

- IMPORTANT NOTICES -

September 1, 2016

This document is updated quarterly. Please check this document prior to PA submission as 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.

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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: Behavioral Health is not a covered benefit for MI Child please direct to their local Community Mental Health Department.

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

NOTES: ^PA required for all plans only when submitted with Autism Dx. [IDC9: 299.00, 299.01, 299.10, 299.11, 299.80, 299.81, 299.90, 299.91 and ICD10: F84.0, F84.2, F84.3, F84.4, F84.5, F84.8, F84.9]

Cosmetic, Plastic & Reconstructive Procedures (in ANY setting)

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

Durable Medical Equipment (DME)

MEDICARE - MEDICAID - MKT PL					MEDICAID	MEDICARE	MKT PL
A7025	E0983	E2295	E2614	K0835	E0445	S1034	N/A
E0194	E0984	E2310	E2615	K0836	E0481	S1035	
E0255	E0986	E2311	E2616	K0837	E0483	S1036	
E0256	E0988	E2312	E2617	K0838	E0651	S1037	
E0260	E1002	E2313	E2620	K0839			
E0261	E1003	E2321	E2621	K0840			
E0265	E1004	E2322	E2622	K0841			

Molina Healthcare of Michigan, PA Code Matrix Services Requiring Auth and Benefit Exclusions

MEDICARE - MEDICAID - MKT PL					MEDICAID	MEDICARE	MKT PL
E0266	E1005	E2325	E2623	K0842			
E0277	E1006	E2326	E2624	K0843			
E0292	E1007	E2327	E2625	K0848			
E0293	E1008	E2328	E2626	K0849			
E0294	E1012	E2329	E2627	K0850			
E0295	E1010	E2330	E2628	K0851			
E0296	E1014	E2340	E2629	K0852			
E0297	E1020	E2341	E2630	K0853			
E0300	E1029	E2342	E2631	K0854			
E0301	E1030	E2343	K0008	K0855			
E0302	E1035	E2351	K0009	K0856			
E0303	E1036	E2361	K0010	K0857			
E0304	E1161	E2366	K0011	K0858			
E0328	E1225	E2367	K0012	K0859			
E0329	E1226	E2368	K0014	K0860			
E0371	E1227	E2369	K0108	K0861			
E0372	E1230	E2370	K0606	K0862			
E0373	E1232	E2373	K0800	K0863			
E0462	E1233	E2374	K0801	K0864			
E0465	E1234	E2375	K0802	K0868			
E0466	E1235	E2376	K0806	K0869			
E0483	E1236	E2377	K0807	K0870			
E0691	E1237	E2378	K0808	K0871			
E0692	E1238	E2397	K0813	K0877			
E0693	E1296	E2500	K0814	K0878			
E0694	E1298	E2502	K0815	K0879			
E0747	E1310	E2504	K0816	K0880			
E0748	E1399	E2506	K0820	K0884			
E0749	E1700	E2508	K0821	K0885			
E0760	E2201	E2510	K0822	K0886			
E0762	E2202	E2511	K0823	K0890			
E0764	E2203	E2605	K0824	K0891			
E0782	E2204	E2606	K0825	K0900			
E0783	E2227	E2607	K0826	S1040			
E0784	E2228	E2608	K0827	V2530			
E0785	E2291	E2609	K0828	V2531			
E0786	E2292	E2611	K0829				
E0849	E2293	E2612	K0830				
E0855	E2294	E2613	K0831				

Experimental/Investigational

MEDICARE - MEDICAID - MKT PL					MEDICAID	MEDICARE	MKT PL
82016	0189T	0268T	0335T	0402T	0329T	0438T	0438T
82017	0190T	0269T	0336T	0403T	0330T	0439T	0439T
83987	0191T	0270T	0337T	0404T	0331T	0442T	0442T
84145	0195T	0271T	0338T	0405T	0332T	0443T	0443T
86316	0196T	0272T	0339T	0406T	0333T	0444T	0444T
86343	0198T	0273T	0340T	0407T		0437T	0437T
0019T	0200T	0274T	0342T	0408T		0441T	0441T
0042T	0201T	0275T	0347T	0409T		0445T	0445T
0051T	0202T	0278T	0348T	0410T		0440T	0440T
0052T	0205T	0281T	0349T	0411T			
0053T	0206T	0282T	0350T	0412T			
0054T	0207T	0283T	0351T	0413T			
0055T	0208T	0284T	0352T	0414T			
0058T	0209T	0285T	0353T	0415T			
0071T	0210T	0286T	0354T	0416T			
0072T	0211T	0287T	0355T	0417T			
0075T	0212T	0288T	0356T	0418T			
0076T	0213T	0289T	0357T	0419T			
0085T	0214T	0290T	0358T	0420T			
0095T	0215T	0291T	0359T	0421T			
0098T	0216T	0292T	0360T	0422T			
0100T	0217T	0293T	0361T	0423T			
0101T	0218T	0294T	0362T	0424T			
0102T	0219T	0295T	0363T	0425T			
0106T	0220T	0296T	0364T	0426T			
0107T	0221T	0297T	0365T	0427T			
0108T	0222T	0298T	0366T	0428T			
0109T	0228T	0299T	0367T	0429T			
0110T	0229T	0300T	0368T	0430T			
0111T	0230T	0301T	0369T	0431T			
0126T	0231T	0302T	0370T	0432T			
0159T	0234T	0303T	0371T	0433T			
0163T	0235T	0304T	0372T	0434T			
0164T	0236T	0305T	0373T	0434T			
0164T	0237T	0306T	0374T	0435T			
0169T	0238T	0307T	0392T	0435T			
0171T	0249T	0308T	0393T	0436T			
0172T	0253T	0309T	0394T	Q4161			
0174T	0254T	0310T	0395T	Q4162			
0175T	0255T	0312T	0396T	Q4163			
0178T	0263T	0313T	0397T	Q4164			

MEDICARE - MEDICAID - MKT PL					MEDICAID	MEDICARE	MKT PL
0179T	0264T	0314T	0398T	Q4165			
0180T	0265T	0315T	0399T				
0184T	0266T	0316T	0400T				
0188T	0267T	0317T	0401T				

Genetic Counseling & Testing

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

MEDICARE - MEDICAID - MKT PL					MEDICAID	MEDICARE	MKT PL
81162	81266	81325	81432	81535	S3800	N/A	S3854
81201	81272	81355	81433	81536	S3840		
81203	81273	81400	81434	81538	S3841		
81210	81280	81401	81435	81540	S3842		
81211	81281	81402	81436	81545	S3852		
81212	81282	81403	81437	81595	S3861		
81213	81287	81404	81438	83006	S3865		
81214	81291	81405	81440	86152	S3866		
81215	81292	81406	81442	86153	S3870		
81216	81294	81408	81445	88369			
81217	81295	81410	81450	88373			
81218	81297	81411	81455	88374			
81219	81298	81412	81460	88377			
81222	81300	81415	81465	0004M			
81223	81311	81416	81470	0006M			
81225	81313	81417	81471	0007M			
81226	81314	81425	81493	0008M			
81227	81317	81426	81504	0010M			
81228	81319	81427	81519	*84999			
81229	81321	81430	81525	G9143			
81246	81323	81431	81528	S3722			

NOTES: *Including Oncotype DX

Habilitative Therapy

After initial evaluation plus six (6) visits for outpatient and home settings

MEDICARE - MEDICAID - MKT PL		MEDICAID	MEDICARE	MKT PL
92507	92526	S9128	N/A	S9128
92508	92606	S9129		S9129

Home Health Care & Home Infusion

After initial evaluation plus six (6) visits; PA may be required for medications associated with Home Infusion.

MEDICARE - MEDICAID - MKT PL					MEDICAID	MEDICARE		MKT PL
G0151	G0159	G0300			N/A	023X	043X	N/A
G0152	G0160			027X		044X		
G0153	G0161			029X		055X		
G0155	G0162			032X		056X		
G0156	G0163			033X		057X		
G0157	G0164			034X		060X		
G0158	G0299			042X		062X		

Hyperbaric Therapy

MEDICARE - MEDICAID - MKT PL		MEDICAID	MEDICARE	MKT PL
G0277	99183	N/A	N/A	N/A

Imaging - Advanced & Specialty

MEDICARE - MEDICAID - MKT PL					MEDICAID	MEDICARE	MKT PL
70336	71550	73219	75561	78647	N/A	N/A	N/A
70450	71551	73220	75563	78710			
70460	71552	73221	75565	78811			
70470	71555	73222	75571	78812			
70480	72125	73223	75572	78813			
70481	72126	73225	75573	78814			
70482	72127	73700	75574	78815			
70486	72128	73701	75635	78816			
70487	72129	73702	76376	C8900			
70488	72130	73706	76377	C8901			
70490	72131	73718	76380	C8902			
70491	72132	73719	77058	C8903			
70492	72133	73720	77059	C8904			
70496	72141	73721	77084	C8905			
70498	72142	73722	78205	C8906			
70540	72146	73723	78206	C8907			
70542	72147	73725	78320	C8908			
70543	72148	74150	78451	C8909			
70544	72149	74160	78452	C8910			
70545	72156	74170	78453	C8911			
70546	72157	74174	78454	C8912			
70547	72158	74175	78459	C8913			
70548	72159	74176	78466	C8914			
70549	72191	74177	78468	C8918			

MEDICARE - MEDICAID - MKT PL					MEDICAID	MEDICARE	MKT PL
70551	72192	74178	78469	C8919			
70552	72193	74181	78472	C8920			
70553	72194	74182	78473	C8931			
70554	72195	74183	78481	C8932			
70555	72196	74185	78483	C8933			
70557	72197	74261	78491	C8934			
70558	72198	74262	78492	C8935			
70559	73200	74263	78494	C8936			
71250	73201	74712	78496	G0288			
71260	73202	74713	78607	G0297			
71270	73206	75557	78608				
71275	73218	75559	78609				

In-Patient Admissions

Acute Hospital, Skilled Nursing Facilities (SNF), Rehabilitation, Long Term Acute Care (LTAC) Facility

MEDICARE - MEDICAID - MKT PL	MEDICAID	MEDICARE	MKT PL
All Codes	All Codes	All Codes	All Codes

Long Term Services & Support

[Not a Medicare covered benefit]

MEDICARE - MEDICAID - MKT PL	MEDICAID	MEDICARE	MKT PL
N/A	S5100 S5126 S5101 S9122 S5102 T1019 S5105 T1020 S5125 T1021	N/A	N/A

Neuropsychological & Psychological Testing

MEDICARE - MEDICAID - MKT PL	MEDICAID	MEDICARE	MKT PL
95950 95956 96102 96118 96125	N/A	N/A	N/A
95951 95957 96103 96119			
95953 96101 96116 96120			

Non-Par Offices/Providers/Facilities

Auth required for Non-Par Office Visits, Procedures, Labs, Diagnostic Studies, In-patient stays, except for:

- **Emergency Department Services**
- **Professional fees associated with ER visit and approved Ambulatory Surgery Center (ASC) or in-patient stay**
- **Women's Health, Family Planning and Obstetrical Services**
- **Federally Qualified Health Center (FQHC) / Rural Health Center (RHC) / Tribal Health Center (THC)**
- **Child and Adolescent Health Center Services**
- **Local Health Department (LHD) services**
- **Other services based on State requirements**

Office Based Procedures

PAR Physician/Provider office-based procedures do not require PA, see above for Non-PAR.

- **There are no codes associated with Office Based Procedures for PAR Providers see codes listed below for Outpatient Hospital or Ambulatory Surgery Center requiring Prior Authorization.**

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

PLEASE NOTE: Medicare - N/A & MKT PL - N/A

MEDICAID									
96365	96374								
MEDICARE - MEDICAID - MKT PL									
10040	22216	22861	28140	28340	29915	43771	58294	59850	63101
15786	22220	22862	28150	28341	29916	43772	58321	59851	63102
15787	22222	22864	28153	28344	30465	43773	58322	59852	63103
15819	22224	22865	28160	28345	30520	43774	58323	59855	64553
15830	22226	23412	28171	28360	30540	43775	58345	59856	64568
17004	22505	25447	28173	28705	30545	43842	58350	59857	64569
17360	22526	27120	28175	28715	31295	43843	58356	59866	64570
20930	22527	27122	28200	28725	31296	43845	58540	59899	64590
21073	22532	27125	28202	28730	31297	43846	58541	61863	64595
21120	22533	27130	28208	28735	31660	43847	58542	61864	65771
21121	22534	27132	28210	28737	31661	43848	58543	61867	65772
21122	22548	27134	28220	28740	32491	43881	58544	61868	65775
21123	22551	27137	28222	28750	33251	43882	58545	61885	67900
21125	22552	27138	28225	28755	33254	45499	58546	61886	67901
21127	22554	27440	28226	28760	33261	47380	58548	62369	67902
21137	22556	27441	28230	28890	33265	47381	58550	62370	67903
21138	22558	27442	28232	29806	33266	47382	58552	63001	67909
21139	22585	27443	28234	29807	36460	47600	58553	63003	67950
21141	22586	27445	28238	29819	36468	47605	58554	63005	69714
21142	22590	27446	28240	29820	36470	47610	58570	63011	69715
21143	22595	27447	28250	29821	36471	47612	58571	63012	69717
21145	22600	27486	28260	29822	36475	47620	58572	63015	69718

Molina Healthcare of Michigan, PA Code Matrix Services Requiring Auth and Benefit Exclusions

MEDICAID									
96365	96374								
MEDICARE - MEDICAID - MKT PL									
21146	22610	27487	28261	29823	36476	49255	58573	63016	69930
21147	22612	28005	28262	29824	36478	49904	58660	63017	90867
21150	22614	28008	28264	29825	36479	49905	58661	63020	90868
21151	22630	28010	28270	29826	36514	49906	58662	63030	90869
21154	22632	28011	28272	29827	37191	52441	58672	63035	91122
21155	22633	28035	28280	29828	37700	52442	58673	63040	93229
21159	22634	28060	28285	29848	37718	52649	58700	63042	95911
21160	22800	28062	28286	29873	37722	53850	58720	63043	95912
21172	22802	28080	28288	29874	37735	53852	58740	63044	95913
21175	22804	28086	28289	29875	37760	53860	58750	63045	95965
21240	22808	28090	28290	29876	37761	54401	58752	63046	96567
21242	22810	28092	28292	29877	37765	54405	58760	63047	96570
21243	22812	28100	28293	29879	37766	57288	58770	63048	96571
21270	22818	28102	28294	29880	37780	57289	58940	63050	96900
21280	22819	28103	28296	29881	37785	58150	58943	63051	96902
21282	22830	28104	28297	29882	38204	58152	58950	63055	96904
21295	22840	28106	28298	29883	38207	58180	58951	63056	96910
21296	22841	28107	28299	29884	38208	58200	58952	63057	96912
22100	22842	28108	28300	29885	38209	58210	58953	63064	96913
22101	22843	28110	28302	29886	38210	58240	58954	63066	96920
22102	22844	28111	28304	29887	38211	58260	58956	63075	96921
22103	22845	28112	28305	29888	38212	58262	58957	63076	96922
22110	22846	28113	28306	29889	38213	58263	58958	63077	96931
22112	22847	28114	28307	29891	38214	58267	58970	63078	96932
22114	22848	28116	28308	29892	38215	58270	58974	63081	96933
22116	22849	28118	28309	29893	38232	58275	58976	63082	96934
22206	22850	28119	28310	29894	43644	58280	59070	63085	96935
22207	22851	28120	28312	29895	43645	58285	59072	63086	96936
22208	22852	28122	28313	29897	43647	58290	59074	63087	9001F
22210	22855	28124	28315	29898	43648	58291	59076	63088	
22212	22856	28126	28320	29899	43653	58292	59840	63090	
22214	22857	28130	28322	29914	43770	58293	59841	63091	

Pain Management Procedures

Acupuncture is not a Medicare covered benefit

MEDICARE - MEDICAID - MKT PL					MEDICAID	MEDICARE	MKT PL
G0260	62362	63685	64486	64495	N/A	97810	N/A
27096	62367	63688	64487	64600			
27279	62368	64461	64488	64633			
62310	63650	64462	64489	64634			
62311	63655	64463	64490	64635			
62350	63661	64479	64491	64636			
62351	63662	64480	64492	64640			
62360	63663	64483	64493				
62361	63664	64484	64494				

Pregnancy and Delivery

Notification Only

MEDICARE - MEDICAID - MKT PL					MEDICAID	MEDICARE	MKT PL
N/A					N/A	N/A	N/A

Prosthetics & Orthotics

MEDICARE - MEDICAID - MKT PL					MEDICAID	MEDICARE	MKT PL
L0452	L1640	L1860	L2000	L2090	L3010	N/A	N/A
L0480	L1680	L1900	L2005	L2106	L3020		
L0482	L1685	L1904	L2010	L2108	L1300		
L0484	L1700	L1907	L2020	L2126	L8692		
L0486	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				
L1110	L1846	L1990	L2080				

Radiation Therapy & Radio Surgery

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

Sleep Studies

MEDICARE - MEDICAID - MKT PL					MEDICAID	MEDICARE	MKT PL
95800	95803	95806	95808	95811	N/A	N/A	N/A
95801	95805	95807	95810				

Speech Therapy

After initial evaluation plus six (6) visits for outpatient and home settings

MEDICARE - MEDICAID - MKT PL			MEDICAID	MEDICARE	MKT PL
92507	92508	92606	S9128	N/A	S9128

Specialty Pharmacy Drugs (Injectable)

MEDICARE - MEDICAID - MKT PL				MEDICAID	MEDICARE	MKT PL
90284	J1566	J7513	Q5101	90281	N/A	90281
90378	J1568	J7515	Q5102	90283		90283
C9132	J1569	J7516	Q9980	A9542		A9542
C9136	J1571	J7517	Q9981	A9543		A9543
C9257	J1572	J7525	S0073	C9137		C9137
C9441	J1573	J7527	S0145	C9138		C9138
C9461	J1575	J7639	S0148	C9293		C9293
C9470	J1595	J7682		C9399		J0289
C9471	J1599	J7686		J0180		J0364
C9472	J1602	J7999		J0221		J0592
C9473	J1645	J8499		J0596		J0637
C9474	J1650	J8530		J0597		J0641
C9475	J1652	J8562		J0598		J0725
C9476	J1675	J8655		J0638		J0878
C9477	J1725	J8999		J0800		J0882
C9478	J1744	J9019		J0833		J0894
C9480	J1745	J9032		J1290		J1453
J0129	J1786	J9035*		J1300		J1740
J0135	J1826	J9039		J1322		J2020
J0178	J1830	J9042		J1324		J2425
J0202	J1833	J9047		J1458		J2562
J0205	J1930	J9202		J1640		J2724
J0207	J1950	J9207		J1743		J2783
J0215	J2170	J9212		J1931		J2788
J0220	J2212	J9213		J1955		J3355
J0256	J2278	J9214		J2315		J8520
J0257	J2315	J9216		J2504		J8521
J0480	J2323	J9217		J2724		J8700
J0485	J2353	J9218		J2793		J9015

Molina Healthcare of Michigan, PA Code Matrix Services Requiring Auth and Benefit Exclusions

MEDICARE - MEDICAID - MKT PL			MEDICAID	MEDICARE	MKT PL
J0490	J2354	J9219	J3060		J9017
J0585	J2355	J9225	J3385		J9025
J0586	J2357	J9226	J3485		J9033
J0587	J2440	J9228	J3490		J9041
J0588	J2502	J9245	J7178		J9043
J0596	J2503	J9262	J7180		J9050
J0638	J2505	J9267	J7181		J9055
J0695	J2597	J9271	J7182		J9098
J0714	J2778	J9293	J7183		J9120
J0717	J2796	J9299	J7185		J9155
J0740	J2820	J9301	J7186		J9160
J0775	J2860	J9302	J7187		J9171
J0850	J2940	J9306	J7188		J9179
J0875	J2941	J9307	J7189		J9201
J0881	J3030	J9308	J7190		J9206
J0885	J3090	J9310	J7192		J9215
J0888	J3110	J9315	J7193		J9261
J0890	J3240	J9351	J7195		J9264
J0895	J3262	J9354	J7197		J9266
J0897	J3285	J9371	J7198		J9303
J1322	J3315	J9400	J7199		J9305
J1325	J3357	J9600	J7200		J9330
J1438	J3365	Q0515	J7201		J9355
J1442	J3380	Q2028	J7205		J9357
J1447	J3396	Q2043	J9041		J9395
J1459	J3487	Q2050	J9047		J9999
J1460	J3488	Q3027	J0834		L8605
J1556	J3489	Q3028	L8605		S0122
J1557	J3490	Q4074	S0017		S0126
J1559	J3590	Q4101	S0145		S0128
J1560	J7178	Q4139	S0148		S0132
J1561	J7183	Q4145	S0157		S0157
J1562	J7340	Q4149	S0157		S0157

J9035* NO PA Required for Ocular Conditions

J9035* PA Required for Non-Ocular Conditions

Transplant Services (Including Solid Organ and Bone Marrow)

Corneal Transplants do not require PA

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

Transportation Services (Non-Emergent AIR)

PA required for Non-Emergent Air Transportation.

MEDICARE - MEDICAID - MKT PL		
A0430	A0431	A0999

Unlisted/Miscellaneous Codes

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

MEDICARE - MEDICAID - MKT PL					MEDICAID	MEDICARE	MKT PL
01999	44238	64999	81479	99499	T5999	N/A	T5999
15999	44799	66999	81599	A4649			
17999	44899	67299	85999	A4913			
19105	44979	67399	86486	A9999			
19499	45399	67599	86849	B9999			
20985	45499	67999	86999	E0769			
20999	45999	68399	87999	E0770			
21299	46999	68899	88099	E2599			
21499	47379	69399	88199	J7599			
21899	47399	69799	88299	K0898			
22899	47579	69949	88399	K0899			
22999	47999	69979	88749	L0999			
23929	48999	76497	89240	L1499			
24999	49329	76498	89398	L2999			
25999	49999	76499	90399	L3649			
27899	51999	76999	90749	L3999			

Molina Healthcare of Michigan, PA Code Matrix Services Requiring Auth and Benefit Exclusions

MEDICARE - MEDICAID - MKT PL					MEDICAID	MEDICARE	MKT PL
28899	53899	77799	90899	L5999			
29999	54699	78099	91299	L7499			
30999	55559	78199	92499	L8039			
31299	55899	78299	92700	L8499			
31899	58578	78399	93799	L8699			
36299	58579	78499	94799	Q0507			
37799	58679	78599	95199	Q0508			
40799	58999	78699	96999	Q0509			
40899	59897	78799	97039	V2199			
41599	59898	78999	97139	V2399			
43659	60659	79999	97799	V2799			
43999	60699	81099	99429	V5299			