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Behavioral Health, Mental Health, Alcohol & Chemical Dependency Services

Refer to CA tab/page for PA exceptions.

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

*Refer to CA tabs/pages for exception.

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

0901	1001	90867	90870	H2012*	H2015	H2018	H0031*	H0046	S5111	T1025*	T1027*	T2013*
0912	1002	90868	H0012	H2013	H2016	H2019*	H0032*	S0201	T1023*	T1026*	T1028*	T2040*
0913	2106	90869	H0017	H2014*	H2017*	H2020	H0035	S5150				

*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]

Refer to ID, NY, UT, WA tabs/pages for PA exceptions

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 CA, FL, TX, NM, NY, MI, OH, PR, SC, WI tabs/pages for PA exceptions

A5514	E0266	E0371	E0748	E0986	E1035	E1298	E2311	E2351	E2502	E2615	K0008	K0808	K0830	K0852	K0870	L8625	Q4201	V5212
A6460	E0277	E0372	E0749	E0988	E1036	E1310	E2312	E2361	E2504	E2616	K0009	K0813	K0831	K0853	K0871	L8694	Q4202	V5213
A6461	E0292	E0373	E0760	E1002	E1161	E1700	E2313	E2366	E2506	E2617	K0010	K0814	K0835	K0854	K0877	Q4183	Q4203	V5214
A7025	E0293	E0447	E0762	E1003	E1225	E2201	E2321	E2367	E2508	E2620	K0011	K0815	K0836	K0855	K0878	Q4184	Q4204	V5215
A9276*	E0294	E0462	E0764	E1004	E1226	E2202	E2322	E2368	E2510	E2621	K0012	K0816	K0837	K0856	K0879	Q4185	S1034	V5221
A9277*	E0295	E0465	E0766	E1005	E1227	E2203	E2325	E2369	E2511	E2622	K0014	K0820	K0838	K0857	K0880	Q4186	S1035	
A9278*	E0296	E0466	E0782	E1006	E1230	E2204	E2326	E2370	E2605	E2623	K0108	K0821	K0839	K0858	K0884	Q4187	S1036	
A9901	E0297	E0467	E0783	E1007	E1232	E2227	E2327	E2373	E2606	E2624	K0553*	K0822	K0840	K0859	K0885	Q4188	S1037	
C2624	E0300	E0481	E0784	E1008	E1233	E2228	E2328	E2374	E2607	E2625	K0554*	K0823	K0841	K0860	K0886	Q4190	V2530	

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E0194	E0301	E0483	E0785	E1010	E1234	E2291	E2329	E2375	E2608	E2626	K0606	K0824	K0842	K0861	K0890	Q4191	V2531
E0255	E0302	E0691	E0786	E1012	E1235	E2292	E2330	E2376	E2609	E2627	K0800	K0825	K0843	K0862	K0891	Q4193	V5171
E0256	E0303	E0692	E0849	E1014	E1236	E2293	E2340	E2377	E2611	E2628	K0801	K0826	K0848	K0863	K0900	Q4194	V5172
E0260	E0304	E0693	E0855	E1020	E1237	E2294	E2341	E2378	E2612	E2629	K0802	K0827	K0849	K0864	L3761	Q4198	V5181
E0261	E0328	E0694	E0983	E1029	E1238	E2295	E2342	E2397	E2613	E2630	K0806	K0828	K0850	K0868	L7700	Q4200	V5211
E0265	E0329	E0747	E0984	E1030	E1296	E2310	E2343	E2500	E2614	E2631	K0807	K0829	K0851	K0869	*Codes applicable to Medicaid only		

Experimental/Investigational

Refer to CA, PR, NY, MI, NM, WA, WI, IL tabs/pages for PA exceptions

31237	0058T	0111T	0210T	0231T	0274T	0333T	0358T	0410T	0426T	0444T	0480T	0496T	0512T	0528T	C1823	Q4196
33440	0071T	0126T	0211T	0234T	0275T	0335T	0362T	0411T	0427T	0445T	0481T	0497T	0513T	0529T	C8937	Q4197
33866	0072T	0163T	0212T	0235T	0278T	0338T	0373T*	0412T	0428T	0446T	0482T	0498T	0514T	0530T	C9751	
82016	0075T	0164T	0213T	0253T	0290T	0339T	0394T	0413T	0429T	0447T	0483T	0499T	0515T	0531T	C9752	
82017	0076T	0165T	0214T	0254T	0295T	0342T	0395T	0414T	0430T	0448T	0484T	0500T	0516T	0532T	C9753	
83987	0085T	0184T	0215T	0263T	0296T	0347T	0396T	0415T	0431T	0469T	0485T	0501T	0517T	0533T	C9754	
84145	0095T	0191T	0216T	0264T	0297T	0348T	0397T	0416T	0432T	0470T	0486T	0502T	0518T	0534T	C9755	
86316	0098T	0198T	0217T	0265T	0298T	0349T	0398T	0417T	0433T	0471T	0487T	0503T	0519T	0535T	L8608	
86343	0100T	0200T	0218T	0266T	0312T	0350T	0400T	0418T	0434T	0472T	0488T	0504T	0520T	0536T	Q4161	
93264	0101T	0201T	0219T	0267T	0313T	0351T	0401T	0419T	0435T	0473T	0489T	0505T	0521T	0537T	Q4162	
95836	0102T	0202T	0220T	0268T	0314T	0352T	0402T	0420T	0436T	0474T	0490T	0506T	0522T	0538T	Q4163	
95976	0106T	0205T	0221T	0269T	0315T	0353T	0403T	0421T	0437T	0475T	0491T	0507T	0523T	0539T	Q4164	
95977	0107T	0206T	0222T	0270T	0316T	0354T	0404T	0422T	0440T	0476T	0492T	0508T	0524T	0540T	Q4165	
95983	0108T	0207T	0228T	0271T	0317T	0355T	0405T	0423T	0441T	0477T	0493T	0509T	0525T	0541T	Q4189	
0054T	0109T	0208T	0229T	0272T	0329T	0356T	0408T	0424T	0442T	0478T	0494T	0510T	0526T	0542T	Q4192	
0055T	0110T	0209T	0230T	0273T	0330T	0357T	0409T	0425T	0443T	0479T	0495T	0511T	0527T	A4563	Q4195	

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

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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.

Refer to CA, IL, MI, NY, OH, TX, WA, WI tabs/pages for PA exceptions

81105	81175	81187	81218	81233	81249	81285	81306	81328	81361	81408	81430	81443	81519	81595	0005U	0017U	0047U	81422 *	S3865
81106	81176	81188	81219	81234	81258	81286	81311	81329	81362	81410	81431	81445	81520	81596	0006M	0026U	0048U	81507 *	S3866
81107	81177	81189	81222	81235	81259	81287	81312	81333	81363	81411	81432	81448	81521	83006	0007M	0027U	0049U	84999 *	S3870
81108	81178	81190	81223	81236	81265	81289	81313	81334	81364	81412	81433	81450	81525	86152	0008U	0029U	0050U	G9143	
81161	81179	81201	81225	81237	81266	81291	81314	81335	81400	81413	81434	81455	81528	86153	0009M *	0030U	0053U	S3722	
81165	81180	81203	81226	81238	81269	81292	81317	81336	81401	81414	81435	81460	81535	88261	0009U	0031U	0055U	S3800	
81166	81181	81204	81227	81239	81271	81294	81319	81337	81402	81415	81436	81465	81536	88271	0010U	0032U	0056U	S3840	
81167	81182	81210	81228	81243	81272	81295	81320	81343	81403	81416	81437	81470	81538	88369	0011U	0033U	0057U	S3841	
81171	81183	81212	81229	81244	81273	81297	81321	81344	81404	81417	81438	81471	81540	88373	0012U	0034U	0058U	S3842	
81172	81184	81215	81230	81246	81274	81298	81323	81345	81405	81425	81439	81493	81541	88374	0013U	0037U	0059U	S3852	
81173	81185	81216	81231	81247	81283	81300	81324	81346	81406	81426	81440	81504	81545	88377	0014U	0045U	0060U	S3854	
81174	81186	81217	81232	81248	81284	81305	81325	81355	81407	81427	81442	81518	81551	0004M	0016U	0046U	81420 *	S3861	

Code 84999 - Including Oncotype Dx

* Refer to WA tab for PA exceptions on codes.

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Healthcare Administered Drugs

Pharmacy Drug Coverage - Newly FDA approved medications such as "buy-and-bill" drugs are considered non-formulary and subject to non-formulary policies and other non-formulary utilization criteria until a coverage decision is rendered by the Molina Pharmacy and Therapeutics Committee. "Buy-and-bill" drugs are pharmaceuticals which a provider purchases and administers, and for which the provider submits a claim to Molina Healthcare for reimbursement.

Many self-administered and office-administered injectable products require Prior Authorization (PA). In some cases they will be made available through Molina Healthcare's vendor, Caremark Specialty Pharmacy. Molina's pharmacy vendor will coordinate with MHI and ship the prescription directly to your office or the member's home. All packages are individually marked for each member, and refrigerated drugs are shipped in insulated packages with frozen gel packs. The service also offers the additional convenience of enclosing needed ancillary supplies (needles, syringes and alcohol swabs) with each prescription at no charge. Please contact your Provider Relations Representative with any further questions about the program.

Refer to CA, MI, MS, NM, NY, OH, WI, WA tabs/pages for PA exceptions.

90281	C9130*	J0287	J0606	J1095	J1559	J1675	J2182	J2783	J3315	J7182	J7205	J7327	J9022	J9065	J9205	J9266	J9328	Q3028	S0145
90283	C9131*	J0289	J0637	J1230	J1560	J1726	J2186	J2786	J3316	J7183	J7207	J7328	J9023	J9070	J9206	J9267	J9330	Q4074	S0148
90284	C9132*	J0364	J0638	J1290	J1561	J1729	J2248	J2787	J3355	J7185	J7208	J7329	J9025	J9098	J9207	J9268	J9340	Q5101	S0157
90378	C9141	J0480	J0640	J1300	J1562	J1740	J2315	J2793	J3357	J7186	J7209	J7330	J9027	J9120	J9208	J9271	J9351**	Q5103	J8499
A9542	C9257***	J0485	J0641	J1301	J1566	J1743	J2323	J2796	J3358	J7187	J7210	J7340	J9030	J9130	J9211	J9280	J9352	Q5104	J8999
B4105	C9293	J0490	J0695	J1322	J1568	J1744	J2326	J2797	J3380	J7188	J7211	J7504	J9032	J9145	J9214	J9285	J9354	Q5107	
C9035	C9399	J0517	J0714	J1324	J1569	J1745	J2350	J2820	J3385	J7189	J7308	J7511	J9033	J9150	J9215	J9293	J9355	Q5108	
C9036	C9407	J0565	J0717	J1325	J1570	J1746	J2353	J2840	J3396	J7190	J7309	J7527	J9034	J9153	J9216	J9295	J9356	Q5109	
C9037	C9488	J0567	J0725	J1428	J1571	J1750	J2354	J2860	J3397	J7191	J7310	J7639	J9035***	J9155	J9217	J9299	J9357	Q5110	
C9038	J0129	J0570	J0775	J1438	J1572	J1756	J2357	J2916	J3398	J7192	J7311	J7682	J9036	J9160	J9218	J9301	J9360	Q5111	
C9039	J0135	J0584	J0800	J1439	J1573	J1786	J2425	J2941	J3489	J7193	J7312	J7686	J9039	J9171	J9219	J9302	J9371	Q5112	
C9040	J0178	J0585	J0841	J1442	J1575	J1826	J2469	J3060	J3490	J7194	J7313	J7677	J9040	J9173	J9225	J9303	J9390	Q5113	
C9043	J0180	J0586	J0850	J1447	J1595	J1830	J2502	J3090	J3590	J7195	J7316	J8520	J9041	J9176	J9226	J9305	J9395	Q5114	
C9044	J0185	J0587	J0875	J1453	J1599	J1833	J2503	J3095	J3591	J7196	J7318	J8521	J9042	J9178	J9228	J9306	J9400	Q5115	
C9045	J0202	J0588	J0878	J1454	J1602	J1930	J2504	J3110	J7170	J7197	J7320	J8655	J9043	J9179	J9229	J9307	J9600	Q9991	

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C9047	J0205	J0594	J0881	J1458	J1627	J1931	J2505	J3145	J7175	J7198	J7321	J8670	J9044	J9185	J9230	J9308	J9999	Q9992
C9048	J0207	J0596	J0885	J1459	J1628	J1950	J2507	J3240	J7177	J7199	J7322	J8700	J9045	J9190	J9245	J9310	Q0138	S0073
C9049	J0220	J0597	J0888	J1460	J1640	J1955	J2562	J3245	J7178	J7200	J7323	J9000	J9047	J9200	J9261	J9311	Q0139	S0122
C9050	J0221	J0598	J0894	J1555	J1645	J2020	J2597	J3262	J7179	J7201	J7324	J9015	J9050	J9201	J9262	J9312	Q2043	S0126
C9051	J0256	J0599	J0895	J1556	J1650	J2062	J2724	J3285	J7180	J7202	J7325	J9017	J9055	J9202	J9263	J9315	Q2050	S0128
C9052	J0257	J0604	J0897	J1557	J1652	J2170	J2778	J3304	J7181	J7203	J7326	J9019	J9057	J9203	J9264	J9325	Q3027	S0132

*Medicaid only

**Marketplace only

***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.

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.

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

Hyperbaric Therapy

99183	G0277	Q4176	Q4177	Q4178	Q4179	Q4180	Q4181	Q4182
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Imaging and Special Tests

C8900	C8913	G0288	70486	70544	71250	72128	72149	72197	73223	73723	74182	75563	75571	76498	78453	78492	78814	0332T
C8901	C8914	G0297	70487	70545	71260	72129	72156	72198	73225	73725	74183	75565	75572	77046	78454	78494	78815	0399T
C8902	C8918	S8042	70488	70546	71270	72130	72157	73200	73700	74150	74185	75571	75573	77047	78459	78496	78816	0439T
C8903	C8919	S8080	70490	70547	71275	72131	72158	73201	73701	74160	74261	75572	75574	77048	78466	78607	76999	
C8905	C8920	70336	70491	70548	71550	72132	72159	73202	73702	74170	74262	75573	75635	77049	78468	78608	78499	
C8906	C8931	70450	70492	70549	71551	72133	72191	73206	73706	74174	74263	75574	76376	77084	78469	78609	G0235	
C8908	C8932	70460	70496	70551	71552	72141	72192	73218	73718	74175	74712	75635	76377	78205	78472	78647	93998	
C8909	C8933	70470	70498	70552	71555	72142	72193	73219	73719	74176	74713	76376	76380	78206	78473	78710	0042T	
C8910	C8934	70480	70540	70553	72125	72146	72194	73220	73720	74177	75557	76377	76390	78320	78481	78811	0174T	
C8911	C8935	70481	70542	70554	72126	72147	72195	73221	73721	74178	75559	76380	76391	78451	78483	78812	0175T	

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C8912 C8936 70482 70543 70555 72127 72148 72196 73222 73722 74181 75561 75565 76497 78452 78491 78813 0331T

Long Term Services & Support [LTSS]

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

Neuropsychological & Psychological Tests (in any setting)

95950 95953 95957 96112 96116 96125 96131 96133 96137 96139 97151 97153 97155 97157
95951 95956 96105 96113 96121 96130 96132 96136 96138 96146 97152 97154 97156 97158

Non-PAR Offices/Providers/Facilities

Refer to OH, SC, TX tabs/pages for PA exceptions. *CA, MS effective 2/1/2019

PA is waived for all radiology, anesthesiology, and pathology services when billed in POS 19, 21, 22, 23 or 24 *

PA is waived for professional component services or services billed with Modifier 26 in ANY place of service setting *

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

Medicaid - PA required after initial evaluation plus twenty four (24) visits per calendar year, for office and out-patient settings. (CA, MS effective 2/1/2019)

Marketplace - Configured to benefit cap. (CA effective 2/1/2019)

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

97110 97112 97763

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

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

10040 21154 22222 22808 23470 28092 28208 28300 29806 29893 33221 36465 38212 47382 58267 58572 59076 63046 64595 96920
15730 21155 22224 22810 25447 28100 28210 28302 29807 29894 33224 36466 38213 47605 58270 58573 61863 63047 64912 96921

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15733	21159	22226	22812	26499	28102	28220	28304	29819	29895	33225	36468	38214	47610	58275	58660	61864	63048	64913	96922
15786	21160	22505	22818	27120	28103	28222	28305	29820	29897	33227	36470	38215	47612	58280	58661	61867	63050	65771	96931
15787	21172	22526	22819	27122	28104	28225	28306	29821	29898	33228	36471	38232	47620	58285	58662	61868	63051	65772	96932
15819	21175	22527	22830	27125	28106	28226	28307	29822	29899	33229	36475	38573	49255	58290	58672	61885	63055	65775	96933
15830	21240	22532	22840	27130	28107	28230	28308	29823	29914	33230	36476	43644	49904	58291	58673	61886	63056	67900	96934
17004	21242	22533	22841	27132	28108	28232	28309	29824	29915	33231	36478	43645	49905	58292	58700	62324	63057	67901	96935
17360	21243	22534	22842	27134	28110	28234	28310	29825	29916	33240	36479	43647	49906	58293	58720	62325	63064	67902	96936
19294	21270	22548	22843	27137	28111	28238	28312	29826	30465	33249	36482	43648	50590	58294	58740	62326	63066	67903	C2616
20930	21280	22551	22844	27138	28112	28240	28313	29827	30520	33262	36483	43653	52441	58321	58750	62327	63075	67909	C9734
20939	21282	22552	22845	27438	28113	28250	28315	29828	30540	33263	36514	43770	52442	58322	58752	62369	63076	67950	C9738
21073	21295	22554	22846	27440	28114	28260	28320	29873	30545	33264	37191	43771	52649	58323	58760	62370	63077	69714	C9739
21120	21296	22556	22847	27441	28116	28261	28322	29874	31253	33270	37243	43772	53850	58345	58770	62380	63078	69715	C9740
21121	22100	22558	22848	27442	28118	28262	28340	29875	31257	33251	37700	43773	53852	58350	58940	63001	63081	69717	C9746
21122	22101	22585	22849	27443	28119	28264	28341	29876	31259	33254	37718	43774	53854	58356	58943	63003	63082	69718	C9747
21123	22102	22586	22850	27445	28120	28270	28344	29877	31295	33261	37722	43775	54401	58540	58950	63005	63085	69930	C9748
21125	22103	22590	22852	27446	28122	28272	28345	29879	31296	33265	37735	43842	54405	58541	58951	63011	63086	95249	S2095
21127	22110	22595	22855	27447	28124	28280	28360	29880	31297	33266	37760	43843	55874	58542	58952	63012	63087	93229	
21137	22112	22600	22856	27486	28126	28285	28705	29881	31298	33289	37761	43845	57288	58543	58953	63015	63088	96567	
21138	22114	22610	22857	27487	28130	28286	28715	29882	31660	33274	37765	43846	57289	58544	58954	63016	63090	96570	
21139	22116	22612	22861	28005	28140	28288	28725	29883	31661	33275	37766	43847	58150	58545	58956	63017	63091	96571	
21141	22206	22614	22862	28008	28150	28289	28730	29884	32491	33285	37780	43848	58180	58546	58957	63020	63101	96573	
21142	22207	22630	22864	28010	28153	28291	28735	29885	32994	33286	37785	43881	58152	58548	58958	63030	63102	96574	
21143	22208	22632	22865	28011	28160	28292	28737	29886	33206	33979	38204	43882	58200	58550	58970	63035	63103	96900	
21145	22210	22633	22867	28035	28171	28295	28740	29887	33207	34713	38207	43886	58210	58552	58974	63040	64553	96902	
21146	22212	22634	22868	28060	28173	28296	28750	29888	33208	34714	38208	43887	58240	58553	58976	63042	64568	96904	
21147	22214	22800	22869	28062	28175	28297	28755	29889	33212	34715	38209	43888	58260	58554	59070	63043	64569	96910	
21150	22216	22802	22870	28080	28200	28298	28760	29891	33213	34716	38210	47380	58262	58570	59072	63044	64570	96912	
21151	22220	22804	23412	28090	28202	28299	28890	29892	33214	36460	38211	47381	58263	58571	59074	63045	64590	96913	

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Pain Management Procedures

27096	62264	62322	62323	62362	63650	63662	63685	64462	64480	64486	64489	64492	64495	64634	64640	97811	G0260
27279	62320	62350	62360	62367	63655	63663	63688	64463	64483	64487	64490	64493	64600	64635	77003	97813	S8930
62263	62321	62351	62361	62368	63661	63664	64461	64479	64484	64488	64491	64494	64633	64636	97810	97814	

Physical Therapy

Medicaid - PA required after initial evaluation plus twenty four (24) visits per calendar year, for office and out-patient settings. (CA, MS effective 2/1/2019)

Marketplace - Configured to benefit cap (CA effective 2/1/2019)

97110	97112	97763
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Prosthetics & Orthotics

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

Radiation Therapy & Radio Surgery

77520	77522	77523	77525	81503	81479	81599	A9543	A9513	C9408	G0339	G0340	G6015	G6016	G6017	Q9950
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Sleep Studies

Home Sleep Studies [POS12] Do Not Require PA

95800	95801	95803	95805	95806	95807	95808	95810	95811
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Speech Therapy

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

92507	92508
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Transplant Services (Including Solid Organ and Bone Marrow)

Corneal Transplants do not require PA.

38205	38240	38243	44721	47140	47143	47146	48550	48554	50320	50327	50340	50370	S2054	S2061	S2140	S2152
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38206	38241	44715	47133	47141	47144	47147	48551	48556	50323	50328	50360	50380	S2055	S2065	S2142	Q2041
38230	38242	44720	47135	47142	47145	48160	48552	50300	50325	50329	50365	S2053	S2060	S2107	S2150	Q2042

Transportation Services

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

A0430	A0431	b 9960	9961
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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*

Refer to CA, WI, FL, NY, MI specific tabs/pages PA for exceptions.

01999	23929	31599	39599	44238	47999	55899	66999	76496	78699	87798	90399	96549	A4641	C2698	J7999	L5999	Q0508	T2025
15999	24999	31899	40799	44799	48999	58578	67299	76499	78799	87799	90749	96999	A4649	C2699	J8498	L7499	Q0509	T5999
17999	25999	32999	40899	44899	49329	58579	67399	77299	78999	87899	90899	97039	A4913	E0769	J8597	L8039	Q2039	V2199
19499	26989	33999	41599	44979	49659	58679	67599	77399	79999	87999	91299	97139	A6261	E0770	K0812	L8499	Q4050	V2797
20999	27299	36299	42299	45399	49999	58999	67999	77499	80299	88099	92499	97799	A6262	E1399	K0898	L8698	Q4051	V2799
21089	27599	37501	42699	45499	50549	59897	68399	77799	81099	88199	92700	99199	A9698	E1699	K0899	L8699	Q4082	V5298
21299	27899	37799	42999	45999	50949	59898	68899	78099	85999	88299	93799	99429	A9699	G0501	L0999	L8701	Q4100	V5299
21499	28899	38129	43289	46999	51999	59899	69399	78199	86486	88399	94799	99499	A9900	G9012	L1499	L8702	S0590	
21899	29999	38589	43499	47379	53899	60659	69799	78299	86849	88749	95199	99600	A9999	J7599	L2999	P9603	S8189	
22899	30999	38999	43659	47399	54699	60699	69949	78399	86999	89240	95999	A0999	B9998	J7699	L3649	P9604	S9110	
22999	31299	39499	43999	47579	55559	64999	69979	78599	87797	89398	96379	A4421	B9999	J7799	L3999	Q0507	T1999	

ID MEDICAID PLUS CODE/BENEFIT EXCEPTIONS

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

Code	Medicaid	Notes
11900	N	
11901	N	