

– IMPORTANT NOTICES –

These codes are for OP Services only. ALL IP services require PA.

This Matrix 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.

Prior 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, evidence of medical necessity and other applicable standards during the claim review.

***To search this document, use [Ctrl + F] keys.
Enter Service or Code in Navigation pane; press Enter.***

***Refer to *Molina Plan Exceptions* section starting on page 20**

Legend:

PA: Prior Authorization

NC: Non-Covered

IP: In-Patient

LOB: Line of Business

PAR: Participating Provider

Non-PAR: Non-Participating Provider

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DOCUMENT CHANGE TRACKING

[\[Click here for tracking information from May 2014 to November 2015\]](#)

RECEIVED DATE	EFFECTIVE DATE	SPECIALTY/SERVICE	CHANGE/UPDATE DESCRIPTION	EXCEPTIONS/NOTES
12/02/15	01/01/16	Specialty Pharmacy Drugs	Removed/Termed Code: J3488	Applies to All Plans.
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, 0423, 0424, 0429	MHFL: No PA Required for all LOBs *MHSC: PA Required
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	Applies to All Plans. New Codes effective 01.01.16
12/17/15	01/01/16	Pain Management	Added/PA Required: 64461, 64462, 64463	Applies to All Plans. New Codes effective 01.01.16
12/17/15	01/01/16	Imaging – Advanced & Specialty	Added/PA Required: 74712, 74713, G0297	Applies to All Plans. 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	Applies to All Plans. 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	Applies to All Plans. New Codes effective 01.01.16
12/17/15	01/01/16	DME	Added/PA Required: E0465, E0466, E1012	Applies to All Plans. New Codes effective 01.01.16
12/17/15	01/01/16	Experimental/Investigational	Added/PA Required: Q4161, Q4162, Q4163, Q4164, Q4165	Applies to All Plans. New Codes effective 01.01.16
12/17/15	01/01/16	Home Health & Home Infusion	Added/PA Required: G0299, G0300	Applies to All Plans. New Codes effective 01.01.16
12/17/15	01/01/16	Radiation Therapy	Added/PA Required: Q9950	Applies to All Plans. 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	Applies to All Plans
12/17/15	01/01/16	Transplants	Removed Termed Codes: 47136	Applies to All Plans
12/17/15	01/01/16	Home Health & Home Infusion	Removed Termed Codes: G0154,	Applies to All Plans
12/17/15	01/01/16	DME	Removed Termed Codes: E0450, E0460, E0461, E0463 E0464	Applies to All Plans
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	Applies to All Plans
12/17/15	01/01/16	Unlisted/Miscellaneous Codes	Removed Termed Codes: G6021	Applies to All Plans
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, J7999, J8655, J9032, J9039, J9271, J9299, J9308, Q9980	New Codes effective 01.01.16
02/02/16	04/01/16	Dental Anesthesia	Added PA Required: 00170	MHCA only (Per State Reg.)
02/02/16	04/01/16	Genetic Counseling & Testing	Removed/No PA Required: 81170*, 81276*, 81288, 81407, S3845, S3846	MHPR: PA Required *MHMI: NC Code
02/02/16	04/01/16	Genetic Counseling & Testing	Added/PA Required: 81210, 81225, 81281, 81324, 81504, 86152, 86153, G9143, S3722	Applies to All Plans

2016 Q4 PA Code Matrix (Effective 10.01.16)

Services Requiring Auth and Benefit Exclusions

RECEIVED DATE	EFFECTIVE DATE	SPECIALTY/SERVICE	CHANGE/UPDATE DESCRIPTION	EXCEPTIONS/NOTES
02/05/16	04/01/16	Unlisted/Misc. Codes	Removed/No PA Required: 20985	MHPR: PA Required
02/05/16	04/01/16	Unlisted/Misc. Codes	Added/PA Required: 36299, 99199, V2797, V5298, T1999, S0590	Applies to All Plans
02/10/16	04/01/16	Pain Management Procedures	Added/PA Required: 27279	Applies to All Plans
02/10/16	04/01/16	Physical Therapy	Removed IP Rev Codes: 0420, 0421, 0422, 0423, 0424, 0429	Applies to All Plans
02/10/16	04/01/16	Occupational Therapy	Removed IP Rev Codes: 0430, 0431, 0432, 0433, 0434, 0439	Applies to All Plans
02/10/16	04/01/16	Physical Therapy	Added/PA Required: G0151, G0157, G0159	MHFL: No PA Required
02/10/16	04/01/16	Occupational Therapy	Added/PA Required: 97110, G0152, G0158, G0160	MHFL: No PA Required
02/10/16	04/01/16	OP Hospital/ASC procedures	Removed/No PA Required: 9001F	Applies to All Plans
02/17/16	04/01/16	OP Hospital/ASC procedures	Removed/No PA Required: 59840, 59841, 59850, 59851, 59852, 59855, 59856, 59857, 59866	MHOH & MHMI: PA Required
02/23/16	04/01/16	Home Health Care	Added/PA Required: S9214	Applies to MHNH only
02/25/16	04/01/16	Specialty Pharmacy Drugs	Removed/No PA Required: C9441, C9497, J0740, J2212, J2440, J2940, J3030, J7336, J7500, J7502, J7507, J7508, J7515, J7517, S0073	Applies to all Plans MHPR: PA Required
03/07/16	04/01/16	Imaging, Advanced & Specialty	Added/PA Required: S8080	Applies to All Plans (Per MCG-127)
03/07/16	04/01/16	Experimental/Investigational	Added/PA Required: 0346T	Applies to All Plans
03/08/16	04/01/16	Home Health Care	Added/PA Required: S9123, S9124	Applies to All Plans
03/08/16	04/01/16	Specialty Pharmacy Drugs	Removed/No PA Required: J0202, J1575, J7328, J9299, J3380, J0596, J1833, J8655, J9308, J7188, J0714, J2502, J9032, J0695, J7340, J0875, J7205, J9039, J2860, J1447, J7313, J9271, J3090	Applies to MHMI only
03/18/16	04/01/16	Physical Therapy	Added as NC Codes for Medicaid: G0157, G0159, 97110, S9123, S9124	Applies to MHMI only
03/28/16	04/01/16	Experimental/Investigational	Added as NC Codes for Medicaid: 0346T	Applies to MHMI only
03/28/16	04/01/16	Imaging, Advanced & Specialty	Added as NC Codes for Medicaid: S8080	Applies to MHMI only
03/28/16	04/01/16	OP Hospital/ASC procedures	Added as NC Codes for Medicaid: 9001F	Applies to MHMI only
03/28/16	04/01/16	Occupational Therapy	Added as NC Codes for Medicaid: G0152, G0158, G0160	Applies to MHMI only
03/28/16	07/01/16	Behavioral Health	Removed IP Rev Codes: 0114, 0124, 0134, 0144, 0154, 0190, 0204	Applies to All Plans. All IP Codes require PA
03/23/16	07/01/16	Home Health Care	Added/PA Required: S9140	Applies to MHNH only
03/27/16	07/01/16	Specialty Pharmacy Drugs	Removed Termed Code: J3487	Applies to All Plans
03/28/16	07/01/16	Physical/Occupational Therapy	Removed/No PA Required: 97110	Applies to MHIL only
03/29/16	07/01/16	Long Term Support and Services	Added/PA Required: T1001, 97532, 97537, H2025, H2023, S5170, T2038, 94657, S5199	Applies to MHTX only
03/29/16	07/01/16	Neuro and Psychological Testing	Removed/No PA Required: 95950, 95951, 95953, 95956, 95957	Applies to MHTX only
03/29/16	07/01/16	Unlisted/Misc.	Removed/No PA Required: T1999, 99429	Applies to MHTX only
04/02/16	07/01/16	Physical Therapy	Removed/No PA Required: S9131	Applies to MHSC only; PA required for ≤18 y/o
04/02/16	07/01/16	Occupational Therapy	Removed/No PA Required: S9129	Applies to MHSC only; PA required for ≤18 y/o
04/02/16	07/01/16	Pain Management	Added/PA Required: 64615	Applies to MHSC only
04/04/16	07/01/16	Imaging, Advanced & Specialty	Added/PA Required: 76390, S8032*, S8042*,	Applies to all Plans. *NCB for Medicare MHIL: effective 10.01.16 MHMI: NCB *MHTX: NCB
04/04/16	07/01/16	Imaging, Advanced & Specialty	Removed IP Procedure Codes: 70557, 70558, 70559	All IP Codes require PA MHTX: NCB
04/06/16	07/01/16	Imaging, Advanced & Specialty	Removed/No PA Required: 78999, 79999	MHPR: PA Required
04/07/16	07/01/16	Speech Therapy	Removed/No PA Required: 92606	MHIL & MHPR: PA Required MHMI & MHTX: NCB
04/11/16	07/01/16	Home Health	Added/PA Required: 99600	Applies to MHWI only
04/11/16	07/01/16	Behavioral Health	Added/PA Required: H0018	Applies to SC (all LOBs) and MHWI Marketplace only

2016 Q4 PA Code Matrix (Effective 10.01.16)

Services Requiring Auth and Benefit Exclusions

RECEIVED DATE	EFFECTIVE DATE	SPECIALTY/SERVICE	CHANGE/UPDATE DESCRIPTION	EXCEPTIONS/NOTES
04/11/16	07/01/16	Specialty Pharmacy	Added/PA Required: C9137, C9138, C9470, C9471, C9472, C9473, C9474, C9475, 90281, J0364, J2724, J9015, J9261, S0126, 90283, J0637, J2783, J9043, J9357, S0128, A9542, J0725, J3355, J9050, L8605, S0132, A9543, J1640, J3365, J9098, S0157, C9293, J2325, J8520, J9160, J0205, J2425, J8700, J9215, Q3025, Q3026, S0122	Applies to MHIL; MHNH; MHOH; MHPH; MHSC and MHWI.
04/12/16	07/01/16	Imaging, Advanced & Specialty	Reclassified Code: 76380	Applies to all plans Medicaid/ Marketplace only. NC for Medicare.
04/21/16	07/01/16	Long Term Care Services & Support	Added/PA Required: 99509	Applies to MNM only.
04/11/16	07/01/16	Specialty Pharmacy	Added/PA Required: C9137, C9138, C9470, C9471, C9472, C9473, C9474, C9475, 90281, J0364, J2724, J9015, J9261, S0126, 90283, J0637, J2783, J9043, J9357, S0128, A9542, J0725, J3355, J9050, L8605, S0132, A9543, J1640, J3365, J9098, S0157, C9293, J2325, J8520, J9160, J0205, J2425, J8700, J9215, S0122	Applies to rest of Plans No PA Required for: Medicare; MWI Marketplace
05/13/16	07/01/16	Neuro and Psychological Testing	Removed/No PA Required: 95950, 95951, 95953, 95957	Applies to MFL only (all LOBs)
06/14/16	07/01/16	Specialty Pharmacy	Removed/No PA Required: Q3025; Q3026	MPR: PA Required
06/03/16	07/01/16	Specialty Pharmacy	Added/PA Required: J0130, J0289, J0583, J0592, J0641, J0878, J0882, J0894, J1453, J1740, J1955, J2020, J2248, J2562, J2788, J2790, J2791, J2792, J3101, J3364, J8521, J9017, J9025, J9033, J9041, J9055, J9120, J9155, J9171, J9179, J9201, J9206, J9263, J9264, J9266, J9303, J9305, J9330, J9355, J9395, J9999, Q4081	Applies to MCA/MTX/MUT only
06/03/16	07/01/16	Specialty Pharmacy	Removed/No PA Required: J0215, J0888, J0890, J2355, J7505, J7510, J7513, J7525, J8562, Q0515	Applies to MCA/MTX/MUT only
06/25/16	07/01/16	Specialty Pharmacy	Added/PA Required: J0596	Applies to MMI Marketplace only
06/25/16	07/01/16	Behavioral Health	Added/PA Required: 90832*, 90833*, 90834*, 90836*, 90837*, 90838*, 90846*, 90847*, 90849*, *90853, H0011, H0015, H0018, H0019, H2014, H2017, H2030, H2037, S9482	Applies to MSC Medicaid only *After 24 visits per benefit year
06/25/16	07/01/16	Neuropsychological & Psychological testing	Added/PA Required: 96110, 96111	Applies to MSC Medicaid only
06/25/16	08/01/16	Specialty Pharmacy	Added/PA Required: C9136, J0180, J0221, J0596, J0597, J0598, J0638, J0800, J0833, J1290, J1300, J1324, J1458, J1743, J1931, J1955, J2315, J2504, J2793, J3060, J3365, J3385, J3485, J3490, J7178, J7180, J7181, J7182, J7183, J7185, J7186, J7187, J7189, J7190, J7191, J7192, J7193, J7194, J7195, J7196, J7197, J7198, J7199, J7200, J7201, J7323, J9041, J9047, J0834, S0017, S0145, S0148	Applies MMI only (See exceptions for LOBs)
06/25/16	08/01/16	Specialty Pharmacy	Removed/No PA Required: C9441, J7517, J0740, S0073, J3488	Applies to MMI Medicaid & Marketplace
05/20/16	10/01/16	Specialty Pharmacy	Added/PA Required: B4164, B4193, B4168, B4197, B4185, B4172, B4199, B4176, B4216, B5000, B4178, B4220, B4180, B4222, B4189, B5100, B5200	Applies to MNM only (all LOBs)
05/31/16	10/01/16	Experimental/Investigational	Removed/No PA Required: 0359T, 0362T, 0363T, 0368T, 0369T, 0370T, 0371T	Applies to MWA Medicaid only
05/31/16	10/01/16	OP Hospital/ASC Procedures	Removed/No PA Required: 95911	Applies to MMI, MNM, MSC only (all LOBs)
07/03/16	10/01/16	Specialty Pharmacy	Added/PA Required: J0289, J0592, J0641, J0878, J0882, J0888, J0894, J1453, J1740, J1955, J2020, J2248, J2562, J2788, J2790, J2791, J2792, J8521, J9017, J9025, J9033, J9041, J9055, J9120, J9155, J9171, J9179, J9201, J9206, J9263, J9264, J9266, J9303, J9305, J9330, J9355, J9395, J9999	Applies to all plans (See exceptions for LOBs).
07/03/16	10/01/16	Specialty Pharmacy	Removed/No PA Required: J0130, J0215, J0583, J0890, J2278, J2325, J2355, J3101, J3240, J3364, J3365,	Applies to all plans.

2016 Q4 PA Code Matrix (Effective 10.01.16)

Services Requiring Auth and Benefit Exclusions

RECEIVED DATE	EFFECTIVE DATE	SPECIALTY/SERVICE	CHANGE/UPDATE DESCRIPTION	EXCEPTIONS/NOTES
			J7505, J7510, J7513, J7516, J7525, J8562, J9212, J9213, Q0515, Q2028, Q4081, Q4101, Q4139, Q4145, Q4149,	
08/22/16	10/1/16	Specialty Pharmacy	Removed/No PA Required: J2212, J2440, J2940, J3030, J7575, J7517, J7515	Applies to MMI only all LOBs.
07/01/16	10/01/16	Experimental/Investigational	Added/PA Required: (new codes) 0438T, 0439T, 0442T, 0443T, 0444T, 0437T, 0441T, 0445T, 0440T	Applies to all Plans, all LOBs. MI/PR/WA: NCB.
07/14/16	10/01/16	Genetic Counseling and Testing	Added/PA Required: S3854	Applies to all Plans Medicaid/ Marketplace. NCB Medicare.
07/20/16	10/01/16	Home Health	Added/PA Required: S9977	Applies to all Plans Medicare only.
08/1/16	10/01/16	Specialty Pharmacy	Added/PA Required: Q5102, Q9981, C9476, C9477, C9478, C9480	New Codes. Applies to all Plans, all LOBs.
08/11/16	10/01/16	Behavioral Health	Added/PA Required: H0035	Applies to all Plans.
08/11/16	10/01/16	Pain Management	Removed/No PA Required: 77003	Applies to MMI only, all LOBs.
08/22/16	10/01/16	Sleep Studies	Removed/No PA Required: 95800, 95801, 95806	Applies to MWA Medicaid only.
08/30/16	10/01/16	Radiation Therapy & Radio Surgery	Removed/No PA Required: 77334	Applies to MMI only. (Code removed by MHI 8.2015)

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

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

**MHWI: applies to Marketplace Residential Transitional Care

COSMETIC, PLASTIC & RECONSTRUCTIVE PROCEDURES (IN ANY SETTING)

MEDICARE/MEDICAID & MKT PLACE					MEDICAID ONLY		MEDICARE ONLY		MKT PLACE ONLY	
15775	15822	15837	19324	30430						
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	
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	0175T	0228T	0287T	0338T	0392T	0425T	82016			0329T	0333T		
0042T	0178T	0229T	0288T	0339T	0393T	0426T	82017			0330T	0331T		
0051T	0179T	0230T	0289T	0340T	0394T	0427T	83987			0332T			
0052T	0180T	0231T	0290T	0342T	0395T	0428T	84145						
0053T	0184T	0234T	0291T	0347T	0396T	0429T	86316						
0054T	0188T	0235T	0292T	0348T	0397T	0430T	86343						
0055T	0189T	0236T	0293T	0349T	0398T	0431T	Q4161						
0058T	0190T	0237T	0294T	0350T	0399T	0432T	Q4162						
0071T	0191T	0238T	0295T	0351T	0400T	0433T	Q4163						
0072T	0195T	0249T	0296T	0346T	0401T	0434T	Q4164						
0075T	0196T	0253T	0297T	0352T	0402T	0435T	Q4165						
0076T	0198T	0254T	0298T	0353T	0403T	0436T							
0085T	0200T	0255T	0299T	0354T	0404T	0438T							
0095T	0201T	0263T	0300T	0355T	0405T	0439T							
0098T	0202T	0264T	0301T	0356T	0406T	0442T							
0100T	0205T	0265T	0302T	0357T	0407T	0443T							
0101T	0206T	0266T	0303T	0358T	0408T	0444T							
0102T	0207T	0267T	0304T	0359T	0409T	0437T							
0106T	0208T	0268T	0305T	0360T	0410T	0441T							
0107T	0209T	0269T	0306T	0361T	0411T	0445T							
0108T	0210T	0270T	0307T	0362T	0412T	0440T							
0109T	0211T	0271T	0308T	0363T	0413T								
0110T	0212T	0272T	0309T	0364T	0414T								
0111T	0213T	0273T	0310T	0365T	0415T								
0126T	0214T	0274T	0312T	0366T	0416T								
0159T	0215T	0275T	0313T	0367T	0417T								
0163T	0216T	0278T	0314T	0368T	0418T								
0164T	0217T	0281T	0315T	0369T	0419T								
0165T	0218T	0282T	0316T	0370T	0420T								
0169T	0219T	0283T	0317T	0371T	0421T								
0171T	0220T	0284T	0335T	0372T	0422T								
0172T	0221T	0285T	0336T	0373T	0423T								
0174T	0222T	0286T	0337T	0374T	0424T								

GENETIC COUNSELING & TESTING

PLEASE NOTE: Except for 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	81408	81450	S3841	S3866	S3840			S3722	S3854
0006M	81227	81300	81410	81455	S3842	S3870	S3722				
0007M	81228	81313	81411	81460	S3861	S3852	S3854				
0008M	81229	81317	81415	81465	S3865	S3800					
0010M	81246	81319	81416	81470							
81201	81265	81321	81417	81471							
81203	81266	81323	81425	81519							
81211	81280	81325	81426	83006							
81212	81282	81355	81427	84999*							
81213	81287	81400	81430	88369							
81214	81291	81401	81431	88373							
81215	81292	81402	81435	88374							
81216	81294	81403	81436	88377							
81217	81295	81404	81440	81162							
81222	81297	81405	81445	81210							
81223	81311	81406	81434	81218							
81219	81314	81412	81437	81442							
81272	81538	81432	81438	81493							
81273	81540	81433	81493	81528							
81535	81504	81545	86152	81225							
81536	81276	81595	86153	81281							
G9143		81324									

*Including Oncotype Dx

HOME HEALTH CARE & HOME INFUSION

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

For Medicaid: OT/PT in home settings, see OT/PT sections.

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	
G0153	G0300				S9122		027X	034X	056X	S9122	G0151
G0155					S9123		029X	0023	057X	S9123	G0152
G0156					S9124		042X	043X	060X	S9124	G0157
G0161							032X	044X	062X	S9128	G0158
G0162							033X	055X		S9129	G0159
G0163							G0151	G0152	G0157	S9131	G0160
G0164							G0158	G0159	G0160		
G0299							S9977				

HYPERBARIC THERAPY

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

IMAGING – ADVANCED & SPECIALTY

MEDICARE / MEDICAID & MKT PLACE					MEDICAID ONLY		MEDICARE ONLY		MKT PLACE ONLY	
C8900	70498	72156	74175	78473	S8080	S8032			S8080	S8032
C8901	70540	72157	74176	78481	S8042	76380			S8042	76380
C8902	70542	72158	74177	78483	76390				76390	
C8903	70543	72159	74178	78491						
C8904	70544	72191	74181	78492						
C8905	70545	72192	74182	78494						
C8906	70546	72193	74183	78496						
C8907	70547	72194	74185	78607						
C8908	70548	72195	74261	78608						
C8909	70549	72196	74262	78609						
C8910	70551	72197	74263	78647						
C8911	70552	72198	75557	78710						
C8912	70553	73200	75559	78811						
C8913	70554	73201	75561	78812						
C8914	70555	73202	75563	78813						
C8918	71250	73206	75565	78814						
C8919	71260	73218	75571	78815						
C8920	71270	73219	75572	78816						
C8931	71275	73220	75573	74712						
C8932	71550	73221	75574	74713						
C8933	71551	73222	75635	G0288						
C8934	71552	73223	76376	G0297						
C8935	71555	73225	76377							
C8936	72125	73700	76497							
70336	72126	73701	76498							
70450	72127	73702	77058							
70460	72128	73706	77059							
70470	72129	73718	77084							
70480	72130	73719	78205							
70481	72131	73720	78206							
70482	72132	73721	78320							
70486	72133	73722	78451							
70487	72141	73723	78452							
70488	72142	73725	78453							
70490	72146	74150	78454							
70491	72147	74160	78459							
70492	72148	74170	78466							
70496	72149	74174	78468							
			78469							
			78472							

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	
	S5100	S5126				
	S5101	S9122				
	S5102	T1019				
	S5105	T1020				
	S5125	T1021				

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	
95950	96101	96119								
95951	96102	96120								
95953	96103	96125								
95956	96116									
95957	96118									

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*
- *Child and Adolescent Health Center Services*
- *Local Health Department (LHD) services*
- *Other services based on State requirements*

OCCUPATIONAL THERAPY

Medicaid: After initial evaluation plus twenty four (24) visits per calendar year for office, outpatient and home settings.

Medicare: After therapy benefit cap has been reached

NOTE:

- **Molina of Florida:** No PA Required
- **Molina of Illinois:** No PA Required for Medicare/Medicaid
- **Molina of Michigan Medicaid:** After initial Eval plus thirty (36) visits. For Marketplace – 30 visits PT/OT combined with no PA, deny after 30 visits (benefit limit)
- **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 & Marketplace –** After Initial Eval plus Twenty (20) visits for office, outpatient and home settings. Non-Traditional – 10 visits (benefit limit)
- **Molina of Washington:** No PA for < 21 y/o. For Marketplace 25 visits of PT/OT/ST combined (benefit limit)
- **Molina of Wisconsin:** Marketplace – No PA Required (Benefit limit of 20 visits)

MEDICARE / MEDICAID & MKT PLACE						MEDICAID ONLY		MEDICARE ONLY		MKT PLACE ONLY	
97110						G0152	S9129				
						G0158					
						G0160					

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	63040	69310			
15786	22114	22830	28035	28240	28740	29916	38215	58152	58700	63042	69710			
15787	22116	22840	28060	28250	28750	30465	38232	58180	58720	63043	69711			
15819	22206	22841	28062	28260	28755	30520	43644	58200	58740	63044	69714			
15830	22207	22842	28080	28261	28760	30540	43645	58210	58750	63045	69715			
17004	22208	22843	28090	28262	28890	30545	43647	58240	58752	63046	69717			
17360	22210	22844	28092	28264	28341	31295	43648	58260	58760	63047	69718			
20930	22212	22845	28100	28270	29806	31296	43653	58262	58770	63048	69930			
21073	22214	22846	28102	28272	29807	31297	43770	58263	58940	63050	90867			
21120	22216	22847	28103	28280	29819	31660	43771	58267	58943	63051	90868			
21121	22220	22848	28104	28285	29820	31661	43772	58270	58950	63055	90869			
21122	22222	22849	28106	28286	29821	32491	43773	58275	58951	63056	93229			
21123	22224	22850	28107	28288	29822	33251	43774	58280	58952	63057	95909			
21125	22226	22851	28108	28289	29823	33254	43775	58285	58953	63064	95911			
21127	22505	22852	28110	28290	29824	33261	43842	58290	58954	63066	95912			
21137	22526	22855	28111	28292	29825	33265	43843	58291	58956	63075	95913			
21138	22527	22856	28112	28293	29826	33266	43845	58292	58957	63076	96567			
21139	22532	22857	28113	28294	29827	36460	43846	58293	58958	63077	96570			
21141	22533	22861	28114	28296	29828	36468	43847	58294	58970	63078	96571			
21142	22534	22862	28116	28297	29848	36470	43848	58321	58974	63081	96900			
21143	22548	22864	28118	28298	29873	36471	43881	58322	58976	63082	96902			
21145	22551	22865	28119	28299	29874	36475	43882	58323	59070	63085	96904			
21146	22552	23412	28120	28300	29875	36476	45499	58345	59072	63086	96910			
21147	22554	25447	28122	28302	29876	36478	47380	58350	59074	63087	96912			
21150	22556	26499	28124	28304	29877	36479	47381	58356	59076	63088	96913			

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

MEDICARE / MEDICAID & MKT PLACE												MEDI- CAID ONLY	MEDI- CARE ONLY	MKT PLACE ONLY
21151	22558	27120	28126	28305	29879	36514	47382	58540	59899	63090	96920			
21154	22585	27122	28130	28306	29880	37191	47600	58541	61863	63091	96921			
21155	22586	27125	28140	28307	29881	37700	47605	58542	61864	63101	96922			
21159	22590	27130	28150	28308	29882	37718	47610	58543	61867	63102	96931			
21160	22595	27132	28153	28309	29883	37722	47612	58544	61868	63103	96932			
21172	22600	27134	28160	28310	29884	37735	47620	58545	61885	64553	96933			
21175	22610	27137	28171	28312	29885	37760	49255	58546	61886	64568	96934			
21240	22612	27138	28173	28313	29886	37761	49904	58548	62369	64569	96935			
21242	22614	27440	28175	28315	29887	37765	49905	58550	62370	64570	96936			
21243	22630	27441	28200	28320	29888	37766	49906	58552	63001	64590				
21270	22632	27442	28202	28322	29889	37780	52441	58553	63003	64595				
21280	22633	27443	28208	28340	29891	37785	52442	58554	63005	65771				
21282	22634	27445	28210	28344	29892	38204	52649	58570	63011	65772				
21295	22800	27446	28220	28345	29893	38207	53850	58571	63012	65775				
21296	22802	27447	28222	28360	29894	38208	53852	58572	63015	67900				
22100	22804	27486	28225	28705	29895	38209	53855	58573	63016	67901				
22101	22808	27487	28226	28715	29897	38210	54401	58660	63017	67902				
22102	22810	28005	28230	28725	29898	38211	54405	58661	63020	67903				
22103	22812	28008	28232	28730	29899	38212	57288	58662	63030	67909				
22110	22818	28010	28234	28735	29914	38213	57289	58672	63035	67950				

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	63650	64483	64600		97814				97814	
27096	63655	64484	64633							
27279	63661	64486	64634							
62263	63662	64487	64635							
62264	63663	64490	64636							
62310	63664	64491	64640							
62311	63685	64492	77003*							
62350	63688	64488								
62351	64461	64489								
62360	64462	64493								
62361	64463	64494								
62362	64479	64495								
62367	64480									
62368										

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

PAR OFFICE VISITS & OFFICE BASED SURGICAL PROCEDURES AT PARTICIPATING 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.

PHYSICAL THERAPY

Medicaid: After initial evaluation plus twenty four (24) visits per calendar year for office, outpatient and home settings

Medicare: After therapy benefit cap has been reached

PLEASE NOTE:

- **Molina of Florida:** No PA Required
- **Molina of Illinois:** No PA Required for Medicare/Medicaid
- **Molina of Michigan Medicaid:** After initial Eval plus thirty (36) visits. For marketplace allow 30 visits PT/OT combined with no PA, then deny after 30 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 (No benefit limit)
- **Molina of UT: Traditional & Marketplace –** After Initial Eval plus Twenty (20) visits for office, outpatient and home settings. Non-Traditional – 10 visits (benefit limit)
- **Molina of Washington:** No PA for <21 y/o. For Marketplace 25 visits of PT/OT/ST combined (benefit limit)
- **Molina of Wisconsin:** Marketplace – No PA Required (Benefit limit of 20 visits)

MEDICARE / MEDICAID & MKT PLACE					MEDICAID ONLY		MEDICARE ONLY		MKT PLACE ONLY	
97110					G0151	G0159				
97112					G0157					

PROSTHETICS & ORTHOTICS

MEDICARE / MEDICAID & MKT PLACE					MEDICAID ONLY		MEDICARE ONLY		MKT PLACE ONLY	
L0480	L1640	L1860	L2000	L2090	L8692					
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

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

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

SLEEP STUDIES

PLEASE NOTE:

- **Molina of Florida: Home Sleep Studies Require PA**
- **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						
95801	95805	95807	95810							

SPECIALTY PHARMACY DRUGS

MEDICARE / MEDICAID & MKT PLACE									MEDICAID ONLY		MEDICARE ONLY		MKT PLACE ONLY	
90281	J0289	J0888	J1645	J2724	J7187	J7639	J9206	J9355						
90283	J0364	J0894	J1650	J2778	J7188	J7682	J9207	J9357						
90284	J0401	J0895	J1652	J2783	J7189	J7686	J9214	J9371						
90378	J0480	J0897	J1675	J2788	J7190	J7999	J9215	J9395						
A9542	J0485	J1290	J1725	J2790	J7191	J8499	J9216	J9400						
A9543	J0490	J1300	J1740	J2791	J7192	J8520	J9217	J9600						
C9132	J0572	J1322	J1743	J2792	J7193	J8521	J9218	J9999						
C9137	J0573	J1324	J1744	J2793	J7194	J8530	J9219	L8605						
C9138	J0574	J1325	J1745	J2796	J7195	J8655	J9225	Q2043						
C9257*	J0575	J1438	J1786	J2820	J7196	J8700	J9226	Q2050						
C9293	J0585	J1442	J1826	J2860	J7197	J8999	J9228	Q3027						
C9399	J0586	J1447	J1830	J2941	J7198	J9015	J9245	Q3028						
C9470	J0587	J1453	J1833	J3060	J7199	J9017	J9261	Q4074						
C9471	J0588	J1458	J1930	J3090	J7200	J9019	J9262	Q5101						
C9472	J0592	J1459	J1931	J3110	J7201	J9025	J9263	Q5102						
C9473	J0596	J1460	J1950	J3262	J7205	J9032	J9264	Q9980						
C9474	J0597	J1556	J1955	J3285	J7309	J9033	J9266	Q9981						
C9475	J0598	J1557	J2020	J3315	J7310	J9035*	J9267	S0122						
C9476	J0637	J1559	J2170	J3355	J7311	J9039	J9271	S0126						
C9477	J0638	J1560	J2248	J3357	J7312	J9041	J9293	S0128						
C9478	J0641	J1561	J2315	J3380	J7313	J9042	J9299	S0132						
C9480	J0695	J1562	J2323	J3385	J7316	J9043	J9301	S0145						
J0129	J0714	J1566	J2353	J3396	J7321	J9047	J9302	S0148						
J0135	J0717	J1568	J2354	J3489	J7323	J9050	J9303	S0157						
J0178	J0725	J1569	J2357	J3490	J7324	J9055	J9305							
J0180	J0775	J1571	J2425	J3590	J7325	J9098	J9306							
J0202	J0800	J1572	J2426	J7178	J7326	J9120	J9307							
J0205	J0850	J1573	J2502	J7180	J7327	J9155	J9308							
J0207	J0875	J1575	J2503	J7181	J7328	J9160	J9310							
J0220	J0878	J1595	J2505	J7182	J7330	J9171	J9315							
J0221	J0881	J1599	J2507	J7183	J7340	J9179	J9330							
J0256	J0882	J1602	J2562	J7185	J7504	J9201	J9351							
J0257	J0885	J1640	J2597	J7186	J7527	J9202	J9354							

*No PA required when used with ocular diagnosis

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*
- *Molina of Washington: For Marketplace 25 visits of PT/OT/ST combined (benefit limit)*
- *Molina of Wisconsin: Benefit limit of 20 visits*

MEDICARE / MEDICAID & MKT PLACE					MEDICAID ONLY		MEDICARE ONLY		MKT PLACE ONLY	
92507	92508									

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

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			
00170													

NO PA REQUIRED:

MEDICARE/MEDICAID & MKT PLACE						MEDICAID ONLY				MKT PLACE ONLY			

FLORIDA EXCEPTIONS

NOTE: THIS LIST MAY NOT BE AN ALL-INCLUSIVE LIST. PLEASE REFER TO MHFL CODE MATRIX FOR MORE SPECIFICS ON PA REQUIREMENTS & EXCEPTIONS: [CLICK HERE](#)

PA REQUIRED:

Submit clinical information supporting use of these codes:

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

NO PA REQUIRED:

MEDICARE/MEDICAID & MKT PLACE					MEDICAID ONLY					MKT PLACE ONLY				
0420	92507	G0151	S9131											
0421	92508	G0152												
0422	97110	G0157												
0423	97112	G0158												
0424		G0159												
0429		G0160												

NON-COVERED:

MEDICARE/MEDICAID & MKT PLACE					MEDICAID ONLY					MKT PLACE ONLY				
G0398	G0399	G0400	H0012											

ILLINOIS EXCEPTIONS

PA REQUIRED:

Submit clinical information supporting use of these codes:

MEDICARE/MEDICAID & MKT PLACE					MEDICAID ONLY					MKT PLACE ONLY				
92606														

NO PA REQUIRED:

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

MICHIGAN EXCEPTIONS

NOTE: THIS LIST MAY NOT BE AN ALL-INCLUSIVE LIST. PLEASE REFER TO MHMI CODE MATRIX FOR MORE SPECIFICS ON PA REQUIREMENTS & EXCEPTIONS: [CLICK HERE](#)

PA REQUIRED:

Submit clinical information supporting use of these codes:

MEDICARE/MEDICAID & MKT PLACE					MEDICAID ONLY					MKT PLACE ONLY				
29799	96360	C9136		L0456		J0833								
59840	96361	C9441	J0890	L0457		J0834								
59841	96365	C9461		L0631		J2504								
59850	97012	E0445		L0637		S0017								
59851	97022	E0651	J2278	L0639										
59852	97026	E0652	J2355	L0650										
59855	97028	E0667	J2940	L1200										
59856	97032	E0668	J3240	L1300										
59857	97533	E2402	J3357	L1843										
59866	97605		J7513	L1845										
61798	99144			L3010										
63620				L3020										
77372				L5629										
77373				L5695										
77385				L5964										
77425				L6707										
				L8470										

NO PA REQUIRED:

MEDICARE/MEDICAID & MKT PLACE					MEDICAID ONLY					MKT PLACE ONLY				
J0202	J9271	77003			J0135	J1560	J1675	J7316	Q3028					
J3380	J9299	95911			J0401	J1561	J1744	J7321	Q4074					
J7313	J9308				J0572	J1566	J2170	J7324						
J7328					J0575	J1568	J2426	J7326						
					J0585	J1569	J3357	J9315						
					J1460	J1602	J7312	J9351						
					J1556	J1650	J7313	J9371						
					J1559									

NON-COVERED:

MEDICARE/MEDICAID & MKT PLACE										MEDICAID ONLY		MKT PLACE ONLY	
G0475		90625	0403T	0413T	0423T	0433T	96934	81438	D1354	G0157	97110		
G0477	81162	0394T	0404T	0414T	0424T	0434T	96935	81442	D7881	G0159	9001F		
G0478	81170	0395T	0405T	0415T	0425T	0435T	96936	81490	92606	G0152	S8032		
G0479	81218	0396T	0406T	0416T	0426T	0436T	99177	81493		G0158	S8042		
G0480	81219	0397T	0407T	0417T	0427T	99415	81314	81525		G0160	76390		
G0481	81272	0398T	0408T	0418T	0428T	99416	81412	81528		S8080			
G0482	81273	0399T	0409T	0419T	0429T	50606	81432	81535		0346T			
G0483	81276	0400T	0410T	0420T	0430T	96931	81433	81536		S9123			
G0296	81311	0401T	0411T	0421T	0431T	96932	81434	81538		S9124			
		0402T	0412T	0422T	0432T	96933	81437	81540					

NEW MEXICO EXCEPTIONS

PA REQUIRED:

Submit clinical information supporting use of these codes:

MEDICARE/MEDICAID & MKT PLACE					MEDICAID ONLY				MKT PLACE ONLY			
41899	B4185	B4222	L3001	S5160	A4520	T4534	B4149	E0424	52402	58660		
B4164	B4189	B5000	L3002	S5161	A4554	T4535	B4152	E0431	55500	58672		
B4168	B4193	B5100	L3003	S5170	T4521	T4536	B4154	E0434	55530	58673		
B4172	B4197	B5200	L3010	S9140	T4522	T4537	B4157	E0439	55535	58740		
B4176	B4199		L3020	S9214	T4523	T4539	B4159	E0425	55550	58800		
B4178	B4216		L3030	99509	T4524	T4540	B4161	E0433	55870	58805		
B4180	B4220		L3031		T4525	T4541	B4103	E0435	58345	58920		
					T4526	T4542	B4150	E0440	58559			
					T4527	T4543	B4153	E1390				
					T4528	B4034	B4155	E1391				
					T4529	B4036	B4158	E1392				
					T4530	B4035	B4160					
					T4531	B4087	B4162					
					T4532	B4102						
					T4533							

NO PA REQUIRED:

MEDICARE/MEDICAID & MKT PLACE					MEDICAID ONLY				MKT PLACE ONLY			
82016	96101	96118	96125	H0012								
82017	96102	96119	95953									
95909	96103	96120	96116									
95951	95911	95937	97804									
95956	95912	97802	95957									
	95913	97803	95950									

OHIO EXCEPTIONS

PA REQUIRED:

Submit clinical information supporting use of these codes:

MEDICARE/MEDICAID & MKT PLACE						MEDICAID ONLY				MKT PLACE ONLY			
J9265	59841	59851	59855	59857		K0001	K0003	K0005	K0007				
59840	59850	59852	59856	59866		K0002	K0004	K0006					

NO PA REQUIRED:

MEDICARE/MEDICAID & MKT PLACE						MEDICAID ONLY				MKT PLACE ONLY			

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.

NOTE: THIS LIST MAY NOT BE AN ALL-INCLUSIVE LIST. REFER TO MHSC CODE MATRIX FOR MORE SPECIFICS ON PA REQUIREMENTS & EXCEPTIONS: [CLICK HERE](#)

PA REQUIRED:

Submit clinical information supporting use of these codes:

MMP (Dual Options) and MEDICAID							MEDICAID ONLY			
32850	96110	90853*	E0635	E2364	H0011	L0640	A9900	S9127	T1030	T1031
32851	96111	A8003	E0638	E2365	H0015	L0648				
32852	97012	A8004	E0640	E2371	H0018	L0649				
32853	97810	A9543	E0641	E2372	H0019	L0650				
32854	97811	C9474	E0656	E2381	H2014	L0651				
32855	97813	C9475	E0657	E2382	H2017	L8614				
32856	97814	C9476	E0670	E2383	H2030	L8615				
33930	0437T	C9477	E0675	E2384	H2037	L8616				
33933	0438T	C9478	E0744	E2385	J2325	L8617				
33935	0439T	C9480	E1011	E2386	K0002	L8618				
33940	0440T	E0193	E1037	E2387	K0003	L8619				
33944	0441T	E0217	E1050	E2388	K0004	L8621				
33945	0442T	E0248	E1060	E2389	K0005	L8622				
36415	0443T	E0433	E1065	E2390	K0006	L8623				
59400	0444T	E0434	E1070	E2391	K0669	L8624				
59409	0445T	E0435	E1229	E2393	K0733	L8629				
59410	90832*	E0439	E2218	E2394	L0624	L9900				
59412	90833*	E0440	E2227	E2395	L0626	Q3025				
59618	90834*	E0442	E2323	E2396	L0627	Q3026				
59620	90836*	E0444	E2324	E2402	L0629	S1040				
59622	90837*	E0472	E2331	E2512	L0630	S9482				
64615	90838*	E0575	E2359	E2598	L0631	T5001				
90283	90846*	E0601	E2360	E8000	L0632	T5999				
92526	90847*	E0625	E2362	E8001	L0634					
92609	90849*	E0630	E2363	E8002	L0636					

*PA required after 24 visits (per benefit year)

NO PA REQUIRED:

MMP (Dual Options) and MEDICAID						MEDICAID ONLY			
A7025	E1225	E2607	E2620	S9131					
E0277	E1226	E2608	E2621	S9152					
E0372	E2201	E2611	E2622	77003					
E0747	E2202	E2612	E2623	95909					
E0784	E2203	E2613	E2624	95910					
E1014	E2228	E2614	E2625	95911					
E1020	E2605	E2615	S9129	95912					
E1029	E2606	E2616		95913					

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.

NOTE: THIS LIST MAY NOT BE AN ALL-INCLUSIVE LIST. PLEASE REFER TO MHTX CODE MATRIX FOR MORE SPECIFICS ON PA REQUIREMENTS & EXCEPTIONS: [CLICK HERE](#)

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				
29799	97012	97035	97537	G0281	A0426	B4150	B4185	S9152	T4529	A0426	B4150	B4185	S9152	T4529
61798	97014	97036	97542	G0283	A0428	B4152	B4189	S9153	T4530	A0428	B4152	B4189	S9153	T4530
63620	97016	97113	97760	G0329	A4554	B4153	B4193	S9379	T4531	A4554	B4153	B4193	S9379	T4531
77334	97018	97116	97761	T1001	A9543	B4154	B4197	T1000	T4532	A9543	B4154	B4197	T1000	T4532
77372	97022	97124	97762	H2025	B4034	B4155	B4199	T1002	T4533	B4034	B4155	B4199	T1002	T4533
77373	97024	97140	94657	H2023	B4035	B4157	B4216	T1003	T4534	B4035	B4157	B4216	T1003	T4534
77385	97026	97150	97532	S5170	B4036	B4158	B5100	T4521	T4535	B4036	B4158	B5100	T4521	T4535
77425	97028	97530	97537	T2038	B4102	B4159	B5200	T4522	T4536	B4102	B4159	B5200	T4522	T4536
92526	97032	97532	95956	S5199	B4103	B4160	B9000	T4523	T4537	B4103	B4160	B9000	T4523	T4537
92609	97033	97533	95957	S9152	B4104	B4161	B9002	T4524	T4539	B4104	B4161	B9002	T4524	T4539
97010	97034	97535			B4149	B4162	B9004	T4525	T4540	B4149	B4162	B9004	T4525	T4540
						B4164	B9006	T4526	T4541		B4164	B9006	T4526	T4541
						B4168	B9998	T4527	T4542		B4168	B9998	T4527	T4542
						B4172	B9999	T4528	T4543		B4172	B9999	T4528	T4543
						B4176					B4176			
						B4178					B4178			
						B4180					B4180			

NO PA REQUIRED:

MEDICARE/MEDICAID & MKT PLACE					MEDICAID ONLY					MKT PLACE ONLY				
G0398	95806	95811	95953											
95800	95807	95803	T1999											
95801	95808	95950	99429											
95805	95810	95951												

NON-COVERED:

MEDICARE/MEDICAID & MKT PLACE					MEDICAID ONLY					MKT PLACE ONLY				
70557	70558	70559	92606	76390	S8032	S8042								

PUERTO RICO EXCEPTIONS

NOTE: THIS MAY NOT BE AN ALL-INCLUSIVE LIST. PLEASE REFER TO MHPR'S CODE MATRIX FOR MORE SPECIFICS ON PA REQUIREMENTS & EXCEPTIONS: [CLICK HERE](#)

PA REQUIRED ALWAYS:

Submit clinical information supporting use of these codes:

MEDICAID ONLY											
0115	15220	33203	33506	43214	43273	64561	88350	93352	96368	081X	J1443
0125	15221	33206	33507	43215	43274	64565	92920	93355	96369	082X	J2407
0135	15240	33207	33508	43216	43275	64566	92921	93452	96370	A0426	J2547
0145	15241	33208	33510	43217	43276	64568	92924	93454	96371	A0428	J7121
0235	15260	33210	33511	43220	43277	64569	92925	93455	97001	A0430	J7503
0650	15261	33211	33512	43223	43278	64570	92928	93458	97002	A0431	J7512
0651	19357	33212	33513	43226	45330	64575	92929	93459	97003	A0999	L6420
0652	19361	33213	33514	43227	45331	64580	92933	93701	97004	A4337	Q0138
0655	19364	33214	33516	43228	45332	64581	92934	93702	97010	A4337	Q0139
0657	19366	33214	33517	43229	45334	64585	92937	93784	97012	A4575	Q9978
0658	19367	33215	33518	43231	45335	64595	92938	93786	97014	A6550	Q9979
0659	19368	33216	33519	43232	45337	65710	92941	93788	97016	A7000	J0740
11042	19369	33217	33521	43234	45338	65730	92943	93790	97018	B4103	J2212
11043	19371	33221	33522	43235	45340	65750	92944	93880	97022	B4150	J2440
11044	19380	33224	33523	43236	45341	65755	92973	93882	97024	B4153	J2940
11045	20900	33225	33530	43237	45342	77371	92974	93886	97026	B4154	J3030
11046	20902	33225	33533	43238	45347	77372	93050	93888	97150	B4155	J7336
11047	20910	33228	33534	43239	45349	77373	93224	93890	97530	B4157	J7500
11920	20912	33229	33535	43240	45350	77386	93225	93892	97532	B4158	J7502
11922	20920	33230	33536	43241	45378	77432	93226	93893	97533	B4159	J7507
11950	20922	33231	33542	43242	45379	77520	93227	93895	97535	B4159	J7508
11954	20924	33240	33545	43243	45380	77522	93228	93922	97537	B4160	J7515
15040	20926	33241	33548	43244	45381	77525	93268	93923	97542	B4161	S0271
15050	20930	33249	37252	43245	45382	78013	93269	93924	97545	B4162	S2900
15100	20931	33250	37253	43246	45384	78018	93270	93925	97546	C1721	S9152
15101	20936	33255	43180	43247	45385	78226	93271	93926	97597	C1722	S9960
15110	20937	33256	43191	43248	45386	78227	93272	93930	97598	C1777	S9961
15111	20938	33257	43192	43249	45388	78300	93278	93931	97602	C1785	T2042
15115	20950	33258	43193	43250	45389	78305	93303	93965	97605	C1786	T2043
15116	20955	33259	43194	43251	45390	78306	93304	93970	97606	C1822	T2044
15120	20956	33262	43195	43252	45391	78315	93306	93971	97607	C1882	T2045
15121	20957	33263	43196	43253	45392	78600	93307	93975	97608	C1895	T2046
15130	20962	33264	43197	43254	45393	78601	93312	93976	97610	C1896	S0073
15131	20969	33271	43198	43255	45398	78605	93313	93978	97760	C2619	C9441
15135	20970	33272	43200	43257	50590	78610	93314	93979	97761	C2620	C9497
15136	20972	33273	43201	43259	50592	78700	93315	93980	97762	E0446	78999
15150	20973	33282	43202	43260	50593	78701	93316	93981	97810	E2402	79999
15151	20974	33284	43204	43261	52353	78707	93317	93982	98777	G0129	92606
15152	20975	33500	43205	43262	61796	78708	93318	95860	81170	G0448	
15155	20979	33501	43206	43263	61797	78709	93320	96360	81276		
15156	20982	33502	43210	43264	61799	78801	93321	96361	81288		
15157	20983	33503	43211	43265	61800	78802	93325	96365	81407		
15200	20985	33504	43212	43266	64550	78805	93350	96366	S3845		
15201	33202	33505	43213	43270	64555	78806	93351	96367	S3846		

PUERTO RICO EXCEPTIONS (CONT.)

NO PA REQUIRED:

MEDICAID ONLY											

NON-COVERED:

MEDICAID ONLY											
11920	15792	15835	21122	22865	38213	58752	95808	0402T	0417T	0432T	G0399
11921	15793	15836	21123	30400	38214	58760	95810	0403T	0418T	0433T	G0400
11922	15819	15837	21125	30410	38215	58970	95811	0404T	0419T	0434T	Q4161
11950	15820	15838	21127	30420	38230	58974	96931	0405T	0420T	0435T	Q4162
11951	15821	15839	21137	30430	38232	58976	97811	0406T	0421T	0436T	Q4163
11952	15822	15847	21138	30435	54400	69300	97813	0407T	0422T	0437T	Q4164
11954	15823	15859	21139	30450	54401	89240	97814	0408T	0423T	0438T	Q4165
15775	15824	15876	21270	36468	54405	90867	0394T	0409T	0424T	0439T	S0199
15776	15825	15877	21280	38204	54406	95782	0395T	0410T	0425T	0440T	S2260
15780	15826	15878	21282	38207	54408	95783	0396T	0411T	0426T	0441T	S2266
15781	15828	15879	22856	38208	54410	95800	0397T	0412T	0427T	0442T	S2267
15782	15829	17380	22857	38209	54415	95801	0398T	0413T	0428T	0443T	
15783	15832	19300	22861	38210	54417	95805	0399T	0414T	0429T	0444T	
15788	15833	21120	22862	38211	58345	95806	0400T	0415T	0430T	0445T	
15789	15834	21121	22864	38212	58750	95807	0401T	0416T	0431T	G0398	

UTAH EXCEPTIONS

PA REQUIRED:

Submit clinical information supporting use of these codes

MEDICARE/MEDICAID & MKT PLACE						MEDICAID ONLY				MKT PLACE ONLY			
59400	59409	59410	59412	59618	59620	J2325	J2425			J2325	J2425		
59622													

NO PA REQUIRED:

MEDICARE/MEDICAID & MKT PLACE						MEDICAID ONLY				MKT PLACE ONLY			
						C9137	J0725			C9137	J0725		
						C9138	J9098			C9138	J9098		
						C9470				C9470			

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	77299	93998								
63620	77372	77385	41899	77399	97532								

NO PA REQUIRED:

MEDICARE/MEDICAID & MKT PLACE						MEDICAID ONLY				MKT PLACE ONLY			
						C9137	0359T	95800					
						C9138	0362T	95801					
							0363T	95806					
							0368T						
							0369T						
							0370T						
							0371T						

NON-COVERED:

MEDICARE/MEDICAID & MKT PLACE						MEDICAID ONLY				MKT PLACE ONLY			
0438T	0443T	0441T											
0439T	0444T	0445T											
0442T	0437T	0440T											

WISCONSIN EXCEPTIONS

PA REQUIRED:

Submit clinical information supporting use of these codes

MEDICARE/MEDICAID & MKT PLACE					MEDICAID ONLY					MKT PLACE ONLY				
V5210	V5220	V5170	V5261		99600	97799*	97139*	92507*		H0018				
V5256	V5257	V5260	V5180											

*PA required when used in conjunction with Home Health

NO PA REQUIRED:

MEDICARE/MEDICAID & MKT PLACE					MEDICAID ONLY					MKT PLACE ONLY				
										90281	C9472	J0364	J8700	J9357
										90283	C9473	J0637	J9015	L8605
										A9542	C9474	J0725	J9043	S0122
										A9543	C9475	J2425	J9050	S0126
										C9137		J2783	J9098	S0128
										C9138		J3355	J9160	S0132
										C9293		J8520	J9215	S0157
										C9470			J9261	
										C9471				