



**Molina Healthcare of Michigan, PA Code Matrix  
Medicaid, Marketplace  
Services Requiring Authorization and Benefit Exclusions**

**This document is updated quarterly. Please check this document before a Prior Authorization (PA) submission since codes may be removed or added**

**All codes listed require PA**

- Office visits and/or procedures at PAR/Network Providers do not require PA (unless noted “In Any Setting”)
- 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. MDHHS - Fee Schedule
- Authorization is not a guarantee of payment for services. Payment is made in accordance with a determination of the member’s eligibility, benefit limitation/exclusions, and evidence of medical necessity during the claim review.

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

**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. [MDHHS - Fee Schedule](#)**



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April 2017 Matrix Change

EFFECTIVE DATE	SPECIALTY/SERVICE	CHANGE/UPDATE DESCRIPTION	LOB
4/1/17	Genetic Testing	<b>Added PA required:</b> 81413, 81414, 81422, 81439	Marketplace
4/1/17	HHC & Home Infusion	<b>Added PA required:</b> G0493, G0494 <b>Moved from PT to HHC:</b> G0151, G0157, G0159 <b>Moved from OT to HHC:</b> G0152, G0158, G0160 <b>Removed/No PA Required:</b> G9679, G9680, G9681, G9682, G9683, G9684	Medicaid, Marketplace
4/1/17	Outpatient Hospital/ASC	<b>Added PA required:</b> 22853, 22854, 22859, 22867, 22868, 22869, 22870, 28291, 28295, C1889, 62324, 62325, 62326, 62327  <b>Removed PA required:</b> 29848	Medicaid, Marketplace
4/1/17	Outpatient Hospital/ASC	<b>Added PA required:</b> 62380	Marketplace
4/1/17	Pain Management	<b>Added PA required:</b> 62324, 62325, 62326, 62327	Medicaid, Marketplace
4/1/17	Specialty Pharmacy	<b>Added PA required:</b> C9140, J1942, J2182, J2786, J2840, J7175, J7179, J7202, J7207, J7209, J8670, J9034, J9145, J9176, J9205, J9295, J9325, J9352, J0570, J0594, J1439, J2430, J2469, J9027, J9040, J9060, J9178, J9185, J9250, J9260, J9370, J9390  <b>Removed PA required:</b> L8605, Q9970	Medicaid, Marketplace
4/1/17	Unlisted/Miscellaneous	<b>Added/PA Required:</b> C1889	Medicaid, Marketplace



**Molina Healthcare of Michigan, PA Code Matrix**  
**Medicaid, Marketplace**  
**Services Requiring Authorization and Benefit Exclusions**

EFFECTIVE DATE	SPECIALTY/SERVICE	CHANGE/UPDATE DESCRIPTION	LOB
4/1/17	Termed codes / no longer active	<b>Removed:</b> 0019T, 0169T, 0171T, 0172T, 0281T, 0282T, 0283T, 0284T, 0285T, 0286T, 0287T, 0288T, 0289T, 0291T, 0292T, 0336T, 0392T, 0393T, 22851, 28290, 28293, 28294, 62310, 62311, C9137, C9138, C9139, C9470, C9471, C9472, C9473, C9474, C9475, C9476, C9477, C9478, C9480, C9481, G0163, G0164, Q9980, Q9981	Medicaid, Marketplace



## 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)

MEDICAID/MARKETPLACE				
114	912	H0031^	H2017^	T1025^
124	913	H0032^	H2018	T1026^
134	1001	H0046	H2019^	T1027^
144	1002	H2012	H2020	T1028^
154	2106	H2013	S0201	T2013^
190	90870	H2014^	S5111	T2040^
204	H0012^	H2015	S5150^	
901	H0017	H2016	T1023^	

**NOTE:** ^ indicates PA required only when submitted with Autism diagnosis (F84.0, F84.2, F84.3, F84.4, F84.5, F84.8, and F84.9)



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**Cosmetic, Plastic & Reconstructive Procedures**

MEDICAID	MARKETPLACE	MEDICAID/MARKETPLACE					
N/A	N/A	15775	15820	15833	15878	19340	30435
		15776	15821	15834	15879	19342	30450
		15780	15822	15835	17380	19350	30460
		15781	15823	15836	19300	19355	30462
		15782	15824	15837	19316	19357	67904
		15783	15825	15838	19318	19396	67906
		15788	15826	15839	19324	30400	67908
		15789	15828	15847	19325	30410	
		15792	15829	15876	19328	30420	
		15793	15832	15877	19330	30430	

**NOTE:** PA required in any setting

**NOTE:** Clinical documentation is required with request for any of the above procedures



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**Durable Medical Equipment (DME)**

MEDICAID	MARKETPLACE	MEDICAID/MARKETPLACE											
E0445	N/A	A7025	E0328	E0764	E1012	E1298	E2322	E2375	E2614	K0012	K0826	K0853	K0884
E0481		E0194	E0329	E0782	E1014	E1310	E2325	E2376	E2615	K0014	K0827	K0854	K0885
E0483		E0255	E0371	E0783	E1020	E1399	E2326	E2377	E2616	K0108	K0828	K0855	K0886
E0651		E0256	E0372	E0784	E1029	E1700	E2327	E2378	E2617	K0606	K0829	K0856	K0890
S1034		E0260	E0373	E0785	E1030	E2201	E2328	E2397	E2620	K0800	K0830	K0857	K0891
S1035		E0261	E0445	E0786	E1035	E2202	E2329	E2500	E2621	K0801	K0831	K0858	K0900
S1036		E0265	E0462	E0849	E1036	E2203	E2330	E2502	E2622	K0802	K0835	K0859	S1040
S1037		E0266	E0465	E0855	E1161	E2204	E2340	E2504	E2623	K0806	K0836	K0860	V2530
		E0277	E0466	E0983	E1225	E2227	E2341	E2506	E2624	K0807	K0837	K0861	V2531
		E0292	E0483	E0984	E1226	E2228	E2342	E2508	E2625	K0808	K0838	K0862	
		E0293	E0651	E0986	E1227	E2291	E2343	E2510	E2626	K0813	K0839	K0863	
		E0294	E0691	E0988	E1230	E2292	E2351	E2511	E2627	K0814	K0840	K0864	
		E0295	E0692	E1002	E1232	E2293	E2361	E2605	E2628	K0815	K0841	K0868	
		E0296	E0693	E1003	E1233	E2294	E2366	E2606	E2629	K0816	K0842	K0869	
		E0297	E0694	E1004	E1234	E2295	E2367	E2607	E2630	K0820	K0843	K0870	
		E0300	E0747	E1005	E1235	E2310	E2368	E2608	E2631	K0821	K0848	K0871	
		E0301	E0748	E1006	E1236	E2311	E2369	E2609	K0008	K0822	K0849	K0877	
		E0302	E0749	E1007	E1237	E2312	E2370	E2611	K0009	K0823	K0850	K0878	
		E0303	E0760	E1008	E1238	E2313	E2373	E2612	K0010	K0824	K0851	K0879	
		E0304	E0762	E1010	E1296	E2321	E2374	E2613	K0011	K0825	K0852	K0880	

**NOTE:** Clinical documentation is required with request for any of the above items



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Experimental/Investigational

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

**NOTE:** Clinical documentation is required with request for any of the above procedures



### Genetic Counseling & Testing

MEDICAID	MARKETPLACE	MEDICAID/MARKETPLACE				
S3800	S3854	81162	81225	81311	81420	*84999
S3840		81201	81226	81314	81519	0004M
S3841		81203	81228	81317	81528	0006M
S3842		81210	81229	81319	81535	0007M
S3852		81211	81235	81321	81536	0008M
S3861		81212	81266	81323	83006	0009M
S3865		81214	81272	81400	86152	G9143
S3866		81215	81273	81401	86153	S3722
S3870		81216	81292	81402	88261	
		81217	81294	81403	88271	
		81218	81295	81404	88369	
		81219	81297	81405	88373	
		81222	81298	81406	88374	
		81223	81300	81408	88377	

**NOTES:** \*Including Oncotype DX

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





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### Habilitative Therapy

MEDICAID	MARKETPLACE	MEDICAID/MARKETPLACE		
N/A	N/A	S9128	92507	92526
		S9129	92508	92606

**NOTE:** PA with clinical documentation is required after initial evaluation plus six (6) visits

### Home Health Care & Home Infusion

MEDICAID	MARKETPLACE	MEDICAID/MARKETPLACE			
N/A	N/A	G0151	G0157	G0162	G0494
		G0152	G0158	G0299	T1000
		G0153	G0159	G0300	
		G0155	G0160	G0490	
		G0156	G0161	G0493	

**NOTE:** PA with clinical documentation is required after the initial evaluation plus six (6) visits  
 PA may also be required for medications associated with home infusion

### Hyperbaric Therapy

MEDICAID	MARKETPLACE	MEDICAID/MARKETPLACE	
N/A	N/A	99183	G0277

**NOTE:** Clinical documentation is required with request for any of the above procedures



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Imaging – Advanced & Specialty

MEDICAID	MARKETPLACE	MEDICAID/MARKETPLACE									
N/A	N/A	70336	70545	71552	72158	73223	74177	75574	78466	78814	C8919
		70450	70546	71555	72159	73225	74178	75635	78468	78815	C8920
		70460	70547	72125	72191	73700	74181	76376	78469	78816	C8931
		70470	70548	72126	72192	73701	74182	76377	78472	C8900	C8932
		70480	70549	72127	72193	73702	74183	76380	78473	C8901	C8933
		70481	70551	72128	72194	73706	74185	76380	78481	C8902	C8934
		70482	70552	72129	72195	73718	74261	76497	78483	C8903	C8935
		70486	70553	72130	72196	73719	74262	76498	78491	C8904	C8936
		70487	70554	72131	72197	73720	74263	77058	78492	C8905	G0288
		70488	70555	72132	72198	73721	74712	77059	78494	C8906	G0297
		70490	70557	72133	73200	73722	74713	77084	78496	C8907	
		70491	70558	72141	73201	73723	75557	78205	78607	C8908	
		70492	70559	72142	73202	73725	75559	78206	78608	C8909	
		70496	71250	72146	73206	74150	75561	78320	78609	C8910	
		70498	71260	72147	73218	74160	75563	78451	78647	C8911	
		70540	71270	72148	73219	74170	75565	78452	78710	C8912	
		70542	71275	72149	73220	74174	75571	78453	78811	C8913	
		70543	71550	72156	73221	74175	75572	78454	78812	C8914	
		70544	71551	72157	73222	74176	75573	78459	78813	C8918	

**NOTE:** Clinical documentation is required with request for any of the above codes



### In-Patient Admissions

Acute Hospital, Skilled Nursing Facilities (SNF), Inpatient Rehabilitation, Long Term Acute Care (LTAC) Facility, Pregnancy/ Delivery

MEDICAID	MARKETPLACE	MEDICAID/MARKETPLACE
All Codes	All Codes	All Codes

**NOTE:** Clinical documentation is required with request/notification of admission

### Long Term Services & Support

MEDICAID		MARKETPLACE	MEDICAID/MARKETPLACE
S5100	S5126	N/A	N/A
S5101	S9122		
S5102	T1019		
S5105	T1020		
S5125	T1021		

**NOTE:** Clinical documentation is required with request

### Maternal Infant Health Program (MIHP)

MEDICAID	MARKETPLACE	MEDICAID/MARKETPLACE
99402	N/A	N/A

**NOTE:** PA and clinical documentation is required after benefit limit is reached



### Neuropsychological & Psychological Testing

MEDICAID	MARKETPLACE	MEDICAID/MARKETPLACE		
N/A	N/A	96101	96116	96120
		96102	96118	96125
		96103	96119	

**NOTE:** Clinical documentation is required with request for any of the above tests

### Occupational Therapy (OT)

MEDICAID	MARKETPLACE	MEDICAID/MARKETPLACE		
S9129	N/A	92526	97034	97140
		92610	97035	97530
		95851	97110	97532
		97016	97112	97533
		97018	97116	97535
		97022	97124	97542
		97032	97139	97760

**NOTE:** PA required after the initial evaluation plus 36 visits for Medicaid

**NOTE:** PA required after 30 combined visits of PT and OT for Marketplace



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

Codes in this section do not require PA if rendered in the office of a participating provider and billed as in office procedures

MARKETPLACE	MEDICAID/MARKETPLACE														
55970	10040	21282	22595	22862	28100	28234	28341	29884	36476	43842	58200	58573	59857	63075	90869
55980	15786	21295	22600	22864	28102	28238	28344	29885	36478	43843	58210	58660	59866	63076	91122
62380	15787	21296	22610	22865	28103	28240	28345	29886	36479	43845	58240	58661	59899	63077	93229
	15819	22100	22612	22867	28104	28250	28360	29887	36514	43846	58260	58662	61863	63078	95911
	15830	22101	22614	22868	28106	28260	28705	29888	37191	43847	58262	58672	61864	63081	95912
	17004	22102	22630	22869	28107	28261	28715	29889	37700	43848	58263	58673	61867	63082	95913
	17360	22103	22632	22870	28108	28262	28725	29891	37718	43881	58267	58700	61868	63085	95950
	20930	22110	22633	23412	28110	28264	28730	29892	37722	43882	58270	58720	61885	63086	95951
	21073	22112	22634	25447	28111	28270	28735	29893	37735	43886	58275	58740	61886	63087	95953
	21120	22114	22800	27120	28112	28272	28737	29894	37760	43887	58280	58750	62369	63088	95956
	21121	22116	22802	27122	28113	28280	28740	29895	37761	43888	58285	58752	62370	63090	95957
	21122	22206	22804	27125	28114	28285	28750	29897	37765	45499	58290	58760	63001	63091	95965
	21123	22207	22808	27130	28116	28286	28755	29898	37766	47380	58291	58770	63003	63101	96567
	21125	22208	22810	27132	28118	28288	28760	29899	37780	47381	58292	58940	63005	63102	96570
	21127	22210	22812	27134	28119	28289	28890	29914	37785	47382	58293	58943	63011	63103	96571
	21137	22212	22818	27137	28120	28291	29806	29915	38204	47600	58294	58950	63012	64553	96900
	21138	22214	22819	27138	28122	28292	29807	29916	38207	47605	58321	58951	63015	64568	96902
	21139	22216	22830	27440	28124	28295	29819	30465	38208	47610	58322	58952	63016	64569	96904
	21141	22220	22840	27441	28126	28296	29820	30520	38209	47612	58323	58953	63017	64570	96910



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

Codes in this section do not require PA if rendered in the office of a participating provider and billed as in office procedures

21142	22222	22841	27442	28130	28297	29821	30540	38210	47620	58345	58954	63020	64590	96912
21143	22224	22842	27443	28140	28298	29822	30545	38211	49255	58350	58956	63030	64595	96913
21145	22226	22843	27445	28150	28299	29823	31295	38212	49904	58356	58957	63035	65771	96920
21146	22505	22844	27446	28153	28300	29824	31296	38213	49905	58540	58958	63040	65772	96921
21147	22526	22845	27447	28160	28302	29825	31297	38214	49906	58541	58970	63042	65775	96932
21150	22527	22846	27486	28171	28304	29826	31660	38215	52441	58542	58974	63043	67900	96933
21151	22532	22847	27487	28173	28305	29827	31661	38232	52442	58543	58976	63044	67901	96934
21154	22533	22848	28005	28175	28306	29828	32491	43644	52649	58544	59070	63045	67902	96935
21155	22534	22849	28008	28200	28307	29873	33251	43645	53850	58545	59072	63046	67903	96936
21159	22548	22850	28010	28202	28308	29874	33254	43647	53852	58546	59074	63047	67909	9001F
21160	22551	22852	28011	28208	28309	29875	33261	43648	53860	58548	59076	63048	67950	C1889
21172	22552	22853	28035	28210	28310	29876	33265	43653	54401	58550	59840	63050	69714	62324
21175	22554	22854	28060	28220	28312	29877	33266	43770	54405	58552	59841	63051	69715	62325
21240	22556	22855	28062	28222	28313	29879	36460	43771	57288	58553	59850	63055	69717	62326
21242	22558	22856	28080	28225	28315	29880	36468	43772	57289	58554	59851	63056	69718	62327
21243	22585	22857	28086	28226	28320	29881	36470	43773	58150	58570	59852	63057	69930	
21270	22586	22859	28090	28230	28322	29882	36471	43774	58152	58571	59855	63064	90867	
21280	22590	22861	28092	28232	28340	29883	36475	43775	58180	58572	59856	63066	90868	

## Pain Management Procedures

MEDICAID	MARKETPLACE	MEDICAID/MARKETPLACE				
N/A	N/A	G0260	62360	63663	64483	64493
		27096	62361	63664	64484	64494
		27279	62362	63685	64486	64495
		62324	62367	63688	64487	64600
		62325	62368	64461	64488	64633
		62326	63650	64462	64489	64634
		62327	63655	64463	64490	64635
		62350	63661	64479	64491	64636
		62351	63662	64480	64492	64640

**NOTE:** Clinical documentation is required with request for any of the above procedures

## Physical Therapy (PT)

MEDICAID	MARKETPLACE	MEDICAID/MARKETPLACE			
N/A	N/A	97012	97026	97036	97139
		97014	97028	97039	97140
		97016	97032	97110	97530
		97018	97033	97112	97535
		97022	97034	97116	97542
		97024	97035	97124	97760

**NOTE:** PA required after the initial evaluation plus 36 visits for Medicaid

**NOTE:** PA required after 30 combined visits of PT and OT for Marketplace



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**Prosthetics & Orthotics**

MEDICAID	MARKETPLACE	MEDICAID/MARKETPLACE					
L8692	N/A	L0452	L1300	L1846	L1990	L2080	L7259
		L0480	L1640	L1860	L2000	L2090	
		L0482	L1680	L1900	L2005	L2106	
		L0484	L1685	L1904	L2010	L2108	
		L0486	L1700	L1907	L2020	L2126	
		L0622	L1710	L1920	L2030	L2128	
		L0640	L1720	L1940	L2034	L2232	
		L0700	L1730	L1945	L2036	L2800	
		L0710	L1755	L1950	L2037	L3010	
		L1000	L1834	L1960	L2038	L3020	
		L1005	L1840	L1970	L2050	L4631	
		L1110	L1844	L1980	L2060	L6026	

**NOTE:** Clinical documentation is required with request for any of the above items

**Radiation Therapy & Radio Surgery**

MEDICAID	MARKETPLACE	MEDICAID/MARKETPLACE			
N/A	N/A	61798	77385	77523	G6015
		63620	77425	77525	G6016
		77372	77520	G0339	G6017
		77373	77522	G0340	Q9950





**Molina Healthcare of Michigan, PA Code Matrix**  
**Medicaid, Marketplace**  
**Services Requiring Authorization and Benefit Exclusions**

**NOTE:** Clinical documentation is required with request for any of the above procedures

### Sleep Studies

MEDICAID	MARKETPLACE	MEDICAID/MARKETPLACE				
N/A	N/A	95800	95803	95806	95808	95811
		95801	95805	95807	95810	

**NOTE:** Clinical documentation is required with request for any of the above tests

### Speech Therapy

MEDICAID	MARKETPLACE	MEDICAID/MARKETPLACE	
N/A	N/A	92507	92526
		92508	S9128

**NOTE:** PA and clinical required after the initial evaluation plus six (6) visits



Molina Healthcare of Michigan, PA Code Matrix  
 Medicaid, Marketplace  
 Services Requiring Authorization and Benefit Exclusions

Specialty Pharmacy Drugs

MEDICAID/MARKETPLACE														
90281	J0257	J0637	J1322	J1573	J1950	J2724	J3489	J7197	J7330	J9039	J9205	J9271	J9390	S0157
90283	J0287	J0638	J1324	J1575	J1955	J2778	J3490	J7198	J7340	J9040	J9206	J9293	J9395	
90284	J0289	J0641	J1325	J1595	J2020	J2783	J3590	J7199	J7504	J9041	J9207	J9295	J9400	
90378	J0364	J0695	J1438	J1599	J2170	J2786	J7175	J7200	J7527	J9042	J9214	J9299	J9600	
A9542	J0401	J0714	J1439	J1602	J2182	J2793	J7178	J7201	J7639	J9043	J9215	J9301	J9999	
A9543	J0480	J0717	J1442	J1640	J2248	J2796	J7179	J7202	J7682	J9045	J9216	J9302	Q0138	
C9132	J0485	J0725	J1447	J1645	J2315	J2820	J7180	J7205	J7686	J9047	J9217	J9303	Q0139	
C9140	J0490	J0775	J1453	J1650	J2323	J2840	J7181	J7207	J7999	J9050	J9218	J9305	Q2043	
C9257	J0570	J0800	J1458	J1652	J2353	J2860	J7182	J7209	J8520	J9055	J9219	J9306	Q2050	
C9293	J0572	J0833	J1459	J1675	J2354	J2941	J7183	J7309	J8521	J9060	J9225	J9307	Q3027	
C9399	J0573	J0834	J1460	J1725	J2357	J3060	J7185	J7310	J8655	J9098	J9226	J9308	Q3028	
C9483	J0574	J0850	J1556	J1740	J2425	J3090	J7186	J7311	J8670	J9120	J9228	J9310	Q4074	
J0129	J0575	J0875	J1557	J1743	J2426	J3110	J7187	J7312	J8700	J9145	J9245	J9315	Q5101	
J0135	J0585	J0878	J1559	J1744	J2430	J3262	J7188	J7313	J9015	J9155	J9250	J9325	Q5102	
J0178	J0586	J0881	J1560	J1745	J2469	J3285	J7189	J7316	J9017	J9160	J9260	J9330	S0017	
J0180	J0587	J0885	J1561	J1786	J2502	J3315	J7190	J7321	J9019	J9171	J9261	J9351	S0073	
J0202	J0588	J0888	J1562	J1826	J2503	J3355	J7191	J7323	J9025	J9176	J9262	J9352	S0122	
J0205	J0592	J0894	J1566	J1830	J2504	J3357	J7192	J7324	J9027	J9178	J9263	J9354	S0126	
J0207	J0594	J0895	J1568	J1833	J2505	J3380	J7193	J7325	J9032	J9179	J9264	J9355	S0128	
J0220	J0596	J0897	J1569	J1930	J2507	J3385	J7194	J7326	J9033	J9185	J9265	J9357	S0132	
J0221	J0597	J1290	J1571	J1931	J2562	J3396	J7195	J7327	J9034	J9201	J9266	J9370	S0145	
J0256	J0598	J1300	J1572	J1942	J2597	J3485	J7196	J7328	J9035	J9202	J9267	J9371	S0148	



Molina Healthcare of Michigan, PA Code Matrix  
 Medicaid, Marketplace  
 Services Requiring Authorization and Benefit Exclusions

NOTE: J9035 no PA required for Ocular Conditions

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

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

NOTE: Clinical documentation is required with request for any of the above procedures

**Transportation Services**

MEDICAID	MARKETPLACE	MEDICAID/MARKETPLACE
N/A	NA	A0430
		A0431
		A0999

NOTE: PA & clinical documentation is required for Non-Emergent Air Transportation



Molina Healthcare of Michigan, PA Code Matrix  
 Medicaid, Marketplace  
 Services Requiring Authorization and Benefit Exclusions

Unlisted/Miscellaneous Codes

MEDICAID	MARKETPLACE	MEDICAID/MARKETPLACE								
N/A	N/A	1999	28899	45399	58578	69399	78799	89240	99499	L5999
		15999	29999	45499	58579	69799	78999	89398	A4649	L7499
		17999	30999	45999	58679	69949	79999	90399	A4913	L8039
		19105	31299	46999	58999	69979	81099	90749	A9999	L8499
		19499	31899	47379	59897	76497	81479	90899	B9999	L8699
		20985	36299	47399	59898	76498	81599	91299	E0769	Q0507
		20999	37799	47579	60659	76499	85999	92499	E0770	Q0508
		21299	40799	47999	60699	76999	86486	92700	E2599	Q0509
		21499	40899	48999	64999	77799	86849	93799	J7599	V2199
		21899	41599	49329	66999	78099	86999	94799	K0898	V2399
		22899	43659	49999	67299	78199	87999	95199	K0899	V2799
		22999	43999	51999	67399	78299	88099	96999	L0999	V5299
		23929	44238	53899	67599	78399	88199	97039	L1499	T5999
		24999	44799	54699	67999	78499	88299	97139	L2999	C1889
		25999	44899	55559	68399	78599	88399	97799	L3649	
		27899	44979	55899	68899	78699	88749	99429	L3999	

**NOTE:** Molina requires medical necessity documentation and rationale be submitted with the request for these codes