene analysis of 11 gene variants utilizing plasma, reported as PIK3CA gene mutation status	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Genetic Testing	
Genetic Counseling & Testing	7/1/2020	0178U	Peanut allergen-specific quantitative assessment of multiple epitopes using enzyme-linked immunosorbent assay (ELISA), blood, report of minimum eliciting exposure for a clinical reaction	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Genetic Testing	
Genetic Counseling & Testing	7/1/2020	0180U	Red cell antigen (ABO blood group) genotyping (ABO), gene analysis Sanger/chain termination/conventional sequencing, ABO (ABO, alpha 1-3 Nacetylgalactosaminyltransferase and alpha 1-3-galactosyltransferase) gene, including subtyping, 7 exons	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Genetic Testing	
Genetic Counseling & Testing	7/1/2020	0181U	Red cell antigen (Colton blood group) genotyping (CO), gene analysis, AQP1 (aquaporin 1 [Colton blood group]) exon 1	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Genetic Testing	

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria	Notes
Genetic Counseling & Testing	7/1/2020	0182U	Red cell antigen (Cromer blood group) genotyping (CROM), gene analysis, CD55 (CD55 molecule [Cromer blood group]) exons 1-10	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Genetic Testing	
Genetic Counseling & Testing	7/1/2020	0183U	Red cell antigen (Diego blood group) genotyping (DI), gene analysis, SLC4A1 (solute carrier family 4 member 1 [Diego blood group]) exon 19	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Genetic Testing	
Experimental & Investigational Procedures	9/1/2019	0184T	RECTAL TUMOR EXCISION TRANSANAL ENDOSCOPIC	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Experimental and Investigational Services	
Genetic Counseling & Testing	7/1/2020	0185U	Red cell antigen (H blood group) genotyping (FUT1), gene analysis, FUT1 (fucosyltransferase 1 [H blood group]) exon 4	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Genetic Testing	
Genetic Counseling & Testing	7/1/2020	0186U	Red cell antigen (H blood group) genotyping (FUT2), gene analysis, FUT2 (fucosyltransferase 2) exon 2	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Genetic Testing	
Genetic Counseling & Testing	7/1/2020	0187U	Red cell antigen (Duffy blood group) genotyping (FY), gene analysis, ACKR1 (atypical chemokine receptor 1 [Duffy blood group]) exons 1-2	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Genetic Testing	

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria	Notes
Genetic Counseling & Testing	7/1/2020	0188U	Red cell antigen (Gerbich blood group) genotyping (GE), gene analysis, GYPC (glycophorin C [Gerbich blood group]) exons 1-4	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Genetic Testing	
Genetic Counseling & Testing	7/1/2020	0189U	Red cell antigen (MNS blood group) genotyping (GYPA), gene analysis, GYPA (glycophorin A [MNS blood group]) introns 1, 5, exon 2	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Genetic Testing	
Genetic Counseling & Testing	7/1/2020	0190U	Red cell antigen (MNS blood group) genotyping (GYPB), gene analysis, GYPB (glycophorin B [MNS blood group]) introns 1, 5, pseudoexon 3	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Genetic Testing	
Genetic Counseling & Testing	7/1/2020	0191U	Red cell antigen (Indian blood group) genotyping (IN), gene analysis, CD44 (CD44 molecule [Indian blood group]) exons 2, 3, 6	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Genetic Testing	
Genetic Counseling & Testing	7/1/2020	0192U	Red cell antigen (Kidd blood group) genotyping (JK), gene analysis, SLC14A1 (solute carrier family 14 member 1 [Kidd blood group]) gene promoter, exon 9	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Genetic Testing	
Genetic Counseling & Testing	7/1/2020	0193U	Red cell antigen (JR blood group) genotyping (JR), gene analysis, ABCG2 (ATP binding cassette subfamily G member 2 [Junior blood group]) exons 2- 26	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Genetic Testing	

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria	Notes
Genetic Counseling & Testing	7/1/2020	0194U	Red cell antigen (Kell blood group) genotyping (KEL), gene analysis, KEL (Kell metallo-endopeptidase [Kell blood group]) exon 8	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Genetic Testing	
Genetic Counseling & Testing	7/1/2020	0195U	KLF1 (Kruppel-like factor 1), targeted sequencing(ie, exon 13)	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Genetic Testing	
Genetic Counseling & Testing	7/1/2020	0197U	Red cell antigen (Landsteiner-Wiener blood group) genotyping (LW), gene analysis, ICAM4 (intercellular adhesion molecule 4 [Landsteiner-Wiener blood group]) exon 1	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Genetic Testing	
Experimental & Investigational Procedures	9/1/2019	0198T	MEAS OCULAR BLOOD FLOW REPEAT IO PRES SAMP W I AND R	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Experimental and Investigational Services	
Genetic Counseling & Testing	7/1/2020	0198U	Red cell antigen (RH blood group) genotyping (RHD and RHCE), gene analysis Sanger/chain termination/conventional sequencing, RHD (Rh blood group D antigen) exons 1-10 and RHCE (Rh blood group CcEe antigens) exon 5	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Genetic Testing	
Unlisted/Miscellaneous codes: Molina requires prior authorization, as well as, medical necessity documentation and rationale be submitted with the prior authorization request for all Unlisted/Miscellaneous codes, including those not listed here	9/1/2019	01999	UNLISTED ANESTHESIA PROCEDURE	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Additional information is required to define this code and determine criteria.	

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria	Notes
Genetic Counseling & Testing	7/1/2020	0199U	Red cell antigen (Scianna blood group) genotyping (SC), gene analysis, ERMAP (erythroblast membrane associated protein [Scianna blood group]) exons 4, 12	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Genetic Testing	
Experimental & Investigational Procedures	9/1/2019	0200T	PERQ SAC AGMNTJ UNI W WO BALO MCHNL DEV 1 OR GRT NDL	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Experimental and Investigational Services	
Genetic Counseling & Testing	7/1/2020	0200U	Red cell antigen (Kx blood group) genotyping (XK), gene analysis, XK (Xlinked Kx blood group) exons 1 -3	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Genetic Testing	
Experimental & Investigational Procedures	9/1/2019	0201T	PERQ SAC AGMNTJ BI W WO BALO MCHNL DEV 2 OR GRT NDLS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Experimental and Investigational Services	
Genetic Counseling & Testing	7/1/2020	0201U	Red cell antigen (Yt blood group) genotyping (YT), gene analysis, ACHE (acetylcholinesterase [Cartwright blood group]) exon 2	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Genetic Testing	
Experimental & Investigational Procedures	9/1/2019	0202T	POST VERT ARTHRPLSTY W WO BONE CEMENT 1 LUMB LVL	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Experimental and Investigational Services	

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria	Notes
Genetic Counseling & Testing	10/1/2020	0203U	AI IBD MRNA XPRSN PRFL 17	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Genetic Testing	
Genetic Counseling & Testing	7/1/2024	0204U	ONC THYR MRNA XPRSN ALYS 593	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Genetic Testing	DELETED/INVALID CODE
Genetic Counseling & Testing	10/1/2020	0205U	OPH AMD ALYS 3 GENE VARIANTS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Genetic Testing	
Experimental & Investigational Procedures	9/1/2019	0207T	EVAC MEIBOMIAN GLNDS AUTO HT AND INTMT PRESS UNI	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Experimental and Investigational Services	
Experimental & Investigational Procedures	9/1/2019	0208T	PURE TONE AUDIOMETRY AUTOMATED AIR ONLY	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Experimental and Investigational Services	
Experimental & Investigational Procedures	9/1/2019	0209T	PURE TONE AUDIOMETRY AUTOMATED AIR AND BONE	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Experimental and Investigational Services	

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria	Notes
Experimental & Investigational Procedures	9/1/2019	0210T	SPEECH AUDIOMETRY THRESHOLD AUTOMATED	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Experimental and Investigational Services	
Experimental & Investigational Procedures	10/1/2020	0210U	SYPHILIS TST ANTB IA QUAN	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Experimental and Investigational Services	
Experimental & Investigational Procedures	9/1/2019	0211T	SPEECH AUDIOM THRESHLD AUTO W SPEECH RECOGNITION	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Experimental and Investigational Services	
Genetic Counseling & Testing	10/1/2020	0211U	ONC PAN-TUM DNA&RNA GNRJ SEQ	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Genetic Testing	
Experimental & Investigational Procedures	9/1/2019	0212T	COMPRE AUDIOM THRESHOLD EVAL AND SPEECH RECOG	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Experimental and Investigational Services	
Genetic Counseling & Testing	10/1/2020	0212U	RARE DS GEN DNA ALYS PROBAND	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Genetic Testing	

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria	Notes
Genetic Counseling & Testing	10/1/2020	0213U	RARE DS GEN DNA ALYS EA COMP	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Genetic Testing	
Experimental & Investigational Procedures	9/1/2019	0214T	NJX DX THER PARAVER FCT JT W US CER THOR 2ND LVL	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Review: Facet Joint Diagnostic Injections for Chronic Back Pain and Molina Clinical Policy: Experimental and Investigational Services	
Experimental & Investigational Procedures	9/1/2019	0215T	NJX PARAVERTBRL FACET JT W US CER THOR 3RD AND OVER LVL	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Review: Facet Joint Diagnostic Injections for Chronic Back Pain and Molina Clinical Policy: Experimental and Investigational Services	
Genetic Counseling & Testing	10/1/2020	0215U	RARE DS XOM DNA ALYS EA COMP	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Genetic Testing	
Experimental & Investigational Procedures	9/1/2019	0216T	NJX DX THER PARAVER FCT JT W US LUMB SAC 1 LVL	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Review: Facet Joint Diagnostic Injections for Chronic Back Pain and Molina Clinical Policy: Experimental and Investigational Services	
Genetic Counseling & Testing	10/1/2020	0216U	NEURO INH ATAXIA DNA 12 COM	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Genetic Testing	

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria	Notes
Experimental & Investigational Procedures	9/1/2019	0217T	NJX DX THER PARAVER FCT JT W US LUMB SAC LVL 2	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Review: Facet Joint Diagnostic Injections for Chronic Back Pain and Molina Clinical Policy: Experimental and Investigational Services	
Genetic Counseling & Testing	10/1/2020	0217U	NEURO INH ATAXIA DNA 51 GENE	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Genetic Testing	
Experimental & Investigational Procedures	9/1/2019	0218T	NJX PARAVERTBRL FCT JT W US LUMB SAC 3RD AND OVER LVL	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Review: Facet Joint Diagnostic Injections for Chronic Back Pain and Molina Clinical Policy: Experimental and Investigational Services	
Experimental & Investigational Procedures	9/1/2019	0219T	PLMT POST FACET IMPLANT UNI BI W IMG AND GRFT CERV	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Experimental and Investigational Services	
Experimental & Investigational Procedures	10/1/2020	0219U	NFCT AGT HIV GNRJ SEQ ALYS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Experimental and Investigational Services	
Experimental & Investigational Procedures	9/1/2019	0220T	PLMT POST FACET IMPLT UNI BI W IMG AND GRFT THOR	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Experimental and Investigational Services	

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria	Notes
Genetic Counseling & Testing	10/1/2020	0220U	ONC BRST CA AI ASSMT 12 FEAT	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Genetic Testing	
Experimental & Investigational Procedures	9/1/2019	0221T	PLMT POST FACET IMPLT UNI BI W IMG AND GRFT LUMB	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Experimental and Investigational Services	
Experimental & Investigational Procedures	10/1/2020	0221U	ABO GNOTYP NEXT GNRJ SEQ ABO	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Experimental and Investigational Services	
Experimental & Investigational Procedures	10/1/2020	0222U	RHD&RHCE GNTYP NEXT GNRJ SEQ	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Experimental and Investigational Services	
Experimental/Investigational	7/1/2021	0227U	DRUG ASSAY, PRESUMPTIVE, 30 OR MORE DRUGS OR METABOLITES, URINE, LIQUID CHROMATOGRAPHY WITH TANDEM MASS SPECTROMETRY (LC-MS/MS) USING MULTIPLE REACTION MONITORING (MRM), WITH DRUG OR METABOLITE DESCRIPTION, INCLUDES SAMPLE VALIDATION	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
Experimental & Investigational Procedures	9/1/2019	0228T	NJX ANES STEROID TFRML EDRL W US CER THOR 1 LVL	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Review: Epidural Steroid Injections for Chronic Back Pain and Molina Clinical Policy: Experimental and Investigational Services	

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria	Notes
Genetic Counseling & Testing	7/1/2021	0228U	ONCOLOGY (PROSTATE), MULTIANALYTE MOLECULAR PROFILE BY PHOTOMETRIC DETECTION OF MACROMOLECULES ADSORBED ON NANOSPONGE ARRAY SLIDES W ITH MACHINE LEARNING, UTILIZING FIRST MORNING VOIDED URINE, ALGORITHM REPORTED AS LIKELIHOOD OF PROSTATE CANCER	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
Experimental & Investigational Procedures	9/1/2019	0229T	NJX ANES STERD TFRML EDRL W US CER THOR EA ADDL	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Review: Epidural Steroid Injections for Chronic Back Pain and Molina Clinical Policy: Experimental and Investigational Services	
Genetic Counseling & Testing	7/1/2021	0229U	BCAT1 (BRANCHED CHAIN AMINO ACID TRANSAMINASE 1) OR IKZF1 (IKAROS FAMILY ZINC FINGER 1) (EG, COLORECTAL CANCER) PROMOTER METHYLATION ANALYSIS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
Experimental & Investigational Procedures	9/1/2019	0230T	NJX ANES STEROID TFRML EDRL W US LUM SAC 1 LVL	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Review: Epidural Steroid Injections for Chronic Back Pain and Molina Clinical Policy: Experimental and Investigational Services	
Genetic Counseling & Testing	7/1/2021	0230U	AR (ANDROGEN RECEPTOR) (EG, SPINAL AND BULBAR MUSCULAR ATROPHY, KENNEDY DISEASE, X CHROMOSOME INACTIVATION), FULL SEQUENCE ANALYSIS, INCLUDING SMALL SEQUENCE CHANGES IN EXONIC AND INTRONIC REGIONS, DELETIONS, DUPLICATIONS, SHORT TANDEM REPEAT (STR) EXPANSIONS, MOBILE ELEMENT INSERTIONS, AND VARIANTS IN NON-UNIQUELY MAPPABLE REGIONS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
Experimental & Investigational Procedures	9/1/2019	0231T	NJX ANES STEROID TFRML EDRL W US LUM SAC EA ADDL	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Review: Epidural Steroid Injections for Chronic Back Pain and Molina Clinical Policy: Experimental and Investigational Services	

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria	Notes
Genetic Counseling & Testing	7/1/2021	0231U	CACNA1A (CALCIUM VOLTAGE-GATED CHANNEL SUBUNIT ALPHA 1A) (EG, SPINOCEREBELLAR ATAXIA), FULL GENE ANALYSIS, INCLUDING SMALL SEQUENCE CHANGES IN EXONIC AND INTRONIC REGIONS, DELETIONS, DUPLICATIONS, SHORT TANDEM REPEAT (STR) GENE EXPANSIONS, MOBILE ELEMENT INSERTIONS, AND VARIANTS IN NON-UNIQUELY MAPPABLE REGIONS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
Genetic Counseling & Testing	7/1/2021	0232U	CSTB (CYSTATIN B) (EG, PROGRESSIVE MYOCLONIC EPILEPSY TYPE 1A, UNVERRICHT-LUNDBORG DISEASE), FULL GENE ANALYSIS, INCLUDING SMALL SEQUENCE CHANGES IN EXONIC AND INTRONIC REGIONS, DELETIONS, DUPLICATIONS, SHORT TANDEM REPEAT (STR) EXPANSIONS, MOBILE ELEMENT INSERTIONS, AND VARIANTS IN NON-UNIQUELY MAPPABLE REGIONS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
Genetic Counseling & Testing	7/1/2021	0233U	FXN (FRATAXIN) (EG, FRIEDREICH ATAXIA), GENE ANALYSIS, INCLUDING SMALL SEQUENCE CHANGES IN EXONIC AND INTRONIC REGIONS, DELETIONS, DUPLICATIONS, SHORT TANDEM REPEAT (STR) EXPANSIONS, MOBILE ELEMENT INSERTIONS, AND VARIANTS IN NON-UNIQUELY MAPPABLE REGIONS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
Experimental & Investigational Procedures	9/1/2019	0234T	TRLUML PERIPHERAL ATHERECTOMY RENAL ARTERY EA	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Experimental and Investigational Services	
Genetic Counseling & Testing	7/1/2021	0234U	MECP2 (METHYL CPG BINDING PROTEIN 2) (EG,RETT SYNDROME), FULL GENE ANALYSIS, INCLUDING SMALL SEQUENCE CHANGES IN EXONIC AND INTRONIC REGIONS, DELETIONS, DUPLICATIONS, MOBILE ELEMENT INSERTIONS, AND VARIANTS IN NON- UNIQUELY MAPPABLE REGIONS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
Experimental & Investigational Procedures	9/1/2019	0235T	TRLUML PERIPHERAL ATHERECTOMY VISCERAL ARTERY EA	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Experimental and Investigational Services	

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria	Notes
Genetic Counseling & Testing	7/1/2021	0235U	PTEN (PHOSPHATASE AND TENSIN HOMOLOG) (EG, COW DEN SYNDROME, PTEN HAMARTOMA TUMOR SYNDROME), FULL GENE ANALYSIS, INCLUDING SMALL SEQUENCE CHANGES IN EXONIC AND INTRONIC REGIONS, DELETIONS, DUPLICATIONS, MOBILE ELEMENT INSERTIONS, AND VARIANTS IN NON-UNIQUELY MAPPABLE REGIONS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
Experimental & Investigational Procedures	4/1/2020	0236T	TRLUML PERIPH ATHRC W RS AND I ABDOM AORTA	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Experimental and Investigational Services	
Genetic Counseling & Testing	7/1/2021	0236U	SMN1 (SURVIVAL OF MOTOR NEURON 1, TELOMERIC) AND SMN2 (SURVIVAL OF MOTOR NEURON 2, CENTROMERIC) (EG, SPINAL MUSCULAR ATROPHY) FULL GENE ANALYSIS, INCLUDING SMALL SEQUENCE CHANGES IN EXONIC AND INTRONIC REGIONS, DUPLICATIONS AND DELETIONS, AND MOBILE ELEMENT INSERTIONS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
Experimental & Investigational Procedures	4/1/2020	0237T	TRLUML PERIPH ATHRC W RS AND I BRCHIOCPHL EA VSL	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Experimental and Investigational Services	
Genetic Counseling & Testing	7/1/2021	0237U	CARDIAC ION CHANNELOPATHIES (EG, BRUGADA SYNDROME, LONG QT SYNDROME, SHORT QT SYNDROME, CATECHOLAMINERGIC POLYMORPHIC VENTRICULAR TACHYCARDIA), GENOMIC SEQUENCE ANALYSIS PANEL INCLUDING ANK2, CASQ2, CAV3, KCNE1, KCNE2, KCNH2, KCNJ2, KCNQ1, RYR2, AND SCN5A, INCLUDING SMALL SEQUENCE CHANGES IN EXONIC AND INTRONIC REGIONS, DELETIONS, DUPLICATIONS, MOBILE ELEMENT INSERTIONS, AND VARIANTS IN NON- UNIQUELY MAPPABLE REGIONS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
Experimental & Investigational Procedures	4/1/2020	0238T	TRLUML PERIPHERAL ATHERECTOMY ILIAC ARTERY EA	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Experimental and Investigational Services	

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria	Notes
Genetic Counseling & Testing	7/1/2021	0238U	ONCOLOGY (LYNCH SYNDROME), GENOMIC DNA SEQUENCE ANALYSIS OF MLH1, MSH2, MSH6, PMS2, AND EPCAM, INCLUDING SMALL SEQUENCE CHANGES IN EXONIC AND INTRONIC REGIONS, DELETIONS, DUPLICATIONS, MOBILE ELEMENT INSERTIONS, AND VARIANTS IN NON-UNIQUELY MAPPABLE REGIONS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
Genetic Counseling & Testing	7/1/2021	0239U	TARGETED GENOMIC SEQUENCE ANALYSIS PANEL, SOLID ORGAN NEOPLASM, CELL-FREE DNA, ANALYSIS OF 311 OR MORE GENES, INTERROGATION FOR SEQUENCE VARIANTS, INCLUDING SUBSTITUTIONS, INSERTIONS, DELETIONS, SELECT REARRANGEMENTS, AND COPY NUMBER VARIATIONS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
Experimental & Investigational Procedures	9/1/2019	0253T	INSERT ANT SGM DRAINAGE DEV W O RESERVR INT APPR	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Experimental and Investigational Services	
Experimental & Investigational Procedures	9/1/2019	0263T	AUTO BONE MARRW CELL RX COMPLT BONE MARRW HARVST	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Experimental and Investigational Services	
Experimental & Investigational Procedures	9/1/2019	0264T	AUTO BONE MARRW CELL RX COMP W O BONE MAR HARVST	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Experimental and Investigational Services	
Experimental & Investigational Procedures	9/1/2019	0265T	BONE MAR HARVST ONLY FOR INTMUSC AUTOLO CELL RX	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Experimental and Investigational Services	

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria	Notes
Experimental & Investigational Procedures	9/1/2019	0266T	IM REPL CARTD SINUS BAROREFLX ACTIV DEV TOT SYST	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Experimental and Investigational Services	
Experimental & Investigational Procedures	9/1/2019	0267T	IM REPL CARTD SINS BAROREFLX ACTIV DEV LEAD ONLY	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Experimental and Investigational Services	
Experimental & Investigational Procedures	9/1/2019	0268T	IM REPL CARTD SINS BARREFLX ACT DEV PLS GEN ONLY	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Experimental and Investigational Services	
Experimental & Investigational Procedures	9/1/2019	0269T	REV REMVL CARTD SINS BARREFLX ACT DEV TOT SYSTEM	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Experimental and Investigational Services	
Experimental & Investigational Procedures	9/1/2019	0270T	REV REMVL CARTD SINS BARREFLX ACT DEV LEAD ONLY	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Experimental and Investigational Services	
Experimental & Investigational Procedures	9/1/2019	0271T	REV REM CARTD SINS BARREFLX ACT DEV PLS GEN ONLY	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Experimental and Investigational Services	

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria	Notes
Experimental & Investigational Procedures	9/1/2019	0272T	INTRGORTION DEV EVAL CARTD SINS BARREFLX W I AND R	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Experimental and Investigational Services	
Experimental & Investigational Procedures	9/1/2019	0273T	INTROGATION DEV EVAL CARTD SINS BARREFLX W PRGRM	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Experimental and Investigational Services	
Experimental & Investigational Procedures	9/1/2019	0274T	PERC LAMINO- LAMINECTOMY IMAGE GUIDE CERV THORAC	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Experimental and Investigational Services	
Experimental & Investigational Procedures	9/1/2019	0275T	PERC LAMINO- LAMINECTOMY INDIR IMAG GUIDE LUMBAR	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Experimental and Investigational Services	
Imaging and Special Tests	9/1/2019	0295T	EXT ECG OVER 48HR TO 21 DAY RCRD SCAN ANLYS REP R AND I	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
Experimental & Investigational Procedures	9/1/2019	0296T	EXT ECG OVER 48HR TO 21 DAY RCRD W CONECT INTL RCRD	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria	Notes
Imaging and Special Tests	9/1/2019	0296T	EXT ECG OVER 48HR TO 21 DAY RCRD W CONECT INTL RCRD	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
Experimental & Investigational Procedures	9/1/2019	0297T	EXT ECG OVER 48HR TO 21 DAY SCAN ANALYSIS W REPORT	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Experimental and Investigational Services	
Imaging and Special Tests	9/1/2019	0297T	EXT ECG OVER 48HR TO 21 DAY SCAN ANALYSIS W REPORT	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
Experimental & Investigational Procedures	9/1/2019	0298T	EXT ECG OVER 48HR TO 21 DAY REVIEW AND INTERPRETATN	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Experimental and Investigational Services	
Imaging and Special Tests	9/1/2019	0298T	EXT ECG OVER 48HR TO 21 DAY REVIEW AND INTERPRETATN	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
Genetic Counseling & Testing	4/1/2022	0306U	ONC MRD NXT-GNRJ ALYS 1ST	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria	Notes
Genetic Counseling & Testing	4/1/2022	0307U	ONC MRD NXT-GNRJ ALYS SBSQ	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
Genetic Counseling & Testing	4/1/2022	0308U	CRD CAD ALYS 3 PRTN PLSM ALG	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
Genetic Counseling & Testing	4/1/2022	0309U	CRD CV DS ALY 4 PRTN PLM ALG	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
Genetic Counseling & Testing	4/1/2022	0310U	PED VSCLTS KD ALYS3 BMRKS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
Genetic Counseling & Testing	4/1/2022	0311U	NFCT DS BCT QUAN ANTMCRB SC	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
Genetic Counseling & Testing	4/1/2022	0312U	AI DS SLE ALYS 8 IGG AUTOANT	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria	Notes
Genetic Counseling & Testing	4/1/2022	0313U	ONC PNCRS DNA&MRNA SEQ 74	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
Genetic Counseling & Testing	4/1/2022	0314U	ONC CUTAN MLNMA MRNA 35 GENE	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
Genetic Counseling & Testing	4/1/2022	0315U	ONC CUTAN SQ CLL CA MRNA 40	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
Genetic Counseling & Testing	4/1/2022	0316U	B BRGDRFERI LYME DS OSPA EVL	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
Genetic Counseling & Testing	4/1/2022	0317U	ONC LUNG CA 4-PRB FISH ASSAY	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
Genetic Counseling & Testing	4/1/2022	0318U	PED WHL GEN MTHYLTN ALYS 50+	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria	Notes
Genetic Counseling & Testing	4/1/2022	0319U	NEPH RNA PRETRNSPL PERPH BLD	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
Genetic Counseling & Testing	4/1/2022	0320U	NEPH RNA PSTTRNSPL PERPH BLD	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
Genetic Counseling & Testing	4/1/2022	0321U	IADNA GU PTHGN 20BCT&FNG ORG	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
Genetic Counseling & Testing	4/1/2022	0322U	NEURO ASD MEAS 14 ACYL CARN	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
Experimental & Investigational Procedures	9/1/2019	0329T	MNTR INTRAOCULAR PRESS 24HRS OR GRT UNI BI W INTERP	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Experimental and Investigational Services	
Experimental & Investigational Procedures	9/1/2019	0330T	TEAR FILM IMAGING UNILATERAL OR BILATERAL W I AND R	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Experimental and Investigational Services	

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria	Notes
Imaging and Special Tests	9/1/2019	0331T	MYOCRD SYMPATHETIC INNERVAJ IMG PLNR QUAL AND QUANT	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
Imaging and Special Tests	9/1/2019	0332T	MYOCRD SYMP INNERVAJ IMG PLNR QUAL AND QUANT W SPECT	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
Experimental & Investigational Procedures	9/1/2019	0333T	VISUAL EVOKED POTENTIAL ACUITY SCREENING AUTO	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Experimental and Investigational Services	
Experimental & Investigational Procedures	9/1/2019	0335T	INSERTION OF SINUS TARSI IMPLANT	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Experimental and Investigational Services	
Experimental & Investigational Procedures	9/1/2019	0338T	TRANSCATHETER RENAL SYMPATH DENERVATION UNILAT	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Experimental and Investigational Services	
Experimental & Investigational Procedures	9/1/2019	0339T	TRANSCATHETER RENAL SYMPATH DENERVATION BILAT	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Experimental and Investigational Services	

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria	Notes
Experimental & Investigational Procedures	9/1/2019	0342T	THERAPEUTIC APHERESIS W SELECTIVE HDL DELIP	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Experimental and Investigational Services	
Experimental & Investigational Procedures	9/1/2019	0347T	PLACE INTERSTITIAL DEVICE(S) IN BONE FOR RSA	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Experimental and Investigational Services	
Experimental & Investigational Procedures	9/1/2019	0348T	RADIOSTEREOMETRIC ANALYSIS SPINE EXAM	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Experimental and Investigational Services	
Experimental & Investigational Procedures	9/1/2019	0349T	RADIOSTEREOMETRIC ANALYSIS UPPER EXTREMITY EXAM	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Experimental and Investigational Services	
Experimental & Investigational Procedures	9/1/2019	0350T	RADIOSTEREOMETRIC ANALYSIS LOWER EXTREMITY EXAM	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Experimental and Investigational Services	
Experimental & Investigational Procedures	9/1/2019	0351T	INTRAOP OCT BREAST OR AXILL NODE EACH SPECIMEN	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Experimental and Investigational Services	

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria	Notes
Experimental & Investigational Procedures	9/1/2019	0352T	OCT BREAST OR AXILL NODE SPECIMEN I AND R	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Experimental and Investigational Services	
Experimental & Investigational Procedures	9/1/2019	0353T	OCT OF BREAST SURG CAVITY REAL TIME INTRAOP	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Experimental and Investigational Services	
Experimental & Investigational Procedures	9/1/2019	0354T	OCT BREAST SURG CAVITY REAL TIME REFERRED I AND R	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Experimental and Investigational Services	
Genetic Counseling & Testing	1/1/2023	0355U	APOL1 RISK VARIANTS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
Genetic Counseling & Testing	1/1/2023	0356U	ONC OROPHARYNGEAL 17 BMRK CLL FREE DNA DDPCR ALG	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
Experimental & Investigational Procedures	9/1/2019	0358T	BIA WHOLE BODY COMPOSITION ASSESSMENT W I AND R	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Experimental and Investigational Services	

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria	Notes
Genetic Counseling & Testing	1/1/2023	0358U	NEURO MLD COG IMPAIRMNT ALYS βAMYLOID 1-42&1-40	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
Genetic Counseling & Testing	1/1/2023	0359U	ONC PRST8 CA ALYS ALL PSA STRUCTURAL ISOFORMS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
Genetic Counseling & Testing	1/1/2023	0360U	ONCOLOGY LUNG ELISA 7 AUTOANTIBODIES PLASMA ALG	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
Experimental & Investigational Procedures	9/1/2019	0362T	BEHAVIOR ID SUPPORT ASSMT EA 15 MIN TECH TIME	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Experimental and Investigational Services	
Genetic Counseling & Testing	1/1/2023	0362U	ONC PAP THYR CA RNA SEQ 82 CNT&10 HSKP GEN ALG	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
Genetic Counseling & Testing	1/1/2023	0363U	ONC URTHL MRNA GEN XPRSN PRFLG RT QUAN PCR 5 GEN	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria	Notes
Behavioral/Mental Health, Alcohol-Chemical Dependency: Transitional Substance Abuse Residential Treatment, Inpatient, Residential Treatment, Partial Hospitalization, Electroconvulsive Therapy (ECT), Applied Behavior Analysis (ABA) for treatment of Autism Spectrum Disorder (ASD).	4/1/2020	0373T	ADAPT BHV TX PRTCL MODIFICAJ EA 15 MIN TECH TIME	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	PA required after 48 units per calendar year for ABA therapy (cumulative of 0373T, 97153, 97154, 97155, 97156, 97157, 97158). (Note: 97151 and 97152 should not be included in this accumulator.)
Experimental & Investigational Procedures	9/1/2019	0373T	ADAPT BHV TX PRTCL MODIFICAJ EA 15 MIN TECH TIME	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Experimental and Investigational Services	
Experimental & Investigational Procedures	9/1/2019	0394T	HDR ELECTRONIC BRACHYTHERAPY SKIN SURFACE	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Experimental and Investigational Services	
Experimental & Investigational Procedures	9/1/2019	0395T	HDR ELECTRONIC BRACHYTHERAPY NTRSTL INTRCAV	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Experimental and Investigational Services	
Experimental & Investigational Procedures	9/1/2019	0396T	INTRAOP KINETIC BALANCE SENSR KNEE RPLCMT ARTHRP	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Experimental and Investigational Services	
Experimental & Investigational Procedures	9/1/2019	0397T	ERCP WITH OPTICAL ENDOMICROSCOPY ADD ON	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Experimental and Investigational Services	

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria	Notes
Experimental & Investigational Procedures	9/1/2019	0400T	MULTI-SPECTRAL DIGITAL SKIN LES ANALYSIS 1-5 LES	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Experimental and Investigational Services	
Experimental & Investigational Procedures	9/1/2019	0401T	MULTI-SPECTRAL DIGITAL SKIN LES ANALYSIS 6 PLUS LES	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Experimental and Investigational Services	
Experimental & Investigational Procedures	9/1/2019	0402T	COLLAGEN CROSS-LINKING OF CORNEA MED SEPARATE	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Experimental and Investigational Services	
Experimental & Investigational Procedures	9/1/2019	0405T	OVERSIGHT CARE OF XTRCORP LIVER ASSIST SYS PAT	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Experimental and Investigational Services	
Experimental & Investigational Procedures	9/1/2019	0408T	INSJ RPLC CAR MODULJ SYS PLS GEN TRANSVNS ELTRD	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Experimental and Investigational Services	
Experimental & Investigational Procedures	9/1/2019	0409T	INSJ RPLC CARDIAC MODULJ SYS PLS GENERATOR ONLY	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Experimental and Investigational Services	

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria	Notes
Experimental & Investigational Procedures	9/1/2019	0410T	INSJ RPLC CARDIAC MODULJ SYS ATR ELECTRODE ONLY	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Experimental and Investigational Services	
Experimental & Investigational Procedures	9/1/2019	0411T	INSJ RPLC CAR MODULJ SYS VENTR ELECTRODE ONLY	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Experimental and Investigational Services	
Genetic Counseling & Testing	10/1/2023	0411U	PSYC GENOMIC ALYS PANEL VARIANT ALYS 15 GENES	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
Experimental & Investigational Procedures	9/1/2019	0412T	REMOVAL CARDIAC MODULJ SYS PLS GENERATOR ONLY	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Experimental and Investigational Services	
Experimental & Investigational Procedures	9/1/2019	0413T	REMOVAL CARDIAC MODULJ SYS TRANSVENOUS ELECTRODE	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Experimental and Investigational Services	
Experimental & Investigational Procedures	9/1/2019	0414T	RMVL AND RPL CARDIAC MODULJ SYS PLS GENERATOR ONLY	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Experimental and Investigational Services	

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria	Notes
Experimental & Investigational Procedures	9/1/2019	0415T	REPOS CARDIAC MODULJ SYS TRANSVENOUS ELECTRODE	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Experimental and Investigational Services	
Experimental & Investigational Procedures	9/1/2019	0416T	RELOC SKIN POCKET CARDIAC MODULJ PULSE GENERATOR	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Experimental and Investigational Services	
Genetic Counseling & Testing	7/1/2024	0416U	IADNA GU PTHGN 20BCT&FNGL ORG ID 20 ARG URINE	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	DELETED/INVALID CODE
Experimental & Investigational Procedures	9/1/2019	0417T	PRGRMG DEVICE EVALUATION CARDIAC MODULJ SYSTEM	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Experimental and Investigational Services	
Experimental & Investigational Procedures	9/1/2019	0418T	INTERRO DEVICE EVALUATION CARDIAC MODULJ SYSTEM	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Experimental and Investigational Services	
Experimental & Investigational Procedures	9/1/2019	0419T	DSTRJ NEUROFIBROMAS XTNSV FACE HEAD NECK OVER 50	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Experimental and Investigational Services	

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria	Notes
Genetic Counseling & Testing	10/1/2023	0419U	NEUROPSYCHIATRY GEN SEQ ALYS PNL VRNT ALY 13 GEN	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
Experimental & Investigational Procedures	9/1/2019	0420T	DSTRJ NEUROFIBROMAS XTNSV TRNK EXTREMITIES OVER 100	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Experimental and Investigational Services	
Experimental & Investigational Procedures	9/1/2019	0421T	TRANSURETHRAL WATERJET ABLATION PROSTATE COMPL	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Experimental and Investigational Services	
Experimental & Investigational Procedures	9/1/2019	0422T	TACTILE BREAST IMG COMPUTER-AIDED SENSORS UNI BI	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Experimental and Investigational Services	
Experimental & Investigational Procedures	9/1/2019	0437T	IMPLTJ NONBIOL SYNTH IMPLT FASC RNFCMT ABDL WALL	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Experimental and Investigational Services	
Experimental & Investigational Procedures	9/1/2019	0440T	ABLTJ PERC CRYOABLTJ IMG GDN UXTR PERPH NERVE	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Experimental and Investigational Services	

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria	Notes
Experimental & Investigational Procedures	9/1/2019	0441T	ABLTJ PERC CRYOABLTJ IMG GDN LXTR PERPH NERVE	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
Experimental & Investigational Procedures	9/1/2019	0442T	ABLTJ PERC CRYOABLTJ IMG GDN NRV PLEX TRNCL NRV	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Experimental and Investigational Services	
Experimental & Investigational Procedures	9/1/2019	0443T	R-T SPCTRL ALYS PRST8 TISS FLUORESCENC SPCTRSCPY	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Experimental and Investigational Services	
Experimental & Investigational Procedures	9/1/2019	0444T	INITIAL PLMT DRUG ELUTING OCULAR INSERT UNI BI	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Experimental and Investigational Services	
Experimental & Investigational Procedures	9/1/2019	0445T	SBSQ PLMT DRUG ELUTING OCULAR INSERT UNI BI	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Experimental and Investigational Services	
Experimental & Investigational Procedures	9/1/2019	0446T	CRTJ SUBQ INSJ IMPLTBL GLUCOSE SENSOR SYS TRAIN	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Continuous Glucose Monitoring of the Interstitial Fluid and Molina Clinical Policy: Experimental and Investigational Services	

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria	Notes
Experimental & Investigational Procedures	9/1/2019	0447T	RMVL IMPLTBL GLUCOSE SENSOR SUBQ POCKET VIA INC	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Continuous Glucose Monitoring of the Interstitial Fluid and Molina Clinical Policy: Experimental and Investigational Services	
Experimental & Investigational Procedures	9/1/2019	0469T	RTA POLARIZE SCAN OC SCR W ONSITE AUTO RSLT BI	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Experimental and Investigational Services	
Experimental & Investigational Procedures	9/1/2019	0473T	DEV INTERR REPRGRMG IO RTA ELTRD RA W REPRT	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Experimental and Investigational Services	
Experimental & Investigational Procedures	9/1/2019	0474T	INSJ ANT SEG AQUEOUS DRG DEV W IO RSVR	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Experimental and Investigational Services	
Experimental & Investigational Procedures	9/1/2019	0479T	FRACTIONAL ABL LSR FENESTRATION FIRST 100 SQCM	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Experimental and Investigational Services	
Hyperbaric and Wound Care	1/1/2024	0480T	FRACTIONAL ABL LSR FENESTRATION EA ADDL 100 SQCM	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria	Notes
OP Hosp/Amb Surgery Center (ASC) Procedures	1/1/2024	0480T	FRACTIONAL ABL LSR FENESTRATION EA ADDL 100 SQCM	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	Covered for Marketplace per 2158
Experimental & Investigational Procedures	9/1/2019	0481T	NJX AUTOL WBC CONCENTR INC IMG GDN HRV AND PREP	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Experimental and Investigational Services	
Experimental & Investigational Procedures	9/1/2019	0483T	TMVI W PROSTHETIC VALVE PERCUTANEOUS APPROACH	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Experimental and Investigational Services	
Experimental & Investigational Procedures	9/1/2019	0484T	TMVI W PROSTHETIC VALVE TRANSTHORACIC EXPOSURE	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Experimental and Investigational Services	
Experimental & Investigational Procedures	9/1/2019	0485T	OCT MIDDLE EAR WITH I AND R UNILATERAL	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Experimental and Investigational Services	
Experimental & Investigational Procedures	9/1/2019	0486T	OCT MIDDLE EAR WITH I AND R BILATERAL	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Experimental and Investigational Services	

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria	Notes
Experimental & Investigational Procedures	9/1/2019	0488T	DIABETES PREV ONLINE ELECTRONIC PRGRM PR 30 DAYS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Experimental and Investigational Services	
Experimental & Investigational Procedures	9/1/2019	0489T	AUTOL REGN CELL TX SCLERODERMA HANDS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Experimental and Investigational Services	
Experimental & Investigational Procedures	9/1/2019	0490T	AUTOL REGN CELL TX SCLDR MLT INJ 1 OR GRT HANDS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Experimental and Investigational Services	
Experimental & Investigational Procedures	9/1/2019	0494T	PREP AND CANNULJ CDVR DON LNG ORGN PRFUJ SYS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Experimental and Investigational Services	
Experimental & Investigational Procedures	9/1/2019	0495T	INIT AND MNTR CDVR DON LNG ORGN PRFUJ SYS 1ST 2 HR	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Experimental and Investigational Services	
Experimental & Investigational Procedures	9/1/2019	0505T	EV FEMPOP ARTL REVSC TCAT PLMT IV ST GRF AND CLSR	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Experimental and Investigational Services	

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria	Notes
Experimental & Investigational Procedures	9/1/2019	0506T	MAC PGMT OPTICAL DNS MEAS HFP UNI BI W I AND R	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Experimental and Investigational Services	
Experimental & Investigational Procedures	9/1/2019	0507T	NEAR INFRARED DUAL IMG MEIBOMIAN GLND UNI BI I AND R	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Experimental and Investigational Services	
Experimental & Investigational Procedures	9/1/2019	0508T	PLS ECHO US B1 DNS MEAS INDIC AXL B1 MIN DNS TIB	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Experimental and Investigational Services	
Experimental & Investigational Procedures	9/1/2019	0510T	REMOVAL OF SINUS TARSI IMPLANT	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Experimental and Investigational Services	
Experimental & Investigational Procedures	9/1/2019	0511T	REMOVAL AND REINSERTION OF SINUS TARSI IMPLANT	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Experimental and Investigational Services	
Experimental & Investigational Procedures	9/1/2019	0512T	ESW INTEGUMENTARY WOUND HEALING INITIAL WOUND	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Experimental and Investigational Services	

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria	Notes
Experimental & Investigational Procedures	9/1/2019	0515T	INSERTION WRLS CAR STIMULATOR LV PACG COMPL SYS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Experimental and Investigational Services	
Experimental & Investigational Procedures	9/1/2019	0516T	INSERTION WRLS CAR STIMULATOR LV PACG ELTRD ONLY	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Experimental and Investigational Services	
Experimental & Investigational Procedures	9/1/2019	0517T	INSERTION WRLS CAR STIMULATOR LV PACG PG COMPNT	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Experimental and Investigational Services	
Experimental & Investigational Procedures	9/1/2019	0518T	REMOVAL PG COMPNT ONLY WRLS CAR STIMULATOR	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Experimental and Investigational Services	
Experimental & Investigational Procedures	9/1/2019	0519T	REMOVAL AND RPLCMT WRLS CAR STIMULATOR PG COMPNT	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Experimental and Investigational Services	
Experimental & Investigational Procedures	9/1/2019	0520T	REMOVAL AND RPLCMT WRLS CAR STIMULATOR W NEW ELTRD	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Experimental and Investigational Services	

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria	Notes
Experimental & Investigational Procedures	9/1/2019	0521T	INTERROG DEV EVAL WRLS CAR STIMULATOR IN PERSON	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Experimental and Investigational Services	
Experimental & Investigational Procedures	9/1/2019	0522T	PRGRMG DEVICE EVAL WRLS CAR STIMULATOR IN PERSON	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Experimental and Investigational Services	
Experimental & Investigational Procedures	9/1/2019	0523T	INTRAPROCEDURAL CORONARY FFP W 3D FUNCJL MAPPING	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Experimental and Investigational Services	
Experimental & Investigational Procedures	9/1/2019	0524T	EV CATHETER DIR CHEM ABLTJ INCMPTNT XTR VEIN	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Experimental and Investigational Services	
Experimental & Investigational Procedures	9/1/2019	0525T	INSERTION REPLACEMENT COMPLETE IIMS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Experimental and Investigational Services	
Experimental & Investigational Procedures	9/1/2019	0526T	INSERTION REPLACEMENT IIMS ELECTRODE ONLY	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Experimental and Investigational Services	

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria	Notes
Experimental & Investigational Procedures	9/1/2019	0527T	INSERTION REPLACEMENT IIMS IMPLANTABLE MNTR ONLY	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Experimental and Investigational Services	
Experimental & Investigational Procedures	9/1/2019	0528T	PRGRMG DEVICE EVAL IIMS IN PERSON	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Experimental and Investigational Services	
Experimental & Investigational Procedures	9/1/2019	0529T	INTERROGATION DEVICE EVAL IIMS IN PERSON	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Experimental and Investigational Services	
Experimental & Investigational Procedures	9/1/2019	0530T	REMOVAL COMPLETE IIMS INCL IMG S AND I	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Experimental and Investigational Services	
Experimental & Investigational Procedures	9/1/2019	0531T	REMOVAL IIMS ELECTRODE ONLY INCL IMG S AND I	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Experimental and Investigational Services	
Experimental & Investigational Procedures	9/1/2019	0532T	REMOVAL IIMS IMPLANTABLE MNTR ONLY INCL IMG S AND I	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Experimental and Investigational Services	

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria	Notes
Experimental & Investigational Procedures	9/1/2019	0541T	MYOCARDIAL IMG BY MCG DETCJ CARDIAC ISCHEMIA	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Experimental and Investigational Services	
Experimental & Investigational Procedures	9/1/2019	0542T	MYOCARDIAL IMG BY MCG DETCJ CARDIAC ISCHEMIA I AND R	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Experimental and Investigational Services	
Experimental & Investigational Procedures	4/1/2020	0563T	Evacuation of meibomian glands, using heat delivered through wearable, open-eye eyelid treatment devices and manual gland expression, bilateral	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Experimental and Investigational Services	
Experimental & Investigational Procedures	4/1/2020	0569T	Transcatheter tricuspid valve repair, percutaneous approach; initial prosthesis	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Experimental and Investigational Services	
Experimental & Investigational Procedures	4/1/2020	0570T	Transcatheter tricuspid valve repair, percutaneous approach; each additional prosthesis during same session (List separately in addition to code for primary procedure)	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Experimental and Investigational Services	
Experimental & Investigational Procedures	4/1/2020	0571T	Insertion or replacement of implantable cardioverter-defibrillator system with substernal electrode(s), including all imaging guidance and electrophysiological evaluation (includes defibrillation threshold evaluation, induction of arrhythmia, evaluation of sensing for arrhythmia termination, and programming or reprogramming of sensing or therapeutic parameters), when performed	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Experimental and Investigational Services	

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria	Notes
Experimental & Investigational Procedures	4/1/2020	0572T	Insertion of substernal implantable defibrillator electrode	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Experimental and Investigational Services	
Experimental & Investigational Procedures	4/1/2020	0573T	Removal of substernal implantable defibrillator electrode	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Experimental and Investigational Services	
Experimental & Investigational Procedures	4/1/2020	0574T	Repositioning of previously implanted substernal implantable defibrillator-pacing electrode	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Experimental and Investigational Services	
Experimental & Investigational Procedures	4/1/2020	0575T	Programming device evaluation (in person) of implantable cardioverter-defibrillator system with substernal electrode, with iterative adjustment of the implantable device to test the function of the device and select optimal permanent programmed values with analysis, review and report by a physician or other qualified health care professional	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Experimental and Investigational Services	
Experimental & Investigational Procedures	4/1/2020	0576T	Interrogation device evaluation (in person) of implantable cardioverter-defibrillator system with substernal electrode, with analysis, review and report by a physician or other qualified health care professional, includes connection, recording and disconnection per patient encounter	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Experimental and Investigational Services	
Experimental & Investigational Procedures	4/1/2020	0577T	Electrophysiological evaluation of implantable cardioverter-defibrillator system with substernal electrode (includes defibrillation threshold evaluation, induction of arrhythmia, evaluation of sensing for arrhythmia termination, and programming or reprogramming of sensing or therapeutic parameters)	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Experimental and Investigational Services	

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria	Notes
Experimental & Investigational Procedures	4/1/2020	0578T	Interrogation device evaluation(s) (remote), up to 90 days, substernal lead implantable cardioverter-defibrillator system with interim analysis, review(s) and report(s) by a physician or other qualified health care professional	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Experimental and Investigational Services	
Experimental & Investigational Procedures	4/1/2020	0579T	Interrogation device evaluation(s) (remote), up to 90 days, substernal lead implantable cardioverter-defibrillator system, remote data acquisition(s), receipt of transmissions and technician review, technical support and distribution of results	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Experimental and Investigational Services	
Experimental & Investigational Procedures	4/1/2020	0580T	Removal of substernal implantable defibrillator pulse generator only	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Experimental and Investigational Services	
Experimental & Investigational Procedures	4/1/2020	0581T	Ablation, malignant breast tumor(s), percutaneous, cryotherapy, including imaging guidance when performed, unilateral	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Experimental and Investigational Services	
Experimental & Investigational Procedures	4/1/2020	0582T	Transurethral ablation of malignant prostate tissue by high-energy water vapor thermotherapy, including intraoperative imaging and needle guidance	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Experimental and Investigational Services	
Experimental & Investigational Procedures	4/1/2020	0583T	Tympanostomy (requiring insertion of ventilating tube), using an automated tube delivery system, iontophoresis local anesthesia	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Experimental and Investigational Services	

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria	Notes
Transplants/Gene Therapy: (Including Solid Organ and Bone Marrow) Corneal Transplans Do Not Require Prior Authorization	4/1/2020	0584T	Islet cell transplant, includes portal vein catheterization and infusion, including all imaging, including guidance, and radiological supervision and interpretation, when performed; percutaneous	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Small Bowel Multivisceral Transplantation	
Transplants/Gene Therapy: (Including Solid Organ and Bone Marrow) Corneal Transplans Do Not Require Prior Authorization	4/1/2020	0585T	Islet cell transplant, includes portal vein catheterization and infusion, including all imaging, including guidance, and radiological supervision and interpretation, when performed; laparoscopic	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Small Bowel Multivisceral Transplantation	
Transplants/Gene Therapy: (Including Solid Organ and Bone Marrow) Corneal Transplans Do Not Require Prior Authorization	4/1/2020	0586T	Islet cell transplant, includes portal vein catheterization and infusion, including all imaging, including guidance, and radiological supervision and interpretation, when performed; open	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Small Bowel Multivisceral Transplantation	
Experimental & Investigational Procedures	4/1/2020	0587T	Percutaneous implantation or replacement of integrated single device neurostimulation system including electrode array and receiver or pulse generator, including analysis, programming, and imaging guidance when performed, posterior tibial nerve	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Experimental and Investigational Services	
Experimental & Investigational Procedures	4/1/2020	0588T	Revision or removal of integrated single device neurostimulation system including electrode array and receiver or pulse generator, including analysis, programming, and imaging guidance when performed, posterior tibial nerve	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Experimental and Investigational Services	
Experimental & Investigational Procedures	4/1/2020	0589T	Electronic analysis with simple programming of implanted integrated neurostimulation system (eg, electrode array and receiver), including contact group(s), amplitude, pulse width, frequency (Hz), on/off cycling, burst, dose lockout, patient-selectable parameters, responsive neurostimulation, detection algorithms, closed-loop parameters, and passive parameters, when performed by physician or other qualified health care professional, posterior tibial nerve, 1-3 parameters	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Experimental and Investigational Services	

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria	Notes
Experimental & Investigational Procedures	4/1/2020	0590T	Electronic analysis with complex programming of implanted integrated neurostimulation system (eg, electrode array and receiver), including contact group(s), amplitude, pulse width, frequency (Hz), on/off cycling, burst, dose lockout, patient-selectable parameters, responsive neurostimulation, detection algorithms, closed-loop parameters, and passive parameters, when performed by physician or other qualified health care professional, posterior tibial nerve, 4 or more parameters	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Experimental and Investigational Services	
Experimental & Investigational Procedures	7/1/2020	0594T	Osteotomy, humerus, with insertion of an externally controlled intramedullary lengthening device, including intraoperative imaging, initial and subsequent alignment assessments, computations of adjustment schedules, and management of the intramedullary lengthening device	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Experimental and Investigational Services	
Experimental & Investigational Procedures	7/1/2020	0596T	Temporary female intraurethral valve-pump (i.e., voiding prosthesis); initial insertion, including urethral measurement	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Experimental and Investigational Services	
Experimental & Investigational Procedures	7/1/2020	0597T	Temporary female intraurethral valve-pump (i.e., voiding prosthesis); replacement	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Experimental and Investigational Services	
Experimental & Investigational Procedures	7/1/2020	0598T	Noncontact real-time fluorescence wound imaging, for bacterial presence, location, and load, per session; first anatomic site (e.g., lower extremity)	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Experimental and Investigational Services	
Experimental & Investigational Procedures	7/1/2020	0599T	Noncontact real-time fluorescence wound imaging, for bacterial presence, location, and load, per session; each additional anatomic site (e.g., upper extremity) (List separately in addition to code for primary procedure)	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Experimental and Investigational Services	

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria	Notes
Experimental & Investigational Procedures	7/1/2020	0600T	Ablation, irreversible electroporation; 1 or more tumors per organ, including imaging guidance, when performed, percutaneous	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Experimental and Investigational Services	
Experimental & Investigational Procedures	7/1/2020	0601T	Ablation, irreversible electroporation; 1 or more tumors, including fluoroscopic and ultrasound guidance, when performed, open	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Experimental and Investigational Services	
Experimental & Investigational Procedures	7/1/2020	0602T	Glomerular filtration rate (GFR) measurement(s), transdermal, including sensor placement and administration of a single dose of fluorescent pyrazine agent	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Experimental and Investigational Services	
Experimental & Investigational Procedures	7/1/2020	0603T	Glomerular filtration rate (GFR) monitoring, transdermal, including sensor placement and administration of more than one dose of fluorescent pyrazine agent, each 24 hours	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Experimental and Investigational Services	
Experimental & Investigational Procedures	7/1/2020	0604T	Optical coherence tomography (OCT) of retina, remote, patient-initiated image capture and transmission to a remote surveillance center unilateral or bilateral; initial device provision, set-up and patient education on use of equipment	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Experimental and Investigational Services	
Experimental & Investigational Procedures	7/1/2020	0605T	Optical coherence tomography (OCT) of retina, remote, patient-initiated image capture and transmission to a remote surveillance center unilateral or bilateral; remote surveillance center technical support, data analyses and reports, with a minimum of 8 daily recordings, each 30 days	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Experimental and Investigational Services	

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria	Notes
Experimental & Investigational Procedures	7/1/2020	0606T	Optical coherence tomography (OCT) of retina, remote, patient-initiated image capture and transmission to a remote surveillance center unilateral or bilateral; review, interpretation and report by the prescribing physician or other qualified health care professional of remote surveillance center data analyses, each 30 days	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Experimental and Investigational Services	
Experimental & Investigational Procedures	7/1/2020	0607T	Remote monitoring of an external continuous pulmonary fluid monitoring system, including measurement of radiofrequency-derived pulmonary fluid levels, heart rate, respiration rate, activity, posture, and cardiovascular rhythm (e.g., ECG data), transmitted to a remote 24-hour attended surveillance center; set-up and patient education on use of equipment	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Experimental and Investigational Services	
Experimental & Investigational Procedures	7/1/2020	0608T	Remote monitoring of an external continuous pulmonary fluid monitoring system, including measurement of radiofrequency-derived pulmonary fluid levels, heart rate, respiration rate, activity, posture, and cardiovascular rhythm (e.g., ECG data), transmitted to a remote 24-hour attended surveillance center; analysis of data received and transmission of reports to the physician or other qualified health care professional	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Experimental and Investigational Services	
Imaging and Special Tests	7/1/2020	0609T	Magnetic resonance spectroscopy, determination and localization of discogenic pain (cervical, thoracic, or lumbar); acquisition of single voxel data, per disc, on biomarkers (i.e., lactic acid, carbohydrate, alanine, laal, propionic acid, proteoglycan, and collagen) in at least 3 discs	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
Imaging and Special Tests	7/1/2020	0610T	Magnetic resonance spectroscopy, determination and localization of discogenic pain (cervical, thoracic, or lumbar); transmission of biomarker data for software analysis	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
Imaging and Special Tests	7/1/2020	0611T	Magnetic resonance spectroscopy, determination and localization of discogenic pain (cervical, thoracic, or lumbar); postprocessing for algorithmic analysis of biomarker data for determination of relative chemical differences between discs	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria	Notes
Imaging and Special Tests	7/1/2020	0612T	Magnetic resonance spectroscopy, determination and localization of discogenic pain (cervical, thoracic, or lumbar); interpretation and report	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
Experimental & Investigational Procedures	7/1/2020	0613T	Percutaneous transcatheter implantation of interatrial septal shunt device, including right and left heart catheterization, intracardiac echocardiography, and imaging guidance by the proceduralist, when performed	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Experimental and Investigational Services	
Experimental & Investigational Procedures	7/1/2020	0614T	Removal and replacement of substernal implantable defibrillator pulse generator	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Experimental and Investigational Services	
Experimental & Investigational Procedures	7/1/2020	0615T	Eye-movement analysis without spatial calibration, with interpretation and report	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Experimental and Investigational Services	
Experimental & Investigational Procedures	7/1/2020	0619T	Cystourethroscopy with transurethral anterior prostate commissurotomy and drug delivery, including transrectal ultrasound and fluoroscopy, when performed	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Experimental and Investigational Services	
Experimental/Investigational	7/1/2021	0620T	ENDOVASCULAR VENOUS ARTERIALIZATION, TIBIAL OR PERONEAL VEIN, WITH TRANSCATHETER PLACEMENT OF INTRAVASCULAR STENT GRAFT(S) AND CLOSURE BY ANY METHOD, INCLUDING PERCUTANEOUS OR OPEN VASCULAR ACCESS, ULTRASOUND GUIDANCE FOR VASCULAR ACCESS WHEN PERFORMED, ALL CATHETERIZATION(S) AND INTRAPROCEDURAL ROADMAPPING AND IMAGING GUIDANCE NECESSARY TO COMPLETE THE INTERVENTION, ALL ASSOCIATED RADIOLOGICAL SUPERVISION AND INTERPRETATION, WHEN PERFORMED	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria	Notes
Experimental/Investigational	7/1/2021	0621T	TRABECULOSTOMY AB INTERNO BY LASER	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
Experimental/Investigational	7/1/2021	0622T	TRABECULOSTOMY AB INTERNO BY LASER; WITH USE OF OPHTHALMIC ENDOSCOPE	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
Experimental/Investigational	7/1/2021	0623T	AUTOMATED QUANTIFICATION AND CHARACTERIZATION OF CORONARY ATHEROSCLEROTIC PLAQUE TO ASSESS SEVERITY OF CORONARY DISEASE, USING DATA FROM CORONARY COMPUTED TOMOGRAPHIC ANGIOGRAPHY; DATA PREPARATION AND TRANSMISSION, COMPUTERIZED ANALYSIS OF DATA, WITH REVIEW OF COMPUTERIZED ANALYSIS OUTPUT TO RECONCILE DISCORDANT DATA, INTERPRETATION AND REPORT	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
Experimental/Investigational	7/1/2021	0624T	AUTOMATED QUANTIFICATION AND CHARACTERIZATION OF CORONARY ATHEROSCLEROTIC PLAQUE TO ASSESS SEVERITY OF CORONARY DISEASE, USING DATA FROM CORONARY COMPUTED TOMOGRAPHIC ANGIOGRAPHY; DATA PREPARATION AND TRANSMISSION	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
Experimental/Investigational	7/1/2021	0625T	AUTOMATED QUANTIFICATION AND CHARACTERIZATION OF CORONARY ATHEROSCLEROTIC PLAQUE TO ASSESS SEVERITY OF CORONARY DISEASE, USING DATA FROM CORONARY COMPUTED TOMOGRAPHIC ANGIOGRAPHY; COMPUTERIZED ANALYSIS OF DATA FROM CORONARY COMPUTED TOMOGRAPHIC ANGIOGRAPHY	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
Experimental/Investigational	7/1/2021	0626T	AUTOMATED QUANTIFICATION AND CHARACTERIZATION OF CORONARY ATHEROSCLEROTIC PLAQUE TO ASSESS SEVERITY OF CORONARY DISEASE, USING DATA FROM CORONARY COMPUTED TOMOGRAPHIC ANGIOGRAPHY; REVIEW OF COMPUTERIZED ANALYSIS OUTPUT TO RECONCILE DISCORDANT DATA, INTERPRETATION AND REPORT	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria	Notes
Experimental/Investigational	7/1/2021	0627T	PERCUTANEOUS INJECTION OF ALLOGENEIC CELLULAR AND/OR TISSUE-BASED PRODUCT, INTERVERTEBRAL DISC, UNILATERAL OR BILATERAL INJECTION, WITH FLUOROSCOPIC GUIDANCE, LUMBAR; FIRST LEVEL	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
Experimental/Investigational	7/1/2021	0628T	PERCUTANEOUS INJECTION OF ALLOGENEIC CELLULAR AND/OR TISSUE-BASED PRODUCT, INTERVERTEBRAL DISC, UNILATERAL OR BILATERAL INJECTION, WITH FLUOROSCOPIC GUIDANCE, LUMBAR; EACH ADDITIONAL LEVEL (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
Experimental/Investigational	7/1/2021	0629T	PERCUTANEOUS INJECTION OF ALLOGENEIC CELLULAR AND/OR TISSUE-BASED PRODUCT, INTERVERTEBRAL DISC, UNILATERAL OR BILATERAL INJECTION, WITH CT GUIDANCE, LUMBAR; FIRST LEVEL	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
Experimental/Investigational	7/1/2021	0630T	PERCUTANEOUS INJECTION OF ALLOGENEIC CELLULAR AND/OR TISSUE-BASED PRODUCT, INTERVERTEBRAL DISC, UNILATERAL OR BILATERAL INJECTION, WITH CT GUIDANCE, LUMBAR; EACH ADDITIONAL LEVEL (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
Experimental/Investigational	7/1/2021	0631T	TRANSCUTANEOUS VISIBLE LIGHT HYPERSPECTRAL IMAGING MEASUREMENT OF OXYHEMOGLOBIN, DEOXYHEMOGLOBIN, AND TISSUE OXYGENATION, WITH INTERPRETATION AND REPORT, PER EXTREMITY	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
Experimental/Investigational	7/1/2021	0632T	PERCUTANEOUS TRANSCATHETER ULTRASOUND ABLATION OF NERVES INNERVATING THE PULMONARY ARTERIES, INCLUDING RIGHT HEART CATHETERIZATION, PULMONARY ARTERY ANGIOGRAPHY, AND ALL IMAGING GUIDANCE	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria	Notes
Imaging & Special Tests	7/1/2021	0633T	COMPUTED TOMOGRAPHY, BREAST, INCLUDING 3D RENDERING, WHEN PERFORMED, UNILATERAL; WITHOUT CONTRAST MATERIAL	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
Imaging & Special Tests	7/1/2021	0634T	COMPUTED TOMOGRAPHY, BREAST, INCLUDING 3D RENDERING, WHEN PERFORMED, UNILATERAL; WITH CONTRAST MATERIAL(S)	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
Imaging & Special Tests	7/1/2021	0635T	COMPUTED TOMOGRAPHY, BREAST, INCLUDING 3D RENDERING, WHEN PERFORMED, UNILATERAL; WITHOUT CONTRAST, FOLLOWED BY CONTRAST MATERIAL(S)	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
Imaging & Special Tests	7/1/2021	0636T	COMPUTED TOMOGRAPHY, BREAST, INCLUDING 3D RENDERING, WHEN PERFORMED, BILATERAL; WITHOUT CONTRAST MATERIAL(S)	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
Imaging & Special Tests	7/1/2021	0637T	COMPUTED TOMOGRAPHY, BREAST, INCLUDING 3D RENDERING, WHEN PERFORMED, BILATERAL; WITH CONTRAST MATERIAL(S)	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
Imaging & Special Tests	7/1/2021	0638T	COMPUTED TOMOGRAPHY, BREAST, INCLUDING 3D RENDERING, WHEN PERFORMED, BILATERAL; WITHOUT CONTRAST, FOLLOWED BY CONTRAST MATERIAL(S)	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria	Notes
Experimental/Investigational	7/1/2021	0639T	WIRELESS SKIN SENSOR THERMAL ANISOTROPY MEASUREMENT(S) AND ASSESSMENT OF FLOW IN CEREBROSPINAL FLUID SHUNT, INCLUDING ULTRASOUND GUIDANCE, WHEN PERFORMED	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
Experimental & Investigational Procedures	7/1/2021	0640T	Noncontact near-infrared spectroscopy studies of flap or wound (eg, for measurement of deoxyhemoglobin, oxyhemoglobin, and ratio of tissue oxygenation [StO2]); image acquisition, interpretation and report, each flap or wound	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Experimental and Investigational Services	
Experimental & Investigational Procedures	7/1/2021	0643T	Transcatheter left ventricular restoration device implantation including right and left heart catheterization and left ventriculography when performed, arterial approach	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Experimental and Investigational Services	
Experimental & Investigational Procedures	7/1/2021	0644T	Transcatheter removal or debulking of intracardiac mass (eg, vegetations, thrombus) via suction (eg, vacuum, aspiration) device, percutaneous approach, with intraoperative reinfusion of aspirated blood, including imaging guidance, when performed	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Experimental and Investigational Services	
Experimental & Investigational Procedures	7/1/2021	0645T	Transcatheter implantation of coronary sinus reduction device including vascular access and closure, right heart catheterization, venous angiography, coronary sinus angiography, imaging guidance, and supervision and interpretation, when performed	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Experimental and Investigational Services	
Experimental & Investigational Procedures	7/1/2021	0646T	Transcatheter tricuspid valve implantation/replacement (TTVI) with prosthetic valve, percutaneous approach, including right heart catheterization, temporary pacemaker insertion, and selective right ventricular or right atrial angiography, when performed	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Experimental and Investigational Services	

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria	Notes
Experimental & Investigational Procedures	7/1/2021	0647T	Insertion of gastrostomy tube, percutaneous, with magnetic gastropexy, under ultrasound guidance, image documentation and report	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Experimental and Investigational Services	
Experimental & Investigational Procedures	7/1/2021	0648T	Quantitative magnetic resonance for analysis of tissue composition (eg, fat, iron, water content), including multiparametric data acquisition, data preparation and transmission, interpretation and report, obtained without diagnostic MRI examination of the same anatomy (eg, organ, gland, tissue, target structure) during the same session	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Experimental and Investigational Services	
Experimental & Investigational Procedures	7/1/2021	0649T	Quantitative magnetic resonance for analysis of tissue composition (eg, fat, iron, water content), including multiparametric data acquisition, data preparation and transmission, interpretation and report, obtained with diagnostic MRI examination of the same anatomy (eg, organ, gland, tissue, target structure) (List separately in addition to code for primary procedure)	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Experimental and Investigational Services	
Experimental & Investigational Procedures	7/1/2021	0650T	Programming device evaluation (remote) of subcutaneous cardiac rhythm monitor system, with iterative adjustment of the implantable device to test the function of the device and select optimal permanently programmed values with analysis, review and report by a physician or other qualified health care professional	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Experimental and Investigational Services	
Experimental & Investigational Procedures	7/1/2021	0651T	Magnetically controlled capsule endoscopy, esophagus through stomach, including intraprocedural positioning of capsule, with interpretation and report	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Experimental and Investigational Services	
Experimental & Investigational Procedures	7/1/2021	0652T	Esophagogastroduodenoscopy, flexible, transnasal; diagnostic, including collection of specimen(s) by brushing or washing, when performed (separate procedure)	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Experimental and Investigational Services	

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria	Notes
Experimental & Investigational Procedures	7/1/2021	0653T	Esophagogastroduodenoscopy, flexible, transnasal; with biopsy, single or multiple	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Experimental and Investigational Services	
Experimental & Investigational Procedures	7/1/2021	0654T	Esophagogastroduodenoscopy, flexible, transnasal; with insertion of intraluminal tube or catheter	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Experimental and Investigational Services	
Experimental & Investigational Procedures	7/1/2021	0655T	Transperineal focal laser ablation of malignant prostate tissue, including transrectal imaging guidance, with MR-fused images or other enhanced ultrasound imaging	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Experimental and Investigational Services	
Experimental & Investigational Procedures	7/1/2021	0656T	Vertebral body tethering, anterior; up to 7 vertebral segments	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Experimental and Investigational Services	
Experimental & Investigational Procedures	1/1/2024	0657T	Vertebral body tethering, anterior; 8 or more vertebral segments	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Experimental and Investigational Services	PA Modernization - PA requirements will be removed where covered.
Experimental & Investigational Procedures	1/1/2024	0658T	Electrical impedance spectroscopy of 1 or more skin lesions for automated melanoma risk score	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Experimental and Investigational Services	PA Modernization - PA requirements will be removed where covered.

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria	Notes
Experimental & Investigational Procedures	1/1/2024	0660T	Implantation of anterior segment intraocular nonbiodegradable drug-eluting system, internal approach	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Experimental and Investigational Services	PA Modernization - PA requirements will be removed where covered.
Experimental & Investigational Procedures	1/1/2024	0661T	Removal and reimplantation of anterior segment intraocular nonbiodegradable drug-eluting implant	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Experimental and Investigational Services	PA Modernization - PA requirements will be removed where covered.
Experimental & Investigational Procedures	1/1/2024	0662T	Scalp cooling, mechanical; initial measurement and calibration of cap	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Experimental and Investigational Services	PA Modernization - PA requirements will be removed where covered.
Experimental & Investigational Procedures	1/1/2024	0663T	Scalp cooling, mechanical; placement of device, monitoring, and removal of device (List separately in addition to code for primary procedure)	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Experimental and Investigational Services	PA Modernization - PA requirements will be removed where covered.
Experimental & Investigational Procedures	1/1/2024	0664T	Donor hysterectomy (including cold preservation); open, from cadaver donor	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Experimental and Investigational Services	PA Modernization - PA requirements will be removed where covered.
Experimental & Investigational Procedures	1/1/2024	0665T	Donor hysterectomy (including cold preservation); open, from living donor	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Experimental and Investigational Services	PA Modernization - PA requirements will be removed where covered.

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria	Notes
Experimental & Investigational Procedures	1/1/2024	0666T	Donor hysterectomy (including cold preservation); laparoscopic or robotic, from living donor	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Experimental and Investigational Services	PA Modernization - PA requirements will be removed where covered.
Experimental & Investigational Procedures	1/1/2024	0667T	Donor hysterectomy (including cold preservation); recipient uterus allograft transplantation from cadaver or living donor	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Experimental and Investigational Services	PA Modernization - PA requirements will be removed where covered.
Experimental & Investigational Procedures	1/1/2024	0668T	Backbench standard preparation of cadaver or living donor uterine allograft prior to transplantation, including dissection and removal of surrounding soft tissues and preparation of uterine vein(s) and uterine artery(ies), as necessary	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Experimental and Investigational Services	PA Modernization - PA requirements will be removed where covered.
Experimental & Investigational Procedures	1/1/2024	0669T	Backbench reconstruction of cadaver or living donor uterus allograft prior to transplantation; venous anastomosis, each	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Experimental and Investigational Services	PA Modernization - PA requirements will be removed where covered.
Experimental & Investigational Procedures	1/1/2024	0670T	Backbench reconstruction of cadaver or living donor uterus allograft prior to transplantation; arterial anastomosis, each	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Experimental and Investigational Services	PA Modernization - PA requirements will be removed where covered.
OP Hosp/Amb Surgery Center (ASC) Procedures	1/1/2024	0671T	Insertion of anterior segment aqueous drainage device into the trabecular meshwork, without external reservoir, and without concomitant cataract removal, one or more	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	PA Modernization - PA requirements will be removed where covered.

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria	Notes
OP Hosp/Amb Surgery Center (ASC) Procedures	1/1/2024	0672T	Endovaginal cryogen-cooled, monopolar radiofrequency remodeling of the tissues surrounding the female bladder neck and proximal urethra for urinary incontinence	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	PA Modernization - PA requirements will be removed where covered.
OP Hosp/Amb Surgery Center (ASC) Procedures	1/1/2024	0673T	Ablation, benign thyroid nodule(s), percutaneous, laser, including imaging guidance	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	PA Modernization - PA requirements will be removed where covered.
OP Hosp/Amb Surgery Center (ASC) Procedures	1/1/2022	0674T	Laparoscopic insertion of new or replacement of permanent implantable synchronized diaphragmatic stimulation system for augmentation of cardiac function, including an implantable pulse generator and diaphragmatic lead(s)	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
OP Hosp/Amb Surgery Center (ASC) Procedures	1/1/2022	0675T	Laparoscopic insertion of new or replacement of diaphragmatic lead(s), permanent implantable synchronized diaphragmatic stimulation system for augmentation of cardiac function, including connection to an existing pulse generator; first lead	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
OP Hosp/Amb Surgery Center (ASC) Procedures	1/1/2022	0676T	Laparoscopic insertion of new or replacement of diaphragmatic lead(s), permanent implantable synchronized diaphragmatic stimulation system for augmentation of cardiac function, including connection to an existing pulse generator; each additional lead (List separately in addition to code for primary procedure)	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
OP Hosp/Amb Surgery Center (ASC) Procedures	1/1/2022	0677T	Laparoscopic repositioning of diaphragmatic lead(s), permanent implantable synchronized diaphragmatic stimulation system for augmentation of cardiac function, including connection to an existing pulse generator; first repositioned lead	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria	Notes
OP Hosp/Amb Surgery Center (ASC) Procedures	1/1/2022	0678T	Laparoscopic repositioning of diaphragmatic lead(s), permanent implantable synchronized diaphragmatic stimulation system for augmentation of cardiac function, including connection to an existing pulse generator; each additional repositioned lead (List separately in addition to code for primary procedure)	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
OP Hosp/Amb Surgery Center (ASC) Procedures	1/1/2022	0679T	Laparoscopic removal of diaphragmatic lead(s), permanent implantable synchronized diaphragmatic stimulation system for augmentation of cardiac function	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
OP Hosp/Amb Surgery Center (ASC) Procedures	1/1/2022	0680T	Insertion or replacement of pulse generator only, permanent implantable synchronized diaphragmatic stimulation system for augmentation of cardiac function, with connection to existing lead(s)	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
OP Hosp/Amb Surgery Center (ASC) Procedures	1/1/2022	0681T	Relocation of pulse generator only, permanent implantable synchronized diaphragmatic stimulation system for augmentation of cardiac function, with connection to existing dual leads	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
OP Hosp/Amb Surgery Center (ASC) Procedures	1/1/2022	0682T	Removal of pulse generator only, permanent implantable synchronized diaphragmatic stimulation system for augmentation of cardiac function	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
OP Hosp/Amb Surgery Center (ASC) Procedures	1/1/2022	0683T	Programming device evaluation (in-person) with iterative adjustment of the implantable device to test the function of the device and select optimal permanent programmed values with analysis, review and report by a physician or other qualified health care professional, permanent implantable synchronized diaphragmatic stimulation system for augmentation of cardiac function	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria	Notes
OP Hosp/Amb Surgery Center (ASC) Procedures	1/1/2022	0684T	Peri-procedural device evaluation (in-person) and programming of device system parameters before or after a surgery, procedure, or test with analysis, review, and report by a physician or other qualified health care professional, permanent implantable synchronized diaphragmatic stimulation system for augmentation of cardiac function	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
OP Hosp/Amb Surgery Center (ASC) Procedures	1/1/2022	0685T	Interrogation device evaluation (in-person) with analysis, review and report by a physician or other qualified health care professional, including connection, recording and disconnection per patient encounter, permanent implantable synchronized diaphragmatic stimulation system for augmentation of cardiac function	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
OP Hosp/Amb Surgery Center (ASC) Procedures	1/1/2024	0686T	Histotripsy (ie, non-thermal ablation via acoustic energy delivery) of malignant hepatocellular tissue, including image guidance	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	PA Modernization - PA requirements will be removed where covered.
OP Hosp/Amb Surgery Center (ASC) Procedures	1/1/2024	0687T	Treatment of amblyopia using an online digital program; device supply, educational set-up, and initial session	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	PA Modernization - PA requirements will be removed where covered.
OP Hosp/Amb Surgery Center (ASC) Procedures	1/1/2024	0688T	Treatment of amblyopia using an online digital program; assessment of patient performance and program data by physician or other qualified health care professional, with report, per calendar month	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	PA Modernization - PA requirements will be removed where covered.
Experimental/Investigational	1/1/2024	0690T	Quantitative ultrasound tissue characterization (non-elastographic), including interpretation and report, obtained with diagnostic ultrasound examination of the same anatomy (eg, organ, gland, tissue, target structure) (List separately in addition to code for primary procedure)	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	PA Modernization - PA requirements will be removed where covered.

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria	Notes
Experimental/Investigational	1/1/2024	0691T	Automated analysis of an existing computed tomography study for vertebral fracture(s), including assessment of bone density when performed, data preparation, interpretation, and report	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	PA Modernization - PA requirements will be removed where covered.
Experimental/Investigational	1/1/2024	0693T	Comprehensive full body computer-based markerless 3D kinematic and kinetic motion analysis and report	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	PA Modernization - PA requirements will be removed where covered.
Experimental/Investigational	1/1/2024	0694T	3-dimensional volumetric imaging and reconstruction of breast or axillary lymph node tissue, each excised specimen, 3-dimensional automatic specimen reorientation, interpretation and report, real-time intraoperative	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	PA Modernization - PA requirements will be removed where covered.
Experimental/Investigational	1/1/2024	0695T	Body surface-activation mapping of pacemaker or pacing cardioverter-defibrillator lead(s) to optimize electrical synchrony, cardiac resynchronization therapy device, including connection, recording, disconnection, review, and report; at time of implant or replacement	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	PA Modernization - PA requirements will be removed where covered.
Experimental/Investigational	1/1/2024	0696T	Body surface-activation mapping of pacemaker or pacing cardioverter-defibrillator lead(s) to optimize electrical synchrony, cardiac resynchronization therapy device, including connection, recording, disconnection, review, and report; at time of follow-up interrogation or programming device evaluation	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	PA Modernization - PA requirements will be removed where covered.
Experimental/Investigational	1/1/2024	0697T	Quantitative magnetic resonance for analysis of tissue composition (eg, fat, iron, water content), including multiparametric data acquisition, data preparation and transmission, interpretation and report, obtained without diagnostic MRI examination of the same anatomy (eg, organ, gland, tissue, target structure) during the same session; multiple organs	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	PA Modernization - PA requirements will be removed where covered.

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria	Notes
Experimental/Investigational	1/1/2022	0698T	Quantitative magnetic resonance for analysis of tissue composition (eg, fat, iron, water content), including multiparametric data acquisition, data preparation and transmission, interpretation and report, obtained with diagnostic MRI examination of the same anatomy (eg, organ, gland, tissue, target structure); multiple organs (List separately in addition to code for primary procedure)	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
Experimental/Investigational	1/1/2024	0700T	Molecular fluorescent imaging of suspicious nevus; first lesion	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	PA Modernization - PA requirements will be removed where covered.
Experimental/Investigational	1/1/2024	0701T	Molecular fluorescent imaging of suspicious nevus; each additional lesion (List separately in addition to code for primary procedure)	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	PA Modernization - PA requirements will be removed where covered.
Durable Medical Equipment (DME)	1/1/2024	0704T	Remote treatment of amblyopia using an eye tracking device; device supply with initial set-up and patient education on use of equipment	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	PA Modernization - PA requirements will be removed where covered.
Durable Medical Equipment (DME)	1/1/2024	0705T	Remote treatment of amblyopia using an eye tracking device; surveillance center technical support including data transmission with analysis, with a minimum of 18 training hours, each 30 days	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	PA Modernization - PA requirements will be removed where covered.
Durable Medical Equipment (DME)	1/1/2024	0706T	Remote treatment of amblyopia using an eye tracking device; interpretation and report by physician or other qualified health care professional, per calendar month	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	PA Modernization - PA requirements will be removed where covered.

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria	Notes
OP Hosp/Amb Surgery Center (ASC) Procedures	1/1/2022	0707T	Injection(s), bone-substitute material (eg, calcium phosphate) into subchondral bone defect (ie, bone marrow lesion, bone bruise, stress injury, microtrabecular fracture), including imaging guidance and arthroscopic assistance for joint visualization	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
Unlisted/Miscellaneous	1/1/2022	0708T	Intradermal cancer immunotherapy; preparation and initial injection	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
Unlisted/Miscellaneous	1/1/2022	0709T	Intradermal cancer immunotherapy; each additional injection (List separately in addition to code for primary procedure)	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
Imaging & Special Tests	1/1/2022	0710T	Noninvasive arterial plaque analysis using software processing of data from non-coronary computerized tomography angiography; including data preparation and transmission, quantification of the structure and composition of the vessel wall and assessment for lipid-rich necrotic core plaque to assess atherosclerotic plaque stability, data review, interpretation and report	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
Imaging & Special Tests	1/1/2022	0711T	Noninvasive arterial plaque analysis using software processing of data from non-coronary computerized tomography angiography; data preparation and transmission	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
Imaging & Special Tests	1/1/2022	0712T	Noninvasive arterial plaque analysis using software processing of data from non-coronary computerized tomography angiography; quantification of the structure and composition of the vessel wall and assessment for lipid-rich necrotic core plaque to assess atherosclerotic plaque stability	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria	Notes
Imaging & Special Tests	1/1/2022	0713T	Noninvasive arterial plaque analysis using software processing of data from non-coronary computerized tomography angiography; data review, interpretation and report	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
Experimental/Investigational	1/1/2024	0739T	ABLATION MAL PRST8 TISS MAGNETIC FIELD INDUCTION	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	PA Modernization - PA requirements will be removed where covered.
Experimental/Investigational	1/1/2024	0740T	REM AUTON ALG INSULIN DOSE 1ST SETUP& PT EDUCAJ	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	PA Modernization - PA requirements will be removed where covered.
Experimental/Investigational	1/1/2024	0741T	REM AUTON ALG NSLN DOS CAL SW DATA COLL TRANSMIS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	PA Modernization - PA requirements will be removed where covered.
Experimental/Investigational	1/1/2024	0744T	INSERTION BIOPROSTHETIC VALVE OPEN FEMORAL VEIN	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	PA Modernization - PA requirements will be removed where covered.
Experimental/Investigational	1/1/2024	0745T	CAR FCL ABLTJ RADJ ARRHYT N-INVAS LOCLZJ & MAPG	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	PA Modernization - PA requirements will be removed where covered.

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria	Notes
Experimental/Investigational	1/1/2024	0746T	CAR FCL ABLTJ RADJ ARRHYT CONV LOCLZJ & MAPG	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	PA Modernization - PA requirements will be removed where covered.
Experimental/Investigational	1/1/2024	0747T	CAR FCL ABLTJ RADJ ARRHYT DLVR RADJ THER	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	PA Modernization - PA requirements will be removed where covered.
Experimental/Investigational	1/1/2024	0748T	NJX STEM CLL PRDCT PERIANAL PERIFISTULAR SFT TIS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	PA Modernization - PA requirements will be removed where covered.
Out-Patient Hospital/Ambulatory Surgery Center (ASC) Procedures. Please note all Inpatient based procedures require authorization.	9/1/2019	0762	Revenue Code for Observation Level of Care	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	Marketplace: PA Required for Observation stays longer than 48 hours
Experimental/Investigational	1/1/2024	0766T	TC MAG STIMJ FCSD LW FRQ EMGNT PLS PN 1STTX 1NRV	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	PA Modernization - PA requirements will be removed where covered.
Experimental/Investigational	1/1/2024	0767T	TC MAG STIMJ FCSD LW FRQ EMGNT PLS PN 1STTX EA	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	PA Modernization - PA requirements will be removed where covered.

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria	Notes
Experimental/Investigational	10/1/2023	0795T	TCAT INSJ PERM DUAL CHAMBER LDLS PM COMPL SYS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
Experimental/Investigational	10/1/2023	0796T	TCAT INSJ PERM 2CHMBR LDLS PM R ATR PM COMPNT D	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
Experimental/Investigational	10/1/2023	0797T	TCAT INSJ PERM 2CHMBR LDLS PM R VENTR PM COMPNT	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
Experimental/Investigational	10/1/2023	0805T	TCAT SUPR&IVC PROSTC VLV IMPLTJ PERQ FEM VN APPR D	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
Experimental/Investigational	10/1/2023	0806T	TCAT SUPR&IVC PROSTC VLV IMPLTJ OPEN FEM VN APPR	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
Transportation Services: **Prior authorization required for Non-Emergent Air Ambulance transportation services.** **Emergency transport does not require prior authorization.**	10/1/2023	A0100	NONEMERGENCY TRANSPORTATION; TAXI	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Marketplace Evidence of Coverage	Requires Prior Authorization in Texas. Marketplace has a limited non-emergent ambulance transport benefit. Contact Molina for non-emergent transportation.

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria	Notes
Transportation Services: **Prior authorization required for Non-Emergent Air Ambulance transportation services. Emergency transport does not require prior authorization.**	1/1/2024	A0130	Nonemergency transportation: wheelchair van	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Marketplace Evidence of Coverage	PA requirement removed; services are non-covered except in very limited circumstances.
Transportation Services: Prior authorization required for Non-Emergent Air Ambulance transportation services. Emergency transport does not require prior authorization.	1/1/2024	A0426	AMB SERVICE ALS NONEMERGENCY TRANSPORT LEVEL 1	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	Requires Prior Authorization in Texas. Marketplace has a limited non-emergent ambulance transport benefit. Contact Molina for non-emergent transportation.
Transportation Services: Prior authorization required for Non-Emergent Air Ambulance transportation services. Emergency transport does not require prior authorization.	9/1/2019	A0428	AMBULANCE SERVICE BLS NONEMERGENCY TRANSPORT	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Marketplace Evidence of Coverage	Requires Prior Authorization in Texas. Marketplace has a limited non-emergent ambulance transport benefit. Contact Molina for non-emergent transportation.
Transportation Services: Prior authorization required for Non-Emergent Air Ambulance transportation services. Emergency transport does not require prior authorization.	9/1/2019	A0430	AMB SERVICE CONVNTION AIR SRVC TRANSPORT 1 WAY	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Marketplace Evidence of Coverage	Requires Prior Authorization in Texas. Marketplace has a limited non-emergent ambulance transport benefit. Contact Molina for non-emergent transportation.
Transportation Services: Prior authorization required for Non-Emergent Air Ambulance transportation services. Emergency transport does not require prior authorization.	9/1/2019	A0431	AMB SERVICE CONVNTION AIR SRVC TRANSPORT 1 WAY	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Marketplace Evidence of Coverage	Requires Prior Authorization in Texas. Marketplace has a limited non-emergent ambulance transport benefit. Contact Molina for non-emergent transportation.
Unlisted/Miscellaneous codes: Molina requires prior authorization, as well as, medical necessity documentation and rationale be submitted with the prior authorization request for all Unlisted/Miscellaneous codes, including those not listed here	9/1/2019	A0999	UNLISTED AMBULANCE SERVICE	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Additional information is required to define this code and determine criteria.	

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria	Notes
Hyperbaric/Wound Therapy	10/1/2022	A2001	INNOVAMATRIX AC PER SQ CM	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
Hyperbaric/Wound Therapy	10/1/2022	A2002	MIRRAGEN ADVANCED WOUND MATRIX PER SQ CM	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
Hyperbaric/Wound Therapy	1/1/2024	A2004	XCELLISTEM, PER SQ CM	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	PA Modernization - PA requirements will be removed where covered.
Hyperbaric/Wound Therapy	1/1/2024	A2005	MICROLYTE MATRIX PER SQ CM	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	PA Modernization - PA requirements will be removed where covered.
Hyperbaric/Wound Therapy	1/1/2024	A2006	NOVOSORB SYNPATH DERMAL MATRIX PER SQ CM	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	PA Modernization - PA requirements will be removed where covered.
Hyperbaric/Wound Therapy	1/1/2024	A2007	RESTRATA PER SQ CM	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	PA Modernization - PA requirements will be removed where covered.

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria	Notes
Hyperbaric/Wound Therapy	1/1/2024	A2008	THERAGENESIS PER SQ CM	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	PA Modernization - PA requirements will be removed where covered.
Hyperbaric/Wound Therapy	1/1/2024	A2009	SYMPHONY PER SQ CM	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	PA Modernization - PA requirements will be removed where covered.
Hyperbaric/Wound Therapy	1/1/2024	A2010	APIS PER SQ CM	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	PA Modernization - PA requirements will be removed where covered.
Hyperbaric/Wound Therapy	1/1/2024	A2011	SUPRA SDRM PER SQ CM	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	PA Modernization - PA requirements will be removed where covered.
Hyperbaric/Wound Therapy	1/1/2024	A2012	SUPRATHEL PER SQ CM	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	PA Modernization - PA requirements will be removed where covered.
Hyperbaric/Wound Therapy	1/1/2024	A2013	INNOVAMATRIX FS PER SQ CM	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	PA Modernization - PA requirements will be removed where covered.

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria	Notes
Hyperbaric and Wound Care	1/1/2026	A2014	OMEZA COLLAGEN MATRIX PER 100 MG	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Skin and Soft Tissue Substitutes	
Hyperbaric and Wound Care	1/1/2026	A2015	PHOENIX WOUND MATRIX PER SQ CM	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Skin and Soft Tissue Substitutes	
Hyperbaric and Wound Care	1/1/2026	A2016	PERMEADERM B PER SQ CM	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Skin and Soft Tissue Substitutes	
Hyperbaric and Wound Care	1/1/2026	A2017	PERMEADERM GLOVE EACH	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Skin and Soft Tissue Substitutes	
Hyperbaric and Wound Care	1/1/2026	A2018	PERMEADERM C PER SQ CM	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Skin and Soft Tissue Substitutes	
Hyperbaric/Wound Therapy	7/1/2023	A2019	KERECIS OMEGA3 MARIGEN SHIELD PER SQ CM	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria	Notes
Hyperbaric/Wound Therapy	7/1/2023	A2020	AC5 ADVANCED WOUND SYSTEM	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
Hyperbaric/Wound Therapy	7/1/2023	A2021	NEOMATRIX PER SQ CM	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
Hyperbaric and Wound Care	1/1/2026	A2022	INNOVABURN OR INNOVAMATRIX XL PER SQ CM	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Skin and Soft Tissue Substitutes	
Hyperbaric and Wound Care	1/1/2026	A2023	INNOVAMATRIX PD 1 MG	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Skin and Soft Tissue Substitutes	
Hyperbaric and Wound Care	1/1/2026	A2024	RESOLVE MATRIX PER SQ CM	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Skin and Soft Tissue Substitutes	
Hyperbaric and Wound Care	1/1/2026	A2025	MIRO3D PER CU CM	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Skin and Soft Tissue Substitutes	

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria	Notes
Hyperbaric and Wound Care	1/1/2026	A2026	RESTRATA MINIMATRIX 5 MG	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Skin and Soft Tissue Substitutes	
Hyperbaric and Wound Care	1/1/2026	A2027	MATRIDERM, PER SQUARE CENTIMETER	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Skin and Soft Tissue Substitutes	
Hyperbaric and Wound Care	1/1/2026	A2028	MICROMATRIX FLEX, PER MG	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Skin and Soft Tissue Substitutes	
Hyperbaric and Wound Care	1/1/2026	A2029	MIROTRACT WOUND MATRIX SHEET, PER CUBIC CENTIMETER	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Skin and Soft Tissue Substitutes	
Hyperbaric and Wound Care	1/1/2026	A2036	COHEALYX COL DML MX PR SQ CM	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Skin and Soft Tissue Substitutes	
Hyperbaric and Wound Care	1/1/2026	A2037	G4DERM PLUS, PER ML	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Skin and Soft Tissue Substitutes	

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria	Notes
Hyperbaric and Wound Care	1/1/2026	A2038	MARIGEN PACTO, PER SQ CM	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Skin and Soft Tissue Substitutes	
Hyperbaric and Wound Care	1/1/2026	A2039	INNOVAMATRIX FD, PER SQ CM	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Skin and Soft Tissue Substitutes	
Hyperbaric/Wound Therapy	4/1/2026	A2040	MICROLYTE PAINGUARD PR SQ CM	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Skin and Soft Tissue Substitutes	
Hyperbaric/Wound Therapy	4/1/2026	A2041	FOUNDATION DRS+ DUO PR SQ CM	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Skin and Soft Tissue Substitutes	
Hyperbaric/Wound Therapy	4/1/2026	A2042	FOUNDATION DRS+ SOLO, SQ CM	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Skin and Soft Tissue Substitutes	
Hyperbaric/Wound Therapy	4/1/2026	A2043	BIOBRANE, PER SQ CM	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Skin and Soft Tissue Substitutes	

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria	Notes
Hyperbaric/Wound Therapy	4/1/2026	A2044	BIOBRANE GLOVE, EACH	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Skin and Soft Tissue Substitutes	
Hyperbaric/Wound Therapy	4/1/2026	A2045	NOVASHIELD/NOVOGEN PR SQ CM	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Skin and Soft Tissue Substitutes	
Hyperbaric/Wound Therapy	1/1/2024	A4100	SKIN SUBSTITUTE FDA CLEARED AS A DEVICE NOS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	PA Modernization - PA requirements will be removed where covered.
Durable Medical Equipment (DME)	4/1/2020	A4226	Supplies for maintenance of insulin infusion pump with dosage rate adjustment using therapeutic continuous glucose sensing, per week	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
Durable Medical Equipment (DME)	1/1/2023	A4238	Supply allowance for adjunctive, non-implanted continuous glucose monitor (cgm), includes all supplies and accessories, 1 month supply = 1 unit of service	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	Non-covered for Marketplace
Durable Medical Equipment (DME)	5/14/2024	A4239	SUPPLY ALLOW FOR TX CGM1 MO SPL EQ 1 U OF SERVICE	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	Requires Prior Authorixation. Covered under pharmacy benefit.

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria	Notes
Unlisted/Miscellaneous codes: Molina requires prior authorization, as well as, medical necessity documentation and rationale be submitted with the prior authorization request for all Unlisted/Miscellaneous codes, including those not listed here	1/1/2024	A4421	OSTOMY SUPPLY; MISCELLANEOUS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Additional information is required to define this code and determine criteria.	PA Modernization - PA requirements will be removed where covered.
Sleep Studies	7/1/2021	A4604	TUBING W INTGR HEAT ELEM W POS AIRWAY PRESS DEVC	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
Unlisted/Miscellaneous codes: Molina requires prior authorization, as well as, medical necessity documentation and rationale be submitted with the prior authorization request for all Unlisted/Miscellaneous codes, including those not listed here	1/1/2024	A4641	RADIOPHARMACEUTICAL DIAGNOSTIC NOC	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Additional information is required to define this code and determine criteria.	PA Modernization - PA requirements will be removed where covered.
Unlisted/Miscellaneous codes: Molina requires prior authorization, as well as, medical necessity documentation and rationale be submitted with the prior authorization request for all Unlisted/Miscellaneous codes, including those not listed here	9/1/2019	A4649	SURGICAL SUPPLY; MISCELLANEOUS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Additional information is required to define this code and determine criteria.	
Unlisted/Miscellaneous codes: Molina requires prior authorization, as well as, medical necessity documentation and rationale be submitted with the prior authorization request for all Unlisted/Miscellaneous codes, including those not listed here	9/1/2019	A4913	MISCELLANEOUS DIALYSIS SUPPLIES NOS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Additional information is required to define this code and determine criteria.	
Unlisted/Miscellaneous codes: Molina requires prior authorization, as well as, medical necessity documentation and rationale be submitted with the prior authorization request for all Unlisted/Miscellaneous codes, including those not listed here	9/1/2019	A6261	WOUND FILLER GEL PASTE PER FL OZ NOS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Additional information is required to define this code and determine criteria.	

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria	Notes
Unlisted/Miscellaneous codes: Molina requires prior authorization, as well as, medical necessity documentation and rationale be submitted with the prior authorization request for all Unlisted/Miscellaneous codes, including those not listed here	9/1/2019	A6262	WOUND FILLER DRY FORM PER G NOT OTHERWISE SPEC	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Additional information is required to define this code and determine criteria.	
Sleep Studies	7/1/2021	A7027	COMB ORAL NASAL MASK USED W CPAP DEVICE EACH	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
Sleep Studies	7/1/2021	A7028	ORAL CUSHION COMB ORAL NASAL MASK REPL ONLY EACH	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
Sleep Studies	7/1/2021	A7029	NASAL PILLOWS COMB ORAL NASL MASK REPL ONLY PAIR	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
Sleep Studies	7/1/2021	A7030	FULL FACE MASK USED W POS ARWAY PRESS DEVICE EA	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
Sleep Studies	7/1/2021	A7031	FACE MASK INTERFACE REPLCMT FULL FACE MASK EA	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria	Notes
Sleep Studies	7/1/2021	A7032	CUSHN NASAL MASK INTERFACE REPLACEMENT ONLY EACH	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
Sleep Studies	7/1/2021	A7033	PILLW NASL CANNULA TYPE INTERFCE REPL ONLY PAIR	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
Sleep Studies	7/1/2021	A7034	NASL INTRFCE POS ARWAY PRSS DEVC W WO HEAD STRAP	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
Sleep Studies	7/1/2021	A7035	HEADGEAR USED W POSITIVE AIRWAY PRESSURE DEVICE	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
Sleep Studies	7/1/2021	A7036	CHINSTRAP USED W POSITIVE AIRWAY PRESSURE DEVICE	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
Sleep Studies	7/1/2021	A7037	TUBING USED WITH POSITIVE AIRWAY PRESSURE DEVICE	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria	Notes
Sleep Studies	7/1/2021	A7038	FILTER DISPBL USED W POS ARWAY PRESSURE DEVICE	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
Sleep Studies	7/1/2021	A7039	FILTER NON DISPBL USED W POS ARWAY PRESS DEVICE	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
Sleep Studies	7/1/2021	A7044	ORAL INTERFACE USED W POS ARWAY PRESS DEVICE EA	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
Sleep Studies	7/1/2021	A7045	EXHALATION PORT W WO SWIVEL REPLACEMENT ONLY	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
Sleep Studies	7/1/2021	A7046	WATR CHAMB HUMDIFIR USED W POS ARWAY PRSS DEVC R	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
Durable Medical Equipment (DME)	7/1/2026	A8005	GRIP GLOVE W MICROPROCESSOR	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria	Notes
Durable Medical Equipment (DME)	7/1/2026	A8006	GRIP GLOVE REPLACEMENT ONLY	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
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 MHI 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. Pharmacy authorization regardless of CPT/HCPC code requests should be faxed to: 888-487-9251.	10/1/2019	A9274	EXTERNAL AMB INSULIN DEL SYSTEM DISPOSABLE EA	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Disposable Insulin Delivery Device	
Durable Medical Equipment (DME)	7/1/2020	A9276	SENSOR;INVSV DISP INTRSTL CONT GLU MON SYS 1U EQ 1D	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
Durable Medical Equipment (DME)	7/1/2020	A9277	TRANSMITTER; EXT INTERSTITIAL CONT GLU MON SYS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
Durable Medical Equipment (DME)	7/1/2020	A9278	RECEIVER MON; EXT INTERSTITIAL CONT GLU MON SYS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
Unlisted/Miscellaneous codes: Molina requires prior authorization, as well as, medical necessity documentation and rationale be submitted with the prior authorization request for all Unlisted/Miscellaneous codes, including those not listed here	7/1/2022	A9291	PRESCRIPTION DIGITAL BT FDA CLEARED PER CRS TX	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria	Notes
Radiation Therapy	9/1/2019	A9513	LUTETIUM LU 177 DOTATATE THERAPEUTIC 1 MCI	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
Radiation Therapy	9/1/2019	A9543	YTTRIUM Y-90 IBRITUMOMAB TIUXETAN TX TO 40 MCI	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
Radiation Therapy	4/1/2020	A9590	IODINE I-131 IBOBENGUANE, THERAPEUTIC, I MILLICURE	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
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 MHI 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. Pharmacy authorization regardless of CPT/HCPC code requests should be faxed to: 888-487-9251.	7/1/2022	A9596	Gallium ga-68 gozetotide, diagnostic, (illuccix), 1 millicurie"	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
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 MHI 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. Pharmacy authorization regardless of CPT/HCPC code requests should be faxed to: 888-487-9251.	7/1/2022	A9601	Flortaucipir f 18 injection, diagnostic, 1 millicurie	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
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 MHI 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. Pharmacy authorization regardless of CPT/HCPC code requests should be faxed to: 888-487-9251.	4/1/2020	A9604	Samarium sm-153 lexidronam, therapeutic, per treatment dose, up to 150 millicuries	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Global J Code Criteria	

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria	Notes
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 MHI 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. Pharmacy authorization regardless of CPT/HCPC code requests should be faxed to: 888-487-9251.	4/1/2020	A9606	Radium ra-223 dichloride, therapeutic, per microcurie	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Global J Code Criteria	
Healthcare Administered Drugs	4/1/2023	A9607	LUTETIUM LU 177 VIPIVOTIDE TETRAXETAN THER 1 MCI	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
Unlisted/Miscellaneous codes: Molina requires prior authorization, as well as, medical necessity documentation and rationale be submitted with the prior authorization request for all Unlisted/Miscellaneous codes, including those not listed here	9/1/2019	A9698	NON-RADIOACTV CONTRST IMAG MATERIAL NOC PER STDY	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Additional information is required to define this code and determine criteria.	
Unlisted/Miscellaneous codes: Molina requires prior authorization, as well as, medical necessity documentation and rationale be submitted with the prior authorization request for all Unlisted/Miscellaneous codes, including those not listed here	9/1/2019	A9699	RADIOPHARMACEUTICAL THERAPEUTIC NOC	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Additional information is required to define this code and determine criteria.	
Unlisted/Miscellaneous codes: Molina requires prior authorization, as well as, medical necessity documentation and rationale be submitted with the prior authorization request for all Unlisted/Miscellaneous codes, including those not listed here	5/20/2020	A9900	DME SUP ACCESS SRV-COMPON OTH HCPCS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Additional information is required to define this code and determine criteria.	
Unlisted/Miscellaneous codes: Molina requires prior authorization, as well as, medical necessity documentation and rationale be submitted with the prior authorization request for all Unlisted/Miscellaneous codes, including those not listed here	9/1/2019	A9999	MISCELLANEOUS DME SUPPLY OR ACCESSORY NOS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Additional information is required to define this code and determine criteria.	

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria	Notes
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 MHI 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. Pharmacy authorization regardless of CPT/HCPC code requests should be faxed to: 888-487-9251.	9/1/2019	B4105	IN-LINE CART CTG DIG ENZYME ENTERAL FEEDING EA	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
Durable Medical Equipment (DME)	4/1/2020	B4187	Omegaven, 10 g lipids	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	In any setting (Add on for TPN)
Healthcare Administered Drugs	4/1/2025	B4199	PARNTRAL NUT SOL; AMINO ACID AND CARB GT 100 GMS PPAR	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
Unlisted/Miscellaneous codes: Molina requires prior authorization, as well as, medical necessity documentation and rationale be submitted with the prior authorization request for all Unlisted/Miscellaneous codes, including those not listed here	4/1/2020	B9998	NOC FOR ENTERAL SUPPLIES	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Additional information is required to define this code and determine criteria.	
Unlisted/Miscellaneous codes: Molina requires prior authorization, as well as, medical necessity documentation and rationale be submitted with the prior authorization request for all Unlisted/Miscellaneous codes, including those not listed here	1/1/2024	B9999	NOC FOR PARENTERAL SUPPLIES	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Additional information is required to define this code and determine criteria.	PA Modernization - PA requirements will be removed where covered.
Durable Medical Equipment (DME)	4/1/2020	C1734	Orthopedic/device/drug matrix for opposing bone-to-bone or soft tissue-to bone (implantable)	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria	Notes
Experimental & Investigational Procedures	1/1/2024	C1823	GENERATR NEUROSTIM NON-RECHRGABL TV S AND STIM LEADS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Experimental and Investigational Services	PA Modernization - PA requirements will be removed where covered.
Experimental & Investigational Procedures	1/1/2024	C1824	Generator, cardiac contractility modulation (implantable)	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Experimental and Investigational Services	PA Modernization - PA requirements will be removed where covered.
OP Hosp/Amb Surgery Center (ASC) Procedures	1/1/2024	C1825	GEN NEUROSTIM NONRCHRGBL W/CAR SIN BR STIM LEAD	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	PA Modernization - PA requirements will be removed where covered.
Out-Patient Hospital/Ambulatory Surgery Center (ASC) Procedures. Please note all Inpatient based procedures require authorization.	1/1/2024	C1831	PERSONALIZED ANTERIOR AND LAT INTERBODY CAGE IMPLANT	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	PA Modernization - PA requirements will be removed where covered.
Durable Medical Equipment (DME)	1/1/2024	C1839	Iris prosthesis	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	PA Modernization - PA requirements will be removed where covered.
Durable Medical Equipment (DME)	4/1/2020	C1982	Catheter, pressure generating, one-way valve, intermittently occlusive	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria	Notes
Experimental & Investigational Procedures	1/1/2024	C2596	Probe, image guided, robotic, waterjet ablation	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Experimental and Investigational Services	PA Modernization - PA requirements will be removed where covered.
Out-Patient Hospital/Ambulatory Surgery Center (ASC) Procedures. Please note all Inpatient based procedures require authorization.	9/1/2019	C2616	BRACHYTHERAPY NONSTRANDED YTTRIUM-90 PER SOURCE	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Radioactive Microspheres for Liver Cancer	
Durable Medical Equipment (DME)	9/1/2019	C2624	IMPL WIRELESS PULM ARTERY PRESS SENSOR DEL CATH	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.CMS DME 5 Element Order 1. Beneficiary's name 2. A description of the item of DME ordered–the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Signature of the prescribing physician/practitioner 4. Prescribing physician/practitioner's National Practitioner Identifier (NPI) 5. The date of the order	Third Party Proprietary Criteria	
Unlisted/Miscellaneous codes: Molina requires prior authorization, as well as, medical necessity documentation and rationale be submitted with the prior authorization request for all Unlisted/Miscellaneous codes, including those not listed here	1/1/2024	C2698	BRACHYTHERAPY SOURCE STRANDED NOS PER SOURCE	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Additional information is required to define this code and determine criteria.	PA Modernization - PA requirements will be removed where covered.
Unlisted/Miscellaneous codes: Molina requires prior authorization, as well as, medical necessity documentation and rationale be submitted with the prior authorization request for all Unlisted/Miscellaneous codes, including those not listed here	1/1/2024	C2699	BRACHYTHERAPY SOURCE NONSTRANDED NOS PER SOURCE	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Additional information is required to define this code and determine criteria.	PA Modernization - PA requirements will be removed where covered.
Imaging and Special Tests	1/1/2024	C8900	MR ANGIOGRAPHY WITH CONTRAST ABDOMEN	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Review: Abdomen MRA	PA Modernization - PA requirements will be removed where covered.

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria	Notes
Imaging and Special Tests	1/1/2024	C8901	MR ANGIOGRAPHY WITHOUT CONTRAST ABDOMEN	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Review: Abdomen MRA	PA Modernization - PA requirements will be removed where covered.
Imaging and Special Tests	1/1/2024	C8902	MR ANGIO WITHOUT CONTRST FOLLOWED W CONTRST ABD	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Review: Abdomen MRA	PA Modernization - PA requirements will be removed where covered.
Imaging and Special Tests	1/1/2024	C8903	MR IMAGING WITH CONTRAST BREAST; UNILATERAL	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Review: Breast MRI	PA Modernization - PA requirements will be removed where covered.
Imaging and Special Tests	1/1/2024	C8905	MR IMAG W O CONTRST FLWED W CONTRST BRST; UNI	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Review: Breast MRI	PA Modernization - PA requirements will be removed where covered.
Imaging and Special Tests	1/1/2024	C8906	MR IMAGING WITH CONTRAST BREAST; BILATERAL	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Review: Breast MRI	PA Modernization - PA requirements will be removed where covered.
Imaging and Special Tests	1/1/2024	C8908	MR IMAG W O CONTRST FLWED W CONTRST BRST; BIL	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Review: Breast MRI	PA Modernization - PA requirements will be removed where covered.

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria	Notes
Imaging and Special Tests	9/1/2019	C8909	MR ANGIOGRAPHY WITH CONTRAST CHEST	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Review: Chest MRA	
Imaging and Special Tests	9/1/2019	C8910	MR ANGIOGRAPHY WITHOUT CONTRAST CHEST	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Review: Chest MRA	
Imaging and Special Tests	1/1/2024	C8911	MR ANGIO WITHOUT CONTRST FOLLOWED W CONTRST CHST	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Review: Chest MRA	PA Modernization - PA requirements will be removed where covered.
Imaging and Special Tests	1/1/2024	C8912	MR ANGIOGRAPHY WITH CONTRAST LOWER EXTREMITY	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	PA Modernization - PA requirements will be removed where covered.
Imaging and Special Tests	1/1/2024	C8913	MR ANGIOGRAPHY WITHOUT CONTRAST LOWER EXTREMITY	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	PA Modernization - PA requirements will be removed where covered.
Imaging and Special Tests	1/1/2024	C8914	MR ANGIO W O CONTRST FLWED W CONTRST LOW EXTRM	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	PA Modernization - PA requirements will be removed where covered.

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria	Notes
Imaging and Special Tests	1/1/2024	C8918	MR ANGIOGRAPHY WITH CONTRAST PELVIS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	PA Modernization - PA requirements will be removed where covered.
Imaging and Special Tests	1/1/2024	C8919	MR ANGIOGRAPHY WITHOUT CONTRAST PELVIS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	PA Modernization - PA requirements will be removed where covered.
Imaging and Special Tests	1/1/2024	C8920	MRA WITHOUT CONTRAST FOLLOWED W CONTRAST PELVIS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	PA Modernization - PA requirements will be removed where covered.
Imaging & Special Tests	7/1/2021	C8921	TTE W CONTRAST OR W O FLW W CONTRAST; COMPLETE	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
Imaging & Special Tests	7/1/2021	C8922	TTE W CONTRAST OR W O FLW W CONTRAST; F U OR LTD	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
Imaging & Special Tests	7/1/2021	C8923	TTE FLW W CNTRST R-T DOC 2D INCL M-MODE REC CMPL	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria	Notes
Imaging & Special Tests	7/1/2021	C8924	TTE FLW W CNTRST R-T 2D INCL M-MODE REC FU LTD	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
Imaging & Special Tests	7/1/2021	C8925	TEE W OR W O FLW W CNTRST REAL TIME 2D; ACQ I AND R	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
Imaging & Special Tests	7/1/2021	C8926	TEE W OR W O FLW W CNTRST; PROBE PLCMT ACQ I AND R	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
Imaging & Special Tests	7/1/2021	C8928	TTE W CNTRST INCL M-MODE REC REST AND CV ST W I AND R	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
Imaging & Special Tests	7/1/2021	C8929	TTE CMPL SPEC DOPPLER AND COLOR FLOW DOPPLER ECHO	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
Imaging & Special Tests	7/1/2021	C8930	TTE CMPL DUR REST AND CVST W I AND R W PHYS SUP	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria	Notes
Imaging and Special Tests	1/1/2024	C8931	MR ANGIOGRAPHY W CONTRAST SPINAL CANAL CONTENTS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	PA Modernization - PA requirements will be removed where covered.
Imaging and Special Tests	1/1/2024	C8932	MR ANGIOGRAPHY W O CONTRST SPINAL CANAL CONTENTS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	PA Modernization - PA requirements will be removed where covered.
Imaging and Special Tests	1/1/2024	C8933	MR ANGIO NO CONTRST FLW W CONTRST SP CANAL CNTN	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	PA Modernization - PA requirements will be removed where covered.
Imaging and Special Tests	1/1/2024	C8934	MR ANGIOGRAPHY WITH CONTRAST UPPER EXTREMITY	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	PA Modernization - PA requirements will be removed where covered.
Imaging and Special Tests	1/1/2024	C8935	MR ANGIOGRAPHY WITHOUT CONTRAST UPPER EXTREMITY	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	PA Modernization - PA requirements will be removed where covered.
Imaging and Special Tests	1/1/2024	C8936	MR ANGIO W O CONTRST FOLLOWED W CONTRST UP EXT	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	PA Modernization - PA requirements will be removed where covered.

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria	Notes
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 MHI 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. Pharmacy authorization regardless of CPT/HCPC code requests should be faxed to: 888-487-9251.	9/1/2019	C9047	INJECTION CAPLACIZUMAB-YHDP 1 MG	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Global J Code Criteria	
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 MHI 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. Pharmacy authorization regardless of CPT/HCPC code requests should be faxed to: 888-487-9251.	4/1/2020	C9054	Injection, lefamulin (Xenleta), 1 mg	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Global J Code Criteria	
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 MHI 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. Pharmacy authorization regardless of CPT/HCPC code requests should be faxed to: 888-487-9251.	1/1/2021	C9064	MITOMYCIN PYELOCALYCEAL INSTILLATION, 1MG	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Standard Oncology Criteria	
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 MHI 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. Pharmacy authorization regardless of CPT/HCPC code requests should be faxed to: 888-487-9251.	1/1/2021	C9065	INJECTION, ROMIDEPSIN, NON-LYOPHILIZED, (E.G. LIQUID), 1MG	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Standard Oncology Criteria	
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 MHI 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. Pharmacy authorization regardless of CPT/HCPC code requests should be faxed to: 888-487-9251.	7/1/2022	C9090	INJECTION PLASMINOGEN HUMAN-TVMH 1 MG	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	

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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 MHI 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. Pharmacy authorization regardless of CPT/HCPC code requests should be faxed to: 888-487-9251.	7/1/2022	C9091	INJECTION SIROLIMUS PROTEIN-BOUND PARTICLES 1 MG	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
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 MHI 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. Pharmacy authorization regardless of CPT/HCPC code requests should be faxed to: 888-487-9251.	7/1/2022	C9092	INJ TRIAMCINOLONE ACT SUPRACHOROIDAL XIPERE 1 MG	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
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 MHI 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. Pharmacy authorization regardless of CPT/HCPC code requests should be faxed to: 888-487-9251.	7/1/2022	C9093	INJ RANIBIZUMAB VIA SS RLS IVT I SUSVIMO 0.1 MG	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
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 MHI 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. Pharmacy authorization regardless of CPT/HCPC code requests should be faxed to: 888-487-9251.	1/1/2022	C9132	Prothrombin complex concentrate (human), Kcentra, per IU of Factor IX activity	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Propietary Guideline	
Healthcare Administered Drugs	1/1/2024	C9160	INJECTION DAXIBOTULINUMTOXINA-LANM 1 UNIT	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	New codes for 1/1/2024. Previously NOC codes

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria	Notes
Healthcare Administered Drugs	1/1/2024	C9161	INJECTION AFLIBERCEPT HD 1 MG	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	New codes for 1/1/2024. Previously NOC codes
Healthcare Administered Drugs	1/1/2024	C9162	INJECTION AVACINCAPTAD PEGOL 0.1 MG	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	New codes for 1/1/2024. Previously NOC codes
Healthcare Administered Drugs	1/1/2024	C9163	INJECTION TALQUETAMAB-TGVS 0.25 MG	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	New codes for 1/1/2024. Previously NOC codes
Healthcare Administered Drugs	1/1/2024	C9164	CANTHARIDIN TOPICAL ADM 0.7 PCT , SINGLE UN DOSE APP	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	New codes for 1/1/2024. Previously NOC codes
Healthcare Administered Drugs	1/1/2024	C9165	INJECTION ELRANATAMAB-BCMM 1 MG	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	New codes for 1/1/2024. Previously NOC 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 MHI 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. Pharmacy authorization regardless of CPT/HCPC code requests should be faxed to: 888-487-9251.**	1/1/2022	C9257	Injection, bevacizumab, 0.25 mg	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Standard Oncology	

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Healthcare Administered Drugs	10/1/2025	C9305	INJ, NIPOCALIMAB-AAHU, 3 MG	Information generally required to support authorization decision making includes, but not limited to: • Comprehensive clinical documentation, including but not limited to: Transplant surgery consultation and clearance, cardiology consultation and clearance, cardiac, pulmonary, and other testing, psychosocial evaluation and clearance, absence of major or minor contraindications. All documentation must meet MCP criteria as outlined in the relative medical policy. • Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; • History of the presenting problem • Clinical exam; • Pertinent diagnostic testing results, operative and/or pathological reports; • Treatment plan and progress notes; • Pertinent psychosocial history; • Information and consultations with the treating practitioner; • Pertinent evaluations from other health care practitioners and providers; • Pertinent charts, graphs or photographic information, as appropriate; • Rehabilitation evaluations; • Information regarding the local delivery system; and • Patient characteristics and information.	Third Party Proprietary Criteria	
Healthcare Administered Drugs	10/1/2025	C9306	TELISOTUZUMAB VEDOTIN-TLLV	Information generally required to support authorization decision making includes, but not limited to: • Comprehensive clinical documentation, including but not limited to: Transplant surgery consultation and clearance, cardiology consultation and clearance, cardiac, pulmonary, and other testing, psychosocial evaluation and clearance, absence of major or minor contraindications. All documentation must meet MCP criteria as outlined in the relative medical policy. • Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; • History of the presenting problem • Clinical exam; • Pertinent diagnostic testing results, operative and/or pathological reports; • Treatment plan and progress notes; • Pertinent psychosocial history; • Information and consultations with the treating practitioner; • Pertinent evaluations from other health care practitioners and providers; • Pertinent charts, graphs or photographic information, as appropriate; • Rehabilitation evaluations; • Information regarding the local delivery system; and • Patient characteristics and information.	Third Party Proprietary Criteria	
Transplants/Gene Therapy	4/1/2026	C9309	INJ ONASE ABEPAR-BRVE TREAT	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	NON-COVERED	Non-covered; replaced by permanent code on 7/1/2026.
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 MHI 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. Pharmacy authorization regardless of CPT/HCPC code requests should be faxed to: 888-487-9251.	9/1/2019	C9399	UNCLASSIFIED DRUGS OR BIOLOGICALS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Global J Code Criteria; Scenesse Implant; Vyondys 53	

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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 MHI 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. Pharmacy authorization regardless of CPT/HCPC code requests should be faxed to: 888-487-9251.	9/1/2019	C9488	INJECTION CONIVAPTAN HYDROCHLORIDE 1 MG	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Vaprisol (conivaptan)	
Out-Patient Hospital/Ambulatory Surgery Center (ASC) **Procedures.** Please note all Inpatient based procedures require authorization.	1/1/2024	C9734	FOCUSED U S ABL TX INT OTH THAN UT LEIOMYOMATA	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: High Intensity Focused Ultrasound for Prostate Cancer	PA Modernization - PA requirements will be removed where covered.
Out-Patient Hospital/Ambulatory Surgery Center (ASC) **Procedures.** Please note all Inpatient based procedures require authorization.	1/1/2024	C9738	ADJUNCTIVE BLUE LIGHT CYSTOSCOPY FLUO IMAG AGT	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	PA Modernization - PA requirements will be removed where covered.
Out-Patient Hospital/Ambulatory Surgery Center (ASC) **Procedures.** Please note all Inpatient based procedures require authorization.	1/1/2024	C9739	CYSTURETHRSCPY INSRT TRANSPROSTAT IMPL; 1-3 IMPL	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Prostatic Urethral Lift or UroLift for BPH.	PA Modernization - PA requirements will be removed where covered.
Out-Patient Hospital/Ambulatory Surgery Center (ASC) **Procedures.** Please note all Inpatient based procedures require authorization.	9/1/2019	C9740	CYSTURETHRSCPY INSRT TRANSPROSTAT IMPL; 4 OR GRT IMPL	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Prostatic Urethral Lift or UroLift for BPH.	
Experimental & Investigational Procedures	1/1/2024	C9751	BRONCHOSCOPY RIGID FLEXIBLE TRANSBRON ABL LESION	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Experimental and Investigational Services	PA Modernization - PA requirements will be removed where covered.

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria	Notes
OP Hosp/Amb Surgery Center (ASC) Procedures	7/1/2021	C9757	LAMINOTOMY DECOMP NERVE ROOT; 1 INTERSPACE LUMB	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
Experimental & Investigational Procedures	1/1/2024	C9758	Blinded procedure for NYHA Class III/IV heart failure; transcatheter implantation of interatrial shunt or placebo control, including right heart catheterization, transesophageal echocardiography (TEE)/intracardiac echocardiography (ICE), and all imaging with or without guidance (e.g., ultrasound, fluoroscopy), performed in an approved investigational device exemption (IDE) study	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Experimental and Investigational Services	PA Modernization - PA requirements will be removed where covered.
Out-Patient Hospital/Ambulatory Surgery Center (ASC) Procedures. Please note all Inpatient based procedures require authorization.	1/1/2021	C9761	CYSTOURETHROSCOPY, WITH URETEROSCOPY AND/OR PYELOSCOPY, WITH LITHOTRIPSY (URETERAL CATHETERIZATION IS INCLUDED) AND VACUUM ASPIRATION OF THE KIDNEY, COLLECTING SYSTEM AND URETHRA IF APPLICABLE	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
Imaging & Special Tests	1/1/2024	C9762	CARDIAC MAGNETIC RESONANCE IMAGING FOR MORPHOLOGY AND FUNCTION, QUANTIFICATION OF SEGMENTAL DYSFUNCTION; WITH STRAIN IMAGING	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	PA Modernization - PA requirements will be removed where covered.
Imaging & Special Tests	1/1/2024	C9763	CARDIAC MAGNETIC RESONANCE IMAGING FOR MORPHOLOGY AND FUNCTION, QUANTIFICATION OF SEGMENTAL DYSFUNCTION; WITH STRESS IMAGING	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	PA Modernization - PA requirements will be removed where covered.
OP Hosp/Amb Surgery Center (ASC) Procedures	1/1/2024	C9764	REV EVAR OPEN/PERQ ANY VESSEL;IV LITHOTRIPSY	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	PA Modernization - PA requirements will be removed where covered.

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria	Notes
OP Hosp/Amb Surgery Center (ASC) Procedures	7/1/2021	C9765	REV EVAR ANY VES;IV LITHOTRIPSY and TL STENT PLCMT	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
OP Hosp/Amb Surgery Center (ASC) Procedures	7/1/2021	C9766	REV EVAR ANY VES);IV LITHOTRIPSY AND ATHERECTOMY	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
OP Hosp/Amb Surgery Center (ASC) Procedures	7/1/2021	C9767	REV EVAR ANY VES;IV LITHO and TL STNT PLCMT and ATHEREC T	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
OP Hosp/Amb Surgery Center (ASC) Procedures	7/1/2021	C9772	RVSC EVAR OPN/PERC TIB/PER ART IVASC LITHOTRIPSY	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
OP Hosp/Amb Surgery Center (ASC) Procedures	7/1/2021	C9773	RVSC EVAR OPEN/PC TIBIAL/PA;IVASC LITH and TL SP	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
OP Hosp/Amb Surgery Center (ASC) Procedures	7/1/2021	C9774	RVSC EVAR OPN/PERQ TIB/PER ART;IVASC LITH and ATHREC	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria	Notes
OP Hosp/Amb Surgery Center (ASC) Procedures	7/1/2021	C9775	RVSC EVAR OPN/P TIB/PA;IVASC LITH and TL STNT PL and ATH	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
Experimental & Investigational Procedures	1/1/2024	C9782	BLD PROC NYHA CLS II/III HF/CCS CLS III/IV CRA	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Experimental and Investigational Services	PA Modernization - PA requirements will be removed where covered.
Experimental & Investigational Procedures	1/1/2024	C9783	BLINDED PROC TC IMP CS RD DVCE/PLACEBO CONTROL	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Experimental and Investigational Services	PA Modernization - PA requirements will be removed where covered.
Experimental/Investigational	10/1/2023	C9784	ENDO SLEEVE GASTRO W/TUBE	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
Experimental/Investigational	10/1/2023	C9785	ENDO OUTLET RESTRICT W/TUBE	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
Healthcare Administered Drugs	4/1/2026	C9818	SUZETRIGINE, ORL, 1MG	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria	Notes
Durable Medical Equipment (DME)	9/1/2019	E0194	AIR FLUIDIZED BED	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.CMS DME 5 Element Order 1. Beneficiary's name 2. A description of the item of DME ordered–the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Signature of the prescribing physician/practitioner 4. Prescribing physician/practitioner's National Practitioner Identifier (NPI) 5. The date of the order	Third Party Proprietary Criteria	
Durable Medical Equipment (DME)	9/1/2019	E0255	HOS BED VARIBL HT W ANY TYPE SIDE RAIL W MATTRSS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.CMS DME 5 Element Order 1. Beneficiary's name 2. A description of the item of DME ordered–the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Signature of the prescribing physician/practitioner 4. Prescribing physician/practitioner's National Practitioner Identifier (NPI) 5. The date of the order	Third Party Proprietary Criteria	
Durable Medical Equipment (DME)	1/1/2024	E0256	HOS BED VARIBL HT ANY TYPE SIDE RAIL W O MATTRSS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.CMS DME 5 Element Order 1. Beneficiary's name 2. A description of the item of DME ordered–the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Signature of the prescribing physician/practitioner 4. Prescribing physician/practitioner's National Practitioner Identifier (NPI) 5. The date of the order	Third Party Proprietary Criteria	**PA Modernization - PA requirements will be removed where covered.**
Durable Medical Equipment (DME)	9/1/2019	E0260	HOS BED SEMI-ELEC W ANY TYPE SIDE RAIL W MATTRSS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.CMS DME 5 Element Order 1. Beneficiary's name 2. A description of the item of DME ordered–the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Signature of the prescribing physician/practitioner 4. Prescribing physician/practitioner's National Practitioner Identifier (NPI) 5. The date of the order	Third Party Proprietary Criteria	

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria	Notes
Durable Medical Equipment (DME)	9/1/2019	E0261	HOS BED SEMI-ELEC ANY TYPE SIDE RAIL W O MATTRSS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.CMS DME 5 Element Order 1. Beneficiary's name 2. A description of the item of DME ordered–the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Signature of the prescribing physician/practitioner 4. Prescribing physician/practitioner's National Practitioner Identifier (NPI) 5. The date of the order	Third Party Proprietary Criteria	
Durable Medical Equipment (DME)	9/1/2019	E0265	HOSP BED TOT ELEC W ANY TYPE SIDE RAIL W MATTRSS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.CMS DME 5 Element Order 1. Beneficiary's name 2. A description of the item of DME ordered–the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Signature of the prescribing physician/practitioner 4. Prescribing physician/practitioner's National Practitioner Identifier (NPI) 5. The date of the order	Third Party Proprietary Criteria	
Durable Medical Equipment (DME)	9/1/2019	E0266	HOS BED TOT ELEC ANY TYPE SIDE RAIL W O MATTRSS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.CMS DME 5 Element Order 1. Beneficiary's name 2. A description of the item of DME ordered–the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Signature of the prescribing physician/practitioner 4. Prescribing physician/practitioner's National Practitioner Identifier (NPI) 5. The date of the order	Third Party Proprietary Criteria	
Durable Medical Equipment (DME)	9/1/2019	E0277	POWERED PRESSURE-REDUCING AIR MATTRESS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.CMS DME 5 Element Order 1. Beneficiary's name 2. A description of the item of DME ordered–the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Signature of the prescribing physician/practitioner 4. Prescribing physician/practitioner's National Practitioner Identifier (NPI) 5. The date of the order	Third Party Proprietary Criteria	

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria	Notes
Durable Medical Equipment (DME)	9/1/2019	E0292	HOSP BED VARIBL HT HI-LO W O SIDE RAIL W MATTRSS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.CMS DME 5 Element Order 1. Beneficiary's name 2. A description of the item of DME ordered–the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Signature of the prescribing physician/practitioner 4. Prescribing physician/practitioner's National Practitioner Identifier (NPI) 5. The date of the order	Third Party Proprietary Criteria	
Durable Medical Equipment (DME)	9/1/2019	E0293	HOS BED VARIBL HT HI-LO W O SIDE RAIL NO MATTRSS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.CMS DME 5 Element Order 1. Beneficiary's name 2. A description of the item of DME ordered–the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Signature of the prescribing physician/practitioner 4. Prescribing physician/practitioner's National Practitioner Identifier (NPI) 5. The date of the order	Third Party Proprietary Criteria	
Durable Medical Equipment (DME)	9/1/2019	E0294	HOSPITAL BED SEMI-ELEC W O SIDE RAILS W MATTRSS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.CMS DME 5 Element Order 1. Beneficiary's name 2. A description of the item of DME ordered–the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Signature of the prescribing physician/practitioner 4. Prescribing physician/practitioner's National Practitioner Identifier (NPI) 5. The date of the order	Third Party Proprietary Criteria	
Durable Medical Equipment (DME)	9/1/2019	E0295	HOSP BED SEMI-ELEC W O SIDE RAILS W O MATTRSS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.CMS DME 5 Element Order 1. Beneficiary's name 2. A description of the item of DME ordered–the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Signature of the prescribing physician/practitioner 4. Prescribing physician/practitioner's National Practitioner Identifier (NPI) 5. The date of the order	Third Party Proprietary Criteria	

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria	Notes
Durable Medical Equipment (DME)	9/1/2019	E0296	HOSPITAL BED TOTAL ELEC W O SIDE RAILS W MATTRSS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.CMS DME 5 Element Order 1. Beneficiary's name 2. A description of the item of DME ordered–the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Signature of the prescribing physician/practitioner 4. Prescribing physician/practitioner's National Practitioner Identifier (NPI) 5. The date of the order	Third Party Proprietary Criteria	
Durable Medical Equipment (DME)	9/1/2019	E0297	HOSP BED TOTAL ELEC W O SIDE RAILS W O MATTRSS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.CMS DME 5 Element Order 1. Beneficiary's name 2. A description of the item of DME ordered–the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Signature of the prescribing physician/practitioner 4. Prescribing physician/practitioner's National Practitioner Identifier (NPI) 5. The date of the order	Third Party Proprietary Criteria	
Durable Medical Equipment (DME)	9/1/2019	E0300	PED CRIB HOS GRADE FULLY ENC W WO TOP ENC	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.CMS DME 5 Element Order 1. Beneficiary's name 2. A description of the item of DME ordered–the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Signature of the prescribing physician/practitioner 4. Prescribing physician/practitioner's National Practitioner Identifier (NPI) 5. The date of the order	Third Party Proprietary Criteria	
Durable Medical Equipment (DME)	9/1/2019	E0301	HOS BED HEVY DUTY XTRA WIDE W WT CAPACTY OVER 350 PDS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.CMS DME 5 Element Order 1. Beneficiary's name 2. A description of the item of DME ordered–the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Signature of the prescribing physician/practitioner 4. Prescribing physician/practitioner's National Practitioner Identifier (NPI) 5. The date of the order	Third Party Proprietary Criteria	

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria	Notes
Durable Medical Equipment (DME)	9/1/2019	E0302	HOS BED XTRA HEVY DUTY WT CAP OVER 600 PDS W O MTTRSS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.CMS DME 5 Element Order 1. Beneficiary's name 2. A description of the item of DME ordered–the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Signature of the prescribing physician/practitioner 4. Prescribing physician/practitioner's National Practitioner Identifier (NPI) 5. The date of the order	Third Party Proprietary Criteria	
Durable Medical Equipment (DME)	9/1/2019	E0303	HOS BED HEVY DUTY W WT CAP OVER 350 PDS UNDER EQ TO 600	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.CMS DME 5 Element Order 1. Beneficiary's name 2. A description of the item of DME ordered–the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Signature of the prescribing physician/practitioner 4. Prescribing physician/practitioner's National Practitioner Identifier (NPI) 5. The date of the order	Third Party Proprietary Criteria	
Durable Medical Equipment (DME)	9/1/2019	E0304	HOS BED EXTRA HEAVY DUTY WT CAP OVER 600 PDS MATTRSS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.CMS DME 5 Element Order 1. Beneficiary's name 2. A description of the item of DME ordered–the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Signature of the prescribing physician/practitioner 4. Prescribing physician/practitioner's National Practitioner Identifier (NPI) 5. The date of the order	Third Party Proprietary Criteria	
Durable Medical Equipment (DME)	7/1/2024	E0316	Safety enclosure frame/canopy for use with hospital bed, any type	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.CMS DME 5 Element Order 1. Beneficiary's name 2. A description of the item of DME ordered–the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Signature of the prescribing physician/practitioner 4. Prescribing physician/practitioner's National Practitioner Identifier (NPI) 5. The date of the order	Third Party Proprietary Criteria	

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria	Notes
Durable Medical Equipment (DME)	9/1/2019	E0328	HOSPITAL BED PEDIATRIC MANUAL INCLUDES MATTRESS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.CMS DME 5 Element Order 1. Beneficiary's name 2. A description of the item of DME ordered–the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Signature of the prescribing physician/practitioner 4. Prescribing physician/practitioner's National Practitioner Identifier (NPI) 5. The date of the order	Third Party Proprietary Criteria	
Durable Medical Equipment (DME)	9/1/2019	E0329	HOSPITAL BED PEDIATRIC ELECTRIC INCLUDE MATTRESS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.CMS DME 5 Element Order 1. Beneficiary's name 2. A description of the item of DME ordered–the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Signature of the prescribing physician/practitioner 4. Prescribing physician/practitioner's National Practitioner Identifier (NPI) 5. The date of the order	Third Party Proprietary Criteria	
Durable Medical Equipment (DME)	9/1/2019	E0371	NONPWR ADV PRSS RDUC OVRLAY MATTRSS STD LEN AND WDTH	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.CMS DME 5 Element Order 1. Beneficiary's name 2. A description of the item of DME ordered–the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Signature of the prescribing physician/practitioner 4. Prescribing physician/practitioner's National Practitioner Identifier (NPI) 5. The date of the order	Third Party Proprietary Criteria	
Durable Medical Equipment (DME)	9/1/2019	E0372	PWR AIR OVRLAY MATTRSS STD MATTRSS LENGTH AND WIDTH	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.CMS DME 5 Element Order 1. Beneficiary's name 2. A description of the item of DME ordered–the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Signature of the prescribing physician/practitioner 4. Prescribing physician/practitioner's National Practitioner Identifier (NPI) 5. The date of the order	Third Party Proprietary Criteria	

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria	Notes
Durable Medical Equipment (DME)	9/1/2019	E0373	NONPOWERED ADVANCED PRESSURE REDUCING MATTRESS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.CMS DME 5 Element Order 1. Beneficiary's name 2. A description of the item of DME ordered–the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Signature of the prescribing physician/practitioner 4. Prescribing physician/practitioner's National Practitioner Identifier (NPI) 5. The date of the order	Third Party Proprietary Criteria	
Durable Medical Equipment (DME)	9/1/2019	E0462	ROCKING BED WITH OR WITHOUT SIDE RAILS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.CMS DME 5 Element Order 1. Beneficiary's name 2. A description of the item of DME ordered–the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Signature of the prescribing physician/practitioner 4. Prescribing physician/practitioner's National Practitioner Identifier (NPI) 5. The date of the order	Third Party Proprietary Criteria	
Durable Medical Equipment (DME)	9/1/2019	E0465	HOME VENTILATOR ANY TYPE USED W INVASIVE INTF	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.CMS DME 5 Element Order 1. Beneficiary's name 2. A description of the item of DME ordered–the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Signature of the prescribing physician/practitioner 4. Prescribing physician/practitioner's National Practitioner Identifier (NPI) 5. The date of the order	Third Party Proprietary Criteria	
Durable Medical Equipment (DME)	9/1/2019	E0466	HOME VENTILATOR ANY TYPE USED W NON-INVASV INTF	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.CMS DME 5 Element Order 1. Beneficiary's name 2. A description of the item of DME ordered–the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Signature of the prescribing physician/practitioner 4. Prescribing physician/practitioner's National Practitioner Identifier (NPI) 5. The date of the order	Molina Clinical Policy: Noninvasive Positive Pressure Ventilation	

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria	Notes
Durable Medical Equipment (DME)	9/1/2019	E0467	HOME VENTILATOR MULTI-FUNCTION RESPIRATORY DEVC	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.CMS DME 5 Element Order 1. Beneficiary's name 2. A description of the item of DME ordered–the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Signature of the prescribing physician/practitioner 4. Prescribing physician/practitioner's National Practitioner Identifier (NPI) 5. The date of the order	Third Party Proprietary Criteria	
Durable Medical Equipment (DME)	7/1/2024	E0468	Home ventilator, dual-function respiratory device, also performs additional function of cough stimulation, includes all accessories, components and supplies for all functions	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.CMS DME 5 Element Order 1. Beneficiary's name 2. A description of the item of DME ordered–the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Signature of the prescribing physician/practitioner 4. Prescribing physician/practitioner's National Practitioner Identifier (NPI) 5. The date of the order	Third Party Proprietary Criteria	
Durable Medical Equipment (DME)	7/1/2021	E0470	RESP ASST DEVC BI-LEVL PRSS CAPABILITY W O BACKU	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.CMS DME 5 Element Order 1. Beneficiary's name 2. A description of the item of DME ordered–the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Signature of the prescribing physician/practitioner 4. Prescribing physician/practitioner's National Practitioner Identifier (NPI) 5. The date of the order	Third Party Proprietary Criteria	
Durable Medical Equipment (DME)	7/1/2021	E0471	RESP ASST DEVC BI-LEVL PRSS CAPABILITY W BACK-UP	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.CMS DME 5 Element Order 1. Beneficiary's name 2. A description of the item of DME ordered–the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Signature of the prescribing physician/practitioner 4. Prescribing physician/practitioner's National Practitioner Identifier (NPI) 5. The date of the order	Third Party Proprietary Criteria	

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria	Notes
Durable Medical Equipment (DME)	4/1/2023	E0472	RESP ASST DEVC BI-LEVL PRSSR CAPABILITY W/BACKUP W/ INVSVE INTRFCE	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.CMS DME 5 Element Order 1. Beneficiary's name 2. A description of the item of DME ordered–the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Signature of the prescribing physician/practitioner 4. Prescribing physician/practitioner's National Practitioner Identifier (NPI) 5. The date of the order	Third Party Proprietary Criteria	
Durable Medical Equipment (DME)	9/1/2019	E0481	INTRAPULM PERCUSSIVE VENT SYSTEM AND REL ACSSORIES	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.CMS DME 5 Element Order 1. Beneficiary's name 2. A description of the item of DME ordered–the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Signature of the prescribing physician/practitioner 4. Prescribing physician/practitioner's National Practitioner Identifier (NPI) 5. The date of the order	Third Party Proprietary Criteria	
Durable Medical Equipment (DME)	9/1/2019	E0483	HIGH FREQUENCY CHEST WALL OSCILLATION SYSTEM EA	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.CMS DME 5 Element Order 1. Beneficiary's name 2. A description of the item of DME ordered–the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Signature of the prescribing physician/practitioner 4. Prescribing physician/practitioner's National Practitioner Identifier (NPI) 5. The date of the order	Third Party Proprietary Criteria	
Durable Medical Equipment (DME)	10/1/2023	E0486	ORL DEVC/APPL RDUC UP AIRWAY COLLAPSIBILITY CSTM	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.CMS DME 5 Element Order 1. Beneficiary's name 2. A description of the item of DME ordered–the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Signature of the prescribing physician/practitioner 4. Prescribing physician/practitioner's National Practitioner Identifier (NPI) 5. The date of the order	Third Party Proprietary Criteria	

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria	Notes
Durable Medical Equipment (DME)	1/1/2024	E0492	POWER SRC AND CTRL ELEC ORAL DVC NEUMUSC ELC STM TNG	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.CMS DME 5 Element Order 1. Beneficiary's name 2. A description of the item of DME ordered–the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Signature of the prescribing physician/practitioner 4. Prescribing physician/practitioner's National Practitioner Identifier (NPI) 5. The date of the order	Third Party Proprietary Criteria	New replacement codes for excite OSA effective 1/1/24 (replacing K1028 and K1029)
Durable Medical Equipment (DME)	1/1/2024	E0493	ORAL DVC NM ELC STIM TONGUE MUSC PWR S AND C ELC 90D	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.CMS DME 5 Element Order 1. Beneficiary's name 2. A description of the item of DME ordered–the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Signature of the prescribing physician/practitioner 4. Prescribing physician/practitioner's National Practitioner Identifier (NPI) 5. The date of the order	Third Party Proprietary Criteria	New replacement codes for excite OSA effective 1/1/24 (replacing K1028 and K1029)
Sleep Studies	7/1/2021	E0561	HUMDIFIR NON-HEATED USED W POS AIRWAY PRESS DEVC	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.CMS DME 5 Element Order 1. Beneficiary's name 2. A description of the item of DME ordered–the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Signature of the prescribing physician/practitioner 4. Prescribing physician/practitioner's National Practitioner Identifier (NPI) 5. The date of the order	Third Party Proprietary Criteria	
Sleep Studies	7/1/2021	E0562	HUMDIFIR HEATED USED W POS ARWAY PRESSURE DEVICE	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.CMS DME 5 Element Order 1. Beneficiary's name 2. A description of the item of DME ordered–the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Signature of the prescribing physician/practitioner 4. Prescribing physician/practitioner's National Practitioner Identifier (NPI) 5. The date of the order	Third Party Proprietary Criteria	

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria	Notes
Sleep Studies	7/1/2021	E0601	CONTINUOUS POSITIVE AIRWAY PRESSURE DEVICE	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.CMS DME 5 Element Order 1. Beneficiary's name 2. A description of the item of DME ordered–the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Signature of the prescribing physician/practitioner 4. Prescribing physician/practitioner's National Practitioner Identifier (NPI) 5. The date of the order	Third Party Proprietary Criteria	
Durable Medical Equipment (DME)	4/1/2023	E0637	COMB SIT STAND FRAME/TABLE SYS SEATLIFT FEATURE	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.CMS DME 5 Element Order 1. Beneficiary's name 2. A description of the item of DME ordered–the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Signature of the prescribing physician/practitioner 4. Prescribing physician/practitioner's National Practitioner Identifier (NPI) 5. The date of the order	Third Party Proprietary Criteria	
Durable Medical Equipment (DME)	4/1/2023	E0638	STANDING FRAME/TABLE SYS ONE PSTION ANY SZ W/WO WHLS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.CMS DME 5 Element Order 1. Beneficiary's name 2. A description of the item of DME ordered–the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Signature of the prescribing physician/practitioner 4. Prescribing physician/practitioner's National Practitioner Identifier (NPI) 5. The date of the order	Third Party Proprietary Criteria	
Durable Medical Equipment (DME)	7/1/2024	E0640	Patient lift, fixed system, includes all components/accessories	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.CMS DME 5 Element Order 1. Beneficiary's name 2. A description of the item of DME ordered–the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Signature of the prescribing physician/practitioner 4. Prescribing physician/practitioner's National Practitioner Identifier (NPI) 5. The date of the order	Third Party Proprietary Criteria	

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria	Notes
Durable Medical Equipment (DME)	4/1/2023	E0641	FORM-FITTING CONDUCTIVE GARMENT DELIV TENS/NMES	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.CMS DME 5 Element Order 1. Beneficiary's name 2. A description of the item of DME ordered–the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Signature of the prescribing physician/practitioner 4. Prescribing physician/practitioner's National Practitioner Identifier (NPI) 5. The date of the order	Third Party Proprietary Criteria	
Durable Medical Equipment (DME)	4/1/2023	E0642	STANDING FRAME/TABLE SYS MOBILE DYNAMIC ANY SZ	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.CMS DME 5 Element Order 1. Beneficiary's name 2. A description of the item of DME ordered–the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Signature of the prescribing physician/practitioner 4. Prescribing physician/practitioner's National Practitioner Identifier (NPI) 5. The date of the order	Third Party Proprietary Criteria	
Durable Medical Equipment (DME)	1/1/2024	E0650	PNEUMATIC COMPRESSOR NONSEGMENTAL HOME MODEL	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.CMS DME 5 Element Order 1. Beneficiary's name 2. A description of the item of DME ordered–the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Signature of the prescribing physician/practitioner 4. Prescribing physician/practitioner's National Practitioner Identifier (NPI) 5. The date of the order	Third Party Proprietary Criteria	**PA Modernization - PA requirements will be removed where covered.**
Durable Medical Equipment (DME)	10/1/2020	E0651	PNEUMAT COMPRS SEG HOM MDL NO CALBRTD GRDNT PRSS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.CMS DME 5 Element Order 1. Beneficiary's name 2. A description of the item of DME ordered–the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Signature of the prescribing physician/practitioner 4. Prescribing physician/practitioner's National Practitioner Identifier (NPI) 5. The date of the order	Third Party Proprietary Criteria	

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria	Notes
Durable Medical Equipment (DME)	10/1/2019	E0652	PNEUMATIC COMPRESSOR, SEGMENTAL HOME MODEL WITH CALIBRATED GRADIENT PRESSURE	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.CMS DME 5 Element Order 1. Beneficiary's name 2. A description of the item of DME ordered–the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Signature of the prescribing physician/practitioner 4. Prescribing physician/practitioner's National Practitioner Identifier (NPI) 5. The date of the order	Third Party Proprietary Criteria	
Durable Medical Equipment (DME)	10/1/2020	E0656	SEG PNEUMAT APPLIANCE USE W PNEUMAT COMPRS TRUNK	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.CMS DME 5 Element Order 1. Beneficiary's name 2. A description of the item of DME ordered–the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Signature of the prescribing physician/practitioner 4. Prescribing physician/practitioner's National Practitioner Identifier (NPI) 5. The date of the order	Third Party Proprietary Criteria	
Durable Medical Equipment (DME)	10/1/2020	E0667	SEG PNEUMAT APPLINC W PNEUMAT COMPRS FULL LEG	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.CMS DME 5 Element Order 1. Beneficiary's name 2. A description of the item of DME ordered–the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Signature of the prescribing physician/practitioner 4. Prescribing physician/practitioner's National Practitioner Identifier (NPI) 5. The date of the order	Third Party Proprietary Criteria	
Durable Medical Equipment (DME)	10/1/2020	E0668	SEG PNEUMAT APPLINC W PNEUMAT COMPRS FULL ARM	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.CMS DME 5 Element Order 1. Beneficiary's name 2. A description of the item of DME ordered–the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Signature of the prescribing physician/practitioner 4. Prescribing physician/practitioner's National Practitioner Identifier (NPI) 5. The date of the order	Third Party Proprietary Criteria	

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria	Notes
Durable Medical Equipment (DME)	1/1/2024	E0670	SEG PNEU APPLINC PNEU COMPRS IN 2 FULL LEGS TRNK	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.CMS DME 5 Element Order 1. Beneficiary's name 2. A description of the item of DME ordered–the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Signature of the prescribing physician/practitioner 4. Prescribing physician/practitioner's National Practitioner Identifier (NPI) 5. The date of the order	Third Party Proprietary Criteria	**PA Modernization - PA requirements will be removed where covered.**
Durable Medical Equipment (DME)	10/1/2020	E0671	SEGMENTAL GRADENT PRESS PNEUMAT APPLINC FULL LEG	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.CMS DME 5 Element Order 1. Beneficiary's name 2. A description of the item of DME ordered–the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Signature of the prescribing physician/practitioner 4. Prescribing physician/practitioner's National Practitioner Identifier (NPI) 5. The date of the order	Third Party Proprietary Criteria	
Durable Medical Equipment (DME)	1/1/2024	E0673	SEGMENTAL GRADENT PRESS PNEUMAT APPLINC HALF LEG	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.CMS DME 5 Element Order 1. Beneficiary's name 2. A description of the item of DME ordered–the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Signature of the prescribing physician/practitioner 4. Prescribing physician/practitioner's National Practitioner Identifier (NPI) 5. The date of the order	Third Party Proprietary Criteria	**PA Modernization - PA requirements will be removed where covered.**
Durable Medical Equipment (DME)	10/1/2020	E0675	PNEUMAT COMPRS DEVC HI PRSS RAPID INFLATION DEFL	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.CMS DME 5 Element Order 1. Beneficiary's name 2. A description of the item of DME ordered–the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Signature of the prescribing physician/practitioner 4. Prescribing physician/practitioner's National Practitioner Identifier (NPI) 5. The date of the order	Third Party Proprietary Criteria	

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria	Notes
Durable Medical Equipment (DME)	10/1/2020	E0676	INTERMITTENT LIMB COMPRESSION DEVICE NOS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.CMS DME 5 Element Order 1. Beneficiary's name 2. A description of the item of DME ordered–the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Signature of the prescribing physician/practitioner 4. Prescribing physician/practitioner's National Practitioner Identifier (NPI) 5. The date of the order	Third Party Proprietary Criteria	
	7/1/2023	E0677	NONPNEUMATIC SEQUENTIAL COMP GARMENT TRUNK	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.CMS DME 5 Element Order 1. Beneficiary's name 2. A description of the item of DME ordered–the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Signature of the prescribing physician/practitioner 4. Prescribing physician/practitioner's National Practitioner Identifier (NPI) 5. The date of the order	Third Party Proprietary Criteria	
Durable Medical Equipment (DME)	9/1/2019	E0691	UV LIGHT TX SYS BULB LAMP TIMER; TX 2 SQ FT LESS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.CMS DME 5 Element Order 1. Beneficiary's name 2. A description of the item of DME ordered–the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Signature of the prescribing physician/practitioner 4. Prescribing physician/practitioner's National Practitioner Identifier (NPI) 5. The date of the order	Molina Clinical Review: Phototherapy and Laser Therapy for Dermatological Conditions	
Durable Medical Equipment (DME)	9/1/2019	E0694	UV MX DIR LT TX SYS 6 FT CABINET W BULB LAMP TMR	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.CMS DME 5 Element Order 1. Beneficiary's name 2. A description of the item of DME ordered–the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Signature of the prescribing physician/practitioner 4. Prescribing physician/practitioner's National Practitioner Identifier (NPI) 5. The date of the order	Molina Clinical Review: Phototherapy and Laser Therapy for Dermatological Conditions	

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria	Notes
Durable Medical Equipment (DME)	7/1/2026	E0738	UE REHAB SYS PROV AC ASST TO FACL MUSCLE RE-EDU	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
Durable Medical Equipment (DME)	9/1/2019	E0747	OSTOGNS STIM ELEC NONINVASV OTH THAN SP APPLIC	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.CMS DME 5 Element Order 1. Beneficiary's name 2. A description of the item of DME ordered–the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Signature of the prescribing physician/practitioner 4. Prescribing physician/practitioner's National Practitioner Identifier (NPI) 5. The date of the order	Third Party Proprietary Criteria	
Durable Medical Equipment (DME)	9/1/2019	E0748	OSTOGNS STIMULATOR ELEC NONINVASV SPINAL APPLIC	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.CMS DME 5 Element Order 1. Beneficiary's name 2. A description of the item of DME ordered–the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Signature of the prescribing physician/practitioner 4. Prescribing physician/practitioner's National Practitioner Identifier (NPI) 5. The date of the order	Third Party Proprietary Criteria	
Durable Medical Equipment (DME)	9/1/2019	E0749	OSTEOGENESIS STIMULATOR ELEC SURGICALLY IMPL	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.CMS DME 5 Element Order 1. Beneficiary's name 2. A description of the item of DME ordered–the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Signature of the prescribing physician/practitioner 4. Prescribing physician/practitioner's National Practitioner Identifier (NPI) 5. The date of the order	Third Party Proprietary Criteria	

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria	Notes
Durable Medical Equipment (DME)	9/1/2019	E0760	OSTOGNS STIM LOW INTENS ULTRASOUND NON-INVASV	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.CMS DME 5 Element Order 1. Beneficiary's name 2. A description of the item of DME ordered–the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Signature of the prescribing physician/practitioner 4. Prescribing physician/practitioner's National Practitioner Identifier (NPI) 5. The date of the order	Third Party Proprietary Criteria	
Durable Medical Equipment (DME)	9/1/2019	E0764	FUNC NEUROMUSC STIM MUSC AMBUL CMPT CNTRL SC INJ	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.CMS DME 5 Element Order 1. Beneficiary's name 2. A description of the item of DME ordered–the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Signature of the prescribing physician/practitioner 4. Prescribing physician/practitioner's National Practitioner Identifier (NPI) 5. The date of the order	Molina Clinical Policy: Functional Electrical Stimulation for Spinal Cord Injury	
Durable Medical Equipment (DME)	9/1/2019	E0766	ELEC STIM DVC U CANCER TX INCL ALL ACC ANY TYPE	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.CMS DME 5 Element Order 1. Beneficiary's name 2. A description of the item of DME ordered–the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Signature of the prescribing physician/practitioner 4. Prescribing physician/practitioner's National Practitioner Identifier (NPI) 5. The date of the order	Third Party Proprietary Criteria	
Unlisted/Miscellaneous codes: Molina requires prior authorization, as well as, medical necessity documentation and rationale be submitted with the prior authorization request for all Unlisted/Miscellaneous codes, including those not listed here	9/1/2019	E0769	ESTIM ELECTROMAGNETIC WOUND TREATMENT DEVC NOC	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.CMS DME 5 Element Order 1. Beneficiary's name 2. A description of the item of DME ordered–the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Signature of the prescribing physician/practitioner 4. Prescribing physician/practitioner's National Practitioner Identifier (NPI) 5. The date of the order	Additional information is required to define this code and determine criteria.	

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria	Notes
Unlisted/Miscellaneous codes: Molina requires prior authorization, as well as, medical necessity documentation and rationale be submitted with the prior authorization request for all Unlisted/Miscellaneous codes, including those not listed here	9/1/2019	E0770	FES TRANSQ STIM NERV AND MUSC GRP CMPL SYS NOS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.CMS DME 5 Element Order 1. Beneficiary's name 2. A description of the item of DME ordered–the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Signature of the prescribing physician/practitioner 4. Prescribing physician/practitioner's National Practitioner Identifier (NPI) 5. The date of the order	Additional information is required to define this code and determine criteria.	
Durable Medical Equipment (DME)	9/1/2019	E0782	INFUSION PUMP IMPLANTABLE NON-PROGRAMMABLE	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.CMS DME 5 Element Order 1. Beneficiary's name 2. A description of the item of DME ordered–the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Signature of the prescribing physician/practitioner 4. Prescribing physician/practitioner's National Practitioner Identifier (NPI) 5. The date of the order	Molina Clinical Policy: Implanted Intrathecal Pain Pumps Chronic Pain.	
Durable Medical Equipment (DME)	9/1/2019	E0783	INFUSION PUMP SYSTEM IMPLANTABLE PROGRAMMABLE	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.CMS DME 5 Element Order 1. Beneficiary's name 2. A description of the item of DME ordered–the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Signature of the prescribing physician/practitioner 4. Prescribing physician/practitioner's National Practitioner Identifier (NPI) 5. The date of the order	Molina Clinical Policy: Implanted Intrathecal Pain Pumps Chronic Pain.	
Durable Medical Equipment (DME)	9/1/2019	E0784	EXTERNAL AMBULATORY INFUSION PUMP INSULIN	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.CMS DME 5 Element Order 1. Beneficiary's name 2. A description of the item of DME ordered–the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Signature of the prescribing physician/practitioner 4. Prescribing physician/practitioner's National Practitioner Identifier (NPI) 5. The date of the order	Third Party Proprietary Criteria	

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria	Notes
Durable Medical Equipment (DME)	4/1/2020	E0787	External ambulatory infusion pump, insulin, dosage rate adjustment using therapeutic continuous glucose sensing	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.CMS DME 5 Element Order 1. Beneficiary's name 2. A description of the item of DME ordered–the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Signature of the prescribing physician/practitioner 4. Prescribing physician/practitioner's National Practitioner Identifier (NPI) 5. The date of the order	Third Party Proprietary Criteria	
Durable Medical Equipment (DME)	9/1/2019	E0983	MNL WC ACSS PWR ADD-ON CONVRT MNL WC MOTRIZD WC	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.CMS DME 5 Element Order 1. Beneficiary's name 2. A description of the item of DME ordered–the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Signature of the prescribing physician/practitioner 4. Prescribing physician/practitioner's National Practitioner Identifier (NPI) 5. The date of the order	Third Party Proprietary Criteria	
Durable Medical Equipment (DME)	9/1/2019	E0984	MNL WC ACSS PWR ADD-ON CONVRT MNL WC MOTRIZD WC	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.CMS DME 5 Element Order 1. Beneficiary's name 2. A description of the item of DME ordered–the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Signature of the prescribing physician/practitioner 4. Prescribing physician/practitioner's National Practitioner Identifier (NPI) 5. The date of the order	Third Party Proprietary Criteria	
Durable Medical Equipment (DME)	9/1/2019	E0986	MNL WHEELCHAIR ACSS PUSH-RIM ACT PWR ASSIST SYS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.CMS DME 5 Element Order 1. Beneficiary's name 2. A description of the item of DME ordered–the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Signature of the prescribing physician/practitioner 4. Prescribing physician/practitioner's National Practitioner Identifier (NPI) 5. The date of the order	Third Party Proprietary Criteria	

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria	Notes
Durable Medical Equipment (DME)	9/1/2019	E0988	MANUAL WC ACCESSORY LEVR-ACTIVATD WHL DRIVE PAIR	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.CMS DME 5 Element Order 1. Beneficiary's name 2. A description of the item of DME ordered–the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Signature of the prescribing physician/practitioner 4. Prescribing physician/practitioner's National Practitioner Identifier (NPI) 5. The date of the order	Third Party Proprietary Criteria	
Durable Medical Equipment (DME)	9/1/2019	E1002	WHEELCHAIR ACCESS POWER SEATING SYSTEM TILT ONLY	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.CMS DME 5 Element Order 1. Beneficiary's name 2. A description of the item of DME ordered–the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Signature of the prescribing physician/practitioner 4. Prescribing physician/practitioner's National Practitioner Identifier (NPI) 5. The date of the order	Third Party Proprietary Criteria	
Durable Medical Equipment (DME)	9/1/2019	E1003	WC ACSS PWR SEAT SYS RECLINE W O SHEAR RDUC	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.CMS DME 5 Element Order 1. Beneficiary's name 2. A description of the item of DME ordered–the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Signature of the prescribing physician/practitioner 4. Prescribing physician/practitioner's National Practitioner Identifier (NPI) 5. The date of the order	Third Party Proprietary Criteria	
Durable Medical Equipment (DME)	9/1/2019	E1004	WC ACSS PWR SEAT SYS RECLINE W MECH SHEAR RDUC	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.CMS DME 5 Element Order 1. Beneficiary's name 2. A description of the item of DME ordered–the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Signature of the prescribing physician/practitioner 4. Prescribing physician/practitioner's National Practitioner Identifier (NPI) 5. The date of the order	Third Party Proprietary Criteria	

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria	Notes
Durable Medical Equipment (DME)	9/1/2019	E1005	WC ACSS PWR SEAT SYS RECLINE W PWR SHEAR RDUC	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.CMS DME 5 Element Order 1. Beneficiary's name 2. A description of the item of DME ordered–the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Signature of the prescribing physician/practitioner 4. Prescribing physician/practitioner's National Practitioner Identifier (NPI) 5. The date of the order	Third Party Proprietary Criteria	
Durable Medical Equipment (DME)	9/1/2019	E1006	WC ACSS PWR SEAT SYS TILT AND RECLINE NO SHEAR RDUC	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.CMS DME 5 Element Order 1. Beneficiary's name 2. A description of the item of DME ordered–the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Signature of the prescribing physician/practitioner 4. Prescribing physician/practitioner's National Practitioner Identifier (NPI) 5. The date of the order	Third Party Proprietary Criteria	
Durable Medical Equipment (DME)	9/1/2019	E1007	WC ACSS PWR SEAT TILT AND RECLINE MECH SHEAR RDUC	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.CMS DME 5 Element Order 1. Beneficiary's name 2. A description of the item of DME ordered–the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Signature of the prescribing physician/practitioner 4. Prescribing physician/practitioner's National Practitioner Identifier (NPI) 5. The date of the order	Third Party Proprietary Criteria	
Durable Medical Equipment (DME)	9/1/2019	E1008	WC ACSS PWR SEAT TILT AND RECLINE W PWR SHEAR RDUC	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.CMS DME 5 Element Order 1. Beneficiary's name 2. A description of the item of DME ordered–the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Signature of the prescribing physician/practitioner 4. Prescribing physician/practitioner's National Practitioner Identifier (NPI) 5. The date of the order	Third Party Proprietary Criteria	

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria	Notes
Durable Medical Equipment (DME)	9/1/2019	E1010	WC ACCSS ADD PWR SEAT SYS PWR LEG ELEV SYS PAIR	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.CMS DME 5 Element Order 1. Beneficiary's name 2. A description of the item of DME ordered–the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Signature of the prescribing physician/practitioner 4. Prescribing physician/practitioner's National Practitioner Identifier (NPI) 5. The date of the order	Third Party Proprietary Criteria	
Durable Medical Equipment (DME)	9/1/2019	E1012	WC ACCSS PWR SEAT SYS CNTR MNT PWR ELEV LEG EA	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.CMS DME 5 Element Order 1. Beneficiary's name 2. A description of the item of DME ordered–the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Signature of the prescribing physician/practitioner 4. Prescribing physician/practitioner's National Practitioner Identifier (NPI) 5. The date of the order	Third Party Proprietary Criteria	
Durable Medical Equipment (DME)	1/1/2024	E1014	RECLIN BACK ADDITION PEDIATRIC SIZE WHEELCHAIR	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.CMS DME 5 Element Order 1. Beneficiary's name 2. A description of the item of DME ordered–the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Signature of the prescribing physician/practitioner 4. Prescribing physician/practitioner's National Practitioner Identifier (NPI) 5. The date of the order	Third Party Proprietary Criteria	**PA Modernization - PA requirements will be removed where covered.**
Durable Medical Equipment (DME)	1/1/2024	E1020	RESIDUAL LIMB SUPPORT SYSTEM WHEELCHAIR ANY TYPE	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.CMS DME 5 Element Order 1. Beneficiary's name 2. A description of the item of DME ordered–the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Signature of the prescribing physician/practitioner 4. Prescribing physician/practitioner's National Practitioner Identifier (NPI) 5. The date of the order	Third Party Proprietary Criteria	**PA Modernization - PA requirements will be removed where covered.**

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria	Notes
Durable Medical Equipment (DME)	1/1/2024	E1028	WHEELCHAIR ACCESSORY, MANUAL SWING AWAY, RETRACTABLE OR REMOVABLE MOUNTING HARDWARE FOR JOYSTICK, OTHER CONTROL INTERFACE OR POSITIONING ACCESSOR	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.CMS DME 5 Element Order 1. Beneficiary's name 2. A description of the item of DME ordered–the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Signature of the prescribing physician/practitioner 4. Prescribing physician/practitioner's National Practitioner Identifier (NPI) 5. The date of the order	Third Party Proprietary Criteria	PA Modernization - PA requirements will be removed where covered.
Durable Medical Equipment (DME)	1/1/2024	E1029	WHEELCHAIR ACCESSORY VENTILATOR TRAY FIXED	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.CMS DME 5 Element Order 1. Beneficiary's name 2. A description of the item of DME ordered–the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Signature of the prescribing physician/practitioner 4. Prescribing physician/practitioner's National Practitioner Identifier (NPI) 5. The date of the order	Third Party Proprietary Criteria	**PA Modernization - PA requirements will be removed where covered.**
Durable Medical Equipment (DME)	9/1/2019	E1030	WHEELCHAIR ACCESSORY VENTILATOR TRAY GIMBALED	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.CMS DME 5 Element Order 1. Beneficiary's name 2. A description of the item of DME ordered–the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Signature of the prescribing physician/practitioner 4. Prescribing physician/practitioner's National Practitioner Identifier (NPI) 5. The date of the order	Third Party Proprietary Criteria	
Durable Medical Equipment (DME)	1/1/2024	E1035	MULTI-PSTN PT TRNSF SYS W SEAT PT WT UNDER EQ 300 LBS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.CMS DME 5 Element Order 1. Beneficiary's name 2. A description of the item of DME ordered–the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Signature of the prescribing physician/practitioner 4. Prescribing physician/practitioner's National Practitioner Identifier (NPI) 5. The date of the order	Third Party Proprietary Criteria	**PA Modernization - PA requirements will be removed where covered.**

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria	Notes
Durable Medical Equipment (DME)	1/1/2024	E1036	MULTI-PSTN PT TRNSF SYS EXTRA WIDE PT OVER 300 LBS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.CMS DME 5 Element Order 1. Beneficiary's name 2. A description of the item of DME ordered–the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Signature of the prescribing physician/practitioner 4. Prescribing physician/practitioner's National Practitioner Identifier (NPI) 5. The date of the order	Third Party Proprietary Criteria	**PA Modernization - PA requirements will be removed where covered.**
Durable Medical Equipment (DME)	9/1/2019	E1161	MANUAL ADULT SIZE WHEELCHAIR INCLUDES TILT SPACE	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.CMS DME 5 Element Order 1. Beneficiary's name 2. A description of the item of DME ordered–the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Signature of the prescribing physician/practitioner 4. Prescribing physician/practitioner's National Practitioner Identifier (NPI) 5. The date of the order	Third Party Proprietary Criteria	
Durable Medical Equipment (DME)	1/1/2024	E1225	WHLCHAIR ACCESS MANUAL SEMIRECLINING BACK EACH	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.CMS DME 5 Element Order 1. Beneficiary's name 2. A description of the item of DME ordered–the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Signature of the prescribing physician/practitioner 4. Prescribing physician/practitioner's National Practitioner Identifier (NPI) 5. The date of the order	Third Party Proprietary Criteria	**PA Modernization - PA requirements will be removed where covered.**
Durable Medical Equipment (DME)	1/1/2024	E1226	WHLCHAIR ACCESS MANUAL FULL RECLINING BACK EACH	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.CMS DME 5 Element Order 1. Beneficiary's name 2. A description of the item of DME ordered–the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Signature of the prescribing physician/practitioner 4. Prescribing physician/practitioner's National Practitioner Identifier (NPI) 5. The date of the order	Third Party Proprietary Criteria	**PA Modernization - PA requirements will be removed where covered.**

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria	Notes
Durable Medical Equipment (DME)	1/1/2024	E1227	SPECIAL HEIGHT ARMS FOR WHEELCHAIR	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.CMS DME 5 Element Order 1. Beneficiary's name 2. A description of the item of DME ordered–the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Signature of the prescribing physician/practitioner 4. Prescribing physician/practitioner's National Practitioner Identifier (NPI) 5. The date of the order	Third Party Proprietary Criteria	**PA Modernization - PA requirements will be removed where covered.**
Durable Medical Equipment (DME)	7/1/2024	E1229	Wheelchair, pediatric size, not otherwise specified	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.CMS DME 5 Element Order 1. Beneficiary's name 2. A description of the item of DME ordered–the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Signature of the prescribing physician/practitioner 4. Prescribing physician/practitioner's National Practitioner Identifier (NPI) 5. The date of the order	Third Party Proprietary Criteria	
Durable Medical Equipment (DME)	9/1/2019	E1230	PWR OPERATED VEH SPEC BRAND NAME AND MODEL NUMBER	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.CMS DME 5 Element Order 1. Beneficiary's name 2. A description of the item of DME ordered–the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Signature of the prescribing physician/practitioner 4. Prescribing physician/practitioner's National Practitioner Identifier (NPI) 5. The date of the order	Third Party Proprietary Criteria	
Durable Medical Equipment (DME)	9/1/2019	E1232	WC PED SZ TILT-IN-SPACE FOLD ADJUSTBL W SEAT SYS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.CMS DME 5 Element Order 1. Beneficiary's name 2. A description of the item of DME ordered–the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Signature of the prescribing physician/practitioner 4. Prescribing physician/practitioner's National Practitioner Identifier (NPI) 5. The date of the order	Third Party Proprietary Criteria	

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria	Notes
Durable Medical Equipment (DME)	9/1/2019	E1233	WC PED SZ TILT-IN-SPACE RIGD ADJUSTBL W O SEAT	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.CMS DME 5 Element Order 1. Beneficiary's name 2. A description of the item of DME ordered–the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Signature of the prescribing physician/practitioner 4. Prescribing physician/practitioner's National Practitioner Identifier (NPI) 5. The date of the order	Third Party Proprietary Criteria	
Durable Medical Equipment (DME)	9/1/2019	E1234	WC PED SZ TILT-IN-SPACE FOLD ADJUSTBL W O SEAT	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.CMS DME 5 Element Order 1. Beneficiary's name 2. A description of the item of DME ordered–the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Signature of the prescribing physician/practitioner 4. Prescribing physician/practitioner's National Practitioner Identifier (NPI) 5. The date of the order	Third Party Proprietary Criteria	
Durable Medical Equipment (DME)	9/1/2019	E1235	WHLCHAIR PED SIZE RIGD ADJUSTBL W SEATING SYSTEM	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.CMS DME 5 Element Order 1. Beneficiary's name 2. A description of the item of DME ordered–the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Signature of the prescribing physician/practitioner 4. Prescribing physician/practitioner's National Practitioner Identifier (NPI) 5. The date of the order	Third Party Proprietary Criteria	
Durable Medical Equipment (DME)	9/1/2019	E1236	WHLCHAIR PED SIZE FOLD ADJUSTBL W SEATING SYSTEM	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.CMS DME 5 Element Order 1. Beneficiary's name 2. A description of the item of DME ordered–the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Signature of the prescribing physician/practitioner 4. Prescribing physician/practitioner's National Practitioner Identifier (NPI) 5. The date of the order	Third Party Proprietary Criteria	

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria	Notes
Durable Medical Equipment (DME)	9/1/2019	E1237	WHLCHAIR PED SZ RIGD ADJUSTBL W O SEATING SYSTEM	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.CMS DME 5 Element Order 1. Beneficiary's name 2. A description of the item of DME ordered–the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Signature of the prescribing physician/practitioner 4. Prescribing physician/practitioner's National Practitioner Identifier (NPI) 5. The date of the order	Third Party Proprietary Criteria	
Durable Medical Equipment (DME)	9/1/2019	E1238	WHLCHAIR PED SZ FOLD ADJUSTBL W O SEATING SYSTEM	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.CMS DME 5 Element Order 1. Beneficiary's name 2. A description of the item of DME ordered–the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Signature of the prescribing physician/practitioner 4. Prescribing physician/practitioner's National Practitioner Identifier (NPI) 5. The date of the order	Third Party Proprietary Criteria	
Durable Medical Equipment (DME)	1/1/2024	E1296	SPECIAL WHEELCHAIR SEAT HEIGHT FROM FLOOR	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.CMS DME 5 Element Order 1. Beneficiary's name 2. A description of the item of DME ordered–the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Signature of the prescribing physician/practitioner 4. Prescribing physician/practitioner's National Practitioner Identifier (NPI) 5. The date of the order	Third Party Proprietary Criteria	**PA Modernization - PA requirements will be removed where covered.**
Durable Medical Equipment (DME)	1/1/2024	E1298	SPECIAL WHLCHAIR SEAT DEPTH AND OR WIDTH CONSTRUCT	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.CMS DME 5 Element Order 1. Beneficiary's name 2. A description of the item of DME ordered–the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Signature of the prescribing physician/practitioner 4. Prescribing physician/practitioner's National Practitioner Identifier (NPI) 5. The date of the order	Third Party Proprietary Criteria	**PA Modernization - PA requirements will be removed where covered.**

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria	Notes
Durable Medical Equipment (DME)	9/1/2019	E1310	WHIRLPOOL NONPORTABLE	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.CMS DME 5 Element Order 1. Beneficiary's name 2. A description of the item of DME ordered–the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Signature of the prescribing physician/practitioner 4. Prescribing physician/practitioner's National Practitioner Identifier (NPI) 5. The date of the order	Third Party Proprietary Criteria	
Durable Medical Equipment (DME)	1/1/2022	E1390	Oxygen concentrator, single delivery port, capable of delivering 85 percent or greater oxygen concentration at the prescribed flow rate	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.CMS DME 5 Element Order 1. Beneficiary's name 2. A description of the item of DME ordered–the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Signature of the prescribing physician/practitioner 4. Prescribing physician/practitioner's National Practitioner Identifier (NPI) 5. The date of the order	Third Party Proprietary Criteria	
Durable Medical Equipment (DME)	1/1/2022	E1391	Oxygen concentrator, dual delivery port, capable of delivering 85 percent or greater oxygen concentration at the prescribed flow rate, each	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.CMS DME 5 Element Order 1. Beneficiary's name 2. A description of the item of DME ordered–the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Signature of the prescribing physician/practitioner 4. Prescribing physician/practitioner's National Practitioner Identifier (NPI) 5. The date of the order	Third Party Proprietary Criteria	
Unlisted/Miscellaneous codes: Molina requires prior authorization, as well as, medical necessity documentation and rationale be submitted with the prior authorization request for all Unlisted/Miscellaneous codes, including those not listed here	9/1/2019	E1399	DURABLE MEDICAL EQUIPMENT MISCELLANEOUS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.CMS DME 5 Element Order 1. Beneficiary's name 2. A description of the item of DME ordered–the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Signature of the prescribing physician/practitioner 4. Prescribing physician/practitioner's National Practitioner Identifier (NPI) 5. The date of the order	Additional information is required to define this code and determine criteria.	

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria	Notes
Unlisted/Miscellaneous codes: Molina requires prior authorization, as well as, medical necessity documentation and rationale be submitted with the prior authorization request for all Unlisted/Miscellaneous codes, including those not listed here	1/1/2024	E1699	DIALYSIS EQUIPMENT NOT OTHERWISE SPECIFIED	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.CMS DME 5 Element Order 1. Beneficiary's name 2. A description of the item of DME ordered–the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Signature of the prescribing physician/practitioner 4. Prescribing physician/practitioner's National Practitioner Identifier (NPI) 5. The date of the order	Additional information is required to define this code and determine criteria.	PA Modernization - PA requirements will be removed where covered.
Durable Medical Equipment (DME)	1/1/2024	E1700	JAW MOTION REHABILITATION SYSTEM	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.CMS DME 5 Element Order 1. Beneficiary's name 2. A description of the item of DME ordered–the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Signature of the prescribing physician/practitioner 4. Prescribing physician/practitioner's National Practitioner Identifier (NPI) 5. The date of the order	Third Party Proprietary Criteria	**PA Modernization - PA requirements will be removed where covered.**
Durable Medical Equipment (DME)	7/1/2023	E1905	VIRTUAL REALITY CBT INCLUDING PP TX SOFTWARE	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.CMS DME 5 Element Order 1. Beneficiary's name 2. A description of the item of DME ordered–the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Signature of the prescribing physician/practitioner 4. Prescribing physician/practitioner's National Practitioner Identifier (NPI) 5. The date of the order	Third Party Proprietary Criteria	
Durable Medical Equipment (DME)	1/1/2023	E2102	ADJUNCTIVE CONTINUOUS GLUCOSE MONITOR/RECEIVER	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.CMS DME 5 Element Order 1. Beneficiary's name 2. A description of the item of DME ordered–the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Signature of the prescribing physician/practitioner 4. Prescribing physician/practitioner's National Practitioner Identifier (NPI) 5. The date of the order	Third Party Proprietary Criteria	

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria	Notes
Durable Medical Equipment (DME)	4/1/2023	E2102	ADJUNCTIVE CONTINUOUS GLUCOSE MONITOR/RECEIVER	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.CMS DME 5 Element Order 1. Beneficiary's name 2. A description of the item of DME ordered–the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Signature of the prescribing physician/practitioner 4. Prescribing physician/practitioner's National Practitioner Identifier (NPI) 5. The date of the order	Third Party Proprietary Criteria	
Durable Medical Equipment (DME)	4/1/2023	E2103	NONADJUNCTIVE NONIMPLANTED CGM/RECEIVER	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.CMS DME 5 Element Order 1. Beneficiary's name 2. A description of the item of DME ordered–the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Signature of the prescribing physician/practitioner 4. Prescribing physician/practitioner's National Practitioner Identifier (NPI) 5. The date of the order	Third Party Proprietary Criteria	
Durable Medical Equipment (DME)	1/1/2024	E2201	MNL WC ACSS NONSTD SEAT WDTH GRT THN EQ 20 IN AND UNDER	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.CMS DME 5 Element Order 1. Beneficiary's name 2. A description of the item of DME ordered–the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Signature of the prescribing physician/practitioner 4. Prescribing physician/practitioner's National Practitioner Identifier (NPI) 5. The date of the order	Third Party Proprietary Criteria	**PA Modernization - PA requirements will be removed where covered.**
Durable Medical Equipment (DME)	1/1/2024	E2202	MANUAL WC ACSS NONSTD SEAT FRME WIDTH 24-27 IN	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.CMS DME 5 Element Order 1. Beneficiary's name 2. A description of the item of DME ordered–the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Signature of the prescribing physician/practitioner 4. Prescribing physician/practitioner's National Practitioner Identifier (NPI) 5. The date of the order	Third Party Proprietary Criteria	**PA Modernization - PA requirements will be removed where covered.**

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria	Notes
Durable Medical Equipment (DME)	1/1/2024	E2203	MANUAL WC ACSS NONSTD SEAT FRME DEPTH 20 UNDER 22 IN	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.CMS DME 5 Element Order 1. Beneficiary's name 2. A description of the item of DME ordered–the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Signature of the prescribing physician/practitioner 4. Prescribing physician/practitioner's National Practitioner Identifier (NPI) 5. The date of the order	Third Party Proprietary Criteria	**PA Modernization - PA requirements will be removed where covered.**
Durable Medical Equipment (DME)	1/1/2024	E2204	MANUAL WC ACSS NONSTD SEAT FRME DEPTH 22-25 IN	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.CMS DME 5 Element Order 1. Beneficiary's name 2. A description of the item of DME ordered–the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Signature of the prescribing physician/practitioner 4. Prescribing physician/practitioner's National Practitioner Identifier (NPI) 5. The date of the order	Third Party Proprietary Criteria	**PA Modernization - PA requirements will be removed where covered.**
Durable Medical Equipment (DME)	1/1/2024	E2227	MANUAL WC ACCESS GEAR REDUCTION DRIVE WHEEL EACH	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.CMS DME 5 Element Order 1. Beneficiary's name 2. A description of the item of DME ordered–the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Signature of the prescribing physician/practitioner 4. Prescribing physician/practitioner's National Practitioner Identifier (NPI) 5. The date of the order	Third Party Proprietary Criteria	**PA Modernization - PA requirements will be removed where covered.**
Durable Medical Equipment (DME)	1/1/2024	E2291	BACK PLANAR PED SZ WC INCL FIX ATTCHING HARDWARE	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.CMS DME 5 Element Order 1. Beneficiary's name 2. A description of the item of DME ordered–the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Signature of the prescribing physician/practitioner 4. Prescribing physician/practitioner's National Practitioner Identifier (NPI) 5. The date of the order	Third Party Proprietary Criteria	**PA Modernization - PA requirements will be removed where covered.**

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria	Notes
Durable Medical Equipment (DME)	1/1/2024	E2292	SEAT PLANAR PED SZ WC INCL FIX ATTCHING HARDWARE	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.CMS DME 5 Element Order 1. Beneficiary's name 2. A description of the item of DME ordered–the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Signature of the prescribing physician/practitioner 4. Prescribing physician/practitioner's National Practitioner Identifier (NPI) 5. The date of the order	Third Party Proprietary Criteria	**PA Modernization - PA requirements will be removed where covered.**
Durable Medical Equipment (DME)	1/1/2024	E2293	BACK CONTOURED PED WC INCL FIX ATTCH HARDWARE	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.CMS DME 5 Element Order 1. Beneficiary's name 2. A description of the item of DME ordered–the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Signature of the prescribing physician/practitioner 4. Prescribing physician/practitioner's National Practitioner Identifier (NPI) 5. The date of the order	Third Party Proprietary Criteria	**PA Modernization - PA requirements will be removed where covered.**
Durable Medical Equipment (DME)	1/1/2024	E2294	SEAT CONTOURED PED WC INCL FIX ATTCH HARDWARE	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.CMS DME 5 Element Order 1. Beneficiary's name 2. A description of the item of DME ordered–the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Signature of the prescribing physician/practitioner 4. Prescribing physician/practitioner's National Practitioner Identifier (NPI) 5. The date of the order	Third Party Proprietary Criteria	**PA Modernization - PA requirements will be removed where covered.**
Durable Medical Equipment (DME)	9/1/2019	E2295	MNL WC ACCESS PED SIZE WC DYNAMIC SEATING FRAME	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.CMS DME 5 Element Order 1. Beneficiary's name 2. A description of the item of DME ordered–the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Signature of the prescribing physician/practitioner 4. Prescribing physician/practitioner's National Practitioner Identifier (NPI) 5. The date of the order	Third Party Proprietary Criteria	

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria	Notes
Durable Medical Equipment (DME)	7/1/2024	E2298	Complex rehabilitative power wheelchair accessory, power seat elevation system, any type	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.CMS DME 5 Element Order 1. Beneficiary's name 2. A description of the item of DME ordered–the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Signature of the prescribing physician/practitioner 4. Prescribing physician/practitioner's National Practitioner Identifier (NPI) 5. The date of the order	Third Party Proprietary Criteria	
Durable Medical Equipment (DME)	10/1/2019	E2300	WHEEL CHAIR ACCESSORY - PWR SEAT ELEVATION SYS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.CMS DME 5 Element Order 1. Beneficiary's name 2. A description of the item of DME ordered–the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Signature of the prescribing physician/practitioner 4. Prescribing physician/practitioner's National Practitioner Identifier (NPI) 5. The date of the order	Third Party Proprietary Criteria	
Durable Medical Equipment (DME)	4/1/2023	E2301	WHEELCHAIR ACCESSORY POWER STANDING SYS ANY TYPE	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.CMS DME 5 Element Order 1. Beneficiary's name 2. A description of the item of DME ordered–the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Signature of the prescribing physician/practitioner 4. Prescribing physician/practitioner's National Practitioner Identifier (NPI) 5. The date of the order	Third Party Proprietary Criteria	
Durable Medical Equipment (DME)	9/1/2019	E2310	PWR WC ACSS ELEC CNCT BETWN WC CNTRLLER AND ONE PWR	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.CMS DME 5 Element Order 1. Beneficiary's name 2. A description of the item of DME ordered–the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Signature of the prescribing physician/practitioner 4. Prescribing physician/practitioner's National Practitioner Identifier (NPI) 5. The date of the order	Third Party Proprietary Criteria	

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria	Notes
Durable Medical Equipment (DME)	9/1/2019	E2311	PWR WC ACSS ELEC CNCT BETWN WC CNTRLLER AND TWO MORE	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.CMS DME 5 Element Order 1. Beneficiary's name 2. A description of the item of DME ordered–the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Signature of the prescribing physician/practitioner 4. Prescribing physician/practitioner's National Practitioner Identifier (NPI) 5. The date of the order	Third Party Proprietary Criteria	
Durable Medical Equipment (DME)	9/1/2019	E2312	POWER WC ACCESS HAND OR CHIN CONTROL INTERFACE	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.CMS DME 5 Element Order 1. Beneficiary's name 2. A description of the item of DME ordered–the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Signature of the prescribing physician/practitioner 4. Prescribing physician/practitioner's National Practitioner Identifier (NPI) 5. The date of the order	Third Party Proprietary Criteria	
Durable Medical Equipment (DME)	9/1/2019	E2313	POWER WC ACCESS HARNESS UPGRADE EXP CONTROLLR EA	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.CMS DME 5 Element Order 1. Beneficiary's name 2. A description of the item of DME ordered–the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Signature of the prescribing physician/practitioner 4. Prescribing physician/practitioner's National Practitioner Identifier (NPI) 5. The date of the order	Third Party Proprietary Criteria	
Durable Medical Equipment (DME)	9/1/2019	E2321	PWR WC ACSS HND CNTRL REMOT JOYSTCK NO PRPRTNL	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.CMS DME 5 Element Order 1. Beneficiary's name 2. A description of the item of DME ordered–the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Signature of the prescribing physician/practitioner 4. Prescribing physician/practitioner's National Practitioner Identifier (NPI) 5. The date of the order	Third Party Proprietary Criteria	

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria	Notes
Durable Medical Equipment (DME)	9/1/2019	E2322	PWR WC ACSS HND CNTRL MX MECH SWTCH NO PRPRTNL	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.CMS DME 5 Element Order 1. Beneficiary's name 2. A description of the item of DME ordered–the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Signature of the prescribing physician/practitioner 4. Prescribing physician/practitioner's National Practitioner Identifier (NPI) 5. The date of the order	Third Party Proprietary Criteria	
Durable Medical Equipment (DME)	9/1/2019	E2325	PWR WC ACSS SIP AND PUFF INTERFCE NONPROPRTNAL	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.CMS DME 5 Element Order 1. Beneficiary's name 2. A description of the item of DME ordered–the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Signature of the prescribing physician/practitioner 4. Prescribing physician/practitioner's National Practitioner Identifier (NPI) 5. The date of the order	Third Party Proprietary Criteria	
Durable Medical Equipment (DME)	1/1/2024	E2326	PWR WC ACSS BREATH TUBE KIT SIP AND PUFF INTERFCE	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.CMS DME 5 Element Order 1. Beneficiary's name 2. A description of the item of DME ordered–the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Signature of the prescribing physician/practitioner 4. Prescribing physician/practitioner's National Practitioner Identifier (NPI) 5. The date of the order	Third Party Proprietary Criteria	**PA Modernization - PA requirements will be removed where covered.**
Durable Medical Equipment (DME)	9/1/2019	E2327	PWR WC ACSS HEAD CNTRL INTERFCE MECH PROPRTNAL	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.CMS DME 5 Element Order 1. Beneficiary's name 2. A description of the item of DME ordered–the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Signature of the prescribing physician/practitioner 4. Prescribing physician/practitioner's National Practitioner Identifier (NPI) 5. The date of the order	Third Party Proprietary Criteria	

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria	Notes
Durable Medical Equipment (DME)	9/1/2019	E2328	PWR WC ACSS HEAD CNTRL EXT CNTRL ELEC PRPRTNL	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.CMS DME 5 Element Order 1. Beneficiary's name 2. A description of the item of DME ordered–the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Signature of the prescribing physician/practitioner 4. Prescribing physician/practitioner's National Practitioner Identifier (NPI) 5. The date of the order	Third Party Proprietary Criteria	
Durable Medical Equipment (DME)	9/1/2019	E2329	PWR WC ACSS HEAD CNTRL CNTC SWTCH MECH NOPRPRTNL	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.CMS DME 5 Element Order 1. Beneficiary's name 2. A description of the item of DME ordered–the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Signature of the prescribing physician/practitioner 4. Prescribing physician/practitioner's National Practitioner Identifier (NPI) 5. The date of the order	Third Party Proprietary Criteria	
Durable Medical Equipment (DME)	9/1/2019	E2330	PWR WC ACCSS HEAD PROX SWITCH MECH NONPRPRTNL	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.CMS DME 5 Element Order 1. Beneficiary's name 2. A description of the item of DME ordered–the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Signature of the prescribing physician/practitioner 4. Prescribing physician/practitioner's National Practitioner Identifier (NPI) 5. The date of the order	Third Party Proprietary Criteria	
Durable Medical Equipment (DME)	9/1/2019	E2340	POWER WC ACCESS NONSTAND SEAT FRAME WD 20-23 IN	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.CMS DME 5 Element Order 1. Beneficiary's name 2. A description of the item of DME ordered–the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Signature of the prescribing physician/practitioner 4. Prescribing physician/practitioner's National Practitioner Identifier (NPI) 5. The date of the order	Third Party Proprietary Criteria	

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria	Notes
Durable Medical Equipment (DME)	9/1/2019	E2341	PWR WC ACSS NONSTD SEAT FRME WIDTH 24-27 IN	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.CMS DME 5 Element Order 1. Beneficiary's name 2. A description of the item of DME ordered–the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Signature of the prescribing physician/practitioner 4. Prescribing physician/practitioner's National Practitioner Identifier (NPI) 5. The date of the order	Third Party Proprietary Criteria	
Durable Medical Equipment (DME)	9/1/2019	E2342	PWR WC ACSS NONSTD SEAT FRME DEPTH 20 21 IN	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.CMS DME 5 Element Order 1. Beneficiary's name 2. A description of the item of DME ordered–the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Signature of the prescribing physician/practitioner 4. Prescribing physician/practitioner's National Practitioner Identifier (NPI) 5. The date of the order	Third Party Proprietary Criteria	
Durable Medical Equipment (DME)	9/1/2019	E2343	PWR WC ACSS NONSTD SEAT FRME DEPTH 22-25 IN	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.CMS DME 5 Element Order 1. Beneficiary's name 2. A description of the item of DME ordered–the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Signature of the prescribing physician/practitioner 4. Prescribing physician/practitioner's National Practitioner Identifier (NPI) 5. The date of the order	Third Party Proprietary Criteria	
Durable Medical Equipment (DME)	9/1/2019	E2351	PWR WC ACSS ELEC INTERFCE OPERATE SPCH GEN DEVC	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.CMS DME 5 Element Order 1. Beneficiary's name 2. A description of the item of DME ordered–the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Signature of the prescribing physician/practitioner 4. Prescribing physician/practitioner's National Practitioner Identifier (NPI) 5. The date of the order	Third Party Proprietary Criteria	

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria	Notes
Durable Medical Equipment (DME)	1/1/2024	E2361	PWR WC ACSS 22NF SEALED LEAD ACID BATTRY EA	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.CMS DME 5 Element Order 1. Beneficiary's name 2. A description of the item of DME ordered–the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Signature of the prescribing physician/practitioner 4. Prescribing physician/practitioner's National Practitioner Identifier (NPI) 5. The date of the order	Third Party Proprietary Criteria	**PA Modernization - PA requirements will be removed where covered.**
Durable Medical Equipment (DME)	1/1/2024	E2366	PWR WC ACSS BATTRY CHRGR 1 MODE W ONLY 1 BATTRY	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.CMS DME 5 Element Order 1. Beneficiary's name 2. A description of the item of DME ordered–the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Signature of the prescribing physician/practitioner 4. Prescribing physician/practitioner's National Practitioner Identifier (NPI) 5. The date of the order	Third Party Proprietary Criteria	**PA Modernization - PA requirements will be removed where covered.**
Durable Medical Equipment (DME)	1/1/2024	E2367	PWR WC ACSS BATT CHRGR DUL MODE W EITHER BATT EA	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.CMS DME 5 Element Order 1. Beneficiary's name 2. A description of the item of DME ordered–the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Signature of the prescribing physician/practitioner 4. Prescribing physician/practitioner's National Practitioner Identifier (NPI) 5. The date of the order	Third Party Proprietary Criteria	**PA Modernization - PA requirements will be removed where covered.**
Durable Medical Equipment (DME)	1/1/2024	E2368	POWER WHEELCHAIR CMPNT MOTOR REPLACEMENT ONLY	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.CMS DME 5 Element Order 1. Beneficiary's name 2. A description of the item of DME ordered–the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Signature of the prescribing physician/practitioner 4. Prescribing physician/practitioner's National Practitioner Identifier (NPI) 5. The date of the order	Third Party Proprietary Criteria	**PA Modernization - PA requirements will be removed where covered.**

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria	Notes
Durable Medical Equipment (DME)	9/1/2019	E2369	POWER WC CMPNNT DRIVE WHEEL GEAR BOX REPL ONLY	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.CMS DME 5 Element Order 1. Beneficiary's name 2. A description of the item of DME ordered–the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Signature of the prescribing physician/practitioner 4. Prescribing physician/practitioner's National Practitioner Identifier (NPI) 5. The date of the order	Third Party Proprietary Criteria	
Durable Medical Equipment (DME)	9/1/2019	E2370	PWR WC COMP INT DR WHL MTR AND GR BOX COMB REPL ONLY	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.CMS DME 5 Element Order 1. Beneficiary's name 2. A description of the item of DME ordered–the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Signature of the prescribing physician/practitioner 4. Prescribing physician/practitioner's National Practitioner Identifier (NPI) 5. The date of the order	Third Party Proprietary Criteria	
Durable Medical Equipment (DME)	9/1/2019	E2373	PWR WC MINI-PROPORTIONAL COMPACT REMOTE JOYSTICK	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.CMS DME 5 Element Order 1. Beneficiary's name 2. A description of the item of DME ordered–the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Signature of the prescribing physician/practitioner 4. Prescribing physician/practitioner's National Practitioner Identifier (NPI) 5. The date of the order	Third Party Proprietary Criteria	
Durable Medical Equipment (DME)	1/1/2024	E2374	PWR WC STANDARD REMOTE JOYSTICK REPLACEMENT ONLY	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.CMS DME 5 Element Order 1. Beneficiary's name 2. A description of the item of DME ordered–the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Signature of the prescribing physician/practitioner 4. Prescribing physician/practitioner's National Practitioner Identifier (NPI) 5. The date of the order	Third Party Proprietary Criteria	**PA Modernization - PA requirements will be removed where covered.**

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria	Notes
Durable Medical Equipment (DME)	9/1/2019	E2375	PWR WC NONEXPNDABLE CONTROLLER REPLACEMENT ONLY	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.CMS DME 5 Element Order 1. Beneficiary's name 2. A description of the item of DME ordered–the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Signature of the prescribing physician/practitioner 4. Prescribing physician/practitioner's National Practitioner Identifier (NPI) 5. The date of the order	Third Party Proprietary Criteria	
Durable Medical Equipment (DME)	9/1/2019	E2376	PWR WC EXPANDABLE CONTROLLER REPLACEMENT ONLY	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.CMS DME 5 Element Order 1. Beneficiary's name 2. A description of the item of DME ordered–the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Signature of the prescribing physician/practitioner 4. Prescribing physician/practitioner's National Practitioner Identifier (NPI) 5. The date of the order	Third Party Proprietary Criteria	
Durable Medical Equipment (DME)	9/1/2019	E2377	PWR WC EXPANDABLE CONTROLLER UPGRADE INIT ISSUE	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.CMS DME 5 Element Order 1. Beneficiary's name 2. A description of the item of DME ordered–the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Signature of the prescribing physician/practitioner 4. Prescribing physician/practitioner's National Practitioner Identifier (NPI) 5. The date of the order	Third Party Proprietary Criteria	
Durable Medical Equipment (DME)	1/1/2024	E2378	POWER WHEELCHAIR COMPONENT ACTUATOR REPLACE ONLY	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.CMS DME 5 Element Order 1. Beneficiary's name 2. A description of the item of DME ordered–the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Signature of the prescribing physician/practitioner 4. Prescribing physician/practitioner's National Practitioner Identifier (NPI) 5. The date of the order	Third Party Proprietary Criteria	**PA Modernization - PA requirements will be removed where covered.**

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria	Notes
Durable Medical Equipment (DME)	1/1/2024	E2397	POWER WHLCHAIR ACCESSORY LITHIUM-BASED BATTRY EA	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.CMS DME 5 Element Order 1. Beneficiary's name 2. A description of the item of DME ordered–the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Signature of the prescribing physician/practitioner 4. Prescribing physician/practitioner's National Practitioner Identifier (NPI) 5. The date of the order	Third Party Proprietary Criteria	**PA Modernization - PA requirements will be removed where covered.**
Durable Medical Equipment (DME)	4/1/2020	E2398	Wheelchair accessory, dynamic positioning hardware for back	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.CMS DME 5 Element Order 1. Beneficiary's name 2. A description of the item of DME ordered–the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Signature of the prescribing physician/practitioner 4. Prescribing physician/practitioner's National Practitioner Identifier (NPI) 5. The date of the order	Third Party Proprietary Criteria	
Durable Medical Equipment (DME)	10/1/2022	E2402	NEG PRESS WOUND THERAPY ELEC PUMP STATION/PRTBLE	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.CMS DME 5 Element Order 1. Beneficiary's name 2. A description of the item of DME ordered–the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Signature of the prescribing physician/practitioner 4. Prescribing physician/practitioner's National Practitioner Identifier (NPI) 5. The date of the order	Third Party Proprietary Criteria	
Durable Medical Equipment (DME)	9/1/2019	E2500	SPEECH GEN DEVC DIGITIZED UNDER EQ 8 MINS REC TIME	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.CMS DME 5 Element Order 1. Beneficiary's name 2. A description of the item of DME ordered–the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Signature of the prescribing physician/practitioner 4. Prescribing physician/practitioner's National Practitioner Identifier (NPI) 5. The date of the order	Third Party Proprietary Criteria	

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria	Notes
Durable Medical Equipment (DME)	9/1/2019	E2502	SPCH GEN DEVC DIGTIZD OVER 8 MINS LESS THN EQ 20 MINS REC	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.CMS DME 5 Element Order 1. Beneficiary's name 2. A description of the item of DME ordered–the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Signature of the prescribing physician/practitioner 4. Prescribing physician/practitioner's National Practitioner Identifier (NPI) 5. The date of the order	Third Party Proprietary Criteria	
Durable Medical Equipment (DME)	9/1/2019	E2504	SPCH GEN DEVC DIGTIZD OVER 20 MINS UNDER EQ 40 MINS REC	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.CMS DME 5 Element Order 1. Beneficiary's name 2. A description of the item of DME ordered–the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Signature of the prescribing physician/practitioner 4. Prescribing physician/practitioner's National Practitioner Identifier (NPI) 5. The date of the order	Third Party Proprietary Criteria	
Durable Medical Equipment (DME)	9/1/2019	E2506	SPEECH GEN DEVICE DIGITIZED OVER 40 MINS REC TIME	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.CMS DME 5 Element Order 1. Beneficiary's name 2. A description of the item of DME ordered–the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Signature of the prescribing physician/practitioner 4. Prescribing physician/practitioner's National Practitioner Identifier (NPI) 5. The date of the order	Third Party Proprietary Criteria	
Durable Medical Equipment (DME)	9/1/2019	E2508	SPCH GEN DEVC SYNTHSIZD REQ MESS SPELL AND CNTCT	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.CMS DME 5 Element Order 1. Beneficiary's name 2. A description of the item of DME ordered–the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Signature of the prescribing physician/practitioner 4. Prescribing physician/practitioner's National Practitioner Identifier (NPI) 5. The date of the order	Third Party Proprietary Criteria	

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria	Notes
Durable Medical Equipment (DME)	9/1/2019	E2510	SPCH GEN DEVC SYNTHESIZD MX METH MESS AND DEVC ACCSS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.CMS DME 5 Element Order 1. Beneficiary's name 2. A description of the item of DME ordered–the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Signature of the prescribing physician/practitioner 4. Prescribing physician/practitioner's National Practitioner Identifier (NPI) 5. The date of the order	Third Party Proprietary Criteria	
Durable Medical Equipment (DME)	9/1/2019	E2511	SPEECH GEN SOFTWARE PROG PC PERS DIGITAL ASSIST	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.CMS DME 5 Element Order 1. Beneficiary's name 2. A description of the item of DME ordered–the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Signature of the prescribing physician/practitioner 4. Prescribing physician/practitioner's National Practitioner Identifier (NPI) 5. The date of the order	Third Party Proprietary Criteria	
Durable Medical Equipment (DME)	7/1/2024	E2512	Accessory for speech generating device, mounting system	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.CMS DME 5 Element Order 1. Beneficiary's name 2. A description of the item of DME ordered–the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Signature of the prescribing physician/practitioner 4. Prescribing physician/practitioner's National Practitioner Identifier (NPI) 5. The date of the order	Third Party Proprietary Criteria	
Durable Medical Equipment (DME)	7/1/2024	E2599	Accessory for speech generating device, not otherwise classified	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.CMS DME 5 Element Order 1. Beneficiary's name 2. A description of the item of DME ordered–the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Signature of the prescribing physician/practitioner 4. Prescribing physician/practitioner's National Practitioner Identifier (NPI) 5. The date of the order	Third Party Proprietary Criteria	

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria	Notes
Durable Medical Equipment (DME)	1/1/2024	E2605	PSTN WHEELCHAIR SEAT CUSHN WIDTH UNDER 22 IN DEPTH	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.CMS DME 5 Element Order 1. Beneficiary's name 2. A description of the item of DME ordered–the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Signature of the prescribing physician/practitioner 4. Prescribing physician/practitioner's National Practitioner Identifier (NPI) 5. The date of the order	Third Party Proprietary Criteria	**PA Modernization - PA requirements will be removed where covered.**
Durable Medical Equipment (DME)	1/1/2024	E2606	PSTN WHEELCHAIR SEAT CUSHN WIDTH 22 IN GT DEPTH	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.CMS DME 5 Element Order 1. Beneficiary's name 2. A description of the item of DME ordered–the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Signature of the prescribing physician/practitioner 4. Prescribing physician/practitioner's National Practitioner Identifier (NPI) 5. The date of the order	Third Party Proprietary Criteria	**PA Modernization - PA requirements will be removed where covered.**
Durable Medical Equipment (DME)	1/1/2024	E2607	SKN PROTECT AND PSTN WC SEAT CUSHN WDTH UNDER 22 IN DEPTH	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.CMS DME 5 Element Order 1. Beneficiary's name 2. A description of the item of DME ordered–the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Signature of the prescribing physician/practitioner 4. Prescribing physician/practitioner's National Practitioner Identifier (NPI) 5. The date of the order	Third Party Proprietary Criteria	**PA Modernization - PA requirements will be removed where covered.**
Durable Medical Equipment (DME)	1/1/2024	E2608	SKN PROTCT AND PSTN WC SEAT CUSHN WDTH 22 IN GT DPTH	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.CMS DME 5 Element Order 1. Beneficiary's name 2. A description of the item of DME ordered–the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Signature of the prescribing physician/practitioner 4. Prescribing physician/practitioner's National Practitioner Identifier (NPI) 5. The date of the order	Third Party Proprietary Criteria	**PA Modernization - PA requirements will be removed where covered.**

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria	Notes
Durable Medical Equipment (DME)	9/1/2019	E2609	CUSTOM FABRICATED WHEELCHAIR SEAT CUSHION SIZE	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.CMS DME 5 Element Order 1. Beneficiary's name 2. A description of the item of DME ordered–the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Signature of the prescribing physician/practitioner 4. Prescribing physician/practitioner's National Practitioner Identifier (NPI) 5. The date of the order	Third Party Proprietary Criteria	
Durable Medical Equipment (DME)	1/1/2024	E2611	GEN WC BACK CUSHN WDTH UNDER 22 IN HT MOUNT HARDWARE	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.CMS DME 5 Element Order 1. Beneficiary's name 2. A description of the item of DME ordered–the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Signature of the prescribing physician/practitioner 4. Prescribing physician/practitioner's National Practitioner Identifier (NPI) 5. The date of the order	Third Party Proprietary Criteria	**PA Modernization - PA requirements will be removed where covered.**
Durable Medical Equipment (DME)	1/1/2024	E2612	GEN WC BACK CUSHN WDTH 22 IN GT HT MOUNT HARDWRE	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.CMS DME 5 Element Order 1. Beneficiary's name 2. A description of the item of DME ordered–the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Signature of the prescribing physician/practitioner 4. Prescribing physician/practitioner's National Practitioner Identifier (NPI) 5. The date of the order	Third Party Proprietary Criteria	**PA Modernization - PA requirements will be removed where covered.**
Durable Medical Equipment (DME)	1/1/2024	E2613	PSTN WC BACK CUSHN POST WIDTH UNDER 22 IN ANY HEIGHT	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.CMS DME 5 Element Order 1. Beneficiary's name 2. A description of the item of DME ordered–the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Signature of the prescribing physician/practitioner 4. Prescribing physician/practitioner's National Practitioner Identifier (NPI) 5. The date of the order	Third Party Proprietary Criteria	**PA Modernization - PA requirements will be removed where covered.**

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria	Notes
Durable Medical Equipment (DME)	1/1/2024	E2614	PSTN WC BACK CUSHN POST WIDTH 22 IN OR GRT ANY HEIGHT	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.CMS DME 5 Element Order 1. Beneficiary's name 2. A description of the item of DME ordered–the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Signature of the prescribing physician/practitioner 4. Prescribing physician/practitioner's National Practitioner Identifier (NPI) 5. The date of the order	Third Party Proprietary Criteria	**PA Modernization - PA requirements will be removed where covered.**
Durable Medical Equipment (DME)	1/1/2024	E2615	PSTN WC BACK CUSHN POSTLAT WIDTH UNDER 22 IN ANY HT	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.CMS DME 5 Element Order 1. Beneficiary's name 2. A description of the item of DME ordered–the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Signature of the prescribing physician/practitioner 4. Prescribing physician/practitioner's National Practitioner Identifier (NPI) 5. The date of the order	Third Party Proprietary Criteria	**PA Modernization - PA requirements will be removed where covered.**
Durable Medical Equipment (DME)	1/1/2024	E2616	PSTN WC BACK CUSHN POSTLAT WIDTH 22 IN OR GRT ANY HT	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.CMS DME 5 Element Order 1. Beneficiary's name 2. A description of the item of DME ordered–the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Signature of the prescribing physician/practitioner 4. Prescribing physician/practitioner's National Practitioner Identifier (NPI) 5. The date of the order	Third Party Proprietary Criteria	**PA Modernization - PA requirements will be removed where covered.**
Durable Medical Equipment (DME)	9/1/2019	E2617	CSTM FAB WC BACK CUSHN ANY SZ ANY MOUNT HARDWARE	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.CMS DME 5 Element Order 1. Beneficiary's name 2. A description of the item of DME ordered–the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Signature of the prescribing physician/practitioner 4. Prescribing physician/practitioner's National Practitioner Identifier (NPI) 5. The date of the order	Third Party Proprietary Criteria	

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria	Notes
Durable Medical Equipment (DME)	1/1/2024	E2620	PSTN WC BACK CUSHN PLANAR LAT SUPP WDTH UNDER 22 IN	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.CMS DME 5 Element Order 1. Beneficiary's name 2. A description of the item of DME ordered–the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Signature of the prescribing physician/practitioner 4. Prescribing physician/practitioner's National Practitioner Identifier (NPI) 5. The date of the order	Third Party Proprietary Criteria	**PA Modernization - PA requirements will be removed where covered.**
Durable Medical Equipment (DME)	1/1/2024	E2621	PSTN WC BACK CUSHN PLANAR LAT SUPP WDTH 22 IN OR GRT	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.CMS DME 5 Element Order 1. Beneficiary's name 2. A description of the item of DME ordered–the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Signature of the prescribing physician/practitioner 4. Prescribing physician/practitioner's National Practitioner Identifier (NPI) 5. The date of the order	Third Party Proprietary Criteria	**PA Modernization - PA requirements will be removed where covered.**
Durable Medical Equipment (DME)	1/1/2024	E2622	SKIN PROTECT WC SEAT CUSH WIDTH UNDER 22 IN ANY DEPTH	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.CMS DME 5 Element Order 1. Beneficiary's name 2. A description of the item of DME ordered–the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Signature of the prescribing physician/practitioner 4. Prescribing physician/practitioner's National Practitioner Identifier (NPI) 5. The date of the order	Third Party Proprietary Criteria	**PA Modernization - PA requirements will be removed where covered.**
Durable Medical Equipment (DME)	1/1/2024	E2623	SKIN PROTCT WC SEAT CUSH WIDTH 22 IN OR GRT ANY DEPTH	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.CMS DME 5 Element Order 1. Beneficiary's name 2. A description of the item of DME ordered–the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Signature of the prescribing physician/practitioner 4. Prescribing physician/practitioner's National Practitioner Identifier (NPI) 5. The date of the order	Third Party Proprietary Criteria	**PA Modernization - PA requirements will be removed where covered.**

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria	Notes
Durable Medical Equipment (DME)	1/1/2024	E2624	SKIN PROTECT AND POSITIONING WC CUSH WIDTH UNDER 22 IN	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.CMS DME 5 Element Order 1. Beneficiary's name 2. A description of the item of DME ordered–the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Signature of the prescribing physician/practitioner 4. Prescribing physician/practitioner's National Practitioner Identifier (NPI) 5. The date of the order	Third Party Proprietary Criteria	**PA Modernization - PA requirements will be removed where covered.**
Durable Medical Equipment (DME)	1/1/2024	E2625	SKIN PROTECT AND POSITIONING WC CUSH WIDTH 22 IN OR GRT	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.CMS DME 5 Element Order 1. Beneficiary's name 2. A description of the item of DME ordered–the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Signature of the prescribing physician/practitioner 4. Prescribing physician/practitioner's National Practitioner Identifier (NPI) 5. The date of the order	Third Party Proprietary Criteria	**PA Modernization - PA requirements will be removed where covered.**
Durable Medical Equipment (DME)	9/1/2019	E2626	WC ACCESS SHLDR ELB MOBIL ARM SUPP WC ADJUSTBLE	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.CMS DME 5 Element Order 1. Beneficiary's name 2. A description of the item of DME ordered–the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Signature of the prescribing physician/practitioner 4. Prescribing physician/practitioner's National Practitioner Identifier (NPI) 5. The date of the order	Third Party Proprietary Criteria	
Durable Medical Equipment (DME)	9/1/2019	E2628	WC ACCESS SHLDR ELB MOBIL ARM SUPP WC RECLINING	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.CMS DME 5 Element Order 1. Beneficiary's name 2. A description of the item of DME ordered–the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Signature of the prescribing physician/practitioner 4. Prescribing physician/practitioner's National Practitioner Identifier (NPI) 5. The date of the order	Third Party Proprietary Criteria	

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria	Notes
Durable Medical Equipment (DME)	9/1/2019	E2629	WC ACCESS SHLDR ELB M ARM SUPP FRICTION ARM SUPP	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.CMS DME 5 Element Order 1. Beneficiary's name 2. A description of the item of DME ordered–the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Signature of the prescribing physician/practitioner 4. Prescribing physician/practitioner's National Practitioner Identifier (NPI) 5. The date of the order	Third Party Proprietary Criteria	
Physical & Occupational Therapy	10/1/2022	G0129	SERVICE OCCUP THERAP HOME HLTH/HOSPICE EA 15 MIN	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	For PT/OT, PA required after initial evaluation + 12 visits/year.
All Home Health Care Services: All home healthcare services require prior authorization after initial evaluation plus six (6) visits per calendar year.	9/1/2019	G0151	SERVICE PHYS THERAP HOME HLTH HOSPICE EA 15 MIN	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
All Home Health Care Services: All home healthcare services require prior authorization after initial evaluation plus six (6) visits per calendar year.	9/1/2019	G0152	SERVICE OCCUP THERAP HOME HLTH/HOSPICE EA 15 MIN	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
All Home Health Care Services: All home healthcare services require prior authorization after initial evaluation plus six (6) visits per calendar year.	9/1/2019	G0153	SRVC SPCH AND LANG PATH HOME HLTH HOSPICE EA 15 MIN	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
All Home Health Care Services: All home healthcare services require prior authorization after initial evaluation plus six (6) visits per calendar year.	9/1/2019	G0155	SRVC CLINICAL SOCIAL WORKER HH HOSPICE EA 15 MIN	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria	Notes
All Home Health Care Services: All home healthcare services require prior authorization after initial evaluation plus six (6) visits per calendar year.	9/1/2019	G0156	SRVC HH HOSPICE AIDE IN HH HOSPICE SET EA 15 MIN	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
All Home Health Care Services: All home healthcare services require prior authorization after initial evaluation plus six (6) visits per calendar year.	9/1/2019	G0157	SERVICES PT ASSIST HOME HEALTH HOSPICE EA 15 MIN	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
All Home Health Care Services: All home healthcare services require prior authorization after initial evaluation plus six (6) visits per calendar year.	9/1/2019	G0158	SERVICE OT ASSIST HOME HEALTH HOSPICE EA 15 MIN	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
All Home Health Care Services: All home healthcare services require prior authorization after initial evaluation plus six (6) visits per calendar year.	9/1/2019	G0159	SERVICES PT HOME HEALTH EST DEL PT MP EA 15 MINS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
All Home Health Care Services: All home healthcare services require prior authorization after initial evaluation plus six (6) visits per calendar year.	9/1/2019	G0160	SERVICES OT HOME HEALTH EST DEL OT MP EA 15 MINS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
All Home Health Care Services: All home healthcare services require prior authorization after initial evaluation plus six (6) visits per calendar year.	1/1/2024	G0161	SERVICE SLP HH EST DEL SPCH-LANG PATH MP EA 15 M	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	**PA Modernization - PA requirements will be removed where covered.**

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria	Notes
All Home Health Care Services: All home healthcare services require prior authorization after initial evaluation plus six (6) visits per calendar year.	9/1/2019	G0162	SKILLED SERVICE RN M AND E PLAN OF CARE; EA 15 MINS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
Imaging and Special Tests	1/1/2024	G0235	PET IMAGING ANY SITE NOT OTHERWISE SPECIFIED	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	PA Modernization - PA requirements will be removed where covered.
Physical & Occupational Therapy	10/1/2022	G0237	MUSCLES FACE TO FACE ONE ON ONE EACH 15 MINUTES	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	Allow first visit for cardiopulmonary rehab without PA. All additional visits will require PA where covered.
Physical & Occupational Therapy	10/1/2022	G0238	TX PROC IMPRV RESP FUNCT NOT G0237 FCE-FCE 15MIN	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	Allow first visit for cardiopulmonary rehab without PA. All additional visits will require PA where covered.
Physical & Occupational Therapy	10/1/2022	G0239	TX PROC IMPRV RESP FUNCT/INCR RESP MUSC 2 OR GT IND	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	Allow first visit for cardiopulmonary rehab without PA. All additional visits will require PA where covered.
Hyperbaric Therapy	9/1/2019	G0277	HPO UND PRESS FULL BODY CHMBR PER 30 MIN INT	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria	Notes
Imaging and Special Tests	9/1/2019	G0297	LOW DOSE CT SCAN FOR LUNG CANCER SCREENING	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Review: Low Dose CT Scan for Lung Cancer Screening	
All Home Health Care Services: All home healthcare services require prior authorization after initial evaluation plus six (6) visits per calendar year.	9/1/2019	G0299	DIRECT SNS RN HOME HEALTH HOSPICE SET EA 15 MIN	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
All Home Health Care Services: All home healthcare services require prior authorization after initial evaluation plus six (6) visits per calendar year.	9/1/2019	G0300	DIRECT SNS LPN HOME HLTH HOSPICE SET EA 15 MIN	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
Radiation Therapy	9/1/2019	G0339	IMAGE GUID ROBOTIC ACCEL BASE SRS CMPL TX 1 SESS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
Radiation Therapy	9/1/2019	G0340	IMAGE GUID ROBOTIC ACCL SRS FRAC TX LES 2-5 SESS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
Sleep Studies	7/1/2021	G0398	HST W TYPE II PRTBLE MON UNATTENDED MIN 7 CH	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria	Notes
Sleep Studies	7/1/2021	G0399	HST W TYPE III PRTBLE MON UNATTENDED MIN 4 CH	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
Sleep Studies	7/1/2021	G0400	HST W TYPE IV PRTBLE MON UNATTENDED MIN 3 CH	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
Physical & Occupational Therapy	7/1/2021	G0422	Intensive cardiac rehabilitation; with or without continuous ECG monitoring with exercise, per session	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	Allow first visit for cardiopulmonary rehab without PA. All additional visits will require PA where covered.
Physical & Occupational Therapy	7/1/2021	G0423	Intensive cardiac rehabilitation; with or without continuous ECG monitoring; without exercise, per session	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	Allow first visit for cardiopulmonary rehab without PA. All additional visits will require PA where covered.
Hyperbaric/Wound Therapy	1/1/2024	G0460	AUTOLOGOUS PLATELET-RICH PLASMA	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	PA Modernization - PA requirements will be removed where covered.
Hyperbaric/Wound Therapy	1/1/2024	G0465	AUTOLOG PRP DIAB CHRON WOUND/ULCER FDA CLEAR DEV	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	PA Modernization - PA requirements will be removed where covered.

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria	Notes
Behavioral/Mental Health, Alcohol-Chemical Dependency: Transitional Substance Abuse Residential Treatment, Inpatient, Residential Treatment, Partial Hospitalization, Electroconvulsive Therapy (ECT), Applied Behavior Analysis (ABA) for treatment of Autism Spectrum Disorder (ASD).	1/1/2021	G0480	DRUG TEST DEF 1-7 DRUG CLASSES	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	MH/SUD Requests submit to fax number: 866-617-4967 Med/Surg Requests submit to fax number: 866-420-3639 PA after 12 units used (any combination of G0480, G0481, G0482, G0483,G0659).
Behavioral/Mental Health, Alcohol-Chemical Dependency: Transitional Substance Abuse Residential Treatment, Inpatient, Residential Treatment, Partial Hospitalization, Electroconvulsive Therapy (ECT), Applied Behavior Analysis (ABA) for treatment of Autism Spectrum Disorder (ASD).	1/1/2021	G0481	DRUG TEST DEF 8-14 DRUG CLASSES	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	MH/SUD Requests submit to fax number: 866-617-4967 Med/Surg Requests submit to fax number: 866-420-3639 PA after 12 units used (any combination of G0480, G0481, G0482, G0483,G0659).
Behavioral/Mental Health, Alcohol-Chemical Dependency: Transitional Substance Abuse Residential Treatment, Inpatient, Residential Treatment, Partial Hospitalization, Electroconvulsive Therapy (ECT), Applied Behavior Analysis (ABA) for treatment of Autism Spectrum Disorder (ASD).	1/1/2021	G0482	DRUG TEST DEF 15-21 DRUG CLASSES	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	MH/SUD Requests submit to fax number: 866-617-4967 Med/Surg Requests submit to fax number: 866-420-3639 PA after 12 units used (any combination of G0480, G0481, G0482, G0483,G0659).
Behavioral/Mental Health, Alcohol-Chemical Dependency: Transitional Substance Abuse Residential Treatment, Inpatient, Residential Treatment, Partial Hospitalization, Electroconvulsive Therapy (ECT), Applied Behavior Analysis (ABA) for treatment of Autism Spectrum Disorder (ASD).	1/1/2021	G0483	DRUG TEST DEF 22 OR MORE DRUG CLASSES	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	MH/SUD Requests submit to fax number: 866-617-4967 Med/Surg Requests submit to fax number: 866-420-3639 PA after 12 units used (any combination of G0480, G0481, G0482, G0483,G0659).
All Home Health Care Services: All home healthcare services require prior authorization after initial evaluation plus six (6) visits per calendar year.	9/1/2019	G0490	FACE-TO-FACE HH NSG VST RHC FQHC AREA SHTG HHA	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
All Home Health Care Services: All home healthcare services require prior authorization after initial evaluation plus six (6) visits per calendar year.	9/1/2019	G0493	SKILLED SERVICES RN OBV AND ASMT PT COND EA 15 MIN	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria	Notes
All Home Health Care Services: All home healthcare services require prior authorization after initial evaluation plus six (6) visits per calendar year.	9/1/2019	G0494	SKILLED SRVC LPN OBS AND ASMT PT COND EA 15 MIN	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
All Home Health Care Services: All home healthcare services require prior authorization after initial evaluation plus six (6) visits per calendar year.	9/1/2019	G0495	SKD SRVC RN TRAIN AND EDU PT FAM HH HOSPC EA 15 MIN	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
All Home Health Care Services: All home healthcare services require prior authorization after initial evaluation plus six (6) visits per calendar year.	9/1/2019	G0496	SKD SRVC LPN TRAIN AND EDU PT FAM HH HOSPC E 15 MIN	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
Unlisted/Miscellaneous codes: Molina requires prior authorization, as well as, medical necessity documentation and rationale be submitted with the prior authorization request for all Unlisted/Miscellaneous codes, including those not listed here	1/1/2024	G0501	RESOURCE-INT SRVC PT SPZ M-ASST TECH MED NEC	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Additional information is required to define this code and determine criteria.	PA Modernization - PA requirements will be removed where covered.
Behavioral/Mental Health, Alcohol-Chemical Dependency: Transitional Substance Abuse Residential Treatment, Inpatient, Residential Treatment, Partial Hospitalization, Electroconvulsive Therapy (ECT), Applied Behavior Analysis (ABA) for treatment of Autism Spectrum Disorder (ASD).	1/1/2021	G0659	DRUG TEST DEF SIMPLE ALL CL	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	MH/SUD Requests submit to fax number: 866-617-4967 Med/Surg Requests submit to fax number: 866-420-3639 PA after 12 units used (any combination of G0480, G0481, G0482, G0483,G0659).
Unlisted/Miscellaneous codes: Molina requires prior authorization, as well as, medical necessity documentation and rationale be submitted with the prior authorization request for all Unlisted/Miscellaneous codes, including those not listed here	1/1/2025	G2082	office or other outpatient visit for the evaluation and management of an established patient that requires the supervision of a physician or other qualified health care professional and provision of up to 56 mg of esketamine nasal self-administration, including 2 hours post-administration observation	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Additional information is required to define this code and determine criteria.	

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria	Notes
Unlisted/Miscellaneous codes: Molina requires prior authorization, as well as, medical necessity documentation and rationale be submitted with the prior authorization request for all Unlisted/Miscellaneous codes, including those not listed here	1/1/2025	G2083	Office or other outpatient visit for the evaluation and management of an established patient that requires the supervision of a physician or other qualified health care professional and provision of greater than 56 mg esketamine nasal self-administration, includes 2 hours post-administration observation	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Additional information is required to define this code and determine criteria.	
Radiation Therapy & Radio Surgery	7/1/2021	G6001	ULTRASONIC GUID PLACEMENT RADIATION TX FIELDS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
Radiation Therapy & Radio Surgery	7/1/2021	G6002	STEREOSCOPIC X-RAY GUID LOCALIZ TRG VOL DEL RT	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
Radiation Therapy & Radio Surgery	7/1/2021	G6003	RAD TX DEL 2 TX AREA PORT PL OPP PORTS:TO 5 MEV	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
Radiation Therapy & Radio Surgery	7/1/2021	G6004	RAD TX DEL 1 TX AREA PORT PL OPP PORTS: 6-10 MEV	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
Radiation Therapy & Radio Surgery	7/1/2021	G6005	RAD TX DEL 1 TX AREA PORT PL OPP PORTS: 11-19 ME	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria	Notes
Radiation Therapy & Radio Surgery	7/1/2021	G6006	RAD TX DEL 1 TX AREA PORT PL OPP PORTS: 20 ME OR GRT	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
Radiation Therapy & Radio Surgery	7/1/2021	G6007	RT DEL 2 SEP AR 3 OR GRT PT 1 TX AR MX BLKS:TO 5 MEV	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
Radiation Therapy & Radio Surgery	7/1/2021	G6008	RT DEL 2 SEP AR 3 OR GRT PT 1 TX AR MX BLKS:6-10 MEV	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
Radiation Therapy & Radio Surgery	7/1/2021	G6009	RT DEL 2 SEP AR 3 OR GRT PT 1 TX AR MX BLKS:11-19 MEV	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
Radiation Therapy & Radio Surgery	7/1/2021	G6010	RT DEL 2 SEP AR 3 OR GRT PT 1 TX AR MX BLKS:20 MEV OR GRT	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
Radiation Therapy & Radio Surgery	7/1/2021	G6011	RAD TX DEL 3 OR GRT SEP TX AR CSTM BLOCKING; TO 5 MEV	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria	Notes
Radiation Therapy & Radio Surgery	7/1/2021	G6012	RAD TX DEL 3 OR GRT SEP TX AR CSTM BLOCKING; 6-10 MEV	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
Radiation Therapy & Radio Surgery	7/1/2021	G6013	RAD TX DEL 3 OR GRT SEP TX AR CSTM BLOCKING;11-19 MEV	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
Radiation Therapy & Radio Surgery	7/1/2021	G6014	RAD TX DEL 3 OR GRT SEP TX AR CSTM BLOCKING;20 MEV OR GRT	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
Radiation Therapy	9/1/2019	G6015	INTENSITY MODULATED TX DEL 1 MX FLDS PER TX SESS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
Radiation Therapy	9/1/2019	G6016	COMP-BASED BEAM MOD TX DEL I PLND TX 3 OVER HR SESS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Intensity Modulated Radiation Therapy (IMRT)	
Radiation Therapy	7/1/2020	G6017	INTRA-FRAC LOC AND TRACKING TARGET PT M EA FRAC TX	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria	Notes
Unlisted/Miscellaneous codes: Molina requires prior authorization, as well as, medical necessity documentation and rationale be submitted with the prior authorization request for all Unlisted/Miscellaneous codes, including those not listed here	1/1/2024	G9012	OTHER SPECIFIED CASE MANAGEMENT SERVICE NEC	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Additional information is required to define this code and determine criteria.	PA Modernization - PA requirements will be removed where covered.
Genetic Counseling & Testing	1/1/2024	G9143	WARFARIN RSPN TEST GEN TECH ANY METH ANY # SPEC	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Genetic Testing	PA Modernization - PA requirements will be removed where covered.
Behavioral/Mental Health, Alcohol-Chemical Dependency	7/1/2021	H0008	ALCOHOL AND OR DRUG SRVC; SUB-ACUTE DTOX HOSP IP	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
Behavioral/Mental Health, Alcohol-Chemical Dependency	7/1/2021	H0009	ALCOHOL AND OR DRUG SERVICES; ACUTE DTOX HOSP IP	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
Behavioral/Mental Health, Alcohol-Chemical Dependency	7/1/2021	H0010	ALCOHOL and / DRUG SRVC; SUB-ACUTE DTOX RES PROG IP	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
Behavioral/Mental Health, Alcohol-Chemical Dependency	7/1/2021	H0011	ALCOHOL and / DRUG SERVICES; ACUTE DTOX RES PROG IP	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria	Notes
Behavioral/Mental Health, Alcohol-Chemical Dependency: Transitional Substance Abuse Residential Treatment, Inpatient, Residential Treatment, Partial Hospitalization, Electroconvulsive Therapy (ECT), Applied Behavior Analysis (ABA) for treatment of Autism Spectrum Disorder (ASD).	9/1/2019	H0012	ALCOHOL AND DRUG SRVC; SUB-ACUTE DTOX RES PROG OP	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
Behavioral/Mental Health, Alcohol-Chemical Dependency	7/1/2021	H0014	ALCOHOL AND OR DRUG SERVICES; AMB DETOXIFICATION	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
Behavioral/Mental Health, Alcohol-Chemical Dependency: Transitional Substance Abuse Residential Treatment, Inpatient, Residential Treatment, Partial Hospitalization, Electroconvulsive Therapy (ECT), Applied Behavior Analysis (ABA) for treatment of Autism Spectrum Disorder (ASD).	1/1/2021	H0015	ALCOHOL AND/OR DRUG SRVCS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Administrative Code	
Behavioral/Mental Health, Alcohol-Chemical Dependency	7/1/2021	H0016	ALCOHOL AND OR DRUG SERVICES; MEDICAL SOMATIC	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
Behavioral/Mental Health, Alcohol-Chemical Dependency: Transitional Substance Abuse Residential Treatment, Inpatient, Residential Treatment, Partial Hospitalization, Electroconvulsive Therapy (ECT), Applied Behavior Analysis (ABA) for treatment of Autism Spectrum Disorder (ASD).	9/1/2019	H0017	BEHAVIORAL HEALTH; RES W O ROOM AND BOARD PER DIEM	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
Behavioral/Mental Health, Alcohol-Chemical Dependency: Transitional Substance Abuse Residential Treatment, Inpatient, Residential Treatment, Partial Hospitalization, Electroconvulsive Therapy (ECT), Applied Behavior Analysis (ABA) for treatment of Autism Spectrum Disorder (ASD).	7/1/2020	H0018	Programs with 17 or more beds: Behavioral health; short-term residential (non-hospital residential treatment program), without room and board, per diem, per patient	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria	Notes
Behavioral/Mental Health, Alcohol-Chemical Dependency: Transitional Substance Abuse Residential Treatment, Inpatient, Residential Treatment, Partial Hospitalization, Electroconvulsive Therapy (ECT), Applied Behavior Analysis (ABA) for treatment of Autism Spectrum Disorder (ASD).	9/1/2019	H0035	THERAPEUTIC BEHAVIORAL SERVICES PER 15 MINUTES	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
Behavioral/Mental Health, Alcohol-Chemical Dependency: Transitional Substance Abuse Residential Treatment, Inpatient, Residential Treatment, Partial Hospitalization, Electroconvulsive Therapy (ECT), Applied Behavior Analysis (ABA) for treatment of Autism Spectrum Disorder (ASD).	1/1/2021	H0040	ASSERT COMM TX PROG - PER DIEM	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Resilience and Recovery Utilization Management Guidelines	
Behavioral/Mental Health, Alcohol-Chemical Dependency: Transitional Substance Abuse Residential Treatment, Inpatient, Residential Treatment, Partial Hospitalization, Electroconvulsive Therapy (ECT), Applied Behavior Analysis (ABA) for treatment of Autism Spectrum Disorder (ASD).	9/1/2019	H0046	THERAPEUTIC BEHAVIORAL SERVICES PER DIEM	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
Behavioral/Mental Health, Alcohol-Chemical Dependency: Transitional Substance Abuse Residential Treatment, Inpatient, Residential Treatment, Partial Hospitalization, Electroconvulsive Therapy (ECT), Applied Behavior Analysis (ABA) for treatment of Autism Spectrum Disorder (ASD).	9/1/2019	H2012	MENTAL HEALTH ASSESSMENT BY NON-PHYSICIAN	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
Behavioral/Mental Health, Alcohol-Chemical Dependency: Transitional Substance Abuse Residential Treatment, Inpatient, Residential Treatment, Partial Hospitalization, Electroconvulsive Therapy (ECT), Applied Behavior Analysis (ABA) for treatment of Autism Spectrum Disorder (ASD).	9/1/2019	H2013	MENTAL HEALTH SERVICE PLAN DVLP NON-PHYSICIAN	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
Behavioral/Mental Health, Alcohol-Chemical Dependency: Transitional Substance Abuse Residential Treatment, Inpatient, Residential Treatment, Partial Hospitalization, Electroconvulsive Therapy (ECT), Applied Behavior Analysis (ABA) for treatment of Autism Spectrum Disorder (ASD).	9/1/2019	H2015	MENTAL HEALTH SERVICES NOT OTHERWISE SPECIFIED	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria	Notes
Behavioral/Mental Health, Alcohol-Chemical Dependency: Transitional Substance Abuse Residential Treatment, Inpatient, Residential Treatment, Partial Hospitalization, Electroconvulsive Therapy (ECT), Applied Behavior Analysis (ABA) for treatment of Autism Spectrum Disorder (ASD).	9/1/2019	H2016	BEHAVIORAL HEALTH DAY TREATMENT PER HOUR	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
Behavioral/Mental Health, Alcohol-Chemical Dependency: Transitional Substance Abuse Residential Treatment, Inpatient, Residential Treatment, Partial Hospitalization, Electroconvulsive Therapy (ECT), Applied Behavior Analysis (ABA) for treatment of Autism Spectrum Disorder (ASD).	9/1/2019	H2018	SKILLS TRAINING AND DEVELOPMENT PER 15 MINUTES	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
Behavioral/Mental Health, Alcohol-Chemical Dependency: Transitional Substance Abuse Residential Treatment, Inpatient, Residential Treatment, Partial Hospitalization, Electroconvulsive Therapy (ECT), Applied Behavior Analysis (ABA) for treatment of Autism Spectrum Disorder (ASD).	9/1/2019	H2020	COMP COMMUNITY SUPPORT SERVICES PER DIEM	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
Behavioral/Mental Health, Alcohol-Chemical Dependency: Transitional Substance Abuse Residential Treatment, Inpatient, Residential Treatment, Partial Hospitalization, Electroconvulsive Therapy (ECT), Applied Behavior Analysis (ABA) for treatment of Autism Spectrum Disorder (ASD).	7/1/2020	H2036	Programs with 16 or fewer beds: Alcohol and/or drug treatment program, per diem, per patient	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
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 MHI 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. Pharmacy authorization regardless of CPT/HCPC code requests should be faxed to: 888-487-9251.	9/1/2019	J0121	INJECTION OMADACYCLINE 1 MG	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Nuzyra (Omadacycline Tosylate)	
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 MHI 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. Pharmacy authorization regardless of CPT/HCPC code requests should be faxed to: 888-487-9251.	4/1/2020	J0122	Injection, eravacycline, 1 mg	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Global J Code Criteria	

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria	Notes
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 MHI 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. Pharmacy authorization regardless of CPT/HCPC code requests should be faxed to: 888-487-9251.	9/1/2019	J0129	INJ ABATACEPT 10 MG USED MEDICARE ADM SUPV PHYS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Orencia (abatacept)	
Healthcare Administered Drugs	1/1/2025	J0139	INJECTION, ADALIMUMAB, 1 MG	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
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 MHI 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. Pharmacy authorization regardless of CPT/HCPC code requests should be faxed to: 888-487-9251.	1/1/2022	J0172		Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
Healthcare Administered Drugs	1/1/2022	J0172	INJECTION, ADUCANUMAB-AVWA, 2MG	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
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 MHI 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. Pharmacy authorization regardless of CPT/HCPC code requests should be faxed to: 888-487-9251.	10/1/2023	J0174	INJ, LECANEMAB-IRMB, 1 MG	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Global J Code Criteria; Egrifta; Tepezza; Vyondys 53	

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria	Notes
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 MHI 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. Pharmacy authorization regardless of CPT/HCPC code requests should be faxed to: 888-487-9251.	7/2/2024	J0175	Injection, donanemab-azbt, 2 mg	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	New code for Kisunla
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 MHI 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. Pharmacy authorization regardless of CPT/HCPC code requests should be faxed to: 888-487-9251.	9/1/2019	J0178	INJECTION AFLIBERCEPT 1 MG	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Eylea (aflibercept)	
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 MHI 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. Pharmacy authorization regardless of CPT/HCPC code requests should be faxed to: 888-487-9251.	4/1/2020	J0179	INJECTION, BROLUCIZUMAB-DBLL, 1MG	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Beovu (brolucizumab)	
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 MHI 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. Pharmacy authorization regardless of CPT/HCPC code requests should be faxed to: 888-487-9251.	9/1/2019	J0180	INJECTION AGALSIDASE BETA 1 MG	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Fabrazyme (agalsidase beta)	
Healthcare Administered Drugs	1/1/2022	J0185	INJ., APREPITANT, 1MG	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria	Notes
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 MHI 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. Pharmacy authorization regardless of CPT/HCPC code requests should be faxed to: 888-487-9251.	9/1/2019	J0202	INJECTION ALEMTUZUMAB 1 MG	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Lemtrada (alemtuzumab)	
Healthcare Administered Drugs	4/1/2023	J0208	INJECTION, SODIUM THIOSULFATE, 100 MG	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
Healthcare Administered Drugs	1/1/2024	J0217	INJECTION VELMANASE ALFA-TYCV 1 MG	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
Healthcare Administered Drugs	4/1/2023	J0218	INJECTION, OLIPUDASE ALFA-RPCP, 1 MG	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
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 MHI 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. Pharmacy authorization regardless of CPT/HCPC code requests should be faxed to: 888-487-9251.	7/1/2022	J0219	INJECTION AVALGLUCOSIDASE ALFA-NGPT 4 MG	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
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 MHI 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. Pharmacy authorization regardless of CPT/HCPC code requests should be faxed to: 888-487-9251.	9/1/2019	J0221	INJECTION ALGLUCOSIDASE ALFA LUMIZYME 10 MG	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Lumizyme, Myozyme (Alglucosidase alfa)	

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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 MHI 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. Pharmacy authorization regardless of CPT/HCPC code requests should be faxed to: 888-487-9251.	9/1/2019	J0222	INJECTION PATISIRAN 0.1 MG	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Onpattro (patisiran)	
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 MHI 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. Pharmacy authorization regardless of CPT/HCPC code requests should be faxed to: 888-487-9251.	7/1/2020	J0223	INJECTION, GIVOSIRAN, 0.5 MG	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Givlaari (givosiran)	
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 MHI 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. Pharmacy authorization regardless of CPT/HCPC code requests should be faxed to: 888-487-9251.		J0224	INJ. LUMASIRAN, 0.5 MG	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
Healthcare Administered Drugs	4/1/2023	J0225	INJ, VUTRISIRAN, 1 MG	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
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 MHI 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. Pharmacy authorization regardless of CPT/HCPC code requests should be faxed to: 888-487-9251.	7/1/2022	J0248	INJ, REMDESIVIR, 1 MG	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria	Notes
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 MHI 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. Pharmacy authorization regardless of CPT/HCPC code requests should be faxed to: 888-487-9251.	4/1/2022	J0248	INJ, REMDESIVIR, 1 MG	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Guideline	
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 MHI 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. Pharmacy authorization regardless of CPT/HCPC code requests should be faxed to: 888-487-9251.	9/1/2019	J0256	INJECTION ALPHA 1-PROTASE INHIBITOR NOS 10 MG	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Alpha-1 Antitrypsin Deficiency [Aralast NP, Glassia, Prolastin, Zemaira]	
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 MHI 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. Pharmacy authorization regardless of CPT/HCPC code requests should be faxed to: 888-487-9251.	9/1/2019	J0257	INJECTION ALPHA 1 PROTEINASE INHIBITOR 10 MG	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Alpha-1 Antitrypsin Deficiency [Aralast NP, Glassia, Prolastin, Zemaira]	
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 MHI 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. Pharmacy authorization regardless of CPT/HCPC code requests should be faxed to: 888-487-9251.	4/1/2020	J0285	Injection, amphotericin b, 50 mg	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Abelecet (ampho B, lipid complex)	
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 MHI 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. Pharmacy authorization regardless of CPT/HCPC code requests should be faxed to: 888-487-9251.	9/1/2019	J0287	INJECTION AMPHOTERICIN B LIPID COMPLEX 10 MG	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Abelecet (ampho B, lipid complex)	

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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 MHI 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. Pharmacy authorization regardless of CPT/HCPC code requests should be faxed to: 888-487-9251.	9/1/2019	J0289	INJECTION AMPHOTERICIN B LIPOSOME 10 MG	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Ambisome (ampho B, lipoSOME)	
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 MHI 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. Pharmacy authorization regardless of CPT/HCPC code requests should be faxed to: 888-487-9251.	9/1/2019	J0291	INJECTION PLAZOMICIN 5 MG	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Global J Code Criteria	
Healthcare Administered Drugs	10/1/2023	J0349	INJECTION, REZAFUNGIN, 1 MG	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
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 MHI 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. Pharmacy authorization regardless of CPT/HCPC code requests should be faxed to: 888-487-9251.	9/1/2019	J0364	INJECTION APOMORPHINE HYDROCHLORIDE 1 MG	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Apokyn (apomorphine)	
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 MHI 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. Pharmacy authorization regardless of CPT/HCPC code requests should be faxed to: 888-487-9251.	9/1/2019	J0480	INJECTION BASILIXIMAB 20 MG	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Simulect (basiliximab)	

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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 MHI 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. Pharmacy authorization regardless of CPT/HCPC code requests should be faxed to: 888-487-9251.	9/1/2019	J0490	INJECTION BELIMUMAB 10 MG	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Benlysta (belimumab)	
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 MHI 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. Pharmacy authorization regardless of CPT/HCPC code requests should be faxed to: 888-487-9251.	7/1/2022	J0491	INJECTION ANIFROLUMAB-FNIA 1 MG	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
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 MHI 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. Pharmacy authorization regardless of CPT/HCPC code requests should be faxed to: 888-487-9251.	9/1/2019	J0517	INJECTION BENRALIZUMAB 1 MG	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Fasenra (benralizumab)	
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 MHI 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. Pharmacy authorization regardless of CPT/HCPC code requests should be faxed to: 888-487-9251.	9/1/2019	J0565	INJECTION BEZLOTOXUMAB 10 MG	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Zinplava (bexlotoxumab)	

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria	Notes
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 MHI 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. Pharmacy authorization regardless of CPT/HCPC code requests should be faxed to: 888-487-9251.	9/1/2019	J0567	INJECTION CERLIPONASE ALFA 1 MG	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Brineura (cerliponase alfa)	
Healthcare Administered Drugs	1/1/2024	J0576	INJECTION BUPRENORPHINE EXTENDED-RELEASE 1 MG	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	C9154 replaced by J0576
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 MHI 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. Pharmacy authorization regardless of CPT/HCPC code requests should be faxed to: 888-487-9251.	9/1/2019	J0584	INJECTION BUROSUMAB-TWZA 1 MG	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Crysvita (Burosumab-twza)	
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 MHI 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. Pharmacy authorization regardless of CPT/HCPC code requests should be faxed to: 888-487-9251.	9/1/2019	J0585	BOTULINUM TOXIN TYPE A PER UNIT	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Botulinum Toxin	
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 MHI 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. Pharmacy authorization regardless of CPT/HCPC code requests should be faxed to: 888-487-9251.	9/1/2019	J0586	INJECTION ABOBOTULINUMTOXINA 5 UNITS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Botulinum Toxin	

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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 MHI 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. Pharmacy authorization regardless of CPT/HCPC code requests should be faxed to: 888-487-9251.	9/1/2019	J0588	INJECTION INCOBOTULINUMTOXIN A 1 UNIT	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Botulinum Toxin	
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 MHI 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. Pharmacy authorization regardless of CPT/HCPC code requests should be faxed to: 888-487-9251.	9/1/2019	J0593	INJECTION, LANADELUMAB-FLYO 1 mg	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Takhzyro (lanadelumab)	
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 MHI 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. Pharmacy authorization regardless of CPT/HCPC code requests should be faxed to: 888-487-9251.	9/1/2019	J0596	INJECTION C1 ESTERASE INHIBITOR RUCONEST 10 U	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Ruconest (C1 esterase inhibitor [recombinant])	
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 MHI 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. Pharmacy authorization regardless of CPT/HCPC code requests should be faxed to: 888-487-9251.	9/1/2019	J0597	INJ C-1 ESTERASE INHIB HUMN BERINERT 10 UNITS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Berinert [C1 esterase inhibitor (human)]	

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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 MHI 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. Pharmacy authorization regardless of CPT/HCPC code requests should be faxed to: 888-487-9251.	9/1/2019	J0598	INJECTION C1 ESTERASE INHIBITOR CINRYZE 10 UNITS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Cinryze [C1 esterase inhibitor (human)]	
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 MHI 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. Pharmacy authorization regardless of CPT/HCPC code requests should be faxed to: 888-487-9251.	9/1/2019	J0599	INJECTION C-1 ESTERASE INHIBITOR 10 UNITS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Haegarda (C1 Esterase Inhibitor Subcutaneous [Human])	
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 MHI 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. Pharmacy authorization regardless of CPT/HCPC code requests should be faxed to: 888-487-9251.	9/1/2019	J0604	CINACALCET ORAL 1 MG	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Sensipar (cinacalcet)	
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 MHI 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. Pharmacy authorization regardless of CPT/HCPC code requests should be faxed to: 888-487-9251.	9/1/2019	J0606	INJECTION ETELCALCETIDE 0.1 MG	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Parsabiv (etelcalcetide)	
Healthcare Administered Drugs	1/1/2022	J0630	CALCITONIN SALMON INJECTION	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria	Notes
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 MHI 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. Pharmacy authorization regardless of CPT/HCPC code requests should be faxed to: 888-487-9251.	9/1/2019	J0638	INJECTION CANAKINUMAB 1 MG	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Ilaris (canakinumab) for Systemic Juvenile Idiopathic Arthritis (SJIA)	
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 MHI 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. Pharmacy authorization regardless of CPT/HCPC code requests should be faxed to: 888-487-9251.	9/1/2019	J0641	INJECTION LEVOLEUCOVORIN CALCIUM 0.5 MG	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Standard Oncology	
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 MHI 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. Pharmacy authorization regardless of CPT/HCPC code requests should be faxed to: 888-487-9251.	4/1/2020	J0642	Injection, levoleucovorin (khapzory), 0.5 mg	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Standard Oncology	
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 MHI 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. Pharmacy authorization regardless of CPT/HCPC code requests should be faxed to: 888-487-9251.	9/1/2019	J0695	INJECTION CEFTOLOZANE 50 MG AND TAZOBACTAM 25 MG	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Global J Code Criteria	
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 MHI 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. Pharmacy authorization regardless of CPT/HCPC code requests should be faxed to: 888-487-9251.**	1/1/2022	J0699	Injection, cefiderocol, 10 mg	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria	Notes
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 MHI 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. Pharmacy authorization regardless of CPT/HCPC code requests should be faxed to: 888-487-9251.	4/1/2020	J0712	Injection, ceftaroline fosamil, 10 mg	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Global J Code Criteria	
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 MHI 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. Pharmacy authorization regardless of CPT/HCPC code requests should be faxed to: 888-487-9251.	9/1/2019	J0714	INJECTION CEFTAZIDIME AND AVIBACTAM 0.5 G 0.125 G	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Global J Code Criteria	
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 MHI 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. Pharmacy authorization regardless of CPT/HCPC code requests should be faxed to: 888-487-9251.	9/1/2019	J0717	INJECTION CERTOLIZUMAB PEGOL 1 MG	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Cimzia (certolizumab pegol)	
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 MHI 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. Pharmacy authorization regardless of CPT/HCPC code requests should be faxed to: 888-487-9251.	9/1/2019	J0725	INJECTION CHORIONIC GONADOTROPIN-1000 USP UNITS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Global J Code Criteria	
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 MHI 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. Pharmacy authorization regardless of CPT/HCPC code requests should be faxed to: 888-487-9251.	7/1/2022	J0739	Injection, cabotegravir, 1 mg	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria	Notes
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 MHI 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. Pharmacy authorization regardless of CPT/HCPC code requests should be faxed to: 888-487-9251.	1/1/2022	J0741	Injection, cabotegravir and rilpivirine, 2 mg/3 mg	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
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 MHI 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. Pharmacy authorization regardless of CPT/HCPC code requests should be faxed to: 888-487-9251.	9/1/2019	J0775	INJ COLLAGENASE CLOSTRIDIUM HISTOLYTICUM 0.01 MG	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Xiaflex (collagenase, clostridium histolyticum)_Peyronie Disease Xiaflex (collagenase, clostridium histolyticum) for Dupuytren's Contracture	
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 MHI 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. Pharmacy authorization regardless of CPT/HCPC code requests should be faxed to: 888-487-9251.	7/1/2020	J0791	INJECTION, CRIZANLIZUMAB-TMCA, 5 MG	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Adakveo (crizanlizumab-tmca)	
Healthcare Administered Drugs	10/1/2023	J0801	INJECTION, CORTICOTROPIN (ACTHAR GEL), UP TO 40 UNITS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
Healthcare Administered Drugs	10/1/2023	J0802	INJECTION, CORTICOTROPIN (ANI), UP TO 40 UNITS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria	Notes
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 MHI 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. Pharmacy authorization regardless of CPT/HCPC code requests should be faxed to: 888-487-9251.	9/1/2019	J0850	INJECTION CYTOMEGALOVIRUS IMMUNE GLOB IV-VIAL	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Cytogam (cytomegalovirus immune globulin)	
Healthcare Administered Drugs	1/1/2025	J0870	INJECTION, IMETELSTAT, 1 MG	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
Healthcare Administered Drugs	7/1/2024	J0872	Injection, daptomycin (xellia), unrefrigerated, not therapeutically equivalent to j0878 or j0873, 1 mg	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
Healthcare Administered Drugs	1/1/2024	J0873	INJECTION DAP NOT THERAPTIC EQV TO J0878, 1 MG	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
Healthcare Administered Drugs	10/1/2023	J0874	INJECTION, DAPTOMYCIN (BAXTER), NOT THERAPEUTICALLY EQUIVALENT TO J0878, 1 MG	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
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 MHI 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. Pharmacy authorization regardless of CPT/HCPC code requests should be faxed to: 888-487-9251.	9/1/2019	J0875	INJECTION DALBAVANCIN 5MG	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Dalvance (dalbavancin)	

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria	Notes
Healthcare Administered Drugs	4/1/2023	J0877	INJ, DAPTOMYCIN (HOSPIRA)	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
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 MHI 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. Pharmacy authorization regardless of CPT/HCPC code requests should be faxed to: 888-487-9251.	9/1/2019	J0878	INJECTION DAPTOMYCIN 1 MG	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Cubicin (daptomycin)	
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 MHI 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. Pharmacy authorization regardless of CPT/HCPC code requests should be faxed to: 888-487-9251.	7/1/2022	J0879	INJECTION DIFELIKEFALIN 0.1 MICROGRAM	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
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 MHI 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. Pharmacy authorization regardless of CPT/HCPC code requests should be faxed to: 888-487-9251.	9/1/2019	J0881	INJECTION DARBEPOETIN ALFA 1 MCG NON-ESRD USE	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Erythropoiesis-stimulating agents (ESAs)	
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 MHI 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. Pharmacy authorization regardless of CPT/HCPC code requests should be faxed to: 888-487-9251.	9/1/2019	J0885	INJECTION EPOETIN ALFA FOR NON-ESRD 1000 UNITS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Erythropoiesis-stimulating agents (ESAs)	

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria	Notes
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 MHI 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. Pharmacy authorization regardless of CPT/HCPC code requests should be faxed to: 888-487-9251.	9/1/2019	J0888	INJECTION EPOETIN BETA 1 MICROGRAM	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Erythropoiesis-stimulating agents (ESAs)	
Healthcare Administered Drugs	10/1/2023	J0889	DAPRODUSTAT, ORAL, 1 MG, (FOR ESRD ON DIALYSIS)	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
Healthcare Administered Drugs	4/1/2023	J0893	INJ, DECITABINE (SUN PHARMA)	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
Healthcare Administered Drugs	7/1/2021	J0896	INJECTION, LUPATERCEPT-AAMT, 0.25 MG	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
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 MHI 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. Pharmacy authorization regardless of CPT/HCPC code requests should be faxed to: 888-487-9251.	9/1/2019	J0897	INJECTION DENOSUMAB 1 MG	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	XGEVA (denosumab), Prolia (denosumab)	
Healthcare Administered Drugs	1/1/2025	J0901	Vadadustat, oral, 1 mg (for esrd on dialysis)	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria	Notes
Healthcare Administered Drugs	1/1/2025	J09026	INJECTION, TARLATAMAB-DLLE, 1 MG	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
Healthcare Administered Drugs	7/1/2024	J0911	Instillation, taurolidine 1.35 mg and heparin sodium 100 units (central venous catheter lock for adult patients receiving chronic hemodialysis)	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
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 MHI 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. Pharmacy authorization regardless of CPT/HCPC code requests should be faxed to: 888-487-9251.	9/1/2019	J1095	INJECTION DEXAMETHASONE 9PCT INTRAOCULAR 1 MCG	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Dexycu (Dexamethasone intraocular suspension)	
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 MHI 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. Pharmacy authorization regardless of CPT/HCPC code requests should be faxed to: 888-487-9251.	9/1/2019	J1096	DEXAMETHASONE LACRIMAL OPHTHALMIC INSERT 0.1 MG	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Global J Code Criteria	
Healthcare Administered Drugs	1/1/2024	J1105	DEXMEDETOMIDINE ORAL 1 MCG	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
Healthcare Administered Drugs	1/1/2024	J1246	Injection, dinutuximab, 0.1 mg	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	

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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 MHI 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. Pharmacy authorization regardless of CPT/HCPC code requests should be faxed to: 888-487-9251.	9/1/2019	J1290	INJECTION ECALLANTIDE 1 MG	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Kalbitor (ecallantide)	
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 MHI 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. Pharmacy authorization regardless of CPT/HCPC code requests should be faxed to: 888-487-9251.	9/1/2019	J1300	INJECTION ECULIZUMAB 10 MG	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Soliris_Ultomiris (eculizumab_ravulizumab)	
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 MHI 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. Pharmacy authorization regardless of CPT/HCPC code requests should be faxed to: 888-487-9251.	9/1/2019	J1301	INJECTION EDARAVONE 1 MG	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Radicava (edaravone)	
Healthcare Administered Drugs	10/1/2022	J1302	INJ SUTIMLIMAB-JOME 10 MG	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
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 MHI 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. Pharmacy authorization regardless of CPT/HCPC code requests should be faxed to: 888-487-9251.	9/1/2019	J1303	INJECTION RAVULIZUMAB-CWVZ 10 MG	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Soliris_Ultomiris (eculizumab_ravulizumab)	

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria	Notes
Healthcare Administered Drugs	1/1/2024	J1304	INJECTION TOFERSEN 1 MG	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	C9157 replaced by J1304
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 MHI 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. Pharmacy authorization regardless of CPT/HCPC code requests should be faxed to: 888-487-9251.**	1/1/2022	J1305	Injection, evinacumab-dgnb, 5 mg	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
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 MHI 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. Pharmacy authorization regardless of CPT/HCPC code requests should be faxed to: 888-487-9251.	7/1/2022	J1306	Injection, inclisiran, 1 mg	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
Healthcare Administered Drugs	7/1/2025	J1307	INJECTION, CROVALIMAB-AKKZ, 10 MG	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.		
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 MHI 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. Pharmacy authorization regardless of CPT/HCPC code requests should be faxed to: 888-487-9251.	9/1/2019	J1322	INJECTION ELOSULFASE ALFA 1 MG	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Vimizim (elosulfase alfa)_Mucopolysaccharidosis type IV A	

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Transplants/Gene Therapy	1/1/2024	J1412	INJECTION VALOCTOCOGENE ROXAPARVOVEC-RVOX PER ML	Information generally required to support authorization decision making includes, but not limited to: • Comprehensive clinical documentation, including but not limited to: Transplant surgery consultation and clearance, cardiology consultation and clearance, cardiac, pulmonary, and other testing, psychosocial evaluation and clearance, absence of major or minor contraindications. All documentation must meet MCP criteria as outlined in the relative medical policy. • Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; • History of the presenting problem • Clinical exam; • Pertinent diagnostic testing results, operative and/or pathological reports; • Treatment plan and progress notes; • Pertinent psychosocial history; • Information and consultations with the treating practitioner; • Pertinent evaluations from other health care practitioners and providers; • Pertinent charts, graphs or photographic information, as appropriate; • Rehabilitation evaluations; • Information regarding the local delivery system; and • Patient characteristics and information.	Third Party Proprietary Criteria	
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 MHI 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. Pharmacy authorization regardless of CPT/HCPC code requests should be faxed to: 888-487-9251.**	1/1/2022	J1426	Injection, casimersen, 10 mg	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
Healthcare Administered Drugs	7/1/2021	J1427	INJECTION, VILTOLARSEN, 10 MG	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
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 MHI 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. Pharmacy authorization regardless of CPT/HCPC code requests should be faxed to: 888-487-9251.	9/1/2019	J1428	INJECTION ETEPLIRSEN 10 MG	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Exondys 51 (eteplirsen)	

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria	Notes
Healthcare Administered Drugs	7/1/2021	J1429	INJECTION, GOLODIRSEN, 10 MG	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
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 MHI 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. Pharmacy authorization regardless of CPT/HCPC code requests should be faxed to: 888-487-9251.	10/1/2020	J1437	INJECTION, FERRIC DERISOMALTOSE, 10MG	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Iron Deficiency Anemia Agents	
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 MHI 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. Pharmacy authorization regardless of CPT/HCPC code requests should be faxed to: 888-487-9251.	9/1/2019	J1438	INJECTION ETANERCEPT 25 MG	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Enbrel (etanercept)	
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 MHI 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. Pharmacy authorization regardless of CPT/HCPC code requests should be faxed to: 888-487-9251.	9/1/2019	J1439	INJECTION FERRIC CARBOXYMALTOSE 1 MG	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Iron Deficiency Anemia Agents	
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 MHI 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. Pharmacy authorization regardless of CPT/HCPC code requests should be faxed to: 888-487-9251.	9/1/2019	J1442	INJECTION FILGRASTIM EXCLUDES BIOSIMILARS 1 MIC	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Filgrastim	

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria	Notes
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 MHI 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. Pharmacy authorization regardless of CPT/HCPC code requests should be faxed to: 888-487-9251.	9/1/2019	J1447	INJECTION TBO-FILGRASTIM 1 MICROGRAM	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Filgrastim	
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 MHI 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. Pharmacy authorization regardless of CPT/HCPC code requests should be faxed to: 888-487-9251.**	1/1/2022	J1448	Injection, trilaciclib, 1 mg	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
Healthcare Administered Drugs	4/1/2023	J1449	INJECTION, EFLAPEGRASTIM-XNST, 0.1 MG	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
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 MHI 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. Pharmacy authorization regardless of CPT/HCPC code requests should be faxed to: 888-487-9251.	9/1/2019	J1454	INJ FOSNETUPITANT 235 MG AND PALONOSETRON 0.25 MG	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Akynzeo (fosnetupitant/palonosteron; netupitant/palonosetron)	
Healthcare Administered Drugs	4/1/2023	J1456	INJECTION, FOSAPREPITANT (TEVA), NOT THERAPEUTICALLY EQUIVALENT TO J1453, 1 MG	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	

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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 MHI 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. Pharmacy authorization regardless of CPT/HCPC code requests should be faxed to: 888-487-9251.	9/1/2019	J1458	INJECTION GALSULFASE 1 MG	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Enzyme Replacement Therapy for Lysosomal Storage Disorders (MPS I, VI) [Aldurazyme, Naglayzme]	
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 MHI 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. Pharmacy authorization regardless of CPT/HCPC code requests should be faxed to: 888-487-9251.	9/1/2019	J1459	INJ IMMUNE GLOBULIN IV NONLYOPHILIZED 500 MG	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Intravenous Immunoglobulin (IVIg)	
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 MHI 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. Pharmacy authorization regardless of CPT/HCPC code requests should be faxed to: 888-487-9251.	7/1/2022	J1551	Injection, immune globulin (cutaquig), 100 mg	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
Healthcare Administered Drugs	1/1/2025	J1552	Injection, immune globulin (alyglo), 500 mg	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
Healthcare Administered Drugs	7/1/2021	J1554	Injection, Immune Globulin (ASCENIV), 500 mg	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	

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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 MHI 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. Pharmacy authorization regardless of CPT/HCPC code requests should be faxed to: 888-487-9251.	9/1/2019	J1556	INJECTION IMMUNE GLOBULIN BIVIGAM 500 MG	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Intravenous Immunoglobulin (IVIg)	
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 MHI 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. Pharmacy authorization regardless of CPT/HCPC code requests should be faxed to: 888-487-9251.	9/1/2019	J1557	INJ IMMUNE GLOBULIN IV NONLYOPHILIZED 500 MG	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Intravenous Immunoglobulin (IVIg)	
Healthcare Administered Drugs	7/1/2021	J1558	INJECTION, IMMUNE GLOBULIN (XEMBIFY), 100 MG	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
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 MHI 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. Pharmacy authorization regardless of CPT/HCPC code requests should be faxed to: 888-487-9251.	9/1/2019	J1559	INJECTION IMMUNE GLOBULIN HIZENTRA 100 MG	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Subcutaneous Immune Globulin (SCIg)	

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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 MHI 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. Pharmacy authorization regardless of CPT/HCPC code requests should be faxed to: 888-487-9251.	9/1/2019	J1566	INJ IG IV LYPHILIZED NOT OTHERWISE SPEC 500 MG	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Intravenous Immunoglobulin (IVIg)	
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 MHI 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. Pharmacy authorization regardless of CPT/HCPC code requests should be faxed to: 888-487-9251.	9/1/2019	J1568	INJ IG OCTOGAM IV NONLYOPHILIZED 500 MG	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Intravenous Immunoglobulin (IVIg)	
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 MHI 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. Pharmacy authorization regardless of CPT/HCPC code requests should be faxed to: 888-487-9251.	9/1/2019	J1569	INJ IG GAMMAGARD LIQ IV NONLYOPHILIZED 500 MG	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Intravenous Immunoglobulin (IVIg) Subcutaneous Immune Globulin (SCIg)	
Healthcare Administered Drugs	1/1/2026	J1572	INJ IMMUNE GLOBULIN IV NONLYOPHILIZED 500 MG	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Immunoglobulin (IVIg)	

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria	Notes
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 MHI 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. Pharmacy authorization regardless of CPT/HCPC code requests should be faxed to: 888-487-9251.	9/1/2019	J1573	INJ HEP B IG HEPAGAM B INTRAVENOUS 0.5 ML	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Hep B Immune Globulin	
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 MHI 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. Pharmacy authorization regardless of CPT/HCPC code requests should be faxed to: 888-487-9251.	9/1/2019	J1575	INJ IMMUNE GLOBULIN HYALURONIDASE 100 MG IG	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Subcutaneous Immune Globulin (SCIg)	
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 MHI 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. Pharmacy authorization regardless of CPT/HCPC code requests should be faxed to: 888-487-9251.	9/1/2019	J1595	INJECTION GLATIRAMER ACETATE 20 MG	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Copaxone/Glatopa (glatiramer acetate)	
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 MHI 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. Pharmacy authorization regardless of CPT/HCPC code requests should be faxed to: 888-487-9251.	9/1/2019	J1599	INJ IG IV NONLYOPHILIZED E.G. LIQUID NOS 500 MG	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Intravenous Immunoglobulin (IVIg)	
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 MHI 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. Pharmacy authorization regardless of CPT/HCPC code requests should be faxed to: 888-487-9251.	9/1/2019	J1602	INJECTION GOLIMUMAB 1 MG FOR INTRAVENOUS USE	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Simponi/Simponi Aria (golimumab)	

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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 MHI 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. Pharmacy authorization regardless of CPT/HCPC code requests should be faxed to: 888-487-9251.	9/1/2019	J1628	INJECTION GUSELKUMAB 1 MG	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Tremfya (guselkumab)	
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 MHI 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. Pharmacy authorization regardless of CPT/HCPC code requests should be faxed to: 888-487-9251.	10/1/2020	J1632	INJECTION, BREXANOLONE, 1 MG	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Zulresso (brexanolone)	
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 MHI 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. Pharmacy authorization regardless of CPT/HCPC code requests should be faxed to: 888-487-9251.	9/1/2019	J1640	INJECTION HEMIN 1 MG	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Global J Code Criteria	
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 MHI 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. Pharmacy authorization regardless of CPT/HCPC code requests should be faxed to: 888-487-9251.	9/1/2019	J1645	INJECTION DALTEPARIN SODIUM PER 2500 IU	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Global J Code Criteria	

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria	Notes
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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 MHI 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. Pharmacy authorization regardless of CPT/HCPC code requests should be faxed to: 888-487-9251.	9/1/2019	J1729	INJECTION HYDROXYPROGESTERONE CAPROATE NOS 10 MG	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Makena(hydroxyprogesterone caproate injection)	
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 MHI 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. Pharmacy authorization regardless of CPT/HCPC code requests should be faxed to: 888-487-9251.	9/1/2019	J1740	INJECTION IBANDRONATE SODIUM 1 MG	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Intravenous Bisphophonates	
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 MHI 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. Pharmacy authorization regardless of CPT/HCPC code requests should be faxed to: 888-487-9251.	9/1/2019	J1743	INJECTION IDURSULFASE 1 MG	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Elaprase (idursulfase)	
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 MHI 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. Pharmacy authorization regardless of CPT/HCPC code requests should be faxed to: 888-487-9251.	9/1/2019	J1744	INJECTION ICATIBANT 1 MG	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Firazyr (icatibant)	

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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 MHI 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. Pharmacy authorization regardless of CPT/HCPC code requests should be faxed to: 888-487-9251.	9/1/2019	J1746	INJECTION IBALIZUMAB-UIYK 10 MG	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Trogarzo (ibalizumab-uiyk)	
Healthcare Administered Drugs	4/1/2023	J1747	INJECTION, SPESOLIMAB-SBZO, 1 M	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
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 MHI 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. Pharmacy authorization regardless of CPT/HCPC code requests should be faxed to: 888-487-9251.	9/1/2019	J1786	INJECTION IMIGLUCERASE 10 UNITS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Enzyme Replacement Therapy for Gaucher Disease	Preferred Drug ~ Cerezyme
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 MHI 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. Pharmacy authorization regardless of CPT/HCPC code requests should be faxed to: 888-487-9251.	1/1/2021	J1823	INJECTION, INEBILIZUMAB-CDON, 1 MG	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Uplizna (inebilizumab-cdon) Criteria	

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria	Notes
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 MHI 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. Pharmacy authorization regardless of CPT/HCPC code requests should be faxed to: 888-487-9251.	9/1/2019	J1826	INJECTION INTERFERON BETA-1A 30 MCG	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Multiple Sclerosis Agents- Interferons	
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 MHI 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. Pharmacy authorization regardless of CPT/HCPC code requests should be faxed to: 888-487-9251.	9/1/2019	J1830	INJECTION INTERFERON BETA-1B 0.25 MG	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Multiple Sclerosis Agents- Interferons	
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 MHI 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. Pharmacy authorization regardless of CPT/HCPC code requests should be faxed to: 888-487-9251.	9/1/2019	J1833	INJECTION ISAVUCONAZONIUM 1 MG	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Global J Code Criteria	
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 MHI 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. Pharmacy authorization regardless of CPT/HCPC code requests should be faxed to: 888-487-9251.	9/1/2019	J1930	INJECTION LANREOTIDE 1 MG	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Global J Code Criteria	
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 MHI 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. Pharmacy authorization regardless of CPT/HCPC code requests should be faxed to: 888-487-9251.	9/1/2019	J1931	INJECTION LARONIDASE 0.1 MG	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Enzyme Replacement Therapy for Lysosomal Storage Disorders (MPS I, VI) [Aldurazyme, Naglayzme]	

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria	Notes
Healthcare Administered Drugs	10/1/2022	J1932	INJ LANREOTIDE CIPLA 1 MG	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
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 MHI 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. Pharmacy authorization regardless of CPT/HCPC code requests should be faxed to: 888-487-9251.	9/1/2019	J1950	INJECTION LEUPROLIDE ACETATE PER 3.75 MG	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Enzyme Replacement Therapy for Lysosomal Storage Disorders (MPS I, VI) [Aldurazyme, Naglayzme]	
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 MHI 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. Pharmacy authorization regardless of CPT/HCPC code requests should be faxed to: 888-487-9251.		J1951	INJECTION LEUPROLIDE AC FOR DEPOT SUSP 0.25 MG	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
Healthcare Administered Drugs	1/1/2022	J1952	LEUPROLIDE INJECTANLE, CAMCEVI, 1MG	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
Healthcare Administered Drugs	4/1/2023	J1954	INJ LUTRATE DEPOT 7.5 MG (CIPLA)	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	~APPLIES TO WA: For Adults ≥18 with cancer diagnosis direct request to NCH. For Inpatient, non cancer diagnosis, and pediatrics send request to Health Plan.
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 MHI 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. Pharmacy authorization regardless of CPT/HCPC code requests should be faxed to: 888-487-9251.	9/1/2019	J2170	INJECTION MECASERMIN 1 MG	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Increlex (mecasermin)	

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria	Notes
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 MHI 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. Pharmacy authorization regardless of CPT/HCPC code requests should be faxed to: 888-487-9251.	9/1/2019	J2182	INJECTION MEPOLIZUMAB 1 MG	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Nucala (mepolizumab)	
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 MHI 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. Pharmacy authorization regardless of CPT/HCPC code requests should be faxed to: 888-487-9251.	9/1/2019	J2186	INJECTION MEROPENEM VABORBACTAM 10 MG 10 MG	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Global J Code Criteria	
Healthcare Administered Drugs	7/1/2024	J2267	Injection, mirikizumab-mrkz, 1 mg	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
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 MHI 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. Pharmacy authorization regardless of CPT/HCPC code requests should be faxed to: 888-487-9251.	9/1/2019	J2323	INJECTION NATALIZUMAB 1 MG	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Tysabri (natalizumab)	Preferred Drug ~ Tysabri
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 MHI 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. Pharmacy authorization regardless of CPT/HCPC code requests should be faxed to: 888-487-9251.	9/1/2019	J2326	INJECTION NUSINERSEN 0.1 MG	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Spinraza (nusinersen)	

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria	Notes
Healthcare Administered Drugs	4/1/2023	J2327	INJ RISANKIZUMAB-RZAA 1 MG	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
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 MHI 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. Pharmacy authorization regardless of CPT/HCPC code requests should be faxed to: 888-487-9251.	9/1/2019	J2350	INJECTION OCRELIZUMAB 1 MG	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Ocrevus (ocrelizumab)	Preferred Drug ~ Ocrevus
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 MHI 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. Pharmacy authorization regardless of CPT/HCPC code requests should be faxed to: 888-487-9251.	9/1/2019	J2353	INJ OCTREOTIDE DEPOT FORM IM INJ 1 MG	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Octreotide	
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 MHI 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. Pharmacy authorization regardless of CPT/HCPC code requests should be faxed to: 888-487-9251.	9/1/2019	J2354	INJ OCTREOTIDE NON-DEPOT FORM SUBQ IV INJ 25 MCG	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Octreotide	
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 MHI 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. Pharmacy authorization regardless of CPT/HCPC code requests should be faxed to: 888-487-9251.	7/1/2022	J2356	Injection, tezepelumab-ekko, 1 mg	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	

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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 MHI 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. Pharmacy authorization regardless of CPT/HCPC code requests should be faxed to: 888-487-9251.	9/1/2019	J2357	INJECTION OMALIZUMAB 5 MG	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Xolair (Omalizumab)	
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 MHI 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. Pharmacy authorization regardless of CPT/HCPC code requests should be faxed to: 888-487-9251.**	1/1/2022	J2406	Injection, oritavancin (Kimyrsa), 10 mg	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
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 MHI 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. Pharmacy authorization regardless of CPT/HCPC code requests should be faxed to: 888-487-9251.	4/1/2020	J2407	Injection, oritavancin, 10 mg	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Global J Code Criteria	
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 MHI 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. Pharmacy authorization regardless of CPT/HCPC code requests should be faxed to: 888-487-9251.	9/1/2019	J2425	INJECTION PALIFERMIN 50 MICROGRAMS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Standard Oncology	
Healthcare Administered Drugs	1/1/2026	J2468	INJ, PALONOSETRON HCL (POSFREA), 25 MCG	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.		

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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 MHI 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. Pharmacy authorization regardless of CPT/HCPC code requests should be faxed to: 888-487-9251.	1/1/2022	J2506	Injection, pegfilgrastim, excludes biosimilar, 0.5 mg	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.		
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Healthcare Administered Drugs	1/1/2024	J2508	INJECTION PEGUNIGALSIDASE ALFA-IWXJ 1 MG	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Mozobil (plerixafor injection)	
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 MHI 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. Pharmacy authorization regardless of CPT/HCPC code requests should be faxed to: 888-487-9251.	9/1/2019	J2562	INJECTION PLERIXAFOR 1 MG	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Mozobil (plerixafor injection)	

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Healthcare Administered Drugs	10/1/2022	J2777	INJ FARICIMAB-SVOA 0.1 MG	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
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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 MHI 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. Pharmacy authorization regardless of CPT/HCPC code requests should be faxed to: 888-487-9251.	7/1/2022	J2779	Injection, ranibizumab, via intravitreal implant (susvimo), 0.1 mg	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
Healthcare Administered Drugs	10/1/2023	J2781	INJECTION, PEGCETACOPLAN, INTRAVITREAL, 1 MG	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	

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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 MHI 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. Pharmacy authorization regardless of CPT/HCPC code requests should be faxed to: 888-487-9251.	9/1/2019	J2786	INJECTION RESLIZUMAB 1 MG	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Cinqair (reslizumab)	
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 MHI 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. Pharmacy authorization regardless of CPT/HCPC code requests should be faxed to: 888-487-9251.	9/1/2019	J2787	RIBOFLAVIN 5'-PHOSPHATE OPHTHALMIC SOL TO 3 ML	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Global J Code Criteria	
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 MHI 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. Pharmacy authorization regardless of CPT/HCPC code requests should be faxed to: 888-487-9251.	9/1/2019	J2793	INJECTION RILONACEPT 1 MG	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Arcalyst (rilonacept)	
Healthcare Administered Drugs	1/1/2025	J2802	INJECTION, ROMIPLOSTIM, 1 MICROGRAM	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	

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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 MHI 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. Pharmacy authorization regardless of CPT/HCPC code requests should be faxed to: 888-487-9251.	9/1/2019	J2820	INJECTION SARGRAMOSTIM 50 MCG	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Leukine (sagramostim)	
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 MHI 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. Pharmacy authorization regardless of CPT/HCPC code requests should be faxed to: 888-487-9251.	9/1/2019	J2840	INJECTION SEBELIPASE ALFA 1 MG	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Kanuma (sebelipase alfa)	
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 MHI 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. Pharmacy authorization regardless of CPT/HCPC code requests should be faxed to: 888-487-9251.	9/1/2019	J2860	INJECTION SILTUXIMAB 10 MG	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Standard Oncology Criteria	
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 MHI 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. Pharmacy authorization regardless of CPT/HCPC code requests should be faxed to: 888-487-9251.	9/1/2019	J2941	INJECTION SOMATROPIN 1 MG	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Human Growth Hormone Therapy	
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 MHI 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. Pharmacy authorization regardless of CPT/HCPC code requests should be faxed to: 888-487-9251.	7/1/2022	J2998	INJECTION PLASMINOGEN HUMAN-TVMH 1 MG	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	

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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 MHI 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. Pharmacy authorization regardless of CPT/HCPC code requests should be faxed to: 888-487-9251.	10/1/2020	J3032	INJECTION, EPTINEZUMAG-JJMR, 1MG	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Calcitonin Gene-Related Peptide (CGRP) Antagonist	
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 MHI 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. Pharmacy authorization regardless of CPT/HCPC code requests should be faxed to: 888-487-9251.	9/1/2019	J3060	INJECTION TALIGLUCERASE ALFA 10 UNITS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Enzyme Replacement Therapy for Gaucher Disease [Cerezyme, Elelyso, Vpriv]	
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 MHI 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. Pharmacy authorization regardless of CPT/HCPC code requests should be faxed to: 888-487-9251.	9/1/2019	J3090	INJECTION TEDIZOLID PHOSPHATE 1 MG	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Sivextro (tedizolid)	
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 MHI 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. Pharmacy authorization regardless of CPT/HCPC code requests should be faxed to: 888-487-9251.	9/1/2019	J3095	INJECTION TELAVANCIN 10 MG	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Vibativ (telavancin)	

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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 MHI 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. Pharmacy authorization regardless of CPT/HCPC code requests should be faxed to: 888-487-9251.	9/1/2019	J3111	INJECTION, ROMOSOZUMAB-AQQG, 1 mg	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Evenity (romosozumab-aqqg)	
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 MHI 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. Pharmacy authorization regardless of CPT/HCPC code requests should be faxed to: 888-487-9251.	9/1/2019	J3145	INJECTION TESTOSTERONE UNDECANOATE 1 MG	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Testosterone	
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 MHI 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. Pharmacy authorization regardless of CPT/HCPC code requests should be faxed to: 888-487-9251.	10/1/2020	J3241	INJECTION, TEPROTUMUMAB-TRBW, 10MG	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Tepezza (teprotumumab-trbw)	
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 MHI 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. Pharmacy authorization regardless of CPT/HCPC code requests should be faxed to: 888-487-9251.	9/1/2019	J3245	INJECTION TILDRAKIZUMAB 1 MG	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Ilumya (tildrakizumab)	

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria	Notes
Healthcare Administered Drugs	7/1/2024	J3247	Injection, secukinumab, intravenous, 1 mg	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
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 MHI 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. Pharmacy authorization regardless of CPT/HCPC code requests should be faxed to: 888-487-9251.	9/1/2019	J3262	INJECTION TOCILIZUMAB 1 MG	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Actemra (tocilizumab)	
Healthcare Administered Drugs	7/1/2024	J3263	Injection, toripalimab-tpzi, 1 mg	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
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 MHI 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. Pharmacy authorization regardless of CPT/HCPC code requests should be faxed to: 888-487-9251.	9/1/2019	J3285	INJECTION TREPROSTINIL 1 MG	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Pulmonary Arterial Hypertension (PAH)	
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 MHI 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. Pharmacy authorization regardless of CPT/HCPC code requests should be faxed to: 888-487-9251.	7/1/2022	J3299	Injection, triamcinolone acetonide (xipere), 1 mg	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria	Notes
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 MHI 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. Pharmacy authorization regardless of CPT/HCPC code requests should be faxed to: 888-487-9251.	9/1/2019	J3304	INJECT TRIAMCINOLONE ACETONIDE PF ER MS F 1 MG	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Zilretta (triamcinolone acetonide ER injection)	
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 MHI 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. Pharmacy authorization regardless of CPT/HCPC code requests should be faxed to: 888-487-9251.	9/1/2019	J3315	INJECTION TRIPTORELIN PAMOATE 3.75 MG	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Global J Code Criteria	
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 MHI 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. Pharmacy authorization regardless of CPT/HCPC code requests should be faxed to: 888-487-9251.	9/1/2019	J3316	INJECTION TRIPTORELIN EXTENDED-RELEASE 3.75 MG	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Global J Code Criteria	
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 MHI 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. Pharmacy authorization regardless of CPT/HCPC code requests should be faxed to: 888-487-9251.	9/1/2019	J3357	USTEKINUMAB FOR SUBCUTANEOUS INJECTION 1 MG	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Stelara (ustekinumab)	
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 MHI 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. Pharmacy authorization regardless of CPT/HCPC code requests should be faxed to: 888-487-9251.	9/1/2019	J3358	USTEKINUMAB FOR INTRAVENOUS INJECTION 1 MG	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Stelara (ustekinumab)	

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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 MHI 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. Pharmacy authorization regardless of CPT/HCPC code requests should be faxed to: 888-487-9251.	9/1/2019	J3385	INJECTION VELAGLUCERASE ALFA 100 UNITS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Enzyme Replacement Therapy for Gaucher Disease [Cerezyme, Elelyso, Vpriv]	
Transplants/Gene Therapy	7/1/2026	J3386	INJ, ETUVETIDIGENE AUTOTEMCEL, PER TRMNT	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	NON-COVERED	New code as of 7/1/2026
Healthcare Administered Drugs	1/1/2025	J3392	Injection, exagamglogene autotemcel, per treatment	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	Non-Covered
Healthcare Administered Drug	7/1/2024	J3393	Injection, betibeglogene autotemcel, per treatment	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	NON-COVERED	
Healthcare Administered Drug	7/1/2024	J3394	Injection, lovotibeglogene autotemcel, per treatment	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	NON-COVERED	

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria	Notes
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 MHI 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. Pharmacy authorization regardless of CPT/HCPC code requests should be faxed to: 888-487-9251.	9/1/2019	J3396	INJECTION VERTEPORFIN 0.1 MG	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Visudyne (verteporfin) Ocular Photodynamic Therapy	
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 MHI 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. Pharmacy authorization regardless of CPT/HCPC code requests should be faxed to: 888-487-9251.	9/1/2019	J3397	INJECTION VESTRONIDASE ALFA-VJBK 1 MG	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Mepsevii (vestronidase alfa-vjbk)	
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 MHI 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. Pharmacy authorization regardless of CPT/HCPC code requests should be faxed to: 888-487-9251.	9/1/2019	J3398	INJECTION VORETIGENE NEPARVOVEC-RZYL 1 B VEC G	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Luxturna (Voretigene neparvovec-rzyl) for Inherited Retinal Dystrophy	
Healthcare Administered Drugs	7/1/2021	J3399	INJECTION, ONASEMNOGENE ABEPARVOVEC, PER TX, UP TO 5x10^15 VECTOR GENOMES	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
Transplants/Gene Therapy	1/1/2024	J3401	BEREMAGENE GEPERPAVEC-SVDT FOR TOPICAL ADM	Information generally required to support authorization decision making includes, but not limited to: • Comprehensive clinical documentation, including but not limited to: Transplant surgery consultation and clearance, cardiology consultation and clearance, cardiac, pulmonary, and other testing, psychosocial evaluation and clearance, absence of major or minor contraindications. All documentation must meet MCP criteria as outlined in the relative medical policy. • Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; • History of the presenting problem • Clinical exam; • Pertinent diagnostic testing results, operative and/or pathological reports; • Treatment plan and progress notes; • Pertinent psychosocial history; • Information and consultations with the treating practitioner; • Pertinent evaluations from other health care practitioners and providers; • Pertinent charts, graphs or photographic information, as appropriate; • Rehabilitation evaluations; • Information regarding the local delivery system; and • Patient characteristics and information.	Third Party Proprietary Criteria	

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria	Notes
Transplants/Gene Therapy	7/1/2026	J3405	INJ, ONASEMNOGENE ABEPARVOVECBRVE, PER TRMNT	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	NON-COVERED	New code as of 7/1/2026
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 MHI 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. Pharmacy authorization regardless of CPT/HCPC code requests should be faxed to: 888-487-9251.	9/1/2019	J3490	UNCLASSIFIED DRUGS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Global J Code Criteria; Emflaza; Scenesse Implant; Tepezza; Vyondys 53; Subcutaneous Immune Globulin (SCIg)	
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 MHI 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. Pharmacy authorization regardless of CPT/HCPC code requests should be faxed to: 888-487-9251.	9/1/2019	J3590	UNCLASSIFIED BIOLOGICS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Global J Code Criteria; Egrifta; Tepezza; Vyondys 53	
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 MHI 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. Pharmacy authorization regardless of CPT/HCPC code requests should be faxed to: 888-487-9251.	9/1/2019	J3591	UNCLASS RX BIOLOGICAL USED FOR ESRD ON DIALYSIS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Global J Code Criteria	
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 MHI 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. Pharmacy authorization regardless of CPT/HCPC code requests should be faxed to: 888-487-9251.	10/1/2021	J7168	PRT COMPLEX CONC KCENTRA PER IU FIX ACT	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria	Notes
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 MHI 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. Pharmacy authorization regardless of CPT/HCPC code requests should be faxed to: 888-487-9251.	9/1/2019	J7170	INJECTION EMICIZUMAB-KXWH 0.5 MG	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Hemophilia and Blood Factor Products	
Healthcare Administered Drugs	7/1/2024	J7171	Injection, adamts13, recombinant-krhn, 10 iu	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
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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 MHI 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. Pharmacy authorization regardless of CPT/HCPC code requests should be faxed to: 888-487-9251.	9/1/2019	J7178	INJECTION HUMAN FIBRINOGEN CONC NOS 1 MG	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Hemophilia and Blood Factor Products	

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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 MHI 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. Pharmacy authorization regardless of CPT/HCPC code requests should be faxed to: 888-487-9251.	9/1/2019	J7180	INJECTION FACTOR XIII 1 I.U.	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Hemophilia and Blood Factor Products	
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 MHI 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. Pharmacy authorization regardless of CPT/HCPC code requests should be faxed to: 888-487-9251.	9/1/2019	J7181	INJECTION FACTOR XIII A-SUBUNIT PER IU	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Hemophilia and Blood Factor Products	
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 MHI 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. Pharmacy authorization regardless of CPT/HCPC code requests should be faxed to: 888-487-9251.	9/1/2019	J7182	INJECTION FACTOR VIII PER IU	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Hemophilia and Blood Factor Products	
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 MHI 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. Pharmacy authorization regardless of CPT/HCPC code requests should be faxed to: 888-487-9251.	9/1/2019	J7183	INJ VON WILLEBRAND FACTR COMPLEX WILATE 1 IU:RCO	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Hemophilia and Blood Factor Products	

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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 MHI 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. Pharmacy authorization regardless of CPT/HCPC code requests should be faxed to: 888-487-9251.	9/1/2019	J7185	INJECTION FACTOR VIII PER IU	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Hemophilia and Blood Factor Products	
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 MHI 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. Pharmacy authorization regardless of CPT/HCPC code requests should be faxed to: 888-487-9251.	9/1/2019	J7186	INJ AHF VWF CMPLX PER FACTOR VIII IU	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Hemophilia and Blood Factor Products	
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 MHI 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. Pharmacy authorization regardless of CPT/HCPC code requests should be faxed to: 888-487-9251.	9/1/2019	J7187	INJ VONWILLEBRND FACTOR CMPLX HUMN RISTOCETIN IU	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Hemophilia and Blood Factor Products	
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 MHI 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. Pharmacy authorization regardless of CPT/HCPC code requests should be faxed to: 888-487-9251.	9/1/2019	J7188	INJECTION FACTOR VIII PER IU	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Hemophilia and Blood Factor Products	
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 MHI 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. Pharmacy authorization regardless of CPT/HCPC code requests should be faxed to: 888-487-9251.	9/1/2019	J7189	FACTOR VIIA 1 MICROGRAM	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Hemophilia and Blood Factor Products	

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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 MHI 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. Pharmacy authorization regardless of CPT/HCPC code requests should be faxed to: 888-487-9251.	9/1/2019	J7191	FACTOR VIII ANTIHEMOPHILIC FACTOR PROCINE PER IU	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Hemophilia and Blood Factor Products	
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 MHI 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. Pharmacy authorization regardless of CPT/HCPC code requests should be faxed to: 888-487-9251.	9/1/2019	J7192	FACTOR VIII PER IU NOT OTHERWISE SPECIFIED	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Hemophilia and Blood Factor Products	
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 MHI 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. Pharmacy authorization regardless of CPT/HCPC code requests should be faxed to: 888-487-9251.	9/1/2019	J7193	FACTOR IX AHF PURIFIED NON-RECOMBINANT PER IU	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Hemophilia and Blood Factor Products	
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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 MHI 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. Pharmacy authorization regardless of CPT/HCPC code requests should be faxed to: 888-487-9251.	9/1/2019	J7200	INJECTION FACTOR IX RIXUBIS PER IU	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Hemophilia and Blood Factor Products	
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 MHI 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. Pharmacy authorization regardless of CPT/HCPC code requests should be faxed to: 888-487-9251.	9/1/2019	J7201	INJECTION FAC IX FC FUS PROTEIN ALPROLIX 1 I.U.	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Hemophilia and Blood Factor Products	
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 MHI 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. Pharmacy authorization regardless of CPT/HCPC code requests should be faxed to: 888-487-9251.	9/1/2019	J7202	INJECTION FAC IX ALBUMIN FUS PRT IDELVION 1 I.U.	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Hemophilia and Blood Factor Products	
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 MHI 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. Pharmacy authorization regardless of CPT/HCPC code requests should be faxed to: 888-487-9251.	9/1/2019	J7203	INJECTION FACTOR IX GLYCOPEGYLATED 1 IU	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Hemophilia and Blood Factor Products	
Healthcare Administered Drugs	7/1/2021	J7204	INJECTION, FACTOR VIII, ATHIHEMPHILIC FACTOR (RECOMBINANT), (ESPEROCT), GLYCOPEGYLATED-EXEI, PER IU	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria	Notes
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 MHI 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. Pharmacy authorization regardless of CPT/HCPC code requests should be faxed to: 888-487-9251.	9/1/2019	J7205	INJECTION FACTOR VIII FC FUSION PROTEIN PER IU	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Hemophilia and Blood Factor Products	
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 MHI 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. Pharmacy authorization regardless of CPT/HCPC code requests should be faxed to: 888-487-9251.	9/1/2019	J7207	INJECTION FACTOR VIII PEGYLATED 1 I.U.	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Hemophilia and Blood Factor Products	
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 MHI 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. Pharmacy authorization regardless of CPT/HCPC code requests should be faxed to: 888-487-9251.	9/1/2019	J7208	INJECTION FACTOR VIII PEGYLATED-AUCL 1 IU	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Hemophilia and Blood Factor Products	
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 MHI 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. Pharmacy authorization regardless of CPT/HCPC code requests should be faxed to: 888-487-9251.	9/1/2019	J7209	INJECTION FACTOR VIII 1 I.U.	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Hemophilia and Blood Factor Products	
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 MHI 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. Pharmacy authorization regardless of CPT/HCPC code requests should be faxed to: 888-487-9251.	9/1/2019	J7210	INJECTION FACTOR VIII AFSTYLA 1 I.U.	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Hemophilia and Blood Factor Products	

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria	Notes
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 MHI 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. Pharmacy authorization regardless of CPT/HCPC code requests should be faxed to: 888-487-9251.	9/1/2019	J7211	INJECTION FACTOR VIII KOVALTRY 1 I.U.	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Hemophilia and Blood Factor Products	
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 MHI 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. Pharmacy authorization regardless of CPT/HCPC code requests should be faxed to: 888-487-9251.	1/1/2021	J7212	ACTOR VIIA (ANTIHEMOPHILIC FACTOR, RECOMBINANT)- JNCW (SEVENFACT), 1 MICROGRAM	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Hemophilia and Blood Factor Products Criteria	
Healthcare Administered Drugs	10/1/2023	J7214	INJECTION, FACTOR VIII/VON WILLEBRAND FACTOR COMPLEX, RECOMBINANT (ALTUVIIIO), PER FACTOR VIII I.U.”	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
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 MHI 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. Pharmacy authorization regardless of CPT/HCPC code requests should be faxed to: 888-487-9251.	9/1/2019	J7308	AMINOLEVULINIC ACID HCL TOP ADMN 20PCT 1 U DOSE	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Global J Code Criteria	
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 MHI 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. Pharmacy authorization regardless of CPT/HCPC code requests should be faxed to: 888-487-9251.	9/1/2019	J7311	FLUOCINOLONE ACETONIDE INTRAVITREAL IMPLANT	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Intravitreal corticosteroid implants: Retisert, Yutiq (fluocinolone acetonide intravitreal implants)	

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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 MHI 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. Pharmacy authorization regardless of CPT/HCPC code requests should be faxed to: 888-487-9251.	9/1/2019	J7312	INJECTION DEXAMETHASONE INTRAVITREAL IMPL 0.1 MG	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Ozurdex (dexamethasone intravitreal implant)	
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 MHI 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. Pharmacy authorization regardless of CPT/HCPC code requests should be faxed to: 888-487-9251.	9/1/2019	J7313	INJECTION FA INTRAVITREAL IMPLANT 0.01 MG	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Iluvien (fluocinolone acetonide intravitreal implant)	
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 MHI 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. Pharmacy authorization regardless of CPT/HCPC code requests should be faxed to: 888-487-9251.	9/1/2019	J7314	INJECTION, FLUOCINOLONE ACETONIDE, INTRAVITREAL IMPLANT (Yutiq), 0.01 mg	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Retisert, Yutiq (fluocinolone acetonide intravitreal implants)	
Healthcare Administered Drugs	9/1/2019	J7318	HYALURONAN DERIVATIVE DUROLANE FOR IA INJ 1 MG	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Hyaluronic Acid (HA) Injections_Viscosupplementation for Knee OsteoArthritis	
Healthcare Administered Drugs	9/1/2019	J7320	HYALURONAN DERIVITIVE GENVISC 850 IA INJ 1 MG	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Hyaluronic Acid (HA) Injections_Viscosupplementation for Knee OsteoArthritis	
Healthcare Administered Drugs	9/1/2019	J7321	HYAL DERIV HYALGAN SUPARTZ VISCO-3 IA INJ-DOSE	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Hyaluronic Acid (HA) Injections_Viscosupplementation for Knee OsteoArthritis	

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria	Notes
Healthcare Administered Drugs	9/1/2019	J7322	HYALURONAN DERIVATIVE HYMOVIS IA INJ 1 MG	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Hyaluronic Acid (HA) Injections_Viscosupplementation for Knee OsteoArthritis	
Healthcare Administered Drugs	9/1/2019	J7323	HYALURONAN DERIVATIVE EUFLEXXA IA INJ PER DOSE	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Hyaluronic Acid (HA) Injections_Viscosupplementation for Knee OsteoArthritis	Preferred Drug ~ Eulfexxa
Healthcare Administered Drugs	9/1/2019	J7324	HYALURONAN DERIV ORTHOVISC IA INJ PER DOSE	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Hyaluronic Acid (HA) Injections_Viscosupplementation for Knee OsteoArthritis	
Healthcare Administered Drugs	9/1/2019	J7325	HYALURONAN DERIV SYNVISC SYNVISC-ONE IA INJ 1 MG	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Hyaluronic Acid (HA) Injections_Viscosupplementation for Knee OsteoArthritis	
Healthcare Administered Drugs	9/1/2019	J7326	HYALURONAN DERIV GEL-ONE INTRA-ARTIC INJ PER DOS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Hyaluronic Acid (HA) Injections_Viscosupplementation for Knee OsteoArthritis	
Healthcare Administered Drugs	9/1/2019	J7327	HYALURONAN DERIVATIVE MONOVISC IA INJ PER DOSE	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Hyaluronic Acid (HA) Injections_Viscosupplementation for Knee OsteoArthritis	

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria	Notes
Healthcare Administered Drugs	9/1/2019	J7328	HYALURONAN DERIVATIVE GELSYN-3 FOR IA INJ 0.1 MG	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Hyaluronic Acid (HA) Injections_Viscosupplementation for Knee OsteoArthritis	
Healthcare Administered Drugs	9/1/2019	J7329	HYALURONAN DERIVATIVE TRIVISC FOR IA INJ 1 MG	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Hyaluronic Acid (HA) Injections_Viscosupplementation for Knee OsteoArthritis	
Out-Patient Hospital/Ambulatory Surgery Center (ASC) Procedures. Please note all Inpatient based procedures require authorization.	9/1/2019	J7330	AUTOLOGOUS CULTURED CHONDROCYTES IMPLANT	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Global J Code Criteria	
Healthcare Administered Drugs	1/1/2020	J7331	HYALURONAN OR DERIVATIVE, SYNOJOYNT, FOR INTRA-ARTICULAR INJECTION, 1 mg	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Hyaluronic Acid (HA) Injections_Viscosupplementation for Knee OsteoArthritis	
Healthcare Administered Drugs	1/1/2020	J7332	HYALURONAN OR DERIVATIVE, TRILURON, FOR INTRA-ARTICULAR INJECTION, 1 mg	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Hyaluronic Acid (HA) Injections_Viscosupplementation for Knee OsteoArthritis	
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 MHI 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. Pharmacy authorization regardless of CPT/HCPC code requests should be faxed to: 888-487-9251.	4/1/2020	J7336	Capsaicin 8% patch, per square centimeter	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Qutenza (capsaicin)	

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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 MHI 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. Pharmacy authorization regardless of CPT/HCPC code requests should be faxed to: 888-487-9251.	10/1/2020	J7351	INJECTION, BIMATOPROST, INTRACAMERAL IMPLANT, 1 MICROGRAM	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Durysta (bimatoprost implant)	
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 MHI 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. Pharmacy authorization regardless of CPT/HCPC code requests should be faxed to: 888-487-9251.	1/1/2021	J7352	AFAMELANOTIDE IMPLANT, 1 MG	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Scenesse (afamelanotide) Implant	
Healthcare Administered Drugs	10/1/2023	J7353	ANACAULASE-BCDB, 8.8% GEL, 1 GRAM	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
Healthcare Administered Drugs	7/1/2024	J7355	Injection, travoprost, intracameral implant, 1 microgram	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
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 MHI 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. Pharmacy authorization regardless of CPT/HCPC code requests should be faxed to: 888-487-9251.	1/1/2020	J7401	MOMETASONE FUROATE SINUS IMPLANT, 10 MG	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Sinuva (mometasone furoate) Sinus Implant	
Healthcare Administered Drugs	7/1/2021	J7402	MOMETASONE FUROATE SINUS IMPLANT (SINUVA), 10 mcg	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria	Notes
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 MHI 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. Pharmacy authorization regardless of CPT/HCPC code requests should be faxed to: 888-487-9251.	9/1/2019	J7504	LYMPHCYT IMMUN GLOB EQUINE PARENTERAL 250 MG	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Global J Code Criteria	
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 MHI 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. Pharmacy authorization regardless of CPT/HCPC code requests should be faxed to: 888-487-9251.	9/1/2019	J7511	LYMPHCYT IMMUN GLOB RABBIT PARENTERAL 25 MG	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Global J Code Criteria	
Unlisted/Miscellaneous codes: Molina requires prior authorization, as well as, medical necessity documentation and rationale be submitted with the prior authorization request for all Unlisted/Miscellaneous codes, including those not listed here	9/1/2019	J7599	IMMUNOSUPPRESSIVE DRUG NOT OTHERWISE CLASSIFIED	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Additional information is required to define this code and determine criteria.	
Healthcare Administered Drugs	1/1/2025	J7601	Ensifentrine, inhalation suspension, fda approved final product, non-compounded, administered through dme, unit dose form, 3 mg	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
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 MHI 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. Pharmacy authorization regardless of CPT/HCPC code requests should be faxed to: 888-487-9251.	9/1/2019	J7639	DORNASE ALFA INHAL SOL NONCOMP UNIT DOSE PER MG	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Pulmozyme	

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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 MHI 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. Pharmacy authorization regardless of CPT/HCPC code requests should be faxed to: 888-487-9251.	9/1/2019	J7677	REVEFENACIN INHAL SOL NONCOMPND ADM DME 1 MCG	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Global J Code Criteria	
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 MHI 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. Pharmacy authorization regardless of CPT/HCPC code requests should be faxed to: 888-487-9251.	9/1/2019	J7682	TOBRAMYCIN INHAL NON-COMP UNIT DOSE PER 300 MG	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Tobramycin for inhalation	
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 MHI 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. Pharmacy authorization regardless of CPT/HCPC code requests should be faxed to: 888-487-9251.	9/1/2019	J7686	TREPROSTINIL INHAL SOLUTION UNIT DOSE 1.74 MG	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Pulmonary Arterial Hypertension (PAH)	
Unlisted/Miscellaneous codes: Molina requires prior authorization, as well as, medical necessity documentation and rationale be submitted with the prior authorization request for all Unlisted/Miscellaneous codes, including those not listed here	9/1/2019	J7699	NOC DRUGS INHALATION SOLUTION ADMINED THRU DME	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Additional information is required to define this code and determine criteria.	
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 MHI 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. Pharmacy authorization regardless of CPT/HCPC code requests should be faxed to: 888-487-9251.	9/1/2019	J7799	NOC RX OTH THAN INHALATION RX ADMINED THRU DME	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Additional information is required to define this code and determine criteria.	

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria	Notes
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 MHI 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. Pharmacy authorization regardless of CPT/HCPC code requests should be faxed to: 888-487-9251.	9/1/2019	J7999	COMPOUNDED DRUG NOT OTHERWISE CLASSIFIED	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Additional information is required to define this code and determine criteria.	
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 MHI 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. Pharmacy authorization regardless of CPT/HCPC code requests should be faxed to: 888-487-9251.	9/1/2019	J8499	PRESCRIPTION DRUG ORAL NONCHEMOTHERAPEUTIC NOS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Palforzia; Juxtapid (lomitapide)	
Unlisted/Miscellaneous codes: Molina requires prior authorization, as well as, medical necessity documentation and rationale be submitted with the prior authorization request for all Unlisted/Miscellaneous codes, including those not listed here	9/1/2019	J8597	ANTIEMETIC DRUG ORAL NOT OTHERWISE SPECIFIED	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Additional information is required to define this code and determine criteria.	
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 MHI 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. Pharmacy authorization regardless of CPT/HCPC code requests should be faxed to: 888-487-9251.	9/1/2019	J8655	NETUPITANT 300 MG AND PALONOSETRON 0.5 MG ORAL	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Aloxi (palonosetron)	
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 MHI 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. Pharmacy authorization regardless of CPT/HCPC code requests should be faxed to: 888-487-9251.	9/1/2019	J8670	ROLAPITANT ORAL 1 MG	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Varubi (rolapitant)	

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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 MHI 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. Pharmacy authorization regardless of CPT/HCPC code requests should be faxed to: 888-487-9251.	9/1/2019	J9015	INJECTION ALDESLEUKIN PER SINGLE USE VIAL	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Standard Oncology	
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 MHI 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. Pharmacy authorization regardless of CPT/HCPC code requests should be faxed to: 888-487-9251.	9/1/2019	J9019	INJECTION ASPARAGINASE ERWINAZE 1000 IU	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Standard Oncology	
Healthcare Administered Drugs	1/1/2022	J9021	INJECTION, ASPARAGINASE, RECOMBINANT, (RYLAZE), 0.1MG	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
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 MHI 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. Pharmacy authorization regardless of CPT/HCPC code requests should be faxed to: 888-487-9251.	9/1/2019	J9022	INJECTION ATEZOLIZUMAB 10 MG	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Standard Oncology	

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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 MHI 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. Pharmacy authorization regardless of CPT/HCPC code requests should be faxed to: 888-487-9251.	9/1/2019	J9023	INJECTION AVELUMAB 10 MG	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Standard Oncology	
Healthcare Administered Drugs	1/1/2025	J9028	INJECTION, IPILIMUMAB, 1 MG	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
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 MHI 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. Pharmacy authorization regardless of CPT/HCPC code requests should be faxed to: 888-487-9251.	9/1/2019	J9032	INJECTION BELINOSTAT 10 MG	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Standard Oncology	
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 MHI 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. Pharmacy authorization regardless of CPT/HCPC code requests should be faxed to: 888-487-9251.	9/1/2019	J9033	INJECTION BENDAMUSTINE HCL TREANDA 1 MG	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Standard Oncology	
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 MHI 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. Pharmacy authorization regardless of CPT/HCPC code requests should be faxed to: 888-487-9251.	9/1/2019	J9034	INJECTION BENDAMUSTINE HCL BENDEKA 1 MG	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Standard Oncology	

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria	Notes
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 MHI 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. Pharmacy authorization regardless of CPT/HCPC code requests should be faxed to: 888-487-9251.	9/1/2019	J9035	INJECTION BEVACIZUMAB 10 MG	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Standard Oncology	No PA required if Ocular Dx on excel file, Otherwise PA Required
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 MHI 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. Pharmacy authorization regardless of CPT/HCPC code requests should be faxed to: 888-487-9251.	9/1/2019	J9036	INJECTION BENDAMUSTINE HYDROCHLORIDE 1 MG	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Standard Oncology	
Healthcare Administered Drugs	7/1/2021	J9037	Injection, Belantamab Mafodontin-BLMF, 0.5 mg	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
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 MHI 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. Pharmacy authorization regardless of CPT/HCPC code requests should be faxed to: 888-487-9251.	9/1/2019	J9039	INJECTION BLINATUMOMAB 1 MICROGRAM	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Standard Oncology	
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 MHI 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. Pharmacy authorization regardless of CPT/HCPC code requests should be faxed to: 888-487-9251.	9/1/2019	J9041	INJECTION BORTEZOMIB 0.1 MG	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Standard Oncology	

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria	Notes
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 MHI 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. Pharmacy authorization regardless of CPT/HCPC code requests should be faxed to: 888-487-9251.	9/1/2019	J9042	INJECTION BRENTUXIMAB VEDOTIN 1 MG	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Adcetris (brentuximab vedotin)	
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 MHI 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. Pharmacy authorization regardless of CPT/HCPC code requests should be faxed to: 888-487-9251.	9/1/2019	J9043	INJECTION CABAZITAXEL 1 MG	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Standard Oncology	
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 MHI 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. Pharmacy authorization regardless of CPT/HCPC code requests should be faxed to: 888-487-9251.	1/1/2023	J9046	INJ, BORTEZOMIB, DR. REDDY'S	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
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 MHI 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. Pharmacy authorization regardless of CPT/HCPC code requests should be faxed to: 888-487-9251.	9/1/2019	J9047	INJECTION CARFILZOMIB 1 MG	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Standard Oncology	
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 MHI 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. Pharmacy authorization regardless of CPT/HCPC code requests should be faxed to: 888-487-9251.	1/1/2023	J9048	INJ, BORTEZOMIB FRESENIUSKAB	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria	Notes
Healthcare Administered Drugs	1/1/2023	J9049	INJ, BORTEZOMIB, HOSPIRA	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
Healthcare Administered Drugs	10/1/2023	J9051	INJECTION, BORTEZOMIB (MAIA), NOT THERAPEUTICALLY EQUIVALENT TO J9041, 0.1 MG	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
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 MHI 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. Pharmacy authorization regardless of CPT/HCPC code requests should be faxed to: 888-487-9251.	9/1/2019	J9055	INJECTION CETUXIMAB 10 MG	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Standard Oncology	
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 MHI 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. Pharmacy authorization regardless of CPT/HCPC code requests should be faxed to: 888-487-9251.	9/1/2019	J9057	INJECTION COPANLISIB 1 MG	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Standard Oncology	
Healthcare Administered Drugs	1/1/2022	J9061	INJECTION, AMIVANTAMAB-VMJW, 2MG	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
Healthcare Administered Drugs	10/1/2023	J9064	INJECTION, CABAZITAXEL (SANDOZ), NOT THERAPEUTICALLY EQUIVALENT TO J9043, 1 MG	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria	Notes
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 MHI 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. Pharmacy authorization regardless of CPT/HCPC code requests should be faxed to: 888-487-9251.	4/1/2020	J9099	BLOOD COMPONENT OR PRODUCT NOT OTHERWISE SPEFICIED	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Hemophilia and Blood Factor Products	
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 MHI 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. Pharmacy authorization regardless of CPT/HCPC code requests should be faxed to: 888-487-9251.	4/1/2022	J9118	INJ. CALASPARGASE PEGOL-MKNL	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
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 MHI 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. Pharmacy authorization regardless of CPT/HCPC code requests should be faxed to: 888-487-9251.	5/20/2020	J9119	INJECTION CEMIPLIMAB-RWLC 1 MG	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Standard Oncology	
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 MHI 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. Pharmacy authorization regardless of CPT/HCPC code requests should be faxed to: 888-487-9251.	1/1/2021	J9144	INJECTION, DARATUMUMAB, 10 MG AND HYALURONIDASE-FIHJ	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Standard Oncology Criteria	
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 MHI 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. Pharmacy authorization regardless of CPT/HCPC code requests should be faxed to: 888-487-9251.	9/1/2019	J9145	INJECTION DARATUMUMAB 10 MG	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Standard Oncology	

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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 MHI 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. Pharmacy authorization regardless of CPT/HCPC code requests should be faxed to: 888-487-9251.	9/1/2019	J9155	INJECTION DEGARELIX 1 MG	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Global J Code Criteria	
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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 MHI 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. Pharmacy authorization regardless of CPT/HCPC code requests should be faxed to: 888-487-9251.	9/1/2019	J9176	INJECTION ELOTUZUMAB 1 MG	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Standard Oncology	
Healthcare Administered Drugs	7/1/2021	J9177	INJECTION, ENFORTUMAB VEDOTIN-EJFV, 0.25 MG	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	

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Healthcare Administered Drugs	7/1/2021	J9198	INJECTION, GEMCITABINE HYDROCHLORIDE (infugem), 100 MG	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
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 MHI 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. Pharmacy authorization regardless of CPT/HCPC code requests should be faxed to: 888-487-9251.	9/1/2019	J9203	INJECTION GEMTUZUMAB OZOGAMICIN 0.1 MG	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Standard Oncology	
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Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria	Notes
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 MHI 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. Pharmacy authorization regardless of CPT/HCPC code requests should be faxed to: 888-487-9251.	9/1/2019	J9218	LEUPROLIDE ACETATE PER 1 MG	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Leuprolide long acting (Lupron Depot, Eligard, Lupaneta, Lupron Depot Ped, Triptodur)	Approved to allow one J code unit per calendar year without PA. All units in excess of one unit per calendar year required PA.
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 MHI 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. Pharmacy authorization regardless of CPT/HCPC code requests should be faxed to: 888-487-9251.	1/1/2021	J9223	INJECTION, LURBINECTEDIN, 0.1 MG	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Standard Oncology Criteria	
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 MHI 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. Pharmacy authorization regardless of CPT/HCPC code requests should be faxed to: 888-487-9251.	9/1/2019	J9225	HISTRELIN IMPLANT VANTAS 50 MG	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Global J Code Criteria	
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 MHI 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. Pharmacy authorization regardless of CPT/HCPC code requests should be faxed to: 888-487-9251.	9/1/2019	J9226	HISTRELIN IMPLANT SUPPRELIN LA 50 MG	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Global J Code Criteria	
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 MHI 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. Pharmacy authorization regardless of CPT/HCPC code requests should be faxed to: 888-487-9251.	10/1/2020	J9227	INJECTION, ISATUXIMAB-IRFC, 10 MG	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Standard Oncology	

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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 MHI 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. Pharmacy authorization regardless of CPT/HCPC code requests should be faxed to: 888-487-9251.	9/1/2019	J9228	INJECTION, IPILIMUMAB, 1 MG	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Standard Oncology	
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 MHI 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. Pharmacy authorization regardless of CPT/HCPC code requests should be faxed to: 888-487-9251.	9/1/2019	J9229	INJECTION INOTUZUMAB OZOGAMICIN 0.1 MG	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Standard Oncology	
Healthcare Administered Drugs	1/1/2022	J9246	INJECTION MELPHALAN EVOMELA 1 MG	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
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 MHI 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. Pharmacy authorization regardless of CPT/HCPC code requests should be faxed to: 888-487-9251.**	1/1/2022	J9247	Injection, melphalan flufenamide, 1 mg	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
Healthcare Administered Drugs	1/1/2024	J9258	INJ PACLITAXEL PRT-BND PA NOT THR EQV J9264 1 MG	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	

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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 MHI 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. Pharmacy authorization regardless of CPT/HCPC code requests should be faxed to: 888-487-9251.	9/1/2019	J9266	INJECTION PEGASPARGASE PER SINGLE DOSE VIAL	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Standard Oncology	
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Healthcare Administered Drugs	1/1/2022	J9272		Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
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 MHI 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. Pharmacy authorization regardless of CPT/HCPC code requests should be faxed to: 888-487-9251.	7/1/2022	J9273	INJECTION, TISOTUMAB VEDOTIN-TFTV, 1 MG	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
Healthcare Administered Drugs	10/1/2022	J9274	INJ TEBENTAFUSP-TEBN 1 MCG	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
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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 MHI 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. Pharmacy authorization regardless of CPT/HCPC code requests should be faxed to: 888-487-9251.	9/1/2019	J9285	INJECTION OLARATUMAB 10 MG	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Standard Oncology	
Healthcare Administered Drugs	1/1/2024	J9286	INJECTION GLOFITAMAB-GXBM 2.5 MG	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria	Notes
Healthcare Administered Drugs	1/1/2025	J9292	Injection, pemetrexed (avyxa), not therapeutically equivalent to j9305, 10 mg	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
Healthcare Administered Drugs	4/1/2023	J9294	INJECTION, PEMETREXED (HOSPIRA) NOT THERAPEUTICALLY EQUIVALENT TO J9305, 10 MG	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
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 MHI 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. Pharmacy authorization regardless of CPT/HCPC code requests should be faxed to: 888-487-9251.	9/1/2019	J9295	INJECTION NECITUMUMAB 1 MG	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Standard Oncology	
Healthcare Administered Drugs	4/1/2023	J9296	INJECTION, PEMETREXED (ACCORD) NOT THERAPEUTICALLY EQUIVALENT TO J9305, 10 MG	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
Healthcare Administered Drugs	4/1/2023	J9297	INJECTION, PEMETREXED (SANDOZ), NOT THERAPEUTICALLY EQUIVALENT TO J9305, 10 MG	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
Healthcare Administered Drugs	10/1/2022	J9298	INJ NIVOLUMAB AND RELATLIMAB-RMBW 3 MG/1 MG	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria	Notes
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 MHI 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. Pharmacy authorization regardless of CPT/HCPC code requests should be faxed to: 888-487-9251.	9/1/2019	J9299	INJECTION NIVOLUMAB 1 MG	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Standard Oncology	
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 MHI 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. Pharmacy authorization regardless of CPT/HCPC code requests should be faxed to: 888-487-9251.	9/1/2019	J9301	INJECTION OBINUTUZUMAB 10 MG	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Standard Oncology	
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 MHI 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. Pharmacy authorization regardless of CPT/HCPC code requests should be faxed to: 888-487-9251.	9/1/2019	J9302	INJECTION OFATUMUMAB 10 MG	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Standard Oncology	
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 MHI 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. Pharmacy authorization regardless of CPT/HCPC code requests should be faxed to: 888-487-9251.	9/1/2019	J9303	INJECTION PANITUMUMAB 10 MG	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Standard Oncology	
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 MHI 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. Pharmacy authorization regardless of CPT/HCPC code requests should be faxed to: 888-487-9251.	10/1/2020	J9304	INJECTION PEMETREXED (PEMFEXY) 10 MG	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Standard Oncology	

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria	Notes
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 MHI 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. Pharmacy authorization regardless of CPT/HCPC code requests should be faxed to: 888-487-9251.	9/1/2019	J9305	INJECTION PEMETREXED 10 MG	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Standard Oncology	
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 MHI 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. Pharmacy authorization regardless of CPT/HCPC code requests should be faxed to: 888-487-9251.	9/1/2019	J9306	INJECTION PERTUZUMAB 1 MG	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Standard Oncology	
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 MHI 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. Pharmacy authorization regardless of CPT/HCPC code requests should be faxed to: 888-487-9251.	9/1/2019	J9307	INJECTION PRALATREXATE 1 MG	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Standard Oncology	
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 MHI 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. Pharmacy authorization regardless of CPT/HCPC code requests should be faxed to: 888-487-9251.	9/1/2019	J9308	INJECTION RAMUCIRUMAB 5 MG	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Standard Oncology	
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 MHI 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. Pharmacy authorization regardless of CPT/HCPC code requests should be faxed to: 888-487-9251.	4/1/2020	J9309	INJECTION, POLATUZUMAB VEDOTIN-PIIQ, 1 MG	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Standard Oncology	

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria	Notes
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 MHI 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. Pharmacy authorization regardless of CPT/HCPC code requests should be faxed to: 888-487-9251.	9/1/2019	J9311	INJECTION RITUXIMAB 10 MG AND HYALURONIDASE	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Standard Oncology	
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 MHI 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. Pharmacy authorization regardless of CPT/HCPC code requests should be faxed to: 888-487-9251.	9/1/2019	J9312	INJECTION RITUXIMAB 10 MG	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Rituxan (rituximab)	
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 MHI 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. Pharmacy authorization regardless of CPT/HCPC code requests should be faxed to: 888-487-9251.	9/1/2019	J9313	INJECTION MOXETUMOMAB PASUDOTOX-TDFK 0.01 MG	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Standard Oncology	
Healthcare Administered Drugs	4/1/2023	J9314	INJ PEMETREXED (TEVA) 10MG	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
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 MHI 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. Pharmacy authorization regardless of CPT/HCPC code requests should be faxed to: 888-487-9251.	1/1/2021	J9316	INJECTION, PERTUZUMAB, TRASTUZUMAB, AND HYALURONIDASE-ZZXF, PER 10 MG	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Standard Oncology Criteria	

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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 MHI 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. Pharmacy authorization regardless of CPT/HCPC code requests should be faxed to: 888-487-9251.	1/1/2021	J9317	INJECTION, SACITUZUMAB GOVITECAN-HZIY, 2.5 MG	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Standard Oncology Criteria	
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 MHI 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. Pharmacy authorization regardless of CPT/HCPC code requests should be faxed to: 888-487-9251.	1/1/2022	J9318	Injection, romidepsin, nonlyophilized, 0.1 mg	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
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 MHI 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. Pharmacy authorization regardless of CPT/HCPC code requests should be faxed to: 888-487-9251.	1/1/2022	J9319	Injection, romidepsin, lyophilized, 0.1 mg	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
Healthcare Administered Drugs	1/1/2024	J9321	INJECTION EPCORITAMAB-BYSP 0.16 MG	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	C9155 replaced by J9321
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 MHI 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. Pharmacy authorization regardless of CPT/HCPC code requests should be faxed to: 888-487-9251.	9/1/2019	J9325	INJ TALIMOGENE LAHERPAREPVEC PER 1 M PLAQUE F U	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Standard Oncology	

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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 MHI 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. Pharmacy authorization regardless of CPT/HCPC code requests should be faxed to: 888-487-9251.	10/1/2024	J9329	Tevimbra Injection, tislelizumab-jsgr, 1 mg	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
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 MHI 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. Pharmacy authorization regardless of CPT/HCPC code requests should be faxed to: 888-487-9251.	7/1/2022	J9331	INJECTION SIROLIMUS PROTEIN-BOUND PARTICLES 1 MG	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
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 MHI 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. Pharmacy authorization regardless of CPT/HCPC code requests should be faxed to: 888-487-9251.	7/1/2022	J9332	Injection, efgartigimod alfa-fcab, 2 mg	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
Healthcare Administered Drugs	1/1/2024	J9333	INJECTION ROZANOLIXIZUMAB-NOLI 1 MG	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
Healthcare Administered Drugs	1/1/2024	J9334	INJ EFGARTIGIMOD ALFA 2 MG AND HYALURONIDASE-QVFC	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
Healthcare Administered Drugs	10/1/2023	J9345	INJECTION, RETIFANLIMAB-DLWR, 1 MG	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	

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Healthcare Administered Drugs	7/1/2021	J9349	Injection, Tafasitamab-CXIX, 2 mg	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
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 MHI 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. Pharmacy authorization regardless of CPT/HCPC code requests should be faxed to: 888-487-9251.	9/1/2019	J9352	INJECTION TRABECTEDIN 0.1 MG	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Standard Oncology	
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 MHI 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. Pharmacy authorization regardless of CPT/HCPC code requests should be faxed to: 888-487-9251.		J9353	INJECTION MARGETUXIMAB-CMKB 5 MG	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
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 MHI 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. Pharmacy authorization regardless of CPT/HCPC code requests should be faxed to: 888-487-9251.	9/1/2019	J9354	INJ ADO-TRASTUZUMAB EMTANSINE 1 MG	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Standard Oncology	

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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 MHI 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. Pharmacy authorization regardless of CPT/HCPC code requests should be faxed to: 888-487-9251.	9/1/2019	J9356	INJECTION TRASTUZUMAB 10 MG AND HYALURONIDASE-OYSK	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Standard Oncology	
Healthcare Administered Drugs	7/1/2021	J9358	INJECTION, FAM-TRASTUZUMAB DERUXTECAN-NXKI, 1 MG	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
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 MHI 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. Pharmacy authorization regardless of CPT/HCPC code requests should be faxed to: 888-487-9251.	7/1/2022	J9359	INJ, LONCASTUXIMAB TESIRINE-LYPL, 0.1 MG	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
Healthcare Administered Drugs	7/1/2024	J9361	Injection, efbemalenograstim alfa-vuxw, 0.5 mg	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria	Notes
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 MHI 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. Pharmacy authorization regardless of CPT/HCPC code requests should be faxed to: 888-487-9251.	7/1/2024	J9371	INJECTION VINCRISTINE SULFATE LIPOSOME 1 MG	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Standard Oncology	DELETED/INVALID CODE
Healthcare Administered Drugs	4/1/2023	J9393	INJ, FULVESTRANT (TEVA)	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
Healthcare Administered Drugs	4/1/2023	J9394	INJ, FULVESTRANT (FRESENIUS)	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	
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 MHI 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. Pharmacy authorization regardless of CPT/HCPC code requests should be faxed to: 888-487-9251.	9/1/2019	J9400	INJECTION ZIV-AFLIBERCEPT 1 MG	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Standard Oncology	
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 MHI 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. Pharmacy authorization regardless of CPT/HCPC code requests should be faxed to: 888-487-9251.	9/1/2019	J9600	INJECTION PORFIMER SODIUM 75 MG	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Standard Oncology	

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria	Notes
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 MHI 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. Pharmacy authorization regardless of CPT/HCPC code requests should be faxed to: 888-487-9251.	9/1/2019	J9999	NOT OTHERWISE CLASSIFIED ANTINEOPLASTIC DRUG	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Standard Oncology	
Durable Medical Equipment (DME)	7/1/2023	K0005	ULTRALIGHTWEIGHT WHEELCHAIR	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.CMS DME 5 Element Order 1. Beneficiary's name 2. A description of the item of DME ordered–the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Signature of the prescribing physician/practitioner 4. Prescribing physician/practitioner's National Practitioner Identifier (NPI) 5. The date of the order	Third Party Proprietary Criteria	
Durable Medical Equipment (DME)	9/1/2019	K0008	CUSTOM MANUAL WHEELCHAIR BASE	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.CMS DME 5 Element Order 1. Beneficiary's name 2. A description of the item of DME ordered–the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Signature of the prescribing physician/practitioner 4. Prescribing physician/practitioner's National Practitioner Identifier (NPI) 5. The date of the order	Third Party Proprietary Criteria	
Durable Medical Equipment (DME)	9/1/2019	K0009	OTHER MANUAL WHEELCHAIR BASE	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.CMS DME 5 Element Order 1. Beneficiary's name 2. A description of the item of DME ordered–the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Signature of the prescribing physician/practitioner 4. Prescribing physician/practitioner's National Practitioner Identifier (NPI) 5. The date of the order	Third Party Proprietary Criteria	

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria	Notes
Durable Medical Equipment (DME)	9/1/2019	K0010	STANDARD-WEIGHT FRAME MOTORIZED POWER WHEELCHAIR	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.CMS DME 5 Element Order 1. Beneficiary's name 2. A description of the item of DME ordered–the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Signature of the prescribing physician/practitioner 4. Prescribing physician/practitioner's National Practitioner Identifier (NPI) 5. The date of the order	Third Party Proprietary Criteria	
Durable Medical Equipment (DME)	9/1/2019	K0011	STD-WT FRME MOTRIZD PWR WHLCHAIR W PROG CNTRL	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.CMS DME 5 Element Order 1. Beneficiary's name 2. A description of the item of DME ordered–the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Signature of the prescribing physician/practitioner 4. Prescribing physician/practitioner's National Practitioner Identifier (NPI) 5. The date of the order	Third Party Proprietary Criteria	
Durable Medical Equipment (DME)	9/1/2019	K0012	LIGHTWEIGHT PORTABLE MOTORIZED POWER WHEELCHAIR	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.CMS DME 5 Element Order 1. Beneficiary's name 2. A description of the item of DME ordered–the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Signature of the prescribing physician/practitioner 4. Prescribing physician/practitioner's National Practitioner Identifier (NPI) 5. The date of the order	Third Party Proprietary Criteria	
Durable Medical Equipment (DME)	7/1/2022	K0013	CUSTOM MOTORIZED POWER WHEELCHAIR BASE	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.CMS DME 5 Element Order 1. Beneficiary's name 2. A description of the item of DME ordered–the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Signature of the prescribing physician/practitioner 4. Prescribing physician/practitioner's National Practitioner Identifier (NPI) 5. The date of the order	Third Party Proprietary Criteria	

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria	Notes
Durable Medical Equipment (DME)	9/1/2019	K0014	OTHER MOTORIZED POWER WHEELCHAIR BASE	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.CMS DME 5 Element Order 1. Beneficiary's name 2. A description of the item of DME ordered–the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Signature of the prescribing physician/practitioner 4. Prescribing physician/practitioner's National Practitioner Identifier (NPI) 5. The date of the order	Third Party Proprietary Criteria	
Durable Medical Equipment (DME)	9/1/2019	K0108	OTHER ACCESSORIES	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.CMS DME 5 Element Order 1. Beneficiary's name 2. A description of the item of DME ordered–the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Signature of the prescribing physician/practitioner 4. Prescribing physician/practitioner's National Practitioner Identifier (NPI) 5. The date of the order	Third Party Proprietary Criteria	
Durable Medical Equipment (DME)	9/1/2019	K0606	AUTO EXT DEFIB W INTGR ECG ANALY GARMENT TYPE	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.CMS DME 5 Element Order 1. Beneficiary's name 2. A description of the item of DME ordered–the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Signature of the prescribing physician/practitioner 4. Prescribing physician/practitioner's National Practitioner Identifier (NPI) 5. The date of the order	Third Party Proprietary Criteria	
Durable Medical Equipment (DME)	9/1/2019	K0800	PWR OP VEH GRP 1 STD PT WT CAP TO AND INCL 300 LBS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.CMS DME 5 Element Order 1. Beneficiary's name 2. A description of the item of DME ordered–the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Signature of the prescribing physician/practitioner 4. Prescribing physician/practitioner's National Practitioner Identifier (NPI) 5. The date of the order	Third Party Proprietary Criteria	

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria	Notes
Durable Medical Equipment (DME)	9/1/2019	K0801	PWR OP VEH GRP 1 HEAVY DUTY PT 301 TO 450 LBS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.CMS DME 5 Element Order 1. Beneficiary's name 2. A description of the item of DME ordered–the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Signature of the prescribing physician/practitioner 4. Prescribing physician/practitioner's National Practitioner Identifier (NPI) 5. The date of the order	Third Party Proprietary Criteria	
Durable Medical Equipment (DME)	9/1/2019	K0802	PWR OP VEH GRP 1 VERY HEAVY DUTY PT 451-600 LBS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.CMS DME 5 Element Order 1. Beneficiary's name 2. A description of the item of DME ordered–the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Signature of the prescribing physician/practitioner 4. Prescribing physician/practitioner's National Practitioner Identifier (NPI) 5. The date of the order	Third Party Proprietary Criteria	
Durable Medical Equipment (DME)	9/1/2019	K0806	PWR OP VEH GRP 2 STD PT WT CAP TO AND INCL 300 LBS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.CMS DME 5 Element Order 1. Beneficiary's name 2. A description of the item of DME ordered–the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Signature of the prescribing physician/practitioner 4. Prescribing physician/practitioner's National Practitioner Identifier (NPI) 5. The date of the order	Third Party Proprietary Criteria	
Durable Medical Equipment (DME)	9/1/2019	K0807	PWR OP VEH GRP 2 HEAVY DUTY PT 301 TO 450 LBS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.CMS DME 5 Element Order 1. Beneficiary's name 2. A description of the item of DME ordered–the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Signature of the prescribing physician/practitioner 4. Prescribing physician/practitioner's National Practitioner Identifier (NPI) 5. The date of the order	Third Party Proprietary Criteria	

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria	Notes
Durable Medical Equipment (DME)	9/1/2019	K0808	PWR OP VEH GRP 2 VERY HEAVY DUTY PT 451-600 LBS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.CMS DME 5 Element Order 1. Beneficiary's name 2. A description of the item of DME ordered–the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Signature of the prescribing physician/practitioner 4. Prescribing physician/practitioner's National Practitioner Identifier (NPI) 5. The date of the order	Third Party Proprietary Criteria	
Unlisted/Miscellaneous codes: Molina requires prior authorization, as well as, medical necessity documentation and rationale be submitted with the prior authorization request for all Unlisted/Miscellaneous codes, including those not listed here	9/1/2019	K0812	POWER OPERATED VEHICLE NOT OTHERWISE CLASSIFIED	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.CMS DME 5 Element Order 1. Beneficiary's name 2. A description of the item of DME ordered–the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Signature of the prescribing physician/practitioner 4. Prescribing physician/practitioner's National Practitioner Identifier (NPI) 5. The date of the order	Additional information is required to define this code and determine criteria.	
Durable Medical Equipment (DME)	9/1/2019	K0813	PWR WC GRP 1 STD PORT SLING SEAT PT TO 300 LBS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.CMS DME 5 Element Order 1. Beneficiary's name 2. A description of the item of DME ordered–the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Signature of the prescribing physician/practitioner 4. Prescribing physician/practitioner's National Practitioner Identifier (NPI) 5. The date of the order	Third Party Proprietary Criteria	
Durable Medical Equipment (DME)	9/1/2019	K0814	PWR WC GRP 1 STD PORT CAPT CHAIR PT TO 300 LBS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.CMS DME 5 Element Order 1. Beneficiary's name 2. A description of the item of DME ordered–the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Signature of the prescribing physician/practitioner 4. Prescribing physician/practitioner's National Practitioner Identifier (NPI) 5. The date of the order	Third Party Proprietary Criteria	

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria	Notes
Durable Medical Equipment (DME)	9/1/2019	K0815	PWR WC GRP 1 STD SLING SEAT PT UP TO AND EQ 300 LBS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.CMS DME 5 Element Order 1. Beneficiary's name 2. A description of the item of DME ordered–the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Signature of the prescribing physician/practitioner 4. Prescribing physician/practitioner's National Practitioner Identifier (NPI) 5. The date of the order	Third Party Proprietary Criteria	
Durable Medical Equipment (DME)	9/1/2019	K0816	PWR WC GRP 1 STD CAPTAINS CHAIR PT TO AND EQ 300 LBS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.CMS DME 5 Element Order 1. Beneficiary's name 2. A description of the item of DME ordered–the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Signature of the prescribing physician/practitioner 4. Prescribing physician/practitioner's National Practitioner Identifier (NPI) 5. The date of the order	Third Party Proprietary Criteria	
Durable Medical Equipment (DME)	9/1/2019	K0820	PWR WC GRP 2 STD PORT SLING SEAT PT TO AND EQ 300 LBS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.CMS DME 5 Element Order 1. Beneficiary's name 2. A description of the item of DME ordered–the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Signature of the prescribing physician/practitioner 4. Prescribing physician/practitioner's National Practitioner Identifier (NPI) 5. The date of the order	Third Party Proprietary Criteria	
Durable Medical Equipment (DME)	9/1/2019	K0821	PWR WC GRP 2 STD PORT CAPT CHAIR PT TO AND EQ 300 LBS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.CMS DME 5 Element Order 1. Beneficiary's name 2. A description of the item of DME ordered–the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Signature of the prescribing physician/practitioner 4. Prescribing physician/practitioner's National Practitioner Identifier (NPI) 5. The date of the order	Third Party Proprietary Criteria	

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria	Notes
Durable Medical Equipment (DME)	9/1/2019	K0822	PWR WC GRP 2 STD SLING SEAT PT TO AND EQ 300 LBS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.CMS DME 5 Element Order 1. Beneficiary's name 2. A description of the item of DME ordered–the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Signature of the prescribing physician/practitioner 4. Prescribing physician/practitioner's National Practitioner Identifier (NPI) 5. The date of the order	Third Party Proprietary Criteria	
Durable Medical Equipment (DME)	9/1/2019	K0823	PWR WC GRP 2 STD CAPTAINS CHAIR PT TO AND EQ 300 LBS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.CMS DME 5 Element Order 1. Beneficiary's name 2. A description of the item of DME ordered–the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Signature of the prescribing physician/practitioner 4. Prescribing physician/practitioner's National Practitioner Identifier (NPI) 5. The date of the order	Third Party Proprietary Criteria	
Durable Medical Equipment (DME)	9/1/2019	K0824	PWR WC GRP 2 HEVY DUTY SLING SEAT PT 301-450 LBS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.CMS DME 5 Element Order 1. Beneficiary's name 2. A description of the item of DME ordered–the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Signature of the prescribing physician/practitioner 4. Prescribing physician/practitioner's National Practitioner Identifier (NPI) 5. The date of the order	Third Party Proprietary Criteria	
Durable Medical Equipment (DME)	9/1/2019	K0825	PWR WC GRP 2 HEVY DUTY CAPT CHAIR PT 301-450 LBS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.CMS DME 5 Element Order 1. Beneficiary's name 2. A description of the item of DME ordered–the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Signature of the prescribing physician/practitioner 4. Prescribing physician/practitioner's National Practitioner Identifier (NPI) 5. The date of the order	Third Party Proprietary Criteria	

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria	Notes
Durable Medical Equipment (DME)	9/1/2019	K0826	PWR WC GRP 2 VRY HVY DTY SLNG SEAT PT 451-600 LB	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.CMS DME 5 Element Order 1. Beneficiary's name 2. A description of the item of DME ordered–the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Signature of the prescribing physician/practitioner 4. Prescribing physician/practitioner's National Practitioner Identifier (NPI) 5. The date of the order	Third Party Proprietary Criteria	
Durable Medical Equipment (DME)	9/1/2019	K0827	PWR WC GRP 2 VRY HVY DTY CAPT CHR PT 451-600 LBS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.CMS DME 5 Element Order 1. Beneficiary's name 2. A description of the item of DME ordered–the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Signature of the prescribing physician/practitioner 4. Prescribing physician/practitioner's National Practitioner Identifier (NPI) 5. The date of the order	Third Party Proprietary Criteria	
Durable Medical Equipment (DME)	9/1/2019	K0828	PWR WC GRP 2 XTRA HVY DUTY SLING SEAT PT 601LB OR GRT	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.CMS DME 5 Element Order 1. Beneficiary's name 2. A description of the item of DME ordered–the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Signature of the prescribing physician/practitioner 4. Prescribing physician/practitioner's National Practitioner Identifier (NPI) 5. The date of the order	Third Party Proprietary Criteria	
Durable Medical Equipment (DME)	9/1/2019	K0829	PWR WC GRP 2 XTRA HVY DUTY CHAIR PT 601 LBS OR GRT	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.CMS DME 5 Element Order 1. Beneficiary's name 2. A description of the item of DME ordered–the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Signature of the prescribing physician/practitioner 4. Prescribing physician/practitioner's National Practitioner Identifier (NPI) 5. The date of the order	Third Party Proprietary Criteria	

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria	Notes
Durable Medical Equipment (DME)	9/1/2019	K0830	PWR WC GRP 2 STD SEAT ELEV SLING PT TO AND EQ 300 LBS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.CMS DME 5 Element Order 1. Beneficiary's name 2. A description of the item of DME ordered–the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Signature of the prescribing physician/practitioner 4. Prescribing physician/practitioner's National Practitioner Identifier (NPI) 5. The date of the order	Third Party Proprietary Criteria	
Durable Medical Equipment (DME)	9/1/2019	K0831	PWR WC GRP 2 STD SEAT ELEV CAP CHR PT TO 300 LB	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.CMS DME 5 Element Order 1. Beneficiary's name 2. A description of the item of DME ordered–the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Signature of the prescribing physician/practitioner 4. Prescribing physician/practitioner's National Practitioner Identifier (NPI) 5. The date of the order	Third Party Proprietary Criteria	
Durable Medical Equipment (DME)	9/1/2019	K0835	PWR WC GRP 2 STD 1 PWR SLING SEAT PT TO 300 LBS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.CMS DME 5 Element Order 1. Beneficiary's name 2. A description of the item of DME ordered–the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Signature of the prescribing physician/practitioner 4. Prescribing physician/practitioner's National Practitioner Identifier (NPI) 5. The date of the order	Third Party Proprietary Criteria	
Durable Medical Equipment (DME)	9/1/2019	K0836	PWR WC GRP 2 STD 1 PWR CAPT CHAIR PT TO 300 LBS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.CMS DME 5 Element Order 1. Beneficiary's name 2. A description of the item of DME ordered–the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Signature of the prescribing physician/practitioner 4. Prescribing physician/practitioner's National Practitioner Identifier (NPI) 5. The date of the order	Third Party Proprietary Criteria	

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria	Notes
Durable Medical Equipment (DME)	9/1/2019	K0837	PWR WC GRP 2 HVY 1 PWR SLING SEAT PT 301-450 LBS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.CMS DME 5 Element Order 1. Beneficiary's name 2. A description of the item of DME ordered–the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Signature of the prescribing physician/practitioner 4. Prescribing physician/practitioner's National Practitioner Identifier (NPI) 5. The date of the order	Third Party Proprietary Criteria	
Durable Medical Equipment (DME)	9/1/2019	K0838	PWR WC GRP 2 HVY 1 PWR CAPT CHAIR PT 301-450 LBS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.CMS DME 5 Element Order 1. Beneficiary's name 2. A description of the item of DME ordered–the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Signature of the prescribing physician/practitioner 4. Prescribing physician/practitioner's National Practitioner Identifier (NPI) 5. The date of the order	Third Party Proprietary Criteria	
Durable Medical Equipment (DME)	9/1/2019	K0839	PWR WC GRP 2 VRY HVY 1 PWR SLING PT 451-600 LBS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.CMS DME 5 Element Order 1. Beneficiary's name 2. A description of the item of DME ordered–the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Signature of the prescribing physician/practitioner 4. Prescribing physician/practitioner's National Practitioner Identifier (NPI) 5. The date of the order	Third Party Proprietary Criteria	
Durable Medical Equipment (DME)	9/1/2019	K0840	PWR WC GRP 2 XTRA HVY 1 PWR SLING PT 601 LBS OR GRT	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.CMS DME 5 Element Order 1. Beneficiary's name 2. A description of the item of DME ordered–the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Signature of the prescribing physician/practitioner 4. Prescribing physician/practitioner's National Practitioner Identifier (NPI) 5. The date of the order	Third Party Proprietary Criteria	

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria	Notes
Durable Medical Equipment (DME)	9/1/2019	K0841	PWR WC GRP 2 MX PWR SLING SEAT PT TO AND EQ 300 LBS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.CMS DME 5 Element Order 1. Beneficiary's name 2. A description of the item of DME ordered–the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Signature of the prescribing physician/practitioner 4. Prescribing physician/practitioner's National Practitioner Identifier (NPI) 5. The date of the order	Third Party Proprietary Criteria	
Durable Medical Equipment (DME)	9/1/2019	K0842	PWR WC GRP 2 STD MX PWR CAPT CHR PT TO AND EQ 300 LBS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.CMS DME 5 Element Order 1. Beneficiary's name 2. A description of the item of DME ordered–the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Signature of the prescribing physician/practitioner 4. Prescribing physician/practitioner's National Practitioner Identifier (NPI) 5. The date of the order	Third Party Proprietary Criteria	
Durable Medical Equipment (DME)	9/1/2019	K0843	PWR WC GRP 2 HVY MX PWR SLNG SEAT PT 301-450 LBS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.CMS DME 5 Element Order 1. Beneficiary's name 2. A description of the item of DME ordered–the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Signature of the prescribing physician/practitioner 4. Prescribing physician/practitioner's National Practitioner Identifier (NPI) 5. The date of the order	Third Party Proprietary Criteria	
Durable Medical Equipment (DME)	9/1/2019	K0848	PWR WC GRP 3 STD SLING SEAT PT TO AND EQ 300 LBS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.CMS DME 5 Element Order 1. Beneficiary's name 2. A description of the item of DME ordered–the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Signature of the prescribing physician/practitioner 4. Prescribing physician/practitioner's National Practitioner Identifier (NPI) 5. The date of the order	Third Party Proprietary Criteria	

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria	Notes
Durable Medical Equipment (DME)	9/1/2019	K0849	PWR WC GRP 3 STD CAPTAIN CHAIR PT TO AND EQ 300 LBS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.CMS DME 5 Element Order 1. Beneficiary's name 2. A description of the item of DME ordered–the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Signature of the prescribing physician/practitioner 4. Prescribing physician/practitioner's National Practitioner Identifier (NPI) 5. The date of the order	Third Party Proprietary Criteria	
Durable Medical Equipment (DME)	9/1/2019	K0850	PWR WC GRP 3 HVY DUTY SLING SEAT PT 301-450 LBS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.CMS DME 5 Element Order 1. Beneficiary's name 2. A description of the item of DME ordered–the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Signature of the prescribing physician/practitioner 4. Prescribing physician/practitioner's National Practitioner Identifier (NPI) 5. The date of the order	Third Party Proprietary Criteria	
Durable Medical Equipment (DME)	9/1/2019	K0851	PWR WC GRP 3 HVY DUTY CAPT CHAIR PT 301-450 LBS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.CMS DME 5 Element Order 1. Beneficiary's name 2. A description of the item of DME ordered–the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Signature of the prescribing physician/practitioner 4. Prescribing physician/practitioner's National Practitioner Identifier (NPI) 5. The date of the order	Third Party Proprietary Criteria	
Durable Medical Equipment (DME)	9/1/2019	K0852	PWR WC GRP 3 V HVY DUTY SLING SEAT PT 451-600 LB	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.CMS DME 5 Element Order 1. Beneficiary's name 2. A description of the item of DME ordered–the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Signature of the prescribing physician/practitioner 4. Prescribing physician/practitioner's National Practitioner Identifier (NPI) 5. The date of the order	Third Party Proprietary Criteria	

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Durable Medical Equipment (DME)	9/1/2019	K0853	PWR WC GRP 3 HVY DUTY CAPT CHAIR PT 451-600 LBS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.CMS DME 5 Element Order 1. Beneficiary's name 2. A description of the item of DME ordered–the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Signature of the prescribing physician/practitioner 4. Prescribing physician/practitioner's National Practitioner Identifier (NPI) 5. The date of the order	Third Party Proprietary Criteria	
Durable Medical Equipment (DME)	9/1/2019	K0854	PWR WC GRP 3 XTRA HVY DTY SLNG SEAT PT 601 LBS OR GRT	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.CMS DME 5 Element Order 1. Beneficiary's name 2. A description of the item of DME ordered–the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Signature of the prescribing physician/practitioner 4. Prescribing physician/practitioner's National Practitioner Identifier (NPI) 5. The date of the order	Third Party Proprietary Criteria	
Durable Medical Equipment (DME)	9/1/2019	K0855	PWR WC GRP 3X HVY DTY CHR PT WT CAP 601 LB OR GRT	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.CMS DME 5 Element Order 1. Beneficiary's name 2. A description of the item of DME ordered–the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Signature of the prescribing physician/practitioner 4. Prescribing physician/practitioner's National Practitioner Identifier (NPI) 5. The date of the order	Third Party Proprietary Criteria	
Durable Medical Equipment (DME)	9/1/2019	K0856	PWR WC GRP 3 STD 1 PWR SLING SEAT PT TO AND EQ 300 LB	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.CMS DME 5 Element Order 1. Beneficiary's name 2. A description of the item of DME ordered–the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Signature of the prescribing physician/practitioner 4. Prescribing physician/practitioner's National Practitioner Identifier (NPI) 5. The date of the order	Third Party Proprietary Criteria	

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria	Notes
Durable Medical Equipment (DME)	9/1/2019	K0857	PWR WC GRP 3 STD 1 PWR CAPT CHAIR PT TO AND EQ 300 LB	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.CMS DME 5 Element Order 1. Beneficiary's name 2. A description of the item of DME ordered–the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Signature of the prescribing physician/practitioner 4. Prescribing physician/practitioner's National Practitioner Identifier (NPI) 5. The date of the order	Third Party Proprietary Criteria	
Durable Medical Equipment (DME)	9/1/2019	K0858	PWR WC GRP 3 HD 1 PWR SLING SEAT PT 301-450 LBS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.CMS DME 5 Element Order 1. Beneficiary's name 2. A description of the item of DME ordered–the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Signature of the prescribing physician/practitioner 4. Prescribing physician/practitioner's National Practitioner Identifier (NPI) 5. The date of the order	Third Party Proprietary Criteria	
Durable Medical Equipment (DME)	9/1/2019	K0859	PWR WC GRP 3 HD 1 PWR CAPT CHAIR PT 301-450 LBS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.CMS DME 5 Element Order 1. Beneficiary's name 2. A description of the item of DME ordered–the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Signature of the prescribing physician/practitioner 4. Prescribing physician/practitioner's National Practitioner Identifier (NPI) 5. The date of the order	Third Party Proprietary Criteria	
Durable Medical Equipment (DME)	9/1/2019	K0860	PWR WC GRP 3 V HD 1 PWR SLING SEAT PT 451-600 LB	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.CMS DME 5 Element Order 1. Beneficiary's name 2. A description of the item of DME ordered–the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Signature of the prescribing physician/practitioner 4. Prescribing physician/practitioner's National Practitioner Identifier (NPI) 5. The date of the order	Third Party Proprietary Criteria	

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Durable Medical Equipment (DME)	9/1/2019	K0861	PWR WC GRP 3 STD MX PWR SLNG SEAT PT TO AND EQ 300 LB	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.CMS DME 5 Element Order 1. Beneficiary's name 2. A description of the item of DME ordered–the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Signature of the prescribing physician/practitioner 4. Prescribing physician/practitioner's National Practitioner Identifier (NPI) 5. The date of the order	Third Party Proprietary Criteria	
Durable Medical Equipment (DME)	9/1/2019	K0862	PWR WC GRP 3 HD MX PWR SLNG SEAT PT 301-450 LBS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.CMS DME 5 Element Order 1. Beneficiary's name 2. A description of the item of DME ordered–the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Signature of the prescribing physician/practitioner 4. Prescribing physician/practitioner's National Practitioner Identifier (NPI) 5. The date of the order	Third Party Proprietary Criteria	
Durable Medical Equipment (DME)	9/1/2019	K0863	PWR WC GRP 3 V HD MX PWR SLNG SEAT PT 451-600 LB	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.CMS DME 5 Element Order 1. Beneficiary's name 2. A description of the item of DME ordered–the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Signature of the prescribing physician/practitioner 4. Prescribing physician/practitioner's National Practitioner Identifier (NPI) 5. The date of the order	Third Party Proprietary Criteria	
Durable Medical Equipment (DME)	9/1/2019	K0864	PWR WC GRP 3 XTR HD MX PWR SLNG SEAT PT 601 LB OR GRT	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.CMS DME 5 Element Order 1. Beneficiary's name 2. A description of the item of DME ordered–the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Signature of the prescribing physician/practitioner 4. Prescribing physician/practitioner's National Practitioner Identifier (NPI) 5. The date of the order	Third Party Proprietary Criteria	

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria	Notes
Durable Medical Equipment (DME)	9/1/2019	K0868	PWR WC GRP 4 STD SLING SEAT PT TO AND EQ 300 LBS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.CMS DME 5 Element Order 1. Beneficiary's name 2. A description of the item of DME ordered–the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Signature of the prescribing physician/practitioner 4. Prescribing physician/practitioner's National Practitioner Identifier (NPI) 5. The date of the order	Third Party Proprietary Criteria	
Durable Medical Equipment (DME)	9/1/2019	K0869	PWR WC GRP 4 STD CAPTAIN CHAIR PT TO AND EQ 300 LBS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.CMS DME 5 Element Order 1. Beneficiary's name 2. A description of the item of DME ordered–the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Signature of the prescribing physician/practitioner 4. Prescribing physician/practitioner's National Practitioner Identifier (NPI) 5. The date of the order	Third Party Proprietary Criteria	