

**All Non-Par Providers require authorization regardless of services or codes. Any exceptions included in this document apply to PAR Providers only.**

**These codes are for Out-Patient services only.**

**All In-Patient admits/svcs. require PA, including: Elective, Acute Hospital, Skilled Nursing Facilities (SNF), Rehabilitation, and Long Term Acute Care (LTAC) Facilities.**

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

**No PA Required for referrals to PAR Network Specialists. No PA Required for Emergency Services.**

**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(s) of service (for Market Place members this includes grace period status), benefit limitations or exclusions and other applicable standards during the claim review, including the terms of any applicable provider agreement.**

**For additional information on a member's grace period status, please contact Molina Healthcare.**

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

## Behavioral Health, Mental Health, Alcohol & Chemical Dependency Services

Medicaid	Market Place
<i>Inpatient, Residential Treatment, Partial Hospitalization, Electroconvulsive Therapy (ECT), Applied Behavior Analysis (ABA) for tx of Autism Spectrum Disorder (ASD).</i>	<i>Transitional Substance Abuse Residential Treatment, Inpatient, Residential Treatment, Partial Hospitalization, Electroconvulsive Therapy (ECT), Applied Behavior Analysis (ABA) for tx of Autism Spectrum Disorder (ASD).</i>

Refer to FL, IL, NM, MS, OH, NY, PR & WI tabs/pages for PA exceptions.

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. (Refer to Dx Codes Tab for related ICD's)

## Cosmetic, Plastic & Reconstructive Procedures [In Any Setting]

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

PA required, except with breast CA Dx's that include ICD10 codes: C50 - C50.929, D05.00 - D05.92 and Z85.3 [See Dx Codes tab]

## Durable Medical Equipment (DME)

Refer to PR tab/page for PA exceptions

A7025	E0292	E0329	E0694	E0786	E1007	E1226	E1310	E2294	E2329	E2370	E2508	E2615	E2629	K0801	K0823	K0838	K0854	K0869	K0900
A9900	E0293	E0371	E0747	E0849	E1008	E1227	E1399	E2295	E2330	E2373	E2510	E2616	E2630	K0802	K0824	K0839	K0855	K0870	K0903
A9901	E0294	E0372	E0748	E0855	E1010	E1230	E1700	E2310	E2340	E2374	E2511	E2617	E2631	K0806	K0825	K0840	K0856	K0871	L3761
E0194	E0295	E0373	E0749	E0983	E1012	E1232	E2201	E2311	E2341	E2375	E2605	E2620	K0008	K0807	K0826	K0841	K0857	K0877	L7700
E0255	E0296	E0462	E0760	E0984	E1014	E1233	E2202	E2312	E2342	E2376	E2606	E2621	K0009	K0808	K0827	K0842	K0858	K0878	L8625
E0256	E0297	E0465	E0762	E0986	E1020	E1234	E2203	E2313	E2343	E2377	E2607	E2622	K0010	K0813	K0828	K0843	K0859	K0879	L8694
E0260	E0300	E0466	E0764	E0988	E1029	E1235	E2204	E2321	E2351	E2378	E2608	E2623	K0011	K0814	K0829	K0848	K0860	K0880	S1034
E0261	E0301	E0481	E0766	E1002	E1030	E1236	E2227	E2322	E2361	E2397	E2609	E2624	K0012	K0815	K0830	K0849	K0861	K0884	S1035
E0265	E0302	E0483	E0782	E1003	E1035	E1237	E2228	E2325	E2366	E2500	E2611	E2625	K0014	K0816	K0831	K0850	K0862	K0885	S1036
E0266	E0303	E0691	E0783	E1004	E1036	E1238	E2291	E2326	E2367	E2502	E2612	E2626	K0108	K0820	K0835	K0851	K0863	K0886	S1037
E0277	E0304	E0692	E0784	E1005	E1161	E1296	E2292	E2327	E2368	E2504	E2613	E2627	K0606	K0821	K0836	K0852	K0864	K0890	V2530

**All Non-Par Providers require authorization regardless of services or codes. Any exceptions included in this document apply to PAR Providers only.**

**These codes are for Out-Patient services only.**

**All In-Patient admits/svcs. require PA, including: Elective, Acute Hospital, Skilled Nursing Facilities (SNF), Rehabilitation, and Long Term Acute Care (LTAC) Facilities.**

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

**No PA Required for referrals to PAR Network Specialists. No PA Required for Emergency Services.**

**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(s) of service (for Market Place members this includes grace period status), benefit limitations or exclusions and other applicable standards during the claim review, including the terms of any applicable provider agreement.**

**For additional information on a member's grace period status, please contact Molina Healthcare.**

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

E0328 E0693 E0785 E1006 E1225 E1298 E2293 E2328 E2369 E2506 E2614 E2628 K0800 K0822 K0837 K0853 K0868 K0891 V2531

## Experimental/Investigational

0042T	0101T	0165T	0201T	0215T	0234T	0267T	0296T	0332T	0352T	0364T	0395T	0407T	0419T	0431T	0441T	0479T	0491T	0503T	Q4161
0054T	0102T	0174T	0202T	0216T	0235T	0268T	0297T	0333T	0353T	0365T	0396T	0408T	0420T	0432T	0445T	0480T	0492T	0504T	Q4162
0055T	0106T	0175T	0205T	0217T	0236T	0269T	0298T	0335T	0354T	0366T	0397T	0409T	0421T	0433T	0469T	0481T	0493T	82016	Q4163
0058T	0107T	0184T	0206T	0218T	0237T	0270T	0312T	0337T	0355T	0367T	0398T	0410T	0422T	0434T	0470T	0482T	0494T	82017	Q4164
0071T	0108T	0188T	0207T	0219T	0238T	0271T	0313T	0338T	0356T	0368T	0399T	0411T	0423T	0435T	0471T	0483T	0495T	83987	Q4165
0072T	0109T	0189T	0208T	0220T	0249T	0272T	0314T	0339T	0357T	0369T	0400T	0412T	0424T	0439T	0472T	0484T	0496T	84145	
0075T	0110T	0190T	0209T	0221T	0253T	0273T	0315T	0342T	0358T	0370T	0401T	0413T	0425T	0442T	0473T	0485T	0497T	86316	
0076T	0111T	0191T	0210T	0222T	0254T	0274T	0316T	0347T	0359T	0371T	0402T	0414T	0426T	0443T	0474T	0486T	0498T	86343	
0085T	0126T	0195T	0211T	0228T	0263T	0275T	0317T	0348T	0360T	0372T	0403T	0415T	0427T	0444T	0475T	0487T	0499T		
0095T	0159T	0196T	0212T	0229T	0264T	0278T	0329T	0349T	0361T	0373T	0404T	0416T	0428T	0436T	0476T	0488T	0500T		
0098T	0163T	0198T	0213T	0230T	0265T	0290T	0330T	0350T	0362T	0374T	0405T	0417T	0429T	0437T	0477T	0489T	0501T		
0100T	0164T	0200T	0214T	0231T	0266T	0295T	0331T	0351T	0363T	0394T	0406T	0418T	0430T	0440T	0478T	0490T	0502T		

Refer to NM tab/page for modifier exceptions on these codes.

## Genetic Counseling & Testing

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

0004M	0012U	0030U	81109	81201	81217	81229	81249	81287	81313	81334	81401	81412	81425	81436	81455	81520	81545	88271	S3841
0006M	0013U	0031U	81110	81203	81218	81230	81258	81291	81314	81335	81402	81413	81426	81437	81460	81521	81551	88369	S3842
0007M	0014U	0032U	81111	81210	81219	81231	81259	81292	81317	81346	81403	81414	81427	81438	81465	81528	81595	88373	S3852
0009M *	0016U	0033U	81112	81211	81222	81232	81265	81294	81319	81355	81404	81415	81430	81439	81470	81525	83006	88374	S3854
0005U	0017U	0034U	81120	81212	81223	81235	81266	81295	81321	81361	81405	81416	81431	81440	81471	81535	84999 *	88377	S3861
0008U	0026U	81105	81121	81213	81225	81238	81269	81297	81323	81362	81406	81417	81432	81442	81493	81536	86008	G9143	S3865
0009U	0027U	81106	81162	81214	81226	81246	81272	81298	81324	81363	81408	81420 *	81433	81445	81504	81538	86152	S3722	S3866
0010U	0028U	81107	81175	81215	81227	81247	81273	81300	81325	81364	81410	81422 *	81434	81448	81507 *	81540	86153	S3800	S3870
0011U	0029U	81108	81176	81216	81228	81248	81283	81311	81328	81400	81411		81435	81450	81519	81541	88261	S3840	

**All Non-Par Providers require authorization regardless of services or codes. Any exceptions included in this document apply to PAR Providers only.**

**These codes are for Out-Patient services only.**

**All In-Patient admits/svcs. require PA, including: Elective, Acute Hospital, Skilled Nursing Facilities (SNF), Rehabilitation, and Long Term Acute Care (LTAC) Facilities.**

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

**No PA Required for referrals to PAR Network Specialists. No PA Required for Emergency Services.**

**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(s) of service (for Market Place members this includes grace period status), benefit limitations or exclusions and other applicable standards during the claim review, including the terms of any applicable provider agreement.**

**For additional information on a member's grace period status, please contact Molina Healthcare.**

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

**Code 84999: Including Oncotype Dx**

**\* Refer to WA tab/page for PA exceptions on these codes.**

## Home Health Care Services

All home health services require PA after initial evaluation plus six (6) visits per calendar year, including home-based OT/PT & ST.

Refer to IL, OH and PR tabs/pages for PA exceptions.

G0151	G0153	G0156	G0158	G0160	G0162	G0300	G0493	G0495	S9122	S9124	S9129	S9131	S5151	S9977	T1002	T1005	T1030
G0152	G0155	G0157	G0159	G0161	G0299	G0490	G0494	G0496	S9123	S9128	S5130	S5135	S9470	T1000	T1003	T1022	T1031

## Hyperbaric Therapy

G0277	99183	Q4176	Q4177	Q4178	Q4179	Q4180	Q4181	Q4182
-------	-------	-------	-------	-------	-------	-------	-------	-------

## 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

## Long Term Services & Support [LTSS]

All LTSS Codes/Services Require Prior Authorization regardless of code(s).

Refer to WI and PR tab/page for PA exceptions

## Neuropsychological & Psychological Tests (in any setting)

Refer to NM, NY and PR tabs/pages for PA exceptions.

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

## Non-PAR Offices/Providers/Facilities

**All Non-Par Providers require authorization regardless of services or codes. Any exceptions included in this document apply to PAR Providers only.**

**These codes are for Out-Patient services only.**

**All In-Patient admits/svcs. require PA, including: Elective, Acute Hospital, Skilled Nursing Facilities (SNF), Rehabilitation, and Long Term Acute Care (LTAC) Facilities.**

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

**No PA Required for referrals to PAR Network Specialists. No PA Required for Emergency Services.**

**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(s) of service (for Market Place members this includes grace period status), benefit limitations or exclusions and other applicable standards during the claim review, including the terms of any applicable provider agreement.**

**For additional information on a member's grace period status, please contact Molina Healthcare.**

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

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 twelve (12) visits per calendar year, for office and out-patient settings.

Refer to FL, NY, OH, PR, SC, TX, UT, WA & WI tabs/pages for PA exceptions.

97110 97112 97763

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

10040	21154	22222	22808	25447	28102	28220	28304	29819	29895	34716	38210	47380	58263	58571	59074	63045	64912	96573
15730	21155	22224	22810	26499	28103	28222	28305	29820	29897	36460	38211	47381	58267	58572	59076	63046	64913	96574
15733	21159	22226	22812	27120	28104	28225	28306	29821	29898	36465	38212	47382	58270	58573	61863	63047	65771	96900
15786	21160	22505	22818	27122	28106	28226	28307	29822	29899	36466	38213	47605	58275	58660	61864	63048	65772	96902
15787	21172	22526	22819	27125	28107	28230	28308	29823	29914	36468	38214	47610	58280	58661	61867	63050	65775	96904
15819	21175	22527	22830	27130	28108	28232	28309	29824	29915	36470	38215	47612	58285	58662	61868	63051	67900	96910
15830	21240	22532	22840	27132	28110	28234	28310	29825	29916	36471	38232	47620	58290	58672	61885	63055	67901	96912
17004	21242	22533	22841	27134	28111	28238	28312	29826	30465	36475	38573	49255	58291	58673	61886	63056	67902	96913
17360	21243	22534	22842	27137	28112	28240	28313	29827	30520	36476	43644	49904	58292	58700	62324	63057	67903	96920
19294	21270	22548	22843	27138	28113	28250	28315	29828	30540	36478	43645	49905	58293	58720	62325	63064	67909	96921
20930	21280	22551	22844	27440	28114	28260	28320	29873	30545	36479	43647	49906	58294	58740	62326	63066	67950	96922
20939	21282	22552	22845	27441	28116	28261	28322	29874	31253	36482	43648	50590	58321	58750	62327	63075	69714	96931
21073	21295	22554	22846	27442	28118	28262	28340	29875	31257	36483	43653	52441	58322	58752	62369	63076	69715	96932
21120	21296	22556	22847	27443	28119	28264	28344	29876	31259	36514	43770	52442	58323	58760	62370	63077	69717	96933
21121	22100	22558	22848	27445	28120	28270	28345	29877	31295	37191	43771	52649	58345	58770	62380	63078	69718	96934
21122	22101	22585	22849	27446	28122	28272	28360	29879	31296	37243	43772	53850	58350	58940	63001	63081	69930	96935
21123	22102	22586	22850	27447	28124	28280	28705	29880	31297	37700	43773	53852	58356	58943	63003	63086	63082	96936

**All Non-Par Providers require authorization regardless of services or codes. Any exceptions included in this document apply to PAR Providers only.**

**These codes are for Out-Patient services only.**

**All In-Patient admits/svcs. require PA, including: Elective, Acute Hospital, Skilled Nursing Facilities (SNF), Rehabilitation, and Long Term Acute Care (LTAC) Facilities.**

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

**No PA Required for referrals to PAR Network Specialists. No PA Required for Emergency Services.**

**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(s) of service (for Market Place members this includes grace period status), benefit limitations or exclusions and other applicable standards during the claim review, including the terms of any applicable provider agreement.**

**For additional information on a member's grace period status, please contact Molina Healthcare.**

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

21125	22103	22590	22852	27486	28126	28285	28715	29881	31298	37718	43774	54401	58540	58950	63005	63087	63085	C2616
21127	22110	22595	22855	27487	28130	28286	28725	29882	31660	37722	43775	54405	58541	58951	63011	63088	90867	C9734
21137	22112	22600	22856	28005	28140	28288	28730	29883	31661	37735	43842	55874	58542	58952	63012	63090	90868	C9738
21138	22114	22610	22857	28008	28150	28289	28735	29884	32491	37760	43843	57288	58543	58953	63015	63091	90869	C9739
21139	22116	22612	22861	28010	28153	28291	28737	29885	32994	37761	43845	57289	58544	58954	63016	63101	95249	C9740
21141	22206	22614	22862	28011	28160	28292	28740	29886	33251	37765	43846	58150	58545	58956	63017	63102	93229	C9746
21142	22207	22630	22864	28035	28171	28295	28750	29887	33254	37766	43847	58180	58546	58957	63020	63103	96567	C9747
21143	22208	22632	22865	28060	28173	28296	28755	29888	33261	37780	43848	58152	58548	58958	63030	64553	96570	C9748
21145	22210	22633	22867	28062	28175	28297	28760	29889	33265	37785	43881	58200	58550	58970	63035	64568	96571	S2095
21146	22212	22634	22868	28080	28200	28298	28890	29891	33266	38204	43882	58210	58552	58974	63040	64569		
21147	22214	22800	22869	28090	28202	28299	28341	29892	34713	38207	43886	58240	58553	58976	63042	64570		
21150	22216	22802	22870	28092	28208	28300	29806	29893	34714	38208	43887	58260	58554	59070	63043	64590		
21151	22220	22804	23412	28100	28210	28302	29807	29894	34715	38209	43888	58262	58570	59072	63044	64595		

## Pain Management Procedures

27096	62264	62322	62323	62362	63650	63662	63685	64462	64479	64486	64491	64489	64495	64634	64640	G0260
27279	62320	62350	62360	62367	63655	63663	63688	64463	64480	64487	64492	64493	64600	64635	77003	
62263	62321	62351	62361	62368	63661	63664	64461	64483	64484	64490	64488	64494	64633	64636		

## Physical Therapy

PA required after initial evaluation plus twelve (12) visits per calendar year, for office and out-patient settings.

Refer to FL, NY, OH, PR, SC, TX, UT, WA & WI tabs/pages for PA exceptions.

97110	97112	97763
-------	-------	-------

## Prosthetics & Orthotics

Refer to PR tab/page for PA exceptions

L0480	L0452	L0650	L1005	L1685	L1720	L1834	L1846	L1904	L1940	L1960	L1990	L2010	L2034	L2038	L2080	L2108	L2232	L5856	L8614
L0482	L0622	L0700	L1110	L1700	L1730	L1840	L1860	L1907	L1945	L1970	L2000	L2020	L2036	L2050	L2090	L2126	L2800	L6026	L8692
L0484	L0637	L0710	L1640	L1710	L1755	L1844	L1900	L1920	L1950	L1980	L2005	L2030	L2037	L2060	L2106	L2128	L4631	L7259	S1040
L0486	L0640	L1000	L1680																

**All Non-Par Providers require authorization regardless of services or codes. Any exceptions included in this document apply to PAR Providers only.**

**These codes are for Out-Patient services only.**

**All In-Patient admits/svcs. require PA, including: Elective, Acute Hospital, Skilled Nursing Facilities (SNF), Rehabilitation, and Long Term Acute Care (LTAC) Facilities.**

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

**No PA Required for referrals to PAR Network Specialists. No PA Required for Emergency Services.**

**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(s) of service (for Market Place members this includes grace period status), benefit limitations or exclusions and other applicable standards during the claim review, including the terms of any applicable provider agreement.**

**For additional information on a member's grace period status, please contact Molina Healthcare.**

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

## Radiation Therapy & Radio Surgery

77520 77522 77523 77525 G0339 G0340 G6015 G6016 G6017 Q9950

## Sleep Studies

Home Sleep Studies [POS12] Do Not Require PA

Refer to FL, PR & TX tabs/pages for PA exceptions.

95800 95801 95803 95805 95806 95807 95808 95810 95811

## Specialty Pharmacy Drugs

Refer to health plan tabs/pages for PA exceptions. (WA)

90281	C9492	J0490	J0714	J1324	J1566	J1729	J2248	J2724	J3285	J7185	J7205	J7326	J9000	J9047	J9145	J9219	J9295	J9355	Q4074
90283	C9493	J0565	J0717	J1325	J1568	J1740	J2315	J2778	J3315	J7186	J7207	J7327	J9015	J9050	J9176	J9225	J9299	J9357	Q5101
90284	J0129	J0570	J0725	J1428	J1569	J1743	J2323	J2783	J3355	J7187	J7209	J7328	J9017	J9055	J9190	J9226	J9301	J9360	Q5103
90378	J0135	J0585	J0775	J1438	J1570	J1744	J2326	J2786	J3357	J7188	J7210	J7330	J9019	J9060	J9200	J9228	J9302	J9371	Q5104
A9542	J0178	J0586	J0800	J1439	J1571	J1745	J2350	J2793	J3358	J7189	J7211	J7340	J9022	J9065	J9201	J9230	J9303	J9370	Q9991
A9543	J0180	J0587	J0850	J1442	J1572	J1750	J2353	J2796	J3380	J7190	J7308	J7504	J9023	J9070	J9202	J9245	J9305	J9390	Q9992
C9014	J0202	J0588	J0875	J1447	J1573	J1756	J2354	J2820	J3385	J7191	J7309	J7511	J9025	J9098	J9203	J9261	J9306	J9395	Q9995
C9015	J0205	J0594	J0878	J1453	J1575	J1786	J2357	J2840	J3396	J7192	J7310	J7527	J9027	J9100	J9205	J9262	J9307	J9400	S0073
C9016	J0207	J0596	J0881	J1458	J1595	J1826	J2425	J2860	J3489	J7193	J7311	J7639	J9032	J9120	J9206	J9263	J9308	J9600	S0122
C9024	J0220	J0597	J0885	J1459	J1599	J1830	J2430	J2916	J3490	J7194	J7312	J7682	J9033	J9130	J9207	J9264	J9310	J9999	S0126
C9028	J0221	J0598	J0888	J1460	J1602	J1833	J2469	J2941	J3590	J7195	J7313	J7686	J9034	J9150	J9208	J9266	J9315	Q0138	S0128
C9029	J0256	J0604	J0894	J1555	J1627	J1930	J2502	J3060	J7175	J7196	J7316	J7999	J9035*	J9155	J9209	J9267	J9325	Q2043	S0132
C9132	J0257	J0606	J0895	J1556	J1640	J1931	J2503	J3090	J7178	J7197	J7320	J8499	J9039	J9160	J9211	J9268	J9328	Q0139	S0145
C9257	J0287	J0637	J0897	J1557	J1645	J1950	J2504	J3095	J7179	J7198	J7321	J8520	J9040	J9171	J9214	J9271	J9330	Q2040	S0148
C9293	J0289	J0638	J1230	J1559	J1650	J1955	J2505	J3110	J7180	J7199	J7322	J8521	J9041	J9178	J9215	J9276	J9340	Q2041	S0157
C9399	J0364	J0640	J1290	J1560	J1652	J2020	J2507	J3145	J7181	J7200	J7323	J8655	J9042	J9179	J9216	J9280	J9351	Q2050	
C9488	J0480	J0641	J1300	J1561	J1675	J2170	J2562	J3240	J7182	J7201	J7324	J8670	J9043	J9181	J9217	J9285	J9352	Q3027	
	J0485	J0695	J1322	J1562	J1726	J2182	J2597	J3262	J7183	J7202	J7325	J8700	J9045	J9185	J9218	J9293	J9354	Q3028	

**J9035: No PA required when associated with ocular Dx's. (See Dx Codes tab for related ICD9 & ICD10 Codes). \*Not indicated for ocular conditions, use C5257.**

**All Non-Par Providers require authorization regardless of services or codes. Any exceptions included in this document apply to PAR Providers only.**

**These codes are for Out-Patient services only.**

**All In-Patient admits/svcs. require PA, including: Elective, Acute Hospital, Skilled Nursing Facilities (SNF), Rehabilitation, and Long Term Acute Care (LTAC) Facilities.**

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

**No PA Required for referrals to PAR Network Specialists. No PA Required for Emergency Services.**

**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(s) of service (for Market Place members this includes grace period status), benefit limitations or exclusions and other applicable standards during the claim review, including the terms of any applicable provider agreement.**

**For additional information on a member's grace period status, please contact Molina Healthcare.**

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

## Speech Therapy

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

Refer to FL, MI, NY, OH, PR, SC, TX, UT, WA & WI tabs/pages for PA exceptions.

92507 92508

## Transplant Services (Including Solid Organ and Bone Marrow)

Corneal Transplants do not require PA.

Refer to PR tab/page for PA exceptions.

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

## Transportation Services

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

Refer to PR & TX tabs/pages PA for exceptions.

A0430 A0431 A0999 S9960 S9961

## Unlisted/Miscellaneous Codes

Molina requires PA, as well as medical necessity documentation and rationale be submitted with the PA request for all Unlisted/Miscellaneous codes\*

\*Codes 29799, 41899, 90999, 93998 Do not require

01999	23929	31299	39499	43659	47399	54699	60699	69949	78099	81099	87899	90899	96999	A4913	C2699	J7599	L0999	P9603	S3870
15999	24999	31599	39599	43999	47579	55559	64999	69979	78199	81479	87999	91299	97039	A6261	E1399	J7699	L1499	P9604	S8189

## CA CODE/BENEFIT EXCEPTIONS

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

Code	Medicaid	Mktplace	Notes
00170	Y	Y	
D9219	Y	Y	
G0154	Y	Y	
55970	N	Y	
55980	N	Y	