

- IMPORTANT NOTICES -

This document is updated quarterly. Please check this document prior to PA submission as codes may be removed or added. All codes listed require PA unless there is a Plan-specific exception*.

Office visits and office-based surgical procedures at PAR/Network Providers, and referrals to PAR/Network Specialists do not require PA.

Some services listed may not be covered by CMS or your local State Medicaid or Marketplace agency; please refer to your regulatory agency for specific non-covered codes.

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

To search this document, use [Ctrl + F] keys; enter Service or Code in search navigation pane at left; press Enter.

***Refer to *Molina Plan Exceptions* section starting on page 27**

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DOCUMENT CHANGE TRACKING

RECEIVED DATE	EFFECTIVE DATE	SPECIALTY/SERVICE	CHANGE/UPDATE DESCRIPTION	EXCEPTIONS/NOTES
05/01/14	05/15/14	OP Hospital/ASC procedures	Removed/No PA Required: 11100	None
05/15/14	07/17/14	OP Hospital/ASC procedures	Removed/No PA Required: 97002*, 92521, 92522, 92523, 92524	*MHFL: PA required
05/28/14	06/27/14	Radiation Therapy & Radiosurgery	Removed/No PA Required: 37204	None
05/28/14	06/27/14	OP Hospital/ASC procedures	Removed/No PA Required: 95860	MPR
06/10/14	10/28/14	Genetic Counseling & Testing	Removed/No PA Required: 81504, 81507	None
06/10/14	10/23/14	OP Hospital/ASC procedures	Removed/No PA Required: 95972	None
08/26/14	10/28/14	Podiatry	Removed/No PA Required all related codes. No auth needed when done in PAR office.	None
08/01/14	10/28/14	Physical Therapy custom content	Added/PA Required all related codes	None
08/01/14	10/28/14	Pain Management Therapy custom content	Added/PA Required all related codes	None
08/01/14	10/28/14	Behavioral Health Therapy custom content	Added/PA Required all related codes	None
10/07/14	11/26/14	Genetic Counseling & Testing	Removed/No PA Required: 81506, 81503, 81500	None
09/15/14	12/05/14	Non Emergent Air/Ground Transportation services	Added/PA Required: A0426, A0428, A0430, A0431, S9960, S9961	None
12/15/14	12/17/14	Specialty Pharmacy drugs	Removed/No PA Required: J1936	None
12/15/14	12/17/14	Behavioral Health	Added/PA Required: 96105 Removed/No PA Required: H2014*	None *MHNMM: PA Required
12/15/14	12/17/14	OP Hospital/ASC procedures	Removed/No PA Required: 90880	MHTX: Non covered code
11/09/14	12/17/14	OP Hospital/ASC procedures	Removed/No PA Required: 90832, 90833, 90834, 90836, 90837, 90838, 90845, 90846, 90847, 90848, 90849, 90853, 90899, 95950, 95951, 95953	90899 will remain under Unlisted/T codes 95951 will remain under neuropsychological testing.
11/14/14	12/17/14	Prosthetics & Orthotics	Added/PA Required: L0452	None
11/14/14	01/01/15	Neuropsychological & Psychological testing	Removed/No PA Required: 96110, 96111	None
11/18/14	12/17/14	Specialty Pharmacy & T codes	Removed/No PA Required: J7301, J7302, 59899, 91911	None
12/14/14	12/18/14	BH, mental health, alcohol & chemical dependency	PA Required: S0201	MHTX: Non covered code
12/14/14	12/18/14	BH, mental health, alcohol & chemical dependency	Removed/No PA Required: H0016, H0031	None
12/22/14	12/22/14	Physical Therapy	PA Required: 0420, 0421, 0422, 0423, 0424, 0429	MHTX: Non covered codes
12/22/14	12/22/14	Occupational Therapy	PA Required: 0430, 0431, 0432, 0433, 0434, 0439	None
12/22/14	12/22/14	Speech Therapy	PA Required: 0440, 0441, 0442, 0443, 0444, 0449	None
12/31/14	01/01/15	OP Hospital/ASC procedures	Removed/No PA Required: 96150, 96151, 96152, 96153, 96154, 96155	None
12/31/14	01/01/15	OP Hospital/ASC procedures	Removed/No PA Required: 90865, 90875, 90876, 90882, 90901, 90911	None
12/31/14	01/01/15	BH, mental health, alcohol & chemical dependency	Removed/No PA Required: H2017, Q3014	None
01/12/15	01/12/15	Wound therapy, including wound Vacs & Hyperbaric wound therapy	Removed/No PA Required: G0456, G0457	None
01/14/15	01/14/15	Radiation Therapy and Radio Surgery	Removed/No PA Required: 77418 Added/PA Required: 77385, 77306, 77307, 77316, 77317, 77318, 77402, 77407, 77412, 77387 Removed Termed Codes: 0073T, 77305, 77310, 77315, 77326, 77327, 77328, 77403, 77404, 77406, 77408, 77409, 77411, 77413, 77414, 77416, 77421	None
01/22/15	01/22/15	Pain Management Procedures	Added/PA Required: 64492	None
01/22/15	01/22/15	OP Hospital/ASC procedures	Added/PA Required: 33418, 33419	None
01/26/15	01/26/15	OP Hospital/ASC procedures	Removed/No PA Required: 98925, 98926, 98927, 98928, 98929	None
02/06/15	02/06/15	OP Hospital/ASC procedures	Added/PA Required: 20930 (based on MCG-218)	None

RECEIVED DATE	EFFECTIVE DATE	SPECIALTY/SERVICE	CHANGE/UPDATE DESCRIPTION	EXCEPTIONS/NOTES
02/06/15	02/06/15	Experimental/Investigational & Unlisted Misc. codes	Removed/No PA Required: 0232T	None
02/06/15	02/06/15	Wound therapy, including wound Vacs & Hyperbaric wound therapy	Removed/No PA Required: G0460	None
02/06/15	02/06/15	Radiation Therapy and Radio Surgery	Added/PA Required: G0339; G0340 (based on MCG-224)	None
02/23/15	02/23/15	Specialty Pharmacy Drugs (Injectable)	Added/PA Required (based on MCGs): J1725, J0598, J9010, J9035*, J2796, J7336, J2212, S0073, C9027	None *See 10.01.15 update below
03/03/15	03/03/15	OP Hospital/ASC procedures	Removed/No PA Required: 11976	None
03/03/15	03/03/15	DME	Added/PA Required: C2624	None
03/03/15	03/03/15	Experimental/Investigational	Added/PA Required: 92145	None
03/03/15	03/03/15	Genetic Counseling & Testing	Added/PA Required: 81246, 81288, 81313, 81410, 81411, 81415, 81416, 81417, 81425, 81426, 81427, 81430, 81431, 81435, 81436, 81440, 81445, 81450, 81455, 81460, 81465, 81470, 81471, 81519, 83006, 88369, 88373, 88374, 88377	None
03/03/15	03/03/15	Wound therapy, including wound Vacs & Hyperbaric wound therapy	Added/PA Required: G0277, 97607, 97608	None
03/03/15	03/03/15	OP Hospital/ASC procedures	Added/PA Required: 52441, 52442, 66179, 66184, G0276	None
03/03/15	03/03/15	Pain Management procedures	Added/PA Required: 64486, 64487, 64488, 64489	None
03/03/15	03/03/15	Specialty Pharmacy Drugs	Added/PA Required: J0572, J0573, J0574, J0575, J0888, J1322, J7181, J7182, J7200, J7201, J7327, J7336, J9267, J9301, C9027, C9136, C9442, C9443, C9444, C9446	None
03/03/15	03/03/15	Prosthetics/Orthotics	Added/PA Required: L6026, L7259	None
03/03/15	03/03/15	Radiation Therapy	Added/PA Required: G6015, G6016, G6017	None
03/03/15	03/03/15	Unlisted/Misc./T Codes	Added/PA Required: G6021	None
03/03/15	03/31/15	Multi-Specialties	Removed Termed Codes: 00452, 0059T, 00622, 00634, 0092T, 0181T, 0197T, 0199T, 0226T, 0227T, 0239T, 0245T, 0246T, 0247T, 0248T, 0319T, 0320T, 0321T, 0322T, 0323T, 0324T, 0325T, 0326T, 0327T, 0328T, 0334T, 0343T, 0344T 22520, 22521, 22522, 22523, 22524, 22525, 33332, 33472, 33960, 33961, 36469, 36822, 43350, 61542, 61609, C9022, C9133, C9134, C9135, J0151, J3140, J3150, L6025, L7260, L7261, Q9970, Q9973, Q9974, S0144, S3855	None
03/06/15	03/06/15	OP Hospital/ASC procedures	Removed/No PA Required: 55970, 55980	Medicare members only
03/11/15	01/01/15	OP Hospital/ASC procedures	Removed/No PA Required: 58353	None. Retro to 01/01/15.
03/13/15	03/13/15	Neuropsychological & Psychological testing	Added/PA Required: 95950, 95953, 95954, 95955, 95957, 95958, 95961, 95962	None
03/13/15	03/13/15	BH, mental health, alcohol & chemical dependency	Removed/No PA Required: H0020	None
03/23/15	01/01/15	OP Hospital/ASC procedures	Removed/No PA Required: 95990, 96409, 96417, 96440, 96401, 96411, 96420, 96450, 96402, 96413, 96422, 96542, 96405, 96415, 96423, 96549, 96406, 96416, 96425	None. Retro to 01/01/15
04/08/15	04/01/15	Specialty Pharmacy Drugs	Added/PA Required: C9445, C9448, C9449, C9450, C9451, C9452, Q9975, J9228	None. Retro to 04/01/15
05/01/15	07/01/15	OP Hospital/ASC procedures	Removed/No PA Required: 36821, 96365, 96366, 96367, 96368	None
05/01/15	07/01/15	All	Changed name of this document from "Codification Document" to "Services & Codes Requiring PA"	None
05/20/15	07/01/15	Medicare Non Covered Codes & Plan Non Covered Codes	Removed non covered codes from document.	None
06/18/15	07/01/15	Newborn screenings	No PA required for NM: 82016, 82017	MHNM Only
06/18/15	07/01/15	Dopplers, Sedation, Dietitians, EMG/NCS	No PA required for NM: 93922, 93923, 93924, 93925, 93926, 93930, 93931, 93965, 93970, 93971, 93975, 93976, 93978, 93979, 93980, 93981, 93990, 93880,	MHNM Only

Molina Healthcare, Inc., 2016 Q1 PA Code Matrix

Services Requiring Auth and Benefit Exclusions

RECEIVED DATE	EFFECTIVE DATE	SPECIALTY/SERVICE	CHANGE/UPDATE DESCRIPTION	EXCEPTIONS/NOTES
			93882, 99143, 99144, 99145, 99148, 99149, 99150, 97802, 97803, 97804, 95861, 95863, 95864, 95865, 95866, 95907, 95908, 95909, 95910, 95911, 95912, 95913, 95885, 95886, 95887, 95937	
07/01/15	07/10/15	OP Hospital/ASC procedures, "T" Codes, Experimental/ Investigational	Removed/No PA Required: 33361, 33362, 33363, 33364, 33365, 33418, 33419, 0345t, G0276	None
07/17/15	07/01/15	Specialty Pharmacy Drugs	Removed Termed Code: C9448 Added/PA Required: Q5101, C9453, C9454, C9455, Q9977, Q9978	None. Retro to 07/01/15 None. Retro to 07/01/15
07/17/15	07/01/15	Experimental/Investigational	Added/PA Required: 0392T, 0393T	None. Retro to 07/01/15
07/17/15	07/01/15	Genetic Counseling & Testing	Added/PA Required: 0010M	None. Retro to 07/01/15
07/15/15	07/01/15	BH, mental health, alcohol & chemical dependency	Added/PA Required when submitted with Diagnosis of Autism: H0031, H0032*, H2012, H2014, H2017, H2019, T1023, T1025, T1026, T1027, T1028, T2013, T2040, S5150, 299.00, 299.01, 299.10, 299.11, 299.80, 299.81, 299.90, 299.91	*MHSC: No PA required for DAODAS providers. Retro to 07/01/15
07/22/15	08/01/15	Dialysis	Removed/No PA Required: 90935, 90953, 90959, 90965, 90997, 90937, 90954, 90960, 90966, G0365, 90945, 90955, 90961, 90967, J0882, 90947, 90956, 90962, 90968, J0886, 90951, 90957, 90963, 90969, Q4081, 90952, 90958, 90964, 90970	None
07/22/15	08/01/15	Hospice	Removed/No PA Required: S0271, T2044, T2042, T2045, T2043, T2046	None
07/22/15	08/01/15	Dental Anesthesia	Removed/No PA Required: D9219, 00170	
07/22/15	08/01/15	Durable Medical Equipment (DME)	Removed/No PA Required: A4639, A8000, A8001, A8002, A8003, A8004, E0184, E0186, E0193, E0196, E0197, E0198, E0217, E0225, E0239, E0445, E0450, E0470, E0471, E0472, E0480, E0482, E0565, E0601, E0610, E0615, E0617, E0618, E0619, E0620, E0627, E0628, E0629, E0636, E0640, E0650, E0651, E0652, E0656, E0657, E0667, E0668, E0670, E0671, E0672, E0673, E0675, E0731, E0740, E0947, E0948, E2100, E2120, K0455*, K0609*, K0730*, Q0480, Q0481, Q0482, Q0483, Q0484, Q0485, Q0486, Q0487, Q0489, Q0490, Q0491, Q0493, Q0495, Q0496, Q0497, Q0498, Q0501, Q0502, Q0503, Q0504, Q0506, S8423, S8425, S8426, S8540, V5030, V5050, V5060, V5100, V5120, V5130, V5140, V5170**, V5180, V5210**, V5220**, V5242, V5243, V5244, V5245, V5246, V5247, V5248, V5249, V5250, V5251, V5252, V5253, V5254, V5255, V5256**, V5257**, V5258, V5259, V5260**, V5261**	MHPR: Case-by-case evaluation *MHFL: PA Required **MHWI: PA Required
07/22/15	08/01/15	Radiation Therapy & Radio Surgery	Removed/No PA Required: 20660, 36260, 37242, 37243, 36245, 61796, 61797, 61798*, 61799, 63620*, 63621, 75894, 77261, 77262, 77263, 77280, 77285, 77290, 77295, 77300, 77301, 77306, 77307, 77316, 77338, 77370, 77371, 77317, 77318, 77372*, 77321, 77331, 77332, 77333, 77334*, 77336, 77373*, 77385*, 77387, 77401, 77402, 77407, 77412, 77417, 77424, 77425*, 77427, 77431, 77432, 77435, 77469, 77470, 77750, 77776, 77777, 77778, 79445, 96446, S2095	*MHWI/MHMI/ MHTX: PA Required
07/22/15	08/01/15	PT/OT/ST/Habilitative Therapy	Removed/No PA Required: 97010, 97012, 97014, 97016, 97018, 97022, 97024, 97026, 97028, 97032, 97033, 97034, 97035, 97036, 97110, 97112, 97113, 97116, 97124, 97140, 97530, 97532, 97533, 97535, 97537, 97542, 97760, 97761, 97762, G0281, G0283, G0329, 29799	MHPR: Non-Covered Benefit
07/22/15	08/01/15	Sleep Studies	Removed/No PA Required: G0399, G0400, G0398	MHPR & MHFL: Not a covered benefit
07/22/15	08/01/15	Wound Therapies	Removed/No PA Required: 97597, 97598, 97605*, 97606*, 97610, 97602, 97607, 97608, E2402*	*MHPR: PA Required

Molina Healthcare, Inc., 2016 Q1 PA Code Matrix

Services Requiring Auth and Benefit Exclusions

RECEIVED DATE	EFFECTIVE DATE	SPECIALTY/SERVICE	CHANGE/UPDATE DESCRIPTION	EXCEPTIONS/NOTES
07/22/15	08/01/15	Rehab OP Services	Removed/No PA Required: 77293, 93797, 93798, 94669, G0422, G0423, G0424	None
07/22/15	08/01/15	Prosthetics & Orthotics	Removed/No PA Required: E0457, E1800, E1801, E1802, E1805, E1806, E1818, E1825, E1840, E1841, L0112, L0113, L0170, L0174, L0180, L0190, L0200, L0220, L0454, L0455, L0456, L0457, L0458, L0460, L0462, L0464, L0466, L0467, L0468, L0469, L0470, L0472, L0488, L0490, L0491, L0492, L0627, L0631, L0633, L0635, L0636, L0637, L0639, L0641, L0642, L0643, L0649, L0650, L0651, L1200, L1210, L1220, L1230, L1300, L1310, L1650, L1652, L1686, L1690, L1832, L1843, L1845, L1847, L1850, L1910, L1930, L1932, L1951, L1971, L2132, L2134, L2136, L2250, L2280, L2300, L2310, L2320, L2330, L2335, L2340, L2350, L2370, L2380, L2385, L2387, L2390, L2395, L2492, L2500, L2510, L2520, L2525, L2526, L2530, L2540, L2550, L2570, L2580, L2600, L2610, L2620, L2622, L2624, L2627, L2628, L2630, L2640, L2750, L2755, L2768, L3000, L3001*, L3002*, L3003*, L3010*, L3020*, L3030*, L3031*, L3330, L3671, L3674, L3702, L3720, L3730, L3740, L3760, L3763, L3764, L3765, L3766, L3806, L3807, L3808, L3900, L3901, L3904, L3905, L3906, L3913, L3915, L3919, L3921, L3933, L3935, L3960, L3961, L3962, L3967, L3971, L3973, L3975, L3976, L3977, L3978, L4000, L4010, L4020, L4030, L4040, L4045, L4050, L4055, L4060, L4070, L4080, L4090, L4100, L4130, L4205, L4210, L4360, L4396, L5000, L5010, L5020, L5050, L5060, L5100, L5105, L5150, L5160, L5200, L5210, L5220, L5230, L5250, L5270, L5280, L5301, L5312, L5321, L5331, L5341, L5500, L5505, L5510, L5520, L5530, L5535, L5540, L5560, L5570, L5580, L5585, L5590, L5595, L5600, L5610, L5611, L5613, L5614, L5616, L5617, L5618, L5620, L5622, L5624, L5626, L5628, L5629, L5630, L5631, L5632, L5634, L5636, L5637, L5638, L5639, L5640, L5642, L5643, L5644, L5645, L5646, L5647, L5648, L5649, L5650, L5651, L5652, L5653, L5654, L5655, L5656, L5658, L5661, L5665, L5666, L5670, L5671, L5672, L5673, L5676, L5677, L5679, L5680, L5681, L5682, L5683, L5688, L5695, L5700, L5701, L5703, L5704, L5705, L5706, L5707, L5710, L5711, L5712, L5714, L5716, L5718, L5722, L5724, L5726, L5728, L5780, L5781, L5782, L5785, L5790, L5795, L5810, L5811, L5812, L5814, L5816, L5818, L5822, L5824, L5826, L5828, L5830, L5840, L5845, L5848, L5855, L5856, L5857, L5858, L5859, L5910, L5920, L5930, L5940, L5950, L5960, L5961, L5962, L5964, L5968, L5970, L5971, L5972, L5973, L5974, L5975, L5976, L5978, L5979, L5980, L5981, L5982, L5984, L5985, L5986, L5987, L5988, L5990, L6000, L6010, L6020, L6050, L6055, L6100, L6110, L6120, L6130, L6200, L6250, L6350, L6360, L6370, L6400, L6580, L6582, L6584, L6586, L6588, L6590, L6611, L6620, L6621, L6622, L6623, L6624, L6625, L6628, L6630, L6637, L6638, L6640, L6642, L6645, L6646, L6647, L6648, L6650, L6677, L6680, L6682, L6684, L6686, L6687, L6688, L6689, L6690, L6691, L6692, L6693, L6694, L6695, L6696, L6697, L6698, L6703, L6704, L6706, L6707, L6708, L6709, L6711, L6712, L6713, L6714, L6715, L6721, L6722, L6805, L6880, L6881, L6882, L6883, L6884, L6885, L6895, L6900, L6905, L6910, L6915, L6920, L6925, L6930, L6935, L6940, L6945, L6950, L6955, L6960, L6965, L6970, L6975, L7007, L7008, L7009, L7040,	*MHNM : PA Required

Molina Healthcare, Inc., 2016 Q1 PA Code Matrix

Services Requiring Auth and Benefit Exclusions

RECEIVED DATE	EFFECTIVE DATE	SPECIALTY/SERVICE	CHANGE/UPDATE DESCRIPTION	EXCEPTIONS/NOTES
			L7045, L7170, L7180, L7181, L7185, L7186, L7190, L7191, L7360, L7362, L7364, L7366, L7367, L7368, L7400, L7401, L7402, L7403, L7404, L7505, L7900, L8040, L8041, L8042, L8043, L8044, L8045, L8046, L8047, L8400, L8410, L8420, L8430, L8470, L8480, L8500, L8510, L8603, L8604, L8606, L8614, L8615, L8619, L8627, L8628, L8681, L8689, L8690, L8691, L8693, V2623, V2625	
07/22/15	08/01/15	OP Hospital/ASC procedures	Removed/No PA Required: 26111, 26113, 26115, 26116, 26117, 26118, 25073, 24079, 36818, 36819, 36820, 36823, 36825, 36830, 36835, 36838, 37193, 91010, 91020, 91022, 91030, 91034, 91035, 91037, 91038, 91040, 91122, 91117, 91120, 92611, 92612, 92613, 92970, 92971, 92986, 92987, 92990, 92992, 92993, 92997, 92998, 93224, 93268, 93270, 93292, 93740, 93745, 93770, 93880, 93882, 93886, 93888, 93890, 93892, 93893, 93971, 93922, 93923, 93925, 93926, 93930, 93931, 93970, 93975, 93976, 93978, 93979, 93980, 93981, 93982, 93990, 94002, 94003, 94004, 94005, 94660, 94774, 94775, 94776, 94777, 95861, 95863, 95864, 95865, 95866, 95908, 95907, 95910, 95887, 95905, 95922, 95924, 95925, 95926, 95927, 93227, 95928, 95929, 95933, 95937, 95938, 95939, 95940, 95941, 95943, 95965, 95966, 95967, 95970, 95971, 95972, 95973, 95974, 95975, 95978, 95979, 95980, 95981, 95982, 95991, 95992, 95999, 96000, 96001, 96002, 96003, 96004, 96040, 96361, 96369, 96370, 96371, 96373, 96374, 96375, 96376, 96360, 96523, 97545, 97546, 99143, 99144, 99145, 99148, 99149, 99150	None
07/22/15	08/01/15	Cosmetic, Plastic & Reconstructive Procedures	Removed/ No PA Required: 19380	None
07/22/15	08/01/15	Unlisted/Misc./T Codes	Removed/ No PA Required: 77299, 77399, 93998, 41899	MHWA: PA Required
07/22/15	08/01/15	Neuropsychological & Psychological testing	Removed/ No PA Required: 95954, 95955, 95958, 95961, 95962,	None
07/22/15	08/01/15	Imaging, Advanced & Specialty	Removed/ No PA Required: 96020	None
07/22/15	08/01/15	Physical Therapy; Occupational Therapy	Removed/ No PA Required: 0420, 0421, 0423, 0424, 0422, 0429, 0430, 0432, 0434, 0431, 0433, 0439, 97150*	MHPR: PA Required *MHTX: PA Required
08/17/15	08/01/15	Temporary Codes (Category 3)	Removed 'T' codes Section. Moved codes to Experimental/Investigational: 0019T, 0182T, 0236T, 0295T, 0042T, 0184T, 0237T, 0296T, 0051T, 0188T, 0238T, 0297T, 0052T, 0189T, 0240T, 0298T, 0053T, 0190T, 0241T, 0299T, 0054T, 0191T, 0243T, 0300T, 0055T, 0195T, 0244T, 0301T, 0058T, 0196T, 0249T, 0302T, 0071T, 0198T, 0253T, 0303T, 0072T, 0200T, 0254T, 0304T, 0075T, 0201T, 0255T, 0305T, 0076T, 0202T, 0262T, 0306T, 0085T, 0205T, 0263T, 0307T, 0095T, 0206T, 0264T, 0308T, 0098T, 0207T, 0265T, 0309T, 0099T, 0208T, 0266T, 0310T, 0100T, 0209T, 0267T, 0311T, 0101T, 0210T, 0268T, 0312T, 0102T, 0211T, 0269T, 0313T, 0103T, 0212T, 0270T, 0314T, 0106T, 0213T, 0271T, 0315T, 0107T, 0214T, 0272T, 0316T, 0108T, 0215T, 0273T, 0317T, 0109T, 0216T, 0274T, 0335T, 0110T, 0217T, 0275T, 0336T, 0111T, 0218T, 0278T, 0337T, 0123T, 0219T, 0281T, 0338T, 0126T, 0220T, 0282T, 0339T, 0159T, 0221T, 0283T, 0340T, 0163T, 0222T, 0284T, 0342T, 0164T, 0223T, 0285T, 0347T, 0165T, 0224T, 0286T, 0348T, 0169T, 0225T, 0287T, 0349T, 0171T, 0228T, 0288T, 0350T, 0172T, 0229T, 0289T, 0351T, 0174T, 0230T, 0290T, 0352T, 0175T, 0231T, 0291T, 0353T, 0178T, 0233T, 0292T, 0354T, 0179T, 0234T, 0293T, 0355T, 0180T,	Retro to 8/1/15.



Molina Healthcare, Inc., 2016 Q1 PA Code Matrix

Services Requiring Auth and Benefit Exclusions

RECEIVED DATE	EFFECTIVE DATE	SPECIALTY/SERVICE	CHANGE/UPDATE DESCRIPTION	EXCEPTIONS/NOTES
			0235T, 0294T, 0356T, 0357T, 0358T, 0359T, 0360T, 0361T, 0362T, 0363T, 0364T, 0365T, 0366T, 0367T, 0368T, 0369T, 0370T, 0371T, 0372T, 0373T, 0374T, 0392T, 0393T	
9/14/15	10/1/15	Specialty Pharmacy Drugs (injectable)	Added/PA Required: C9257*, J9035*, J9207	None. *No PA required when used for intravitreal injection (67028) for ocular diagnoses
9/14/15	10/1/15	Prosthetics & Orthotics	Added/PA Required: S1040	None
9/25/15	10/1/15	Specialty Pharmacy Drugs (injectable)	Added/PA Required: C9456, Q9979	None. New codes effective 10/01/15
11/17/15	12/1/15	Durable Medical Equipment	Added/PA Required: A9900; A9901	None
11/17/15	12/1/15	OP Hospital/ASC procedures	Removed/ No PA Required: 11055, 11056, 11057, 11101, 11200, 11201, 1121F, 11300, 11301, 11302, 11303, 11305, 11306, 11307, 11308, 11310, 11311, 11312, 11313, 11400, 11401, 11402, 11403, 11404, 11406, 11420, 11421, 11422, 11423, 11424, 11426, 11440, 11441, 11442, 11443, 11444, 11446, 11719, 11720, 11721, 11730, 11732, 11740, 11750, 11752, 11755, 11760, 11762, 11765, 11900, 11901, 11960, 11970, 11971, 11980, 12001, 12002, 12004, 12005, 12006, 12007, 12011, 12013, 12014, 12015, 12016, 12017, 12018, 12020, 12021, 15150, 15151, 15152, 15155, 15156, 15157, 15271, 15272, 15273, 15274, 15275, 15276, 15277, 15278, 15777, 15850, 15851, 17000, 17003, 17106, 17107, 17108, 17110, 17111, 17250, 17340, 20550, 20551, 20612, 20974, 20975, 20979, 21010, 21050, 21060, 21070, 21076, 21077, 21079, 21080, 21081, 21082, 21083, 21084, 21085, 21086, 21087, 21088, 21100, 21110, 21116, 21740, 21742, 21743, 21931, 21932, 23410, 23415, 23420, 23450, 23455, 23460, 23462, 23465, 23466, 23470, 23472, 23473, 23474, 23900, 23920, 23921, 24301, 24305, 24310, 24341, 24342, 24343, 24344, 24345, 24346, 24357, 24358, 24359, 24360, 24361, 24362, 24363, 24435, 24900, 24920, 24931, 25101, 25105, 25107, 25115, 25116, 25118, 25119, 25310, 25312, 25315, 25316, 25320, 25332, 25337, 25405, 25431, 25440, 25441, 25442, 25443, 25444, 25445, 25446, 25449, 25450, 25455, 25490, 25491, 25492, 25800, 25805, 25810, 25820, 25825, 25830, 25900, 25905, 25907, 25909, 25915, 25920, 25922, 25924, 25927, 25929, 25931, 26040, 26045, 26055, 26060, 26100, 26105, 26110, 26121, 26123, 26125, 26130, 26135, 26140, 26145, 26170, 26180, 26185, 26200, 26205, 26210, 26215, 26230, 26235, 26236, 26250, 26260, 26262, 26341, 26350, 26352, 26356, 26357, 26358, 26370, 26372, 26373, 26390, 26392, 26410, 26412, 26415, 26416, 26418, 26420, 26426, 26428, 26432, 26433, 26434, 26437, 26440, 26442, 26445, 26449, 26450, 26455, 26460, 26471, 26474, 26476, 26477, 26478, 26479, 26480, 26483, 26485, 26489, 26490, 26492, 26494, 26496, 26497, 26498, 26500, 26502, 26508, 26510, 26516, 26517, 26518, 26520, 26525, 26530, 26531, 26535, 26536, 26540, 26541, 26542, 26545, 26546, 26548, 26550, 26551, 26553, 26554, 26555, 26556, 26560, 26561, 26562, 26565, 26567, 26568, 26580, 26587, 26590, 26591, 26593, 26596, 26820, 26841, 26842, 26843, 26844, 26850, 26852, 26860, 26861, 26862, 26863, 26910, 26951, 26952, 26990, 26991, 26992, 27000, 27001, 27003, 27005, 27006, 27025, 27027, 27030, 27033, 27035, 27036, 27043, 27045, 27047, 27048, 27049, 27050, 27052, 27054, 27057, 27059, 27060, 27062, 27065, 27066,	*MHTX: PA Required **MHWA: PA Required ***MHPR: PA Required



Molina Healthcare, Inc., 2016 Q1 PA Code Matrix Services Requiring Auth and Benefit Exclusions

RECEIVED DATE	EFFECTIVE DATE	SPECIALTY/SERVICE	CHANGE/UPDATE DESCRIPTION	EXCEPTIONS/NOTES
			27067, 27070, 27071, 27075, 27076, 27077, 27078, 27080, 27090, 27091, 27093, 27095, 27097, 27098, 27100, 27105, 27110, 27111, 27140, 27146, 27147, 27151, 27156, 27158, 27161, 27165, 27170, 27175, 27176, 27177, 27178, 27179, 27181, 27185, 27187, 27280, 27282, 27284, 27286, 27290, 27295, 27305, 27306, 27307, 27310, 27325, 27326, 27327, 27328, 27329, 27330, 27331, 27332, 27333, 27334, 27335, 27337, 27339, 27340, 27345, 27347, 27350, 27355, 27356, 27357, 27358, 27360, 27364, 27365, 27370, 27380, 27381, 27385, 27386, 27390, 27391, 27392, 27393, 27394, 27395, 27396, 27397, 27400, 27403, 27405, 27407, 27409, 27412, 27415, 27416, 27418, 27420, 27422, 27424, 27425, 27427, 27428, 27429, 27430, 27435, 27437, 27438, 27448, 27450, 27454, 27455, 27457, 27465, 27466, 27468, 27470, 27472, 27475, 27477, 27479, 27485, 27488, 27495, 27496, 27497, 27498, 27499, 27580, 27590, 27591, 27592, 27594, 27596, 27598, 27600, 27601, 27602, 27605, 27606, 27607, 27610, 27612, 27615, 27616, 27618, 27619, 27620, 27625, 27626, 27632, 27634, 27635, 27637, 27638, 27640, 27641, 27645, 27646, 27647, 27648, 27650, 27652, 27654, 27656, 27658, 27659, 27664, 27665, 27675, 27676, 27680, 27681, 27685, 27686, 27687, 27690, 27691, 27692, 27695, 27696, 27698, 27700, 27702, 27703, 27704, 27705, 27707, 27709, 27712, 27715, 27720, 27722, 27724, 27725, 27726, 27727, 27730, 27732, 27734, 27740, 27742, 27745, 27870, 27871, 27880, 27881, 27882, 27884, 27886, 27888, 27889, 27892, 27893, 27894, 28020, 28022, 28024, 28039, 28041, 28043, 28045, 28046, 28047, 28050, 28052, 28054, 28055, 28070, 28072, 28086, 28088, 28800, 28805, 28810, 28820, 28825, 29800, 29804, 29805, 29830, 29834, 29835, 29836, 29837, 29838, 29840, 29843, 29844, 29845, 29846, 29847, 29850, 29851, 29855, 29856, 29860, 29861, 29862, 29863, 29866, 29867, 29868, 29870, 29871, 29900, 29901, 29902, 29904, 29905, 29906, 29907, 30580, 30600, 30620, 3062F , 30630,30915, 30920, 31040, 31050, 31051, 31085, 31087, 3111F, 3112F, 31225, 31230, 31300, 3130F, 31320,31360, 31365, 31367, 31368, 31370, 31375, 31380, 31382, 31390, 31395, 31400, 3140F, 3141F, 31420, 31580, 31582, 31584, 31587, 31588, 31590, 31595, 31600, 31601, 31605, 31610, 31611, 31612, 31613, 31614, 31634, 31647, 31648, 31649, 31651, 31750, 31755, 31760, 31766, 31770, 31775, 31780, 31781, 31785, 31786, 31800, 31805, 31820, 31825, 32035, 32036, 32096, 32097, 32098, 32100, 32110, 32120, 32124, 32140, 32141, 32150, 32151, 32160, 32200, 32215, 32220, 32225, 32310, 32320, 32440, 32442, 32445, 32480, 32482, 32484, 32486, 32488, 32501, 32503, 32504, 32505, 32506, 32507, 32540, 32650, 32651, 32652, 32653, 32654, 32655, 32656, 32658, 32659, 32661, 32662, 32663, 32664, 32665, 32666, 32667, 32668, 32670, 32671, 32672, 32673, 32674, 32800, 32810, 32815, 32820, 32900, 32905, 32906, 32940, 32960, 32997, 32998, 33010, 33011, 33015, 33020, 33025, 33030, 33031, 33050, 33120, 33130, 33140, 33141, 33202, 33203, 33236, 33237, 33238, 33243, 33244, 33255, 33256, 33257, 33258, 33259, 33300, 33305, 33310, 33315, 33320, 33321, 33322, 33330, 33335, 33366, 33367, 33368, 33369, 33400, 33401, 33403, 33404, 33405, 33406, 33410, 33411, 33412, 33413,	



Molina Healthcare, Inc., 2016 Q1 PA Code Matrix

Services Requiring Auth and Benefit Exclusions

RECEIVED DATE	EFFECTIVE DATE	SPECIALTY/SERVICE	CHANGE/UPDATE DESCRIPTION	EXCEPTIONS/NOTES
			33414, 33415, 33416, 33417, 33420, 33422, 33425, 33426, 33427, 33430, 33460, 33463, 33464, 33465, 33468, 33470, 33471, 33474, 33475, 33476, 33478, 33496, 33500, 33501, 33502, 33503, 33504, 33505, 33506, 33507, 33508, 33510, 33511, 33512, 33513, 33514, 33516, 33517, 33518, 33519, 33521, 33522, 33523, 33530, 33533, 33534, 33535, 33536, 33542, 33545, 33548, 33572, 33600, 33602, 33606, 33608, 33610, 33611, 33612, 33615, 33617, 33619, 33620, 33622, 33641, 33645, 33647, 33660, 33665, 33670, 33675, 33676, 33677, 33681, 33684, 33688, 33690, 33692, 33694, 33697, 33702, 33710, 33720, 33722, 33724, 33726, 33730, 33732, 33735, 33736, 33737, 33750, 33755, 33762, 33764, 33766, 33767, 33768, 33770, 33771, 33774, 33775, 33776, 33777, 33778, 33779, 33780, 33781, 33782, 33783, 33786, 33788, 33800, 33802, 33803, 33813, 33814, 33820, 33822, 33824, 33840, 33845, 33851, 33852, 33853, 33860, 33863, 33864, 33870, 33875, 33877, 33880, 33881, 33883, 33884, 33886, 33889, 33891, 33910, 33915, 33916, 33917, 33920, 33922, 33924, 33925, 33926, 33967, 33968, 33970, 33971, 33973, 33974, 33975, 33976, 33977, 33978, 33979, 33980, 33981, 33982, 33983, 33990, 33991, 33992, 33993, 33999, 34001, 34051, 34101, 34111, 34151, 34201, 34203, 34401, 34421, 34451, 34471, 34490, 34501, 34502, 34510, 34520, 34530, 34800, 34802, 34803, 34804, 34805, 34806, 34808, 34812, 34813, 34820, 34825, 34826, 34830, 34831, 34832, 34833, 34834, 34841, 34842, 34843, 34844, 34845, 34846, 34847, 34848, 34900, 35001, 35002, 35005, 35011, 35013, 35021, 35022, 35045, 35081, 35082, 35091, 35092, 35102, 35103, 35111, 35112, 35121, 35122, 35131, 35132, 35141, 35142, 35151, 35152, 35180, 35182, 35184, 35188, 35189, 35190, 35201, 35206, 35207, 35211, 35216, 35221, 35226, 35231, 35236, 35241, 35246, 35251, 35256, 35261, 35266, 35271, 35276, 35281, 35286, 35301, 35302, 35303, 35304, 35305, 35306, 35311, 35321, 35331, 35341, 35351, 35355, 35361, 35363, 35371, 35372, 35390, 35400, 35450, 35452, 35458, 35460, 35471, 35472, 35475, 35476, 35500, 35501, 35506, 35508, 35509, 35510, 35511, 35512, 35515, 35516, 35518, 35521, 35522, 35523, 35525, 35526, 35531, 35533, 35535, 35536, 35537, 35538, 35539, 35540, 35556, 35558, 35560, 35563, 35565, 35566, 35570, 35571, 35572, 35583, 35585, 35587, 35600, 35601, 35606, 35612, 35616, 35621, 35623, 35626, 35631, 35632, 35633, 35634, 35636, 35637, 35638, 35642, 35645, 35646, 35647, 35650, 35654, 35656, 35661, 35663, 35665, 35666, 35671, 35681, 35682, 35683, 35685, 35686, 35691, 35693, 35694, 35695, 35697, 35700, 35701, 35721, 35741, 35761, 35800, 35820, 35840, 35860, 35870, 35875, 35876, 35879, 35881, 35883, 35884, 35901, 35903, 35905, 35907, 36481, 36500, 37140, 37145, 37160, 37180, 37181, 37182, 37183, 37192, 37197, 37250, 37251, 37500, 37565, 37600, 37605, 37606, 37607, 37615, 37616, 37617, 37618, 37619, 37650, 37660, 37788, 37790, 38100, 38101, 38102, 38115, 38120, 38200, 38380, 38381, 38382, 38542, 38550, 38555, 38562, 38564, 38570, 38571, 38572, 38700, 38720, 38724, 38740, 38745, 38746, 38747, 38760, 38765, 38770, 38780, 39000, 39010, 39200, 39220, 39400, 39501, 39503, 39540, 39541, 39545, 39560, 39561, 40525, 40527,	

Molina Healthcare, Inc., 2016 Q1 PA Code Matrix Services Requiring Auth and Benefit Exclusions

RECEIVED DATE	EFFECTIVE DATE	SPECIALTY/SERVICE	CHANGE/UPDATE DESCRIPTION	EXCEPTIONS/NOTES
			40700, 40701, 40702, 40720, 40761, 41120, 41130, 41135, 41140, 41145, 41150, 41153, 41155, 41500, 41512, 41530, 42180, 42182, 42200, 42205, 42210, 42215, 42220, 42225, 42226, 42227, 42235, 42260, 42280, 42281, 42299, 42500, 42505, 42507, 42508, 42509, 42510, 42845, 42860, 42953, 42961, 42971, 43030, 43045, 43100, 43101, 43107, 43108, 43112, 43113, 43116, 43117, 43118, 43121, 43122, 43123, 43124, 43135, 43206, 43252, 43279, 43282, 43283, 43289, 43300, 43305, 43310, 43312, 43313, 43314, 43320, 43325, 43327, 43328, 43330, 43331, 43332, 43333, 43334, 43335, 43336, 43337, 43338, 43340, 43341, 43351, 43352, 43360, 43361, 43400, 43401, 43405, 43410, 43415, 43425, 43460, 43496, 43500, 43501, 43502, 43520, 43605, 43610, 43611, 43620, 43621, 43622, 43631, 43632, 43633, 43634, 43635, 43640, 43641, 43651, 43652, 43800, 43810, 43820, 43825, 43832, 43840, 43850, 43855, 43860, 43865, 43880, 43886, 43887, 43888, 44005, 44010, 44015, 44020, 44021, 44025, 44050, 44055, 44110, 44111, 44120, 44121, 44125, 44126, 44127, 44128, 44130, 44132, 44133, 44135, 44136, 44137, 44139, 44140, 44141, 44143, 44144, 44145, 44146, 44147, 44150, 44151, 44155, 44156, 44157, 44158, 44160, 44187, 44188, 44202, 44203, 44204, 44205, 44206, 44207, 44208, 44210, 44211, 44212, 44213, 44227, 44300, 44310, 44312, 44314, 44316, 44320, 44322, 44345, 44346, 44602, 44603, 44604, 44605, 44615, 44620, 44625, 44626, 44640, 44650, 44660, 44661, 44680, 44700, 44800, 44820, 44850, 44900, 45110, 45111, 45112, 45113, 45114, 45116, 45119, 45120, 45121, 45123, 45126, 45130, 45135, 45136, 45395, 45397, 45400, 45402, 45550, 45560, 45562, 45563, 45800, 45805, 45820, 45825, 46705, 46710, 46712, 46715, 46716, 46730, 46735, 46740, 46742, 46744, 46746, 46748, 46751, 46762, 47010, 47015, 47100, 47120, 47122, 47125, 47130, 47300, 47350, 47360, 47361, 47362, 47400, 47420, 47425, 47460, 47480, 47550, 47570, 47630, 47700, 47701, 47711, 47712, 47715, 47720, 47721, 47740, 47741, 47760, 47765, 47780, 47785, 47800, 47801, 47802, 47900, 48000, 48001, 48020, 48100, 48105, 48120, 48140, 48145, 48146, 48148, 48150, 48152, 48153, 48154, 48155, 48500, 48510, 48520, 48540, 48545, 48547, 48548, 49000, 49002, 49010, 49020, 49040, 49060, 49062, 49203, 49204, 49205, 49215, 49220, 49412, 49425, 49428, 49605, 49606, 49610, 49611, 49900, 50010, 50040, 50045, 50060, 50065, 50070, 50075, 50100, 50120, 50125, 50130, 50135, 50205, 50220, 50230, 50234, 50236, 50240, 50250, 50280, 50290, 50400, 50405, 50500, 50520, 50525, 50526, 50540, 50545, 50546, 50547, 50548, 50592, 50593, 50600, 50605, 50610, 50620, 50630, 50650, 50660, 50700, 50715, 50722, 50725, 50728, 50740, 50750, 50760, 50770, 50780, 50782, 50783, 50785, 50800, 50810, 50815, 50820, 50825, 50830, 50840, 50845, 50860, 50900, 50920, 50930, 50940, 51525, 51530, 51550, 51555, 51565, 51570, 51575, 51580, 51585, 51590, 51595, 51596, 51597, 51800, 51820, 51840, 51841, 51845, 51860, 51865, 51900, 51920, 51925, 51940, 51960, 51980, 51990, 51992, 52287, 53415, 53431, 53440, 53442, 53444, 53445, 53447, 53448, 53449, 53855, 54400, 54406, 54408, 54410, 54411, 54415, 54416, 54417, 54520, 54530, 54535, 54680, 57280, 57282, 57283,	

RECEIVED DATE	EFFECTIVE DATE	SPECIALTY/SERVICE	CHANGE/UPDATE DESCRIPTION	EXCEPTIONS/NOTES
			57284, 57425, 58140, 58145, 58146, 59510, 59514, 59515, 60210, 60212, 60220, 60225, 60240, 60252, 60254, 60260, 60270, 60271, 61001, 6100F, 61020, 61070, 61105, 61107, 61108, 61322, 61323, 61330, 61514, 61516, 61518, 61519, 61520, 61521, 61522, 61524, 61526, 61530, 61531, 61533, 61534, 61535, 61536, 61537, 61538, 61539, 61540, 61541, 61543, 61544, 61545, 61546, 61548, 61550, 61552, 61556, 61557, 61558, 61559, 61563, 61564, 61566, 61567, 61570, 61571, 61575, 61576, 61580, 61581, 61582, 61583, 61584, 61585, 61586, 61590, 61591, 61592, 61595, 61596, 61597, 61598, 61600, 61601, 61605, 61606, 61607, 61608, 61610, 61611, 61612, 61613, 61615, 61616, 61623, 61624, 61626, 61630, 61635, 61640, 61641, 61642, 61680, 61682, 61684, 61686, 61690, 61692, 61697, 61698, 61700, 61702, 61703, 61705, 61708, 61710, 61711, 61720, 61735, 61750, 61751, 61770, 62145, 62165, 63170, 63172, 63182, 63185, 63190, 63191, 63194, 63195, 63196, 63197, 63198, 63199, 63200, 63250, 63251, 63252, 63265, 63275, 63276, 63277, 63278, 63280, 63281, 63282, 63283, 63285, 63286, 63287, 63290, 63295, 63300, 63301, 63302, 63303, 63304, 63305, 63306, 63307, 63308, 63600, 63610, 63615, 63700, 63702, 63704, 63706, 63707, 63709, 64890, 64891, 64892, 64893, 64895, 64896, 64897, 64898, 64901, 64902, 64905, 64907, 64910, 64911, 69300, 69310, 69320, 69710, 69711, 76496, 9002F, 9003F, 9004F, 9005F, 9006F, 9007F, 90281, 90283, 90885, 90887, 90889, 91065, 91110, 91132, 91133, 93225, 93226, 93228, 93784***, 93786***, 93788***, 93790, 93924, 93965, 95885, 95886, 95921, 95923, 95930, 96521, 96522, 97005, 97006, 97150*, 97750, 97755, 97802, 97803, 97804, 98960, 98961, 98962, 98966, 98967, 98968, 98969, 99100, 99116, 99135, 99190, 99191, 99192, 99605, 99606, 99607, 54360, 66179, 66184, 67911, 91013, 41899**, 96372, 99140	
11/17/15	12/1/15	Cosmetic, Plastic & Reconstructive Procedures	Removed/No PA Required: 11920*, 11921, 11922*, 11950*, 11951, 11952, 11954*, 19357, 19361, 19364, 19366, 19367, 19368, 19369, 19370, 19371	*MHPR: PA Required
11/17/15	12/1/15	Unlisted/Misc.	Removed/No PA Required: 21089, 21899, 26989, 27299, 27599, 31599, 36299, 37501, 38129, 38589, 38999, 39499, 39599, 42699, 42999, 43499, 49659, 50549, 50949, 77499, 90999, 96379, 99600, D0502, D0999, D2999, D3999, D4999, D5899, D5999, D6199, D6999, D7999, D8999, D9630, D9999	None
11/17/15	12/1/15	Transplant Services	Removed/No PA Required: 32850, 32851, 32852, 32853, 32854, 32855, 32856, 33930, 33933, 33935, 33940, 33944, 33945	None
11/17/15	12/1/15	Pregnancy & Delivery	Removed/No PA Required: 59400, 59409, 59410, 59610, 59612, 59618, 59620, 59622,	None
11/17/15	12/1/15	Radiation Therapy & Radio Surgery	Removed/No PA Required: 75894, 75896	None
11/17/15	12/1/15	Imaging, Advanced & Specialty	Removed/No PA Required: 77078, 78071, 78072, 78414, 78428, 78803, 78807	None
11/17/15	12/1/15	Experimental/Investigational	Removed/No PA Required: 92145, J2010	None
11/17/15	12/1/15	Habilitative/Speech Therapy	Removed/No PA Required: 92526, 92609, S9152	MHTX: PA Required
11/17/15	12/1/15	Behavioral Health	Removed/No PA Required: 96105, 99366, 99368	None
11/17/15	12/1/15	Pain Management	Removed/No PA Required: 97810, 97811, 97813, 97814	None
11/17/15	12/1/15	Home Healthcare & Home Infusion	Removed/No PA Required: 99500, 99501, 99502, 99503, 99504, 99505, 99506, 99507, 99509, 99510, 99511, 99512, 99601, 99602, S9379*	*MHTX: PA Required

Molina Healthcare, Inc., 2016 Q1 PA Code Matrix

Services Requiring Auth and Benefit Exclusions

RECEIVED DATE	EFFECTIVE DATE	SPECIALTY/SERVICE	CHANGE/UPDATE DESCRIPTION	EXCEPTIONS/NOTES
11/17/15	12/1/15	Non Emergent Ground Transportation services	Removed/No PA Required: A0426, A0428	MHTX: PA Required
11/17/15	12/1/15	Durable Medical Equipment	Removed/No PA Required: C2624, E1699, Q0479	None
12/02/15	01/01/16	Specialty Pharmacy Drugs	Removed/Termed Code: J3488	None
12/02/15	01/01/16	Occupational Therapy	Added/PA Required: S9129, 0430, 0431, 0432, 0433, 0434, 0439	MHFL: No PA Required for all LOBs MHIL: No PA required for Medicaid/Medicare
12/02/15	01/01/16	Physical Therapy	Added/PA Required: 97110, 97112, S9131, 0420, 0421, 0422, 4023, 0424, 0429	MHFL: No PA Required for all LOBs MHIL: No PA required for Medicaid/Medicare
12/11/15	01/01/16	DME	Added/PA Required: V5210, V5220, V5170, V5260, V5261, V5180, V5256, V5257	MHWI Only
12/15/15	01/01/16	Specialty Pharmacy Drugs	Removed/No PA Required: J8499 with modifier U1	MHNM Only
12/17/15	01/01/16	Experimental/Investigational	Added/PA Required: 0394T, 0395T, 0396T, 0397T, 0398T, 0399T, 0400T, 0401T, 0402T, 0403T, 0404T, 0405T, 0406T, 0407T, 0408T, 0409T, 0410T, 0411T, 0412T, 0413T, 0414T, 0415T, 0416T, 0417T, 0418T, 0419T, 0420T, 0421T, 0422T, 0423T, 0424T, 0425T, 0426T, 0427T, 0428T, 0429T, 0430T, 0431T, 0432T, 0433T, 0434T, 0435T, 0436T	New Codes effective 01.01.16
12/17/15	01/01/16	Pain Management	Added/PA Required: 64461, 64462, 64463	New Codes effective 01.01.16
12/17/15	01/01/16	Imaging – Advanced & Specialty	Added/PA Required: 74712, 74713, G0297	New Codes effective 01.01.16
12/17/15	01/01/16	Genetic Counseling & Testing	Added/PA Required: 81162, 81170, 81218, 81219, 81272, 81273, 81276, 81311, 81314, 81412, 81432, 81433, 81434, 81437, 81438, 81442, 81493, 81525, 81528, 81535, 81536, 81538, 81540, 81545, 81595	New Codes effective 01.01.16
12/17/15	01/01/16	Out Patient Hospital/ASC	Added/PA Required: 96931, 96932, 96933, 96934, 96935, 96936	New Codes effective 01.01.16
12/17/15	01/01/16	DME	Added/PA Required: E0465, E0466, E1012	New Codes effective 01.01.16
12/17/15	01/01/16	Experimental/Investigational	Added/PA Required: Q4161, Q4162, Q4163, Q4164, Q4165	New Codes effective 01.01.16
12/17/15	01/01/16	Home Health & Home Infusion	Added/PA Required: G0299, G0300	New Codes effective 01.01.16
12/17/15	01/01/16	Radiation Therapy	Added/PA Required: Q9950	New Codes effective 01.01.16
12/17/15	01/01/16	Experimental/Investigational	Removed Termed Codes: 0099T, 0103T, 0123T, 0182T, 0223T, 0224T, 0225T, 0233T, 0240T, 0241T, 0243T, 0244T, 0262T, 0311T	None
12/17/15	01/01/16	Transplants	Removed Termed Codes: 47136	None
12/17/15	01/01/16	Home Health & Home Infusion	Removed Termed Codes: G0154,	None
12/17/15	01/01/16	DME	Removed Termed Codes: E0450, E0460, E0461, E0463 E0464	None
12/17/15	01/01/16	Specialty Pharmacy Drugs	Removed Termed Codes: Q9975, Q9977, Q9978, Q9979, C9025, C9026, C9027, C9442, C9443, C9444, C9445, C9446, C9449, C9450, C9451, C9452, C9453, C9454, C9455, C9456	None
12/17/15	01/01/16	Unlisted/Miscellaneous Codes	Removed Termed Codes: G6021	None
12/17/15	01/01/16	Genetic Counseling & Testing	Removed Termed Codes: S3854	None
12/17/15	01/01/16	Pain Management	Added/PA Required: 62263, 62264	Updated MCG-257. None
12/17/15	01/01/16	Specialty Pharmacy Drugs	Added/PA Required: J0202, J0596, J0695, J0714, J0875, J1447, J1575, J1833, J2502, J2860, J3090, J3380, J7188, J7205, J7313, J7328, J7340, J8655, J9032, J9039, J9271, J9299, J9308, Q9980	New Codes effective 01.01.16

BEHAVIORAL HEALTH, MENTAL HEALTH, ALCOHOL & CHEMICAL DEPENDENCY SERVICES

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

PLEASE NOTE:

- *Molina of Florida: Region 1 (Escambia, Santa Rosa, Okaloosa, & Walton counties) Providers, contact Access Behavioral Health 866-477-6725. All others Contact Psych Care – Medicaid: 855-371-3495, Medicare/Marketplace: 855-371-9230*
- *Molina of Illinois: No Auth required when done in an OP setting*
- *Molina of New Mexico Medicaid: No Auth required in any setting, except for ECT & ABA services*
- *Molina of Puerto Rico: Managed by First Health Care (FHC). No PA required when done in an OP Setting*

MEDICARE/MEDICAID & MKT PLACE					MEDICAID ONLY	MEDICARE ONLY	MKT PLACE ONLY
0114	1001	H0012^	H2019^	T1023^	N/A	N/A	N/A
0124	1002	H0017	H2020	T1025^			
0134	2106	H2012^	H0031^	T1026^			
0144	90870	H2013	H0032*^	T1027^			
0154	0901	H2014^	H0046	T1028^			
0190	0912	H2015	S5111	T2013^			
0204	0913	H2016	S0201	T2040^			
		H2017^	S5150^				
		H2018					

*Molina of South Carolina: No PA required for this code when submitted by DAODAS providers only.

^PA required for All plans only when submitted with Autism Dx. [ICD9: 299.00, 299.01, 299.10, 299.11, 299.80, 299.81, 299.90, 299.91 and ICD10: F84.0, F84.2, F84.3, F84.4, F84.5, F84.8, F84.9]

COSMETIC, PLASTIC & RECONSTRUCTIVE PROCEDURES (IN ANY SETTING)

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

DURABLE MEDICAL EQUIPMENT (DME)

For Medicare Hearing Supplemental benefit: Contact AVESIS at 800-327-4662

PLEASE NOTE:

- *Molina of Puerto Rico: All DME requires authorization and will be evaluated case-by-case*

MEDICARE/MEDICAID & MKT PLACE									MEDICAID ONLY		MEDI CARE	MKT PL
A7025	E0373	E1002	E1238	E2328	E2510	K0008	K0828	K0861	E0481	S1036	N/A	N/A
A9900	E0462	E1003	E1296	E2329	E2511	K0009	K0829	K0862	S1034	S1037		
A9901	E0465	E1004	E1298	E2330	E2605	K0010	K0830	K0863	S1035			
E0194	E0466	E1005	E1310	E2340	E2606	K0011	K0831	K0864				
E0255	E0483	E1006	E1399	E2341	E2607	K0012	K0835	K0868				
E0256	E0691	E1007	E1700	E2342	E2608	K0014	K0836	K0869				
E0260	E0692	E1008	E2201	E2343	E2609	K0108	K0837	K0870				
E0261	E0693	E1010	E2202	E2351	E2611	K0606	K0838	K0871				
E0265	E0694	E1012	E2203	E2361	E2612	K0800	K0839	K0877				
E0266	E0747	E1014	E2204	E2366	E2613	K0801	K0840	K0878				
E0277	E0748	E1020	E2227	E2367	E2614	K0802	K0841	K0879				
E0292	E0749	E1029	E2228	E2368	E2615	K0806	K0842	K0880				
E0293	E0760	E1030	E2291	E2369	E2616	K0807	K0843	K0884				
E0294	E0762	E1035	E2292	E2370	E2617	K0808	K0848	K0885				
E0295	E0764	E1036	E2293	E2373	E2620	K0813	K0849	K0886				
E0296	E0782	E1161	E2294	E2374	E2621	K0814	K0850	K0890				
E0297	E0783	E1225	E2295	E2375	E2622	K0815	K0851	K0891				
E0300	E0784	E1226	E2310	E2376	E2623	K0816	K0852	K0900				
E0301	E0785	E1227	E2311	E2377	E2624	K0820	K0853	V2530				
E0302	E0786	E1230	E2312	E2378	E2625	K0821	K0854	V2531				
E0303	E0849	E1232	E2313	E2397	E2626	K0822	K0855					
E0304	E0855	E1233	E2321	E2500	E2627	K0823	K0856					
E0328	E0983	E1234	E2322	E2502	E2628	K0824	K0857					
E0329	E0984	E1235	E2325	E2504	E2629	K0825	K0858					
E0371	E0986	E1236	E2326	E2506	E2630	K0826	K0859					
E0372	E0988	E1237	E2327	E2508	E2631	K0827	K0860					

EXPERIMENTAL/INVESTIGATIONAL
PLEASE NOTE:

- *Molina of Puerto Rico: Not a covered benefit*

MEDICARE/MEDICAID & MKT PLACE									MEDICAID ONLY		MEDI CARE	MKT PL
0019T	0165T	0213T	0268T	0301T	0352T	0397T	0425T		0329T	0333T	N/A	N/A
0042T	0169T	0214T	0269T	0302T	0353T	0398T	0426T		0330T	0331T		
0051T	0171T	0215T	0270T	0303T	0354T	0399T	0427T		0332T			
0052T	0172T	0216T	0271T	0304T	0355T	0400T	0428T					
0053T	0174T	0217T	0272T	0305T	0356T	0401T	0429T					
0054T	0175T	0218T	0273T	0306T	0357T	0402T	0430T					
0055T	0178T	0219T	0274T	0307T	0358T	0403T	0431T					
0058T	0179T	0220T	0275T	0308T	0359T	0404T	0432T					
0071T	0180T	0221T	0278T	0309T	0360T	0405T	0433T					
0072T	0184T	0222T	0281T	0310T	0361T	0406T	0434T					
0075T	0188T	0228T	0282T	0312T	0362T	0407T	0435T					
0076T	0189T	0229T	0283T	0313T	0363T	0408T	0436T					
0085T	0190T	0230T	0285T	0314T	0364T	0409T	82016					
0095T	0191T	0231T	0286T	0315T	0365T	0410T	82017					
0098T	0195T	0234T	0287T	0316T	0366T	0411T	83987					
0100T	0196T	0235T	0288T	0317T	0367T	0412T	84145					
0101T	0198T	0236T	0289T	0335T	0368T	0413T	86316					
0102T	0200T	0237T	0290T	0336T	0369T	0414T	86343					
0106T	0201T	0238T	0291T	0337T	0370T	0415T	Q4161					
0107T	0202T	0249T	0292T	0338T	0371T	0416T	Q4162					
0108T	0205T	0253T	0293T	0339T	0372T	0417T	Q4163					
0109T	0206T	0254T	0294T	0340T	0373T	0418T	Q4164					
0110T	0207T	0255T	0295T	0342T	0374T	0419T	Q4165					
0111T	0208T	0263T	0296T	0347T	0392T	0420T						
0126T	0209T	0264T	0297T	0348T	0393T	0421T						
0159T	0210T	0265T	0298T	0349T	0394T	0422T						
0163T	0211T	0266T	0299T	0350T	0395T	0423T						
0164T	0212T	0267T	0300T	0351T	0396T	0424T						

GENETIC COUNSELING & TESTING

PLEASE NOTE: *Prenatal diagnosis of congenital disorders of the unborn child through amniocentesis and genetic test screening of newborns mandated by State regulations*

MEDICARE / MEDICAID & MKT PLACE					MEDICAID ONLY			MEDICARE ONLY			MKT PLACE ONLY	
0004M	81226	81298	81407	81450	S3841	S3866	S3840	N/A			N/A	
0006M	81227	81300	81408	81455	S3842	S3870						
0007M	81228	81313	81410	81460	S3845	S3846						
0008M	81229	81317	81411	81465	S3861	S3852						
0010M	81246	81319	81415	81470	S3865	S3800						
81201	81265	81321	81416	81471								
81203	81266	81323	81417	81519								
81211	81280	81325	81425	83006								
81212	81282	81355	81426	84999*								
81213	81287	81400	81427	88369								
81214	81288	81401	81430	88373								
81215	81291	81402	81431	88374								
81216	81292	81403	81435	88377								
81217	81294	81404	81436	81162								
81222	81295	81405	81440	81170								
81223	81297	81406	81445	81218								
81219	81276	81412	81434	81442								
81272	81311	81432	81437	81493								
81273	81314	81433	81438	81528								
81535	81538	81545	81493									
81536	81540	81595										

*Including Oncotype Dx

HOME HEALTH CARE & HOME INFUSION

PA required for nursing and Home health aides after initial evaluation plus six (6) visits; PA may be required for medications associated with Home Infusion.

PA required for Home PT and OT after initial evaluation plus twenty-four (24) visits.

PLEASE NOTE:

- Molina of Puerto Rico: All Medicaid Codes. All Home Health visits require MD review.*

MEDICARE / MEDICAID & MKT PLACE					MEDICAID ONLY		MEDICARE ONLY			MKT PLACE ONLY	
G0151	G0155	G0158	G0161	G0164	S9122		027X	034X	056X		
G0152	G0156	G0159	G0162	G0299			029X	0023	057X		
G0153	G0157	G0160	G0163	G0300			042X	043X	060X		
							032X	044X	062X		
							033X	055X			

HYPERBARIC THERAPY (INCLUDING WOUND THERAPY)

MEDICARE / MEDICAID & MKT PLACE					MEDICAID ONLY		MEDICARE ONLY			MKT PLACE ONLY	
G0277	99183				N/A		N/A			N/A	

IMAGING – ADVANCED & SPECIALTY

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

IN-PATIENT ADMISSIONS

Acute Hospital, Skilled Nursing Facilities (SNF), Rehabilitation, Long Term Acute Care (LTAC) Facility

PLEASE NOTE:

- *Molina of Puerto Rico: SNF & LTAC are Value Added Services and require MD review*

MEDICARE / MEDICAID & MKT PLACE	MEDICAID ONLY	MEDICARE ONLY	MKT PLACE ONLY
All Codes	All Codes	All Codes	All Codes

LONG TERM SERVICES & SUPPORT

Not a Medicare covered benefit

PLEASE NOTE:

- Molina of Puerto Rico Medicaid: Not a covered benefit*

MEDICARE / MEDICAID & MKT PLACE	MEDICAID ONLY		MEDICARE ONLY	MKT PLACE ONLY
N/A	S5100	S5126	N/A	N/A
	S5101	S9122		
	S5102	T1019		
	S5105	T1020*		
	S5125	T1021		

*MFL No PA Required

NEUROPSYCHOLOGICAL & PSYCHOLOGICAL TESTS (IN ANY SETTING)

PLEASE NOTE:

- Molina of New Mexico Medicaid: No authorization needed in any setting*
- Molina of Puerto Rico: Authorization required for Medically-Based Diagnoses only*

MEDICARE / MEDICAID & MKT PLACE					MEDICAID ONLY		MEDICARE ONLY	MKT PLACE ONLY
95951	96102	96118	96125	95957	N/A		N/A	N/A
95956	96103	96119	95953	95950				
96101	96116	96120						

NON-PAR OFFICES/PROVIDERS/FACILITIES

Auth required for Non-Par Office Visits, Surgical Procedures, Labs, Diagnostic Studies, In-patient stays, except for:

- *Emergency Department Services*
- *Professional fees associated with an Emergency Department visit and approved Ambulatory Surgery Center (ASC) or in-patient stay*
- *Women's Health, Family Planning and (Obstetrical Services?)*
- *Child and Adolescent Health Center Services*
- *Local Health Department (LHD) services*
- *Other services based on State requirements*

OCCUPATIONAL THERAPY

After initial evaluation plus twenty four (24) visits for office, outpatient and home settings

NOTE:

- *Molina of Florida: No PA Required*
- *Molina of Illinois: No PA Required for Medicare/Medicaid*
- *Molina of Michigan: After initial Eval plus thirty (36) visits*
- *Molina of Ohio: PA Required after 30 dates of service*
- *Molina of Puerto Rico: After Initial Eval plus twenty four (24) visits for OP. PA required for home settings from first visit*
- *Molina of South Carolina: PA required for ≤18 after eval plus six (6) visits, no PA required for ≥19*
- *Molina of Texas: After initial eval (No benefit limit)*
- *Molina of UT: Traditional – After Initial Eval plus Twenty (20) visits for office, outpatient and home settings. Non-Traditional – Limit Ten (10) visits*
- *Molina of Washington: No PA for <21 y/o*

MEDICARE / MEDICAID & MKT PLACE						MEDICAID ONLY	MEDICARE ONLY		MKT PLACE ONLY		
0430	0431	0432	0433	0434	0439	S9129		N/A		S9129	

OFFICE VISITS & OFFICE BASED SURGICAL PROCEDURES AT PARTICIPATING (PAR) PROVIDERS

No authorization required, unless specifically included in another category (i.e. advanced imaging) that requires authorization even when performed in a participating provider's office.

OUT-PATIENT (OP) HOSPITAL/AMBULATORY SURGERY CENTER (ASC) PROCEDURES

MEDICARE / MEDICAID & MKT PLACE											MEDI-CAID ONLY	MEDI-CARE ONLY	MKT PLACE ONLY	
10040	22112	22819	28011	28238	28737	29915	38214	58150	58673	63005	65771	N/A	N/A	N/A
15786	22114	22830	28035	28240	28740	29916	38215	58152	58700	63011	65772			
15787	22116	22840	28060	28250	28750	30465	38232	58180	58720	63012	65775			
15819	22206	22841	28062	28260	28755	30520	43644	58200	58740	63015	67900			
15830	22207	22842	28080	28261	28760	30540	43645	58210	58750	63016	67901			
17004	22208	22843	28090	28262	28890	30545	43647	58240	58752	63017	67902			
17360	22210	22844	28092	28264	28341	31295	43648	58260	58760	63020	67903			
20930	22212	22845	28100	28270	29806	31296	43653	58262	58770	63030	67909			
21073	22214	22846	28102	28272	29807	31297	43770	58263	58940	63035	67950			
21120	22216	22847	28103	28280	29819	31660	43771	58267	58943	63040	69310			
21121	22220	22848	28104	28285	29820	31661	43772	58270	58950	63042	69710			
21122	22222	22849	28106	28286	29821	32491	43773	58275	58951	63043	69711			
21123	22224	22850	28107	28288	29822	33251	43774	58280	58952	63044	69714			
21125	22226	22851	28108	28289	29823	33254	43775	58285	58953	63045	69715			
21127	22505	22852	28110	28290	29824	33261	43842	58290	58954	63046	69717			
21137	22526	22855	28111	28292	29825	33265	43843	58291	58956	63047	69718			
21138	22527	22856	28112	28293	29826	33266	43845	58292	58957	63048	69930			
21139	22532	22857	28113	28294	29827	36460	43846	58293	58958	63050	9001F			
21141	22533	22861	28114	28296	29828	36468	43847	58294	58974	63051	90867			
21142	22534	22862	28116	28297	29848	36470	43848	58321	58974	63055	90868			
21143	22548	22864	28118	28298	29873	36471	43881	58322	58976	63056	90869			
21145	22551	22865	28119	28299	29874	36475	43882	58323	59070	63057	93229			

OUT-PATIENT (OP) HOSPITAL/AMBULATORY SURGERY CENTER (ASC) PROCEDURES

MEDICARE / MEDICAID & MKT PLACE												MEDI- CAID ONLY	MEDI- CARE ONLY	MKT PLACE ONLY
21146	22552	23412	28120	28300	29875	36476	45499	58345	59072	63064	95909			
21147	22554	25447	28122	28302	29876	36478	47380	58350	59074	63066	95911			
21150	22556	26499	28124	28304	29877	36479	47381	58356	59076	63075	95912			
21151	22558	27120	28126	28305	29879	36514	47382	58540	59840	63076	95913			
21154	22585	27122	28130	28306	29880	37191	47600	58541	59841	63077	96567			
21155	22586	27125	28140	28307	29881	37700	47605	58542	59850	63078	96570			
21159	22590	27130	28150	28308	29882	37718	47610	58543	59851	63081	96571			
21160	22595	27132	28153	28309	29883	37722	47612	58544	59852	63082	96900			
21172	22600	27134	28160	28310	29884	37735	47620	58545	59855	63085	96902			
21175	22610	27137	28171	28312	29885	37760	49255	58546	59856	63086	96904			
21240	22612	27138	28173	28313	29886	37761	49904	58548	59857	63087	96910			
21242	22614	27440	28175	28315	29887	37765	49905	58550	59866	63088	96912			
21243	22630	27441	28200	28320	29888	37766	49906	58552	59899	63090	96913			
21270	22632	27442	28202	28322	29889	37780	52441	58553	61863	63091	96920			
21280	22633	27443	28208	28340	29891	37785	52442	58554	61864	63101	96921			
21282	22634	27445	28210	28344	29892	38204	52649	58570	61867	63102	96922			
21295	22800	27446	28220	28345	29893	38207	53850	58571	61868	63103	96931			
21296	22802	27447	28222	28360	29894	38208	53852	58572	61885	64553	96932			
22100	22804	27486	28225	28705	29895	38209	53855	58573	61886	64568	96933			
22101	22808	27487	28226	28715	29897	38210	54401	58660	62369	64569	96934			
22102	22810	28005	28230	28725	29898	38211	54405	58661	62370	64570	96935			
22103	22812	28008	28232	28730	29899	38212	57288	58662	63001	64590	96936			
22110	22818	28010	28234	28735	29914	38213	57289	58672	63003	64595				

PAIN MANAGEMENT PROCEDURES

Except trigger point injections [Acupuncture is not a Medicare covered benefit]

MEDICARE / MEDICAID & MKT PLACE					MEDICAID ONLY		MEDICARE ONLY		MKT PLACE ONLY	
G0260	62362	63662	64483	64600	97813	97814	N/A		97813	97814
27096	64486	63663	64484	64633						
62310	64494	63664	64490	64634						
62311	62367	64487	64491	64635						
62350	62368	63685	64492	64636						
62351	63650	63688	64488	64640						
62360	63655	64479	64493	77003*						
62361	63661	64480	64495	64489						
64461	64462	64463	62263	62264						

*Molina of South Carolina: No PA required for this code

PHYSICAL THERAPY

After initial evaluation plus twenty four (24) visits for office, outpatient and home settings

PLEASE NOTE:

- *Molina of Florida: No PA Required*
- *Molina of Illinois: No PA Required for Medicare/Medicaid*
- *Molina of Michigan: After initial Eval plus thirty (36) visits*
- *Molina of Ohio: PA Required after 30 dates of service*
- *Molina of Puerto Rico: After Initial Eval+fifteen (15) visits for OP. PA required for home settings from first visit*
- *Molina of South Carolina: PA required for ≤18 after eval plus six (6) visits, no PA required for ≥19*
- *Molina of Texas: After initial eval only (No benefit limit)*
- *Molina of UT: Traditional – After Initial Eval + Twenty (20) visits for office, outpatient and home settings. Non-Traditional – Limit Ten (10) visits*
- *Molina of Washington: No PA for <21 y/o*

MEDICARE / MEDICAID & MKT PLACE					MEDICAID ONLY	MEDICARE ONLY	MKT PLACE ONLY
0420	0422	0424	97110		S9131	N/A	N/A
0421	0423	0429	97112				

PROSTHETICS & ORTHOTICS

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

RADIATION THERAPY & RADIO SURGERY

MEDICARE / MEDICAID & MKT PLACE					MEDICAID ONLY	MEDICARE ONLY	MKT PLACE ONLY
77520	77523	G0339	G6015	G6017	N/A	N/A	N/A
77522	77525	G0340	G6016	Q9950			

SLEEP STUDIES

PLEASE NOTE: *Home Sleep Studies do not require auth.*

- *Molina of Puerto Rico: Not a covered benefit*
- *Molina of Texas: No PA Required – TX allows only 2 Sleep Studies per year with no PA*

MEDICARE / MEDICAID & MKT PLACE					MEDICAID ONLY	MEDICARE ONLY	MKT PLACE ONLY
95800	95803	95806	95808	95811	N/A	N/A	N/A
95801	95805	95807	95810				

SPECIALTY PHARMACY DRUGS

MEDICARE / MEDICAID & MKT PLACE								MEDICAID ONLY	MEDICARE ONLY	MKT PLACE ONLY
90284	J0850	J1571	J2505	J7189	J7513	J9293	J0202	N/A	N/A	N/A
90378	J0572	J1572	J2507	J7190	J7515	J9301	J0596			
C9132	J0573	J1573	J2597	J7191	J7516	J9302	J0695			
C9136	J0574	J1595	J2778	J7192	J7517	J9306	J0714			
C9257*	J0575	J1599	J2793	J7193	J7525	J9307	J0875			
C9399	J0598	J1602	J2796	J7194	J7527	J9310	J1447			
C9441	J0888	J1645	J2820	J7195	J7639	J9315	J1575			
C9497	J0881	J1650	J2940	J7196	J7682	J9351	J1833			
J0129	J0885	J1652	J2941	J7197	J7686	J9354	J2502			
J0135	J0890	J1675	J3030	J7198	J8499	J9371	J2860			
J0178	J0895	J1725	J3060	J7199	J8530	J9400	J3090			
J0180	J0897	J1743	J3110	J7201	J8562	J9600	J3380			
J0207	J1290	J1744	J3240	J7309	J8999	Q0515	J7188			
J0215	J1300	J1745	J3262	J7310	J9019	Q2028	J7205			
J0220	J1322	J1786	J3285	J7311	J9035*	Q2043	J7313			
J0221	J1324	J1826	J3315	J7312	J9042	Q2050	J7328			
J0256	J1325	J1830	J3357	J7316	J9047	Q3027	J7340			
J0257	J1438	J1930	J3385	J7321	J9202	Q3028	J8655			
J0401	J1442	J1931	J3396	J7323	J9207	Q4074	J9032			
J0480	J1458	J1950	J3487	J7324	J9212	Q4101	J9039			
J0485	J1459	J2170	J3489	J7325	J9213	Q4139	J9271			
J0490	J1460	J2212	J3490	J7326	J9214	Q4145	J9299			
J0585	J1556	J2278	J3590	J7327	J9216	Q4149	J9308			
J0586	J1557	J2315	J7181	J7330	J9217	Q5101				
J0587	J0882	J2323	J7182	J7336	J9218	Q9980				
J0588	J1559	J2353	J7200	J7500	J9219	S0073				
J0597	J1560	J2354	J7178	J7502	J9225	S0145				
J0638	J1561	J2355	J7180	J7504	J9226	S0148				
J0717	J1562	J2357	J7183	J7505	J9228					
J0740	J1566	J2426	J7185	J7507	J9245					
J0775	J1568	J2440	J7186	J7508	J9262					
J0800	J1569	J2503	J7187	J7510	J9267					

*No PA required when used for intravitreal injection (67028) for ocular diagnoses

SPEECH THERAPY

After initial evaluation plus six (6) visits for office, outpatient and home settings

PLEASE NOTE:

- **Molina of Florida: No Prior Auth Required**
- **Molina of South Carolina: Auth required for all visits after initial evaluation**
- **Molina of Puerto Rico: After initial evaluation plus six (6) visits for office & outpatient settings. Home setting requires auth from first visit.**

MEDICARE / MEDICAID & MKT PLACE				MEDICAID ONLY	MEDICARE ONLY	MKT PLACE ONLY
92507	92508	92606		S9128	N/A	S9128

TRANSPLANT SERVICES (INCLUDING SOLID ORGAN AND BONE MARROW)

Corneal Transplants do not require PA

PLEASE NOTE:

- Molina of Puerto Rico: Benefit covers only Skin, Bone and Cornea transplants**

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

TRANSPORTATION SERVICES (NON-EMERGENT AIR AMBULANCE)

Prior Authorization required for Non-Emergent air ambulance transportation services. Emergency transport does not require Prior Authorization.

PLEASE NOTE:

- Molina of Puerto Rico: Prior Authorization required for Non-Emergent Air & Ground Transportation. All transport is limited to 10 transports per calendar year (each transport is defined as one (1) carriage service, place of origin to destination)**
- Molina of Texas: PA required for Non-Emergent Ambulance (air or ground). Emergent transport does not require PA**

MEDICARE / MEDICAID & MKT PLACE					MEDICAID ONLY		MEDICARE ONLY	MKT PLACE ONLY	
A0430	A0431	A0999			S9960	S9961	N/A	S9960	S9961

UNLISTED/MISCELLANEOUS CODES

PLEASE NOTE:

Molina requires medical necessity documentation and rationale be submitted with the PA request for these Unlisted/Miscellaneous codes:

MEDICARE / MEDICAID & MKT PLACE							MEDICAID ONLY	MEDICARE ONLY	MKT PLACE ONLY
01999	33999	47999	67399	78599	90399	E0770	T5999	N/A	
15999	37799	48999	67599	78699	90749	E2599			
17999	40799	49329	67999	78799	90899	J7599			
19105	40899	49999	68399	78999	91299	K0898			
19499	41599	51999	68899	79999	92499	K0899			
20985	42299	53899	69399	81099	92700	L0999			
20999	43289	54699	69799	81479	93799	L1499			
21299	43659	55559	69949	81599	94799	L2999			
21499	43999	55899	69979	85999	95199	L3649			
22899	44238	58578	76496	86486	96999	L3999			
22999	44799	58579	76497	86849	97039	L5999			
23929	44899	58679	76498	86999	97139	L7499			

PLEASE NOTE:

Molina requires medical necessity documentation and rationale be submitted with the PA request for these Unlisted/Miscellaneous codes:

MEDICARE / MEDICAID & MKT PLACE							MEDICAID ONLY	MEDICARE ONLY	MKT PLACE ONLY
24999	44979	58999	76499	87999	97799	L8039			
25999	45399	59897	76999	88099	99429	L8499			
27899	45499	59898	77799	88199	99499	L8699			
28899	45999	60659	78099	88299	A4649	Q0507			
29999	46999	60699	78199	88399	A4913	Q0508			
30999	47379	64999	78299	88749	A9999	Q0509			
31299	47399	66999	78399	89240	B9999	V2199			
31899	47579	67299	78499	89398	E0769	V2399			
						V2799			
						V5299			

MEDICARE EXCEPTIONS

MOLINA PLAN CODE EXCEPTIONS

CALIFORNIA EXCEPTIONS

PA REQUIRED

Submit clinical information supporting use of these codes:

MEDICARE/MEDICAID & MKT PLACE						MEDICAID ONLY				MKT PLACE ONLY			

NO PA REQUIRED

MEDICARE/MEDICAID & MKT PLACE						MEDICAID ONLY				MKT PLACE ONLY			

FLORIDA EXCEPTIONS

REFER TO MHFL CODE MATRIX FOR MORE SPECIFICS

PA REQUIRED

Submit clinical information supporting use of these codes:

MEDICARE/MEDICAID & MKT PLACE				MEDICAID ONLY			MKT PLACE ONLY		
97002	S9124	T1021	T1030						
97004	S9123	S9122	T1031						
E0250	E0630	E0635	E1050						
E1060	E1070	E1083	E1084						
E1086	E1087	E1088	E1089						
E1090	E1092	E1093	E1100						
E1110	E1140	E1150	E1170						
E1171	E1172	E1180	E1190						
E1195	E1200	E1223	E1224						
E1240	E1250	E1260	E1270						
E1280	E1285	E1290	E1295						
K0002	K0003	K0004	K0005						
K0006	K0007		K0455						
K0609	K0730								

NO PA REQUIRED

MEDICARE/MEDICAID & MKT PLACE				MEDICAID ONLY			MKT PLACE ONLY		

NON-COVERED

MEDICARE/MEDICAID & MKT PLACE				MEDICAID ONLY			MKT PLACE ONLY		
G0398	G0399	G0400							

ILLINOIS EXCEPTIONS

PA REQUIRED

Submit clinical information supporting use of these codes:

MEDICARE/MEDICAID & MKT PLACE						MEDICAID ONLY				MKT PLACE ONLY			

NO PA REQUIRED

MEDICARE/MEDICAID & MKT PLACE						MEDICAID ONLY				MKT PLACE ONLY			

MICHIGAN EXCEPTIONS

PA REQUIRED

Submit clinical information supporting use of these codes:

MEDICARE/MEDICAID & MKT PLACE						MEDICAID ONLY				MKT PLACE ONLY			
29799	61798	63620	77334	77372	77373								
77385	77425	96360	96361	96365	97012								
97022	97026	97028	97032	97533	97605								
99144	E0483	E0651	E0652	E0667	E0668								
E0445	L0456	L0457	L0631	L0637	L0639								
E2402	L1200	L1300	L1843	L1845	L3010								
L0650	L5629	L5695	L5964	L6707	L8470								
L3020													

NO PA REQUIRED

MEDICARE/MEDICAID & MKT PLACE						MEDICAID ONLY				MKT PLACE ONLY			

NEW MEXICO EXCEPTIONS

PA REQUIRED

Submit clinical information supporting use of these codes:

MEDICARE/MEDICAID & MKT PLACE					MEDICAID ONLY				MKT PLACE ONLY			
H2014	L3001				A4520	E0434	T4542	B4154	52402	58660		
58760	L3002				A4554	E0439	T4543	B4157	55500	58662		
S5160	L3003				T4521	E1390	E0425	B4159	55530	58672		
S5161	L3010				T4522	E1392	E0433	B4161	55535	58673		
S5170	L3020				T4523	T4531	E0435	B4103	55550	58740		
	L3030				T4524	T4532	E0440	B4150	55870	58800		
	L3031				T4525	T4533	E1391	B4153	58345	58805		
					T4526	T4534	B4034	B4155	58559	58920		
					T4527	T4535	B4036	B4158				
					T4528	T4536	B4035	B4160				
					T4529	T4537	B4087	B4162				
					T4530	T4539	B4102					
					E0424	T4540	B4149					
					E0431	T4541	B4152					
					S9123*	S9124*						

*PA required after initial eval+6 visits

NO PA REQUIRED

MEDICARE/MEDICAID & MKT PLACE					MEDICAID ONLY				MKT PLACE ONLY			
82016	96101	96118	96125	95950								
82017	96102	96119	95953									
93965	96103	96120	96116									
95909	95911	95937	97804									
95951	95912	97802	99143									
95956	95913	97803	95957									

OHIO EXCEPTIONS

PA REQUIRED

Submit clinical information supporting use of these codes:

MEDICARE/MEDICAID & MKT PLACE						MEDICAID ONLY				MKT PLACE ONLY			
J9265						K0001	K0003	K0005	K0007				
						K0002	K0004	K0006					

NO PA REQUIRED

MEDICARE/MEDICAID & MKT PLACE						MEDICAID ONLY				MKT PLACE ONLY			

PUERTO RICO EXCEPTIONS

REFER TO MPR'S CODE MATRIX FOR MORE SPECIFICS

PA REQUIRED

Submit clinical information supporting use of these codes:

MEDICAID ONLY												
43200	43235	43251	43277	50592	78708	93307	93452	92941	98777	B4103	93784	11920
43201	43236	43255	43278	50593	78709	93308	93454	92943	L6420	B4150	93786	11922
43202	43237	43256	43870	52353	78013	93312	93455	92944	64550	B4153	93788	11950
43204	43238	43257	45378	52356	78018	93313	93458	92973	95860	B4155	11042	11954
43205	43239	43258	45379	52325	78300	93314	93459	92974	77386	B4158	11043	37252
43215	43240	43259	45380	61800	78305	93315	92920	33206	E0446	B4160	11044	37253
43216	43241	43260	45381	78226	78315	93316	92921	33207	A4575	B4162	11047	43210
43217	43242	43261	45382	78227	78306	93317	92924	33208	B4154	B4159	97597	88350
43219	43243	43262	45383	78600	78801	93318	92925	33214	B4157	97605	97598	93050
43220	43244	43263	45384	78601	78802	93320	92928	33225	B4159	97606	97602	J7503
43226	43245	43264	45385	78605	78805	93321	92929	33228	B4161	E2402	97606	A4337
43228	43246	43265	45386	78610	78806	93325	92933	33229	C1822	A6550	97607	C1822
43231	43247	43273	45387	78700	93278	93350	92934	33241		A7000	97608	J1443
43232	43248	43274	45391	78701	93303	93351	92937	33249		A0426	97610	J2407
43234	43249	43275	45392	78707	93304	93352	92938			A0428		J2547
	43250	43276	50590		93306					A4337		J7121
												J7512
												J7999

NO PA REQUIRED

MEDICAID ONLY												

NON-COVERED

MEDICAID ONLY												
95800	95805	S2267	0394T	0402T	0410T	0418T	0426T	0434T				
95801	95807	15859	0395T	0403T	0411T	0419T	0427T	0435T				
95806	95808	36468	0396T	0404T	0412T	0420T	0428T	0436T				
G0398	95810	Q4161	0397T	0405T	0413T	0421T	0429T					
G0399	95811	Q4162	0398T	0406T	0414T	0422T	0430T					
G0400	S0199	Q4163	0399T	0407T	0415T	0423T	0431T					
95782	S2260	Q4164	0400T	0408T	0416T	0424T	0432T					
95783	S2266	Q4165	0401T	0409T	0417T	0425T	0433T					

SOUTH CAROLINA EXCEPTIONS

MMP and MEDICAID

Providers: Refer to the South Carolina Dept. of Health and Human Services (SC-DHHS) Provider Manuals and Fee Schedules to identify non-covered services.

REFER TO MHSC CODE MATRIX FOR MORE SPECIFICS PA REQUIRED

Submit clinical information supporting use of these codes:

MMP (Dual Options) and MEDICAID						MEDICAID ONLY				
						T1021	T1030	S9127	36415	
						T1028	T1031	S9128		

NO PA REQUIRED

MMP (Dual Options) and MEDICAID						MEDICAID ONLY				
H0032*	93784	93788	93924							
77003	93786	93790	93965							

*For DAODAS Providers only

TEXAS EXCEPTIONS

Behavioral Health “Day Treatment” is not a covered benefit for TX Medicaid.

Refer to the TX Medicaid Fee Schedule for Non-Covered Code verification as codes can be updated monthly.

REFER TO MTX CODE MATRIX FOR MORE SPECIFICS

PA REQUIRED

Submit clinical information supporting use of these codes

- Texas Medicaid requires authorization on all feeding/nutrition products listed below.
- Specialty Pharmacy Drugs refer to the Vendor Drug Program and Texas Medicaid Provider Procedure Manual for pharmacy requests requiring prior authorization.
- Incontinence Supplies/Diapers for Texas Medicaid require authorization on members **20 and under ONLY**.
- Dialysis CPT Code 90999 Notification Only if provider has negotiated rate in contract.
- Pain management requires authorization in any setting.
- Occupational, Physical and Speech therapies require authorization after initial evaluation in all locations.
- Habilitative Therapy requires authorization after initial evaluation.

MEDICARE / MEDICAID & MKT PLACE					MEDICAID ONLY				MKT PLACE ONLY			
61798	77334	77373	77425		A4554	T4525	T4537	T4531				
63620	77372	77385	97537		T4521	T4526	T4539	T4532				
97010	97028	97113	97542		T4522	T4527	T4540	T4533				
97012	97032	97116	97760		T4523	T4528	T4541	T4534				
97014	97033	97124	97761		T4524	T4529	T4542	T4535				
97016	97034	97140	97762		B4034	T4530	T4543	T4536				
97018	97035	97150	G0281		B4103	B4035	B4036	B4102				
97022	97036	97530	G0283		B4152	B4104	B4149	B4150				
97024	97110	97532	G0329		B4157	B4153	B4154	B4155				
97026	97112	97533	29799		B4161	B4158	B4159	B4160				
92526	92609	97535			B4172	B4162	B4164	B4168				
					B4185	B4176	B4178	B4180				
					B4199	B4189	B4193	B4197				
					B9000	B4216	B5100	B5200				
					B9998	B9002	B9004	B9006				
					S9123	B9999	S9152	S9153				
					T1003	S9124	T1000	T1002				
					S9379	A0426	A0428					

NO PA REQUIRED

MEDICARE/MEDICAID & MKT PLACE					MEDICAID ONLY				MKT PLACE ONLY			
95800	95806	95810	G0398									
95801	95807	95811										
95805	95808	95803										

UTAH EXCEPTIONS

PA REQUIRED

Submit clinical information supporting use of these codes

MEDICARE/MEDICAID & MKT PLACE						MEDICAID ONLY				MKT PLACE ONLY			

Note: 8/1/15: PT/OT: Traditional: Twenty (20) visits for office, outpatient and home settings.

NO PA REQUIRED

MEDICARE/MEDICAID & MKT PLACE						MEDICAID ONLY				MKT PLACE ONLY			

WASHINGTON EXCEPTIONS

PA REQUIRED

Submit clinical information supporting use of these codes

MEDICARE/MEDICAID & MKT PLACE						MEDICAID ONLY				MKT PLACE ONLY				
61798	77334	77373	77425											
63620	77372	77385	41899											

NO PA REQUIRED

MEDICARE/MEDICAID & MKT PLACE						MEDICAID ONLY				MKT PLACE ONLY				

WISCONSIN EXCEPTIONS

PA REQUIRED

Submit clinical information supporting use of these codes

MEDICARE/MEDICAID & MKT PLACE						MEDICAID ONLY				MKT PLACE ONLY			
V5210	V5220	V5170	V5260	V5261	V5180								
V5256	V5257												

NO PA REQUIRED

MEDICARE/MEDICAID & MKT PLACE						MEDICAID ONLY				MKT PLACE ONLY			