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No PA Required for referrals to PAR Network Specialists.

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Behavioral Health, Mental Health, Alcohol & Chemical Dependency Services

Medicaid: Inpatient, Residential Treatment, Partial Hospitalization, Electroconvulsive Therapy (ECT), Applied Behavior Analysis (ABA) for tx of Autism Spectrum Disorder (ASD).

Marketplace: All of the above, plus Transitional Substance Abuse Residential Treatment.

MFL: Region 1 Providers (Escambia, Santa Rosa, Okaloosa, & Walton counties), contact Access Behavioral Health at 1-866-477-6725. All others contact Psych Care - Medicaid: 1-855-371-3495; Marketplace: 1-855-371-9230

MIL: No PA required when done in an OP setting.

MNM: Medicaid – No PA required in any setting, except for ECT & ABA services

MNY: All BH members managed by Beacon Health until 09/30/17. On 10/01/17 Beacon Health will manage services for HARP Members only. 1 (844) 265-7592

MPR: Managed by First Health Care (FHC). No PA required when done in an OP Setting

0901	0913	1002	90870	H0017	H2013	H2015	H2017 [^]	H2019 [^]	H0031 [^]	H0035	S0201	S5111	T1025 [^]	T1027 [^]	T2013 [^]
0912	1001	2106	H0012 [*]	H2012 ^{^*}	H2014 [^]	H2016	H2018	H2020	H0032 [^]	H0046	S5150 ^{^*}	T1023 [^]	T1026 ^{^*}	T1028 [^]	T2040 [^]

^{*}PA required for all plans only when submitted with Autism Dx. [ICD10: F84.0, F84.2, F84.3, F84.4, F84.5, F84.8 or F84.9]

[^]MNM: Code T1026 (Medicaid) PA required only when billed with modifiers UDU3, UDU4, UDU5, UCU3, UCU4 or UCU5.

^{*}MOH: S5150, PA required regardless of Dx.

^{*}MW: H0012 Applies to Marketplace Residential Transitional Care. H2012, PA required regardless of Dx.

Cosmetic, Plastic & Reconstructive Procedures [In Any Setting]

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

PA required except with breast CA Dx. ICD-10 Codes: C50-C50.929 and D05.00-D05.92

Durable Medical Equipment (DME)

MPR: All DME requires authorization and will be evaluated case-by-case

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

Experimental/Investigational

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MPR: Not a Covered Benefit

0042T	0085T	0111T	0184T	0205T	0220T	0234T	0265T	0278T	0302T	0314T	0338T	0354T	0365T	0395T	0406T	0417T	0428T	0443T	86316
0051T	0095T	0126T	0188T	0206T	0221T	0235T	0266T	0290T	0303T	0315T	0339T	0355T	0366T	0396T	0407T	0418T	0429T	0444T	86343
0052T	0098T	0159T	0189T	0207T	0222T	0236T	0267T	0293T	0304T	0316T	0340T	0356T	0367T	0397T	0408T	0419T	0430T	0436T	Q4161
0053T	0100T	0163T	0190T	0208T	0228T	0237T	0268T	0294T	0305T	0317T	0342T	0357T	0368T	0398T	0409T	0420T	0431T	0437T	Q4162
0054T	0101T	0164T	0191T	0209T	0229T	0238T	0269T	0295T	0306T	0329T	0347T	0358T	0369T	0399T	0410T	0421T	0432T	0441T	Q4163
0055T	0102T	0165T	0195T	0210T	0216T	0249T	0270T	0296T	0307T	0330T	0348T	0359T	0370T	0400T	0411T	0422T	0433T	0445T	Q4164
0058T	0106T	0174T	0196T	0211T	0217T	0253T	0271T	0297T	0308T	0331T	0349T	0360T	0371T	0401T	0412T	0423T	0434T	0440T	Q4165
0071T	0107T	0175T	0198T	0212T	0218T	0254T	0272T	0298T	0309T	0332T	0350T	0361T	0372T	0402T	0413T	0424T	0435T	82016	
0072T	0108T	0178T	0200T	0213T	0219T	0255T	0273T	0299T	0310T	0333T	0351T	0362T	0373T	0403T	0414T	0425T	0438T	82017	
0075T	0109T	0179T	0201T	0214T	0230T	0263T	0274T	0300T	0312T	0335T	0352T	0363T	0374T	0404T	0415T	0426T	0439T	83987	
0076T	0110T	0180T	0202T	0215T	0231T	0264T	0275T	0301T	0313T	0337T	0353T	0364T	0394T	0405T	0416T	0427T	0442T	84145	

- MNM: Code 0364T; PA required only if billed with modifiers: U1, U2, U3, U4 or U5
- MNM: Codes 0366T, 0367T; PA required only if billed with modifiers: U1UA, U1UB, U2UA, U2UB, U3UA, U3UB, U4UA, U4UB, U5UA or U5UB
- MNM: Codes 0368T, 0369T, 0370T, 0371T; PA required only if billed with modifiers: U3, U4 or U5
- MNM: Code 0372T; PA required only if billed with modifiers: UAU3, UBU3, UAU4, UBU4, UAU5 or UBU5
- MNM: Code 0373T; PA required only if billed with modifiers: U4 or U5

Genetic Counseling & Testing

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

0004M	81203	81216	81226	81265	81291	81300	81321	81401	81408	81415	81426	81434	81440	81465	81519	81545	88261	G9143	S3852
0006M	81210	81217	81227	81266	81292	81311	81323	81402	81410	81416	81427	81435	81442	81470	81528	81595	88271	S3722	S3854
0007M	81211	81218	81228	81272	81294	81313	81324	81403	81411	81417	81430	81436	81445	81471	81535	83006	88369	S3800	S3861
0008M	81212	81219	81229	81273	81295	81314	81325	81404	81412	81420	81431	81437	81450	81493	81536	84999	88373	S3840	S3865
0009M	81213	81222	81235	81287	81297	81317	81355	81405	81413	81422	81432	81438	81455	81504	81538	86152	88374	S3841	S3866
81162	81214	81223	81246		81298	81319	81400	81406	81414	81425	81433	81439	81460	81507	81540	86153	88377	S3842	S3870
81201	81215	81225																	

Code 84999: Including Oncotype Dx

Home Health Care Services

PA required for all home health services after initial evaluation plus six (6) visits per calendar year.

MPR: All Medicaid Codes & All Home Health visits require MD review

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

Hyperbaric Therapy

G0277	99183
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Imaging – Advanced & Specialty

C8900	C8909	C8931	S8080	70487	70543	70553	71552	72132	72157	72197	73221	73719	74174	74261	75565	76390	78451	78473	78609
C8901	C8910	C8932	70336	70488	70544	70554	71555	72133	72158	72198	73222	73720	74175	74262	75571	76497	78452	78481	78647
C8902	C8911	C8933	70450	70490	70545	70555	72125	72141	72159	73200	73223	73721	74176	74263	75572	76498	78453	78483	78710
C8903	C8912	C8934	70460	70491	70546	71250	72126	72142	72191	73201	73225	73722	74177	74712	75573	77058	78454	78491	78811
C8904	C8913	C8935	70470	70492	70547	71260	72127	72146	72192	73202	73700	73723	74178	74713	75574	77059	78459	78492	78812
C8905	C8914	C8936	70480	70496	70548	71270	72128	72147	72193	73206	73701	73725	74181	75557	75635	77084	78466	78494	78813
C8906	C8918	G0288	70481	70498	70549	71275	72129	72148	72194	73218	73702	74150	74182	75559	76376	78205	78468	78496	78814
C8907	C8919	G0297	70482	70540	70551	71550	72130	72149	72195	73219	73706	74160	74183	75561	76377	78206	78469	78607	78815
C8908	C8920	S8042	70486	70542	70552	71551	72131	72156	72196	73220	73718	74170	74185	75563	76380	78320	78472	78608	78816

In-Patient Admissions

All inpatient admissions require PA, including Elective, Acute Hospital, Skilled Nursing Facilities (SNF), Rehabilitation, and Long Term Acute Care (LTAC) Facilities.

MPR: SNF & LTAC are Value Added Services and require MD review

Long Term Services & Support

MPR: Not a covered benefit

MFL Medicaid: All LTSS Codes require Authorization

S5100	S5101	S5102	S5105	S5125	S5126	S9122	T1019	T1020	T1021
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Neuropsychological & Psychological Tests (in any setting)

MNM Medicaid: No authorization required in any setting

MPR: Authorization required for Medically-Based Diagnoses only

MNY: Contracted out to Beacon Health

95950	95951	95953	95956	95957	96101	96102	96103	96116	96118	96119	96120	96125
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Non-PAR Offices/Providers/Facilities

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

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

Occupational Therapy

PA required after initial evaluation plus twenty four (24) visits per calendar year for office and out patient settings. (Exceptions below)

MFL: Medicaid: PA required after initial eval. Marketplace: No PA required.

MIL: After initial eval plus twelve (12) visits for Medicaid.

MNM: PA required after initial eval plus twelve (12) visits per calendar year for Medicaid/Marketplace.

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MMI: Medicaid: After initial Eval plus thirty (36) visits per year / Marketplace: Benefit limit of 30 visits PT/OT combined per year.

MNY: PA Required for only for Home OT. No PA required for OP Services, benefit limit of 20 visits per year for PT/OT or ST.

MOH: Medicaid: PA required after 30 dates of service. Marketplace: Benefit limit of 20 visits per year.

MPR: PA required after initial visit/eval only.

MSC: PA required for <18 after eval plus six (6) visits, no PA required for >19.

MTX: Consumer Choice/Marketplace Options Plan(s): 35 visit benefit limit per calendar year. No Prior Authorization required for PT, OT, ST, Chiropractic and Habilitative.

All Medicaid and Standard Marketplace: Pediatric Membership: After initial evaluation plus six (6) visits for office, outpatient and home settings. Adult Membership: After initial evaluation plus twenty-four (24) visits per calendar year for office and outpatient settings

MUT: Traditional & Marketplace: After Initial Eval plus Twenty (20) visits for office, outpatient and home settings. Non-Traditional: 10 visits (benefit limit).

MWA: Medicaid: No PA for <21 y/o. For Marketplace: No PA Required. Benefit limit of 25 visits for OT/PT/ST combined services per calendar year.

MWI: Marketplace: Benefit limit of 20 visits.

97110 97112

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

10040	21172	22526	22819	27125	28107	28230	28308	29823	29914	37722	43775	54401	58350	58263	58571	61864	63048	65772	96910
15786	21175	22527	22830	27130	28108	28232	28309	29824	29915	37735	43842	54405	58356	58267	58572	61867	63050	65775	96912
15787	21240	22532	22840	27132	28110	28234	28310	29825	29916	37760	43843	55970	58540	58270	58573	61868	63051	67900	96913
15819	21242	22533	22841	27134	28111	28238	28312	29826	30465	37761	43845	55980	58541	58275	58673	61885	63055	67901	96920
15830	21243	22534	22842	27137	28112	28240	28313	29827	30520	37765	43846	57288	58542	58280	58700	61886	63056	67902	96921
17004	21270	22548	22843	27138	28113	28250	28315	29828	30540	37766	43847	57289	58543	58285	58720	62324	63057	67903	96922
17360	21280	22551	22844	27440	28114	28260	28320	29873	30545	37780	43848	58150	58544	58290	58740	62325	63064	67909	96931
20930	21282	22552	22845	27441	28116	28261	28322	29874	31295	37785	43881	58152	58545	58291	58750	62326	63066	67950	96932
21073	21295	22554	22846	27442	28118	28262	28340	29875	31296	38204	43882	58180	58546	58292	58752	62327	63075	69714	96933
21120	21296	22556	22847	27443	28119	28264	28344	29876	31297	38207	43886	58200	58548	58293	58760	62369	63076	69715	96934
21121	22100	22558	22848	27445	28120	28270	28345	29877	31660	38208	43887	58210	58550	58294	58770	62370	63077	69717	96935
21122	22101	22585	22849	27446	28122	28272	28360	29879	31661	38209	43888	58240	58552	58321	58940	62380	63078	69718	96936
21123	22102	22586	22850	27447	28124	28280	28705	29880	32491	38210	47380	58260	58553	58322	58943	63001	63081	69930	C9739
21125	22103	22590	22852	27486	28126	28285	28715	29881	33251	38211	47381	58262	58554	58323	58950	63003	63082	90867	C9740
21127	22110	22595	22855	27487	28130	28286	28725	29882	33254	38212	47382	58263	58570	58345	58951	63005	63085	90868	
21137	22112	22600	22856	28005	28140	28288	28730	29883	33261	38213	47600	58267	58571	58350	58952	63011	63086	90869	
21138	22114	22610	22857	28008	28150	28289	28735	29884	33265	38214	47605	58270	58572	58356	58953	63012	63087	93229	
21139	22116	22612	22861	28010	28153	28291	28737	29885	33266	38215	47610	58275	58573	58540	58954	63015	63088	95909	
21141	22206	22614	22862	28011	28160	28292	28740	29886	36460	38232	47612	58280	58660	58541	58956	63016	63090	95911	
21142	22207	22630	22864	28035	28171	28295	28750	29887	36468	43644	47620	58285	58661	58542	58957	63017	63091	95912	
21143	22208	22632	22865	28060	28173	28296	28755	29888	36470	43645	49255	58290	58662	58543	58958	63020	63101	95913	
21145	22210	22633	22867	28062	28175	28297	28760	29889	36471	43647	49904	58291	58672	58544	58970	63030	63102	96567	
21146	22212	22634	22868	28080	28200	28298	28890	29891	36475	43648	49905	58292	58150	58545	58974	63035	63103	96570	
21147	22214	22800	22869	28090	28202	28299	28341	29892	36476	43653	49906	58293	58152	58546	58976	63040	64553	96571	

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21150	22216	22802	22870	28092	28208	28300	29806	29893	36478	43770	52441	58294	58180	58548	59070	63042	64568	96900
21151	22220	22804	23412	28100	28210	28302	29807	29894	36479	43771	52442	58321	58200	58550	59072	63043	64569	96902
21154	22222	22808	25447	28102	28220	28304	29819	29895	36514	43772	52649	58322	58210	58552	59074	63044	64570	96904
21155	22224	22810	26499	28103	28222	28305	29820	29897	37191	43773	53850	58323	58240	58553	59076	63045	64590	
21159	22226	22812	27120	28104	28225	28306	29821	29898	37700	43774	53852	58345	58260	58554	61863	63046	64595	
21160	22505	22818	27122	28106	28226	28307	29822	29899	37718				58262	58570		63047	65771	

Pain Management Procedures

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

Physical Therapy

PA required after initial evaluation plus twenty four (24) visits per calendar year for office and out patient settings. (Exceptions below)

MFL: Medicaid: PA required after initial eval. Marketplace: No PA required.

MIL: After initial eval plus twelve (12) visits for Medicaid.

MNM: PA required after initial eval plus twelve (12) visits per calendar year for Medicaid/Marketplace.

MMI: Medicaid: After initial Eval plus thirty (36) visits per year / Marketplace: Benefit limit of 30 visits PT/OT combined per year.

MNY: PA Required for only for Home PT. No PA required for OP Services, benefit limit of 20 visits per year.

MOH: Medicaid: PA required after 30 dates of service. Marketplace: Benefit limit of 20 visits per year.

MPR: PA required after initial visit/eval only.

MSC: PA required for <18 after eval plus six (6) visits, no PA required for >19.

MTX: Consumer Choice/Marketplace Options Plan(s): 35 visit benefit limit per calendar year. No Prior Authorization required for PT, OT, ST, Chiropractic and Habilitative.

All Medicaid and Standard Marketplace: Pediatric Membership: After initial evaluation plus six (6) visits for office, outpatient and home settings. Adult Membership: After initial evaluation plus twenty-four (24) visits per calendar year for office and outpatient settings.

MUT: Traditional & Marketplace: After Initial Eval plus Twenty (20) visits for office, outpatient and home settings. Non-Traditional: 10 visits (benefit limit).

MWA: Medicaid: No PA for <21 y/o. For Marketplace: No PA Required. Benefit limit of 25 visits for OT/PT/ST combined services per calendar year.

MWI: Marketplace: Benefit limit of 20 visits.

97110 97112

Prosthetics & Orthotics

MPR: Not a covered benefit

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

Radiation Therapy & Radio Surgery

77520	77522	77523	77525	G0339	G0340	G6015	G6016	G6017	Q9950										
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These codes are for Out-Patient services only. All In-Patient services require PA.

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

No PA Required for referrals to PAR Network Specialists.

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

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

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

Prior Authorization is not a guarantee of payment for services. Payment is made in accordance with a determination of the member's eligibility on the date of service (for Market Place members this includes grace period status), benefit limitations/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.

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

Sleep Studies

MFL: All Sleep Studies, including Home Sleep Studies, require PA.

MPR: Not a covered benefit

MTX: No PA Required, State/Plan only allows 2 Sleep Studies per year with no PA.

95800	95801	95803	95805	95806	95807	95808	95810	95811
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Specialty Pharmacy Drugs

90281	J0129	J0485	J0637	J0894	J1556	J1640	J1930	J2430	J2840	J3489	J7191	J7310	J7527	J9032	J9155	J9217	J9271	J9352	Q3028
90283	J0135	J0490	J0638	J0895	J1557	J1645	J1931	J2469	J2860	J3490	J7192	J7311	J7639	J9033	J9160	J9218	J9293	J9354	Q4074
90284	J0178	J0570	J0641	J0897	J1559	J1650	J1942	J2502	J2916	J3590	J7193	J7312	J7682	J9034	J9171	J9219	J9295	J9355	Q5101
90378	J0180	J0572	J0695	J1290	J1560	J1652	J1950	J2503	J2941	J7175	J7194	J7313	J7686	J9035	J9178	J9225	J9299	J9357	Q5102
A9542	J0202	J0573	J0714	J1300	J1561	J1675	J1955	J2504	J3060	J7178	J7195	J7316	J7999	J9039	J9179	J9226	J9301	J9371	S0073
A9543	J0205	J0574	J0717	J1322	J1562	J1725	J2020	J2505	J3090	J7179	J7196	J7320	J8499	J9040	J9185	J9228	J9302	J9370	S0122
C9132	J0207	J0575	J0725	J1324	J1566	J1740	J2170	J2507	J3110	J7180	J7197	J7321	J8520	J9041	J9145	J9245	J9303	J9390	S0126
C9140	J0220	J0585	J0775	J1325	J1568	J1743	J2182	J2562	J3145	J7181	J7198	J7323	J8521	J9042	J9176	J9250	J9305	J9395	S0128
C9257	J0221	J0586	J0800	J1438	J1569	J1744	J2248	J2597	J3262	J7182	J7199	J7324	J8655	J9043	J9201	J9260	J9306	J9400	S0132
C9293	J0256	J0587	J0850	J1439	J1571	J1745	J2315	J2724	J3285	J7183	J7200	J7325	J8670	J9045	J9202	J9261	J9307	J9600	S0145
C9399	J0257	J0588	J0875	J1442	J1572	J1750	J2323	J2778	J3315	J7185	J7201	J7326	J8700	J9047	J9206	J9262	J9308	J9999	S0148
C9483	J0287	J0592	J0878	J1447	J1573	J1756	J2353	J2783	J3355	J7186	J7202	J7327	J9015	J9050	J9205	J9263	J9310	Q0138	S0157
C9485	J0289	J0594	J0881	J1453	J1575	J1786	J2354	J2786	J3357	J7187	J7205	J7328	J9017	J9055	J9207	J9264	J9315	Q0139	
C9486	J0364	J0596	J0885	J1458	J1595	J1826	J2357	J2793	J3380	J7188	J7207	J7330	J9019	J9060	J9214	J9265	J9325	Q2043	
C9487	J0401	J0597	J0888	J1459	J1599	J1830	J2425	J2796	J3385	J7189	J7209	J7340	J9025	J9098	J9215	J9266	J9330	Q2050	
C9488	J0480	J0598		J1460	J1602	J1833	J2426	J2820	J3396	J7190	J7309	J7504	J9027	J9120	J9216	J9267	J9351	Q3027	

C9257 & J9035: No PA required when used with ocular diagnosis.

Speech Therapy

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

MFL: Medicaid: PA required after initial eval. Marketplace: No PA required.

MNY: PA Required for only for Home ST. No PA required for OP Services, benefit limit of 20 visits per year.

MPR: PA required after initial visit/eval.

MSC: PA required for all visits after initial evaluation.

MTX: Consumer Choice/Marketplace Options Plan(s): 35 visit benefit limit per calendar year. No Prior Authorization required for PT, OT, ST, Chiropractic and Habilitative.

All Medicaid and Standard Marketplace: Pediatric Membership: After initial evaluation plus six (6) visits for office, outpatient and home settings. Adult Membership: After initial evaluation plus twenty-four (24) visits per calendar year for office and outpatient settings.

MWA Marketplace: No PA Required. Benefit limit of 25 visits for OT/PT/ST combined services per calendar year.

MWI Marketplace: Benefit limit of 20 visits.

92507	92508
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These codes are for Out-Patient services only. All In-Patient services require PA.

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

No PA Required for referrals to PAR Network Specialists.

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

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

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

Prior Authorization is not a guarantee of payment for services. Payment is made in accordance with a determination of the member's eligibility on the date of service (for Market Place members this includes grace period status), benefit limitations/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.

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

Transplant Services (Including Solid Organ and Bone Marrow)

Corneal Transplants do not require PA

MPR: Benefit covers only Skin, Bone and Cornea transplants

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

Transportation Services

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

MPR: PA required for Non-Emergent Air & Ground Transport. All transport is limited to 10 transports per calendar year, (each transport is defined as one (1) carriage service, place of origin to destination)

MTX: PA required for Non-Emergent Air & Ground Ambulance.

A0430	A0431	A0999	S9960	S9961
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Unlisted/Miscellaneous Codes

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

01999	21499	28899	40799	44899	47399	53899	58999	67299	69799	78199	81099	87999	89398	93799	99429	E0769	L0999	L8039	T5999	
15999	22899	29999	40899	44979	47579	54699	59897	67399	69949	78299	81479	88099	90399	94799	99499	E0770	L1499	L8499	T1999	
17999	22999	30999	41599	45399	47999	55559	59898	67599	69979	78399	81599	88199	90749	95199	99199	E2599	L2999	L8699	V2199	
19105	23929	31299	43659	45499	48999	55899	60659	67999	76499	78499	85999	88299	90899	96999	A4649	C1889	L3649	Q0507	V2399	
19499	24999	31899	43999	45999	49329	58578	60699	68399	76999	78599	86486	88399	91299	97039	A4913	J7599	L3999	Q0508	V2797	
20999	25999	36299	44238	46999	49999	58579	64999	68899	77799	78699	86849	88749	92499	97139	A9999	K0898	L5999	Q0509	V2799	
21299	27899	37799	44799	47379	51999	58679	66999	69399	78099	78799	86999	89240	92700	97799	B9999	K0899	L7499	S0590	V5299	
																				V5298

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

Code	Medicaid	Mktplace
00170	Y	Y
D9219	Y	Y
G0154	Y	Y