



**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

- Non-PAR Providers require PA for all services
- 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

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enter Service or Code in search navigation pane at left; press Enter.**



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

January 2018 Matrix Change

EFFECTIVE DATE	SPECIALTY/SERVICE	CHANGE/UPDATE DESCRIPTION	LOB
3/1/2018	Long Term Services & Support	<u>Removed LTSS codes</u> : All LTSS codes require PA regardless of code(s)	Medicaid, Marketplace
3/1/2018	Outpatient	<u>Occupational & Physical therapy/PA required after initial evaluation and 12 visits:</u> All Codes	Marketplace
3/1/2018	Pain Management Procedures	<u>Added PA Required:</u> 62320, 62321, 62322, 62323, 64479, 64480	Medicaid, Marketplace
3/1/2018	Prosthetics & Orthotics	<u>Added PA Required:</u> L0637, L0650, L8614, 5856	Medicaid, Marketplace
3/1/2018	Specialty Pharmacy	<u>Added PA required:</u> J3095, J3240 <u>Removed/No PA Required:</u> 67028	Medicaid, Marketplace
3/1/2018	Unlisted/Miscellaneous Codes	<u>Removed Unlisted/Miscellaneous codes:</u> All Unlisted/Miscellaneous codes require PA with the exception of 90999 which no longer requires PA	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	11900*	15789	15828	15847	19325*	30410
		11901*	15792	15829	15876	19328*	30420
		11920*	15793	15832	15877	19330*	30430
		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

NOTE: PA required in any setting

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

NOTE: *No PA Required with breast CA diagnosis



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Durable Medical Equipment (DME)

MEDICAID	MARKETPLACE	MEDICAID/MARKETPLACE											
E0445	N/A	A7025	E0328	E0764	E1010	E1296	E2321	E2374	E2613	K0011	K0825	K0852	K0880
E0481		E0194	E0329	E0766	E1012	E1298	E2322	E2375	E2614	K0012	K0826	K0853	K0884
E0483		E0255	E0371	E0782	E1014	E1310	E2325	E2376	E2615	K0014	K0827	K0854	K0885
E0651		E0256	E0372	E0783	E1020	E1399	E2326	E2377	E2616	K0108	K0828	K0855	K0886
S1034		E0260	E0373	E0784	E1029	E1700	E2327	E2378	E2617	K0606	K0829	K0856	K0890
S1035		E0261	E0445	E0785	E1030	E2201	E2328	E2397	E2620	K0800	K0830	K0857	K0891
S1036		E0265	E0462	E0786	E1035	E2202	E2329	E2500	E2621	K0801	K0831	K0858	K0900
S1037		E0266	E0465	E0849	E1036	E2203	E2330	E2502	E2622	K0802	K0835	K0859	S1040
		E0277	E0466	E0855	E1161	E2204	E2340	E2504	E2623	K0806	K0836	K0860	V2530
		E0292	E0483	E0983	E1225	E2227	E2341	E2506	E2624	K0807	K0837	K0861	V2531
		E0293	E0651	E0984	E1226	E2228	E2342	E2508	E2625	K0808	K0838	K0862	
		E0294	E0691	E0986	E1227	E2291	E2343	E2510	E2626	K0813	K0839	K0863	
		E0295	E0692	E0988	E1230	E2292	E2351	E2511	E2627	K0814	K0840	K0864	
		E0296	E0693	E1002	E1232	E2293	E2361	E2605	E2628	K0815	K0841	K0868	
		E0297	E0694	E1003	E1233	E2294	E2366	E2606	E2629	K0816	K0842	K0869	
		E0300	E0747	E1004	E1234	E2295	E2367	E2607	E2630	K0820	K0843	K0870	
		E0301	E0748	E1005	E1235	E2310	E2368	E2608	E2631	K0821	K0848	K0871	
		E0302	E0749	E1006	E1236	E2311	E2369	E2609	K0008	K0822	K0849	K0877	
		E0303	E0760	E1007	E1237	E2312	E2370	E2611	K0009	K0823	K0850	K0878	
		E0304	E0762	E1008	E1238	E2313	E2373	E2612	K0010	K0824	K0851	K0879	

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



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Genetic Counseling & Testing

MEDICAID	MARKETPLACE	MEDICAID/MARKETPLACE				
S3800	S3854	81162	81225	81311	81420	84999M*
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



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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	G0158	G0299	G0495
		G0152	G0159	G0300	G0496
		G0153	G0160	G0490	T1000
		G0156	G0161	G0493	
		G0157	G0162	G0494	

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
All LTSS services require PA regardless of codes. (per State benefit)	N/A	N/A

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



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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 12 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	22867	28104	28250	28360	29887	36514	38212	58260	58662	61863	63066	90868
55980	15786	21295	22600	22868	28106	28260	28705	29888	37191	43846	58262	58672	61864	63075	90869
62380	15787	21296	22610	22869	28107	28261	28715	29889	37243	43847	58263	58673	61867	63076	91122
	15819	22100	22612	22870	28108	28262	28725	29891	37700	43848	58267	58700	61868	63077	93229
	15830	22101	22614	23412	28110	28264	28730	29892	37718	43881	58270	58720	61885	63078	95911
	17004	22102	22630	25447	28111	28270	28735	29893	37722	43882	58275	58740	61886	63081	95912
	17360	22103	22632	27120	28112	28272	28737	29894	37735	43886	58280	58750	62324	63082	95913
	20930	22110	22633	27122	28113	28280	28740	29895	37760	43887	58285	58752	62325	63085	95950
	21073	22112	22634	27125	28114	28285	28750	29897	37761	43888	58290	58760	62326	63086	95951
	21120	22114	22800	27130	28116	28286	28755	29898	37765	45499	58291	58770	62327	63087	95953
	21121	22116	22802	27132	28118	28288	28760	29899	37766	47380	58292	58940	62369	63088	95956
	21122	22206	22804	27134	28119	28289	28890	29914	37780	47381	58293	58943	62370	63090	95957
	21123	22207	22808	27137	28120	28291	29806	29915	37785	47382	58294	58950	63001	63091	95965
	21125	22208	22810	27138	28122	28292	29807	29916	38204	47605	58321	58951	63003	63101	96567
	21127	22210	22812	27440	28124	28295	29819	30465	38207	47610	58322	58952	63005	63102	96570
	21137	22212	22818	27441	28126	28296	29820	30520	38208	47612	58323	58953	63011	63103	96571
	21138	22214	22819	27442	28130	28297	29821	30540	38209	47620	58345	58954	63012	64553	96900
	21139	22216	22830	27443	28140	28298	29822	30545	38210	49255	58350	58956	63015	64568	96902
	21141	22220	22840	27445	28150	28299	29823	31295	38211	49904	58356	58957	63016	64569	96904

NOTE: Codes in this section require PA if rendered in a Hospital Operating Room /ASC setting. PA is not required when rendered in an office setting.



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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	22224	22843	27487	28175	28307	29874	33261	43653	54405	58553	59851	63050	69715	C9740
21143	22226	22844	28005	28200	28308	29875	33265	43770	57288	58554	59852	63051	69717	C9746
21145	22505	22845	28008	28202	28309	29876	33266	43771	57289	58570	59855	63055	69718	C9747
21146	22526	22846	28010	28208	28310	29877	36460	43772	58150	58571	59856	63056	69930	S2095
21147	22527	22847	28011	28210	28312	29879	36468	43773	58152	58572	59857	63057	90867	
21150	22532	22848	28035	28220	28313	29880	36470	43774	58180	58573	59866	63064	96910	
21151	22533	22849	28060	28222	28315	29881	36471	43775	58200	58660	59899	64570	96912	
21154	22534	22850	28062	28225	28320	29882	36475	43842	58210	58661	63017	64590	96913	
21155	22548	22852	28080	28226	28322	29883	36476	43843	58240	58958	63020	64595	96920	
21159	22551	22855	28086	28230	28340	29884	36478	43845	58540	58970	63030	65771	96921	
21160	22552	22856	28090	28232	28341	29885	36479	49905	58541	58974	63035	65772	96932	
21172	22554	22857	28092	28234	28344	29886	38213	49906	58542	58976	63040	65775	96933	
21175	22556	22861	28100	28238	28345	31296	38214	52441	58543	59070	63042	67900	96934	
21240	22558	22862	28102	28240	29824	31297	38215	52442	58544	59072	63043	67901	96935	
21242	22585	22864	28103	28300	29825	31660	38232	52649	58545	59074	63044	67902	96936	
21243	22586	22865	28153	28302	29826	31661	43644	53850	58546	59076	63045	67903	9001F	
21270	22590	27446	28160	28304	29827	32491	43645	53852	58548	59840	63046	67909	C1889	
21280	22841	27447	28171	28305	29828	33251	43647	53860	58550	59841	63047	67950	C2616	
22222	22842	27486	28173	28306	29873	33254	43648	54401	58552	59850	63048	69714	C9739	

NOTE: Codes in this section require PA if rendered in a Hospital Operating Room /ASC setting. PA is not required when rendered in an office setting.



Pain Management Procedures

MEDICAID	MARKETPLACE	MEDICAID/MARKETPLACE					
N/A	N/A	G0260	62326	63650	64462	64489	64634
		27096	32327	63655	64463	64490	64635
		27279	62350	63661	64479	64491	64636
		62320	62351	63662	64480	64492	64640
		62321	62360	63663	64483	64493	
		62322	62361	63664	64484	64494	
		62323	62362	63685	64486	64495	
		62324	62367	63688	64487	64600	
		62325	62368	64461	64488	64633	

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 12 combined visits of PT and OT for Marketplace



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Prosthetics & Orthotics

MEDICAID	MARKETPLACE	MEDICAID/MARKETPLACE					
L8692	N/A	L0452	L1005	L1840	L1970	L2050	L4631
		L0480	L1110	L1844	L1980	L2060	L5856
		L0482	L1300	L1846	L1990	L2080	L6026
		L0484	L1640	L1860	L2000	L2090	L7259
		L0486	L1680	L1900	L2005	L2106	L8614
		L0622	L1685	L1904	L2010	L2108	
		L0637	L1700	L1907	L2020	L2126	
		L0640	L1710	L1920	L2030	L2128	
		L0650	L1720	L1940	L2034	L2232	
		L0700	L1730	L1945	L2036	L2800	
		L0710	L1755	L1950	L2037	L3010	
		L1000	L1834	L1960	L2038	L3020	

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

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



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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	J0178	J0587	J0885	J1561	J1750	J2469	J3060	J7182	J7309	J7999	J9050	J9211	J9264	J9351
90283	J0180	J0588	J0888	J1562	J1756	J2502	J3090	J7183	J7310	J8520	J9055	J9213	J9265	J9352
90284	J0202	J0592	J0894	J1566	J1786	J2503	J3095	J7185	J7311	J8521	J9060	J9214	J9266	J9354
90378	J0205	J0594	J0895	J1568	J1826	J2504	J3110	J7186	J7312	J8655	J9065	J9215	J9267	J9355
A9542	J0207	J0596	J0897	J1569	J1830	J2505	J3145	J7187	J7313	J8670	J9070	J9216	J9268	J9357
A9543	J0220	J0597	J1230	J1570	J1833	J2507	J3240	J7189	J7188	J8700	J9098	J9217	J9271	J9360
C9132	J0221	J0598	J1290	J1571	J1930	J2562	J3262	J7190	J7316	J9000	J9120	J9100	J9280	J9370
C9140	J0256	J0637	J1300	J1572	J1931	J2597	J3285	J7191	J7320	J9015	J9145	J9130	J9293	J9371
C9293	J0257	J0638	J1322	J1573	J1942	J2724	J3315	J7192	J7321	J9017	J9155	J9150	J9295	J9390
C9399	J0287	J0640	J1324	J1575	J1950	J2778	J3355	J7193	J7323	J9019	J9160	J9181	J9299	J9395
C9483	J0289	J0641	J1325	J1595	J1955	J2783	J3357	J7194	J7324	J9025	J9171	J9190	J9301	J9400
C9484	J0364	J0695	J1438	J1599	J2020	J2786	J3380	J7195	J7325	J9027	J9176	J9218	J9302	J9600
C9485	J0401	J0714	J1439	J1602	J2170	J2793	J3385	J7196	J7326	J9032	J9178	J9219	J9303	J9999
C9486	J0480	J0717	J1442	J1640	J2182	J2796	J3396	J7197	J7327	J9033	J9179	J9225	J9305	Q0138
C9488	J0485	J0725	J1447	J1645	J2248	J2820	J3485	J7198	J7328	J9034	J9185	J9226	J9306	Q0139
C9489	J0490	J0775	J1453	J1650	J2315	J2840	J3489	J7199	J7330	J9035	J9200	J9228	J9307	Q2043
C9490	J0570	J0800	J1458	J1652	J2323	J2860	J3490	J7200	J7340	J9039	J9201	J9230	J9308	Q2050
C9491	J0572	J0833	J1459	J1675	J2353	J2916	J3590	J7201	J7504	J9040	J9202	J9245	J9310	Q3027
C9492	J0573	J0834	J1460	J1725	J2354	J2941	J7175	J7202	J7511	J9041	J9205	J9250	J9315	Q3028
C9493	J0574	J0850	J1556	J1740	J2357	J3060	J7178	J7205	J7527	J9042	J9206	J9260	J9325	Q4074
C9494	J0575	J0875	J1557	J1743	J2425	J3090	J7179	J7207	J7639	J9043	J9207	J9261	J9328	Q5101
J0129	J0585	J0878	J1559	J1744	J2426	J3110	J7180	J7209	J7682	J9045	J9208	J9262	J9330	Q5102
J0135	J0586	J0881	J1560	J1745	J2430	J2941	J7181	J7308	J7686	J9047	J9209	J9263	J9340	Q9985



Specialty Pharmacy Drugs

MEDICAID/MARKETPLACE										
Q9986	Q9989	S0017	S0073	S0122	S0126	S0128	S0132	S0145	S0148	S0157

NOTE: C9257 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



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

Transportation Services

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

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

Unlisted/Miscellaneous Codes

MEDICAID	MARKETPLACE	MEDICAID/MARKETPLACE
N/A	N/A	Molina requires PA for all unlisted code, except 90999 which does not require PA.

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