MOLINA

Marketplace Prior Authorization (PA) Code Matrix Effective January 1, 2025

To search this document, type in the keyword or code you are looking for by pressing press Ctrl F on your keyboard.

Please contact Molina at 1-855-322-4080 if you need more information about the Third-Party Proprietary Criteria referenced in this document.

Information that indicates certain items or services do not require authorization in this Prior Authorization (PA) Code Matrix document is only applicable for Participating Providers.

FOR ANY PA CHANGES DUE TO REGULATORY GUIDANCE RELATED TO COVID 19 – PLEASE SEE PROVIDER NOTIFICATIONS AND MOST CURRENT INFORMATION

Most Non-Participating Providers require authorization regardless of services or codes (see exceptions to rule below). ON THE PROVIDER PORTAL.

Prior authorization exceptions for Non-Participating Offices/Providers/Facilities:

•Emergency Department Services:

•Local Health Department (LHD) services Other services based on State requirements

Professional fees associated with an Emergency Department visit and approved Ambulatory Surgery Center (ASC) or in-patient stay
 Prior authorization is waived for all Radiology, Anesthesiology, and Pathology services when billed in Place of Service Code 19, 21, 22, 23 or 24

Prior authorization is waived for professional component services or services billed with Modifier 26 in ANY place of service setting
All In-Patient admits and services require Prior Authorization, including: Acute Hospital, Neonatal Intensive Care Unit (NICU), Skilled Nursing Facilities (SNF), Rehabilitation, Hospice and Long-Term Acute Care (LTAC) Facilities.

Observation stays require a prior authorization after the first 48 hours. The codes below are for Out-Patient services only.

Some services listed may not be covered by the Marketplace benefit plan. CMS or penefits. The absence of a code from this list does not mean that a service is a covered benefit.

Refer to the explanation of coverage (EOC) and Summary of Benefits for plan benefit information. Prior authorizations are not required for the following:

*Emergency Services for Participating or Non-Participating Providers

•Office visits or office-based procedures at Participating Providers unless specifically required in another category.

•Referrals to Participating Network Specialists.

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 Marketplace 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 1-855-322-4080.

Most gene therapy is not covered for Marketplace members. Molina covers limited gene therapy services in accordance with our medical policies, subject to Prior Authorization.

orization is not required for Texas Gold Card Providers ONLY for the specific codes determined to be exempt for each individual provider

Healthcare Services Screening Criteria Link

The prior authorization information reflected on this document is general in nature and is not intended to be relied upon in making medical decisions. The criteria listed below is generally accurate, but may be different based on factors such as specific medical condition or type of provider requesting the service. Each patient will have unique medical conditions, submitted by his/her physician in a particularized manner, that will factor into documents required, criteria applied, and Molina's decision of whether to approve or deny a requested service. Please contact Molina or your doctor to get more information regarding prior authorization for any particular service.

Service Category Notes Effective Date Code Definition Criteria Notes 9/1/2019 UNLISTED PROCEDURE EXCISION Information generally required to support authorization decision making includes, but not limited to: Additional information is required to define this code Unlisted/Miscellaneous codes: Iolina requires prior authorization, as well as, medical necessity documentation and rationale by PRESSURE ULCER Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; submitted with the prior authorization request for all Unlisted/Miscellaneous codes, including History of the presenting problem those not listed here ·Clinical exam; Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; Information and consultations with the treating practitioner; Pertinent evaluations from other health care practitioners and providers; Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information. UNLISTED PX SKIN MUC MEMBRANE Information generally required to support authorization decision making includes, but not limited to: Unlisted/Miscellaneous codes: 9/1/2019 Additional information is required to define this code Molina requires prior authorization, as well as, medical necessity documentation and rationale be •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; and determine criteria. submitted with the prior authorization request for all Unlisted/Miscellaneous codes, including those not listed here ·History of the presenting problem ·Clinical exam; Pertinent diagnostic testing results, operative and/or pathological reports; Treatment plan and progress notes; ·Pertinent psychosocial history: •Information and consultations with the treating practitioner; Pertinent evaluations from other health care practitioners and providers; Pertinent charts, graphs or photographic information, as appropriate; Rehabilitation evaluations: Information regarding the local delivery system; and Patient characteristics and information

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Unlisted/Miscellaneous codes: Molina requires prior authorization, as well as, medical necessity documentation and rationale be submitted with the prior authorization request for all Unlisted/Miscellaneous codes, including those not listed here	9/1/2019	19499	UNLISTED PROCEDURE BREAST	Information generally required to support authorization decision making includes, but not limited to: Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; History of the presenting problem: Pertinent diagnostic testing results, operative and/or pathological reports; Treatment plan and progress notes; Pertinent plan and progress notes; Pertinent planshosecial history; Information and consultations with the treating practitioner; Pertinent explansions from other health care practitioners and providers; Pertinent charts, graphs or photographic information, as appropriate; Rehabilitation ovaluations; Information regarding the local delivery system; and Patient characteristics and information.	Additional information is required to define this code and determine criteria.	
United Michigen description as well as, medicial necessity documentation and rationale be submitted with the prior authorization request for all Unlisted/Miscellaneous codes, including those not listed here	9/1/2019	20999	UNLISTED PROCEDURE MUSCSKELETAL SYSTEM GENERAL	Information generally required to support authorization decision making includes, but not limited to: **Current (up to formells), adequate patient history related to the requested services such as: office and hospital records; **History of the presenting problem **Clinical exam; **Pertinent diagnostic testing results, operative and/or pathological reports; **Pertinent diagnostic testing results, operative and/or pathological reports; **Pertinent psychosocial history: **Information and crossillations with the treating practitioner; **Pertinent evaluations from other health care practitioners and providers; **Pertinent evaluations from other health care practitioners and providers; **Pertinent evaluations: **Rethabilitation evaluations: **Alcomation regarding the local delivery system; and **Patient characteristics and information.	Additional information is required to define this code and determine criteria.	
Unlisted/Miscellaneous codes: Molina requires prior authorization, as well as medical necessity documentation and rationale be submitted with the prior authorization request for all Unlisted/Miscellaneous codes, including those not listed here	9/1/2019	21089	UNLISTED MAXILLOFACIAL PROSTHETIC PROCEDURE	Information generally required to support authorization decision making includes, but not limited to: *Current(up to 6 months), adequate patient history related to the requested services such as: office and hospital records; *History of the presenting problem *Clinical exam; *Pertinent diagnostic testing results, operative and/or pathological reports; *Teratment plan and progress notes; *Pertinent psychosocial history; *Information and consultations with the treating practitioner; *Pertinent evaluations from other health care practitioners and providers; *Pertinent evaluations from other health care practitioners and providers; *Pertinent evaluations; *Information angraphic information, as appropriate; *Relabilitation evaluations; *Information regarding the local delivery system; and *Patient characteristics and information.	Additional information is required to define this code and determine criteria.	
Unisted/Miscellaneous codes: Molina requires prior authorization, as well as, medical necessity documentation and rationale be submitted with the prior authorization request for all Unisted Miscellaneous codes, including those not listed here	9/1/2019	21299	UNLISTED CRANIOFACIAL AND MAXILLOFACIAL PROCEDURE	Information generally required to support authorization decision making includes, but not limited to: - Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; - History of the presenting problem - Clinical exam; - Pertinent alganostic testing results, operative and/or pathological reports; - Treatment plan and progress notes; - Pertinent phosenoial history; - Information and consultations with the treating practitioner; - Pertinent charts, garghs or photographic information, as appropriate; - Rehabilitation ovaluations; - Information regarding the local delivery system; and - Patient charts, and information.	Additional information is required to define this code and determine criteria.	

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Unlast Miscellaneous codes: Molina requires prior authorization, as well as, medical necessity documentation and rationale be submitted with the prior authorization request for all Unlisted Miscellaneous codes, including those not listed here	9/1/2019	22899	UNLISTED PROCEDURE SPINE	Information generally required to support authorization decision making includes, but not limited to: - Current (up to fromths), adequate parties thistory related to the requested services such as: office and hospital records; - History of the presenting problem - Clinical exam: - Petrinent diagnostic testing results, operative and/or pathological reports; - Pretiment psychosocial history: - Information and propress notes: - Petrinent evaluations from other health care practitioner; - Petrinent evaluations from other health care practitioners and providen; - Petrinent curls, graphs or photographic information, as appropriate; - Rechabilitation evaluations; - Information argunding the local delivery system; and - Patient characteristics and information.	Additional information is required to define this code and determine criteria.	
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Unlisted/Miscellaneous codes: Molina requires prior authorization, as well as, medical necessity documentation and rationale be submitted with the prior authorization request for all Unlisted/Miscellaneous codes, including those not listed here	9/1/2019	33999	UNLISTED CARDIAC SURGERY	Information generally required to support authorization decision making includes, but not limited to: *Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; *History of the presenting problem *Clinical exam; *Pertinent glangostic testing results, operative and/or pathological reports; *Treatment plan and progress notes; *Pertinent planshoscial history; *Information and consultations with the treating practitioner; *Pertinent planshose in history; *Information and consultations from other health care practitioners and providers; *Pertinent charts, graphs or photographic information, as appropriate; *Rechabilitation evaluations; *Information regarding the local delivery system; and *Patient characteristics and information.	Additional information is required to define this code and determine criteria.	
Unisted/Miscellaneous codes: Molina requires prior authorization, as well as, medical necessity documentation and rationale be submitted with the prior authorization request for all Unisted/Miscellaneous codes, including those not listed here	9/1/2019	36299	UNLISTED PROCEDURE VASCULAR INJECTION	Information generally required to support authorization decision making includes, but not limited to: *Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; *History of the presenting problem *Clinical exam; *Pertinent glain and progress notes; *Pertinent plan and progress notes; *Pertinent plans and progress notes; *Information and consultations with the treating practitioner; *Information and consultations with the treating practitioner; *Pertinent charts, garphs or photographic information, as appropriate; *Rehabilitation evaluations; *Information regarding the local delivery system; and *Patient characteristics and information.	Additional information is required to define this code and determine criteria.	

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Unlisted/Miscellaneous codes: Molina requires prior authorization, as well as medical necessity documentation and rationale be submitted with the prior authorization request for all Unlisted/Miscellaneous codes, including those not listed here	9/1/2019	38129	UNLISTED LAPAROSCOPY PROCEDURE SPLEEN	Information generally required to support authorization decision making includes, but not limited to: «Urrend (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; «History of the presenting problem «History of the presenting problem "Pertinent diagnostic testing results, operative and/or pathological reports; "Pertinent diagnostic testing results, operative and/or pathological reports; "Pertinent psychosocial history; "Information and orosustations with the treating practitioner; "Pertinent evaluations from other health care practitioners and providers, "Pertinent evaluations from other health care practitioners and providers, "Pertinent evaluations from other health care practitioners and providers, "Pertinent evaluations", "Information regarding the local delivery system; and "Patient characteristics and information.	Additional information is required to define this code and determine criteria.	
Unisted/Miscellaneous codes: Molina requires prior authorization, as well as, medical necessity documentation and rationale be submitted with the prior authorization request for all Unisted Miscellaneous codes, including those not listed here	9/1/2019	38589	UNLISTED LAPAROSCOPY PX LYMPHATIC SYSTEM	Information generally required to support authorization decision making includes, but not limited to: *Current (up to 6 month), adequate patient history related to the requested services such as: office and hospital records; *History of the presenting problem: *Clinical exam; *Pertinent plan and progress notes; *Teratment plan and progress notes; *Teratment plan and progress notes; *Information and consultations with the treating practitioner; *Information and consultations with the treating practitioner; *Pertinent exhaultson from other health care practitioners and providers; *Pertinent charts, graphs or photographic information, as appropriate; *Rehabilitation evaluations; *Information regarding the local delivery system; and *Patient characteristics and information.	Additional information is required to define this code and determine criteria.	

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Unlisted/Miscellaneous codes: Molina requires prior authorization, as well as, medical necessity documentation and rationale be submitted with the prior authorization request for all Unlisted/Miscellaneous codes, including those not listed here	9/1/2019	38999	UNLISTED PROCEDURE HEMIC OR LYMPHATIC SYSTEM	Information generally required to support authorization decision making includes, but not limited to: Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; History of the presenting problem: Clinical exam; Pertinent diagnostic testing results, operative and/or pathological reports; Treatment plan and progress notes; Pertinent plans and progress notes; Pertinent possocial history; Information and consultations with the treating practitioner; Pertinent explanations from other health care practitioners and providers; Pertinent charts, graphs or photographic information, as appropriate; Relabilitation or valuations; Information regarding the local delivery system; and Patient characteristics and information.	Additional information is required to define this code and determine criteria.	
Unlisted Micheellaneous codes: Molina requires prior authorization, as well as, medical necessity documentation and rationale be submitted with the prior authorization request for all Unlisted Miscellaneous codes, including those not listed here	9/1/2019	39499	UNLISTED PROCEDURE MEDIASTINUM	Information generally required to support authorization decision making includes, but not limited to: **Current(up to for morths), adoquate patient history related to the requested services such as: office and hospital records; **History of the presenting problem **Clinical exam; **Pertinent diagnostic testing results, operative and/or pathological reports; **Pertinent diagnostic testing results, operative and/or pathological reports; **Pertinent psychosocial history; **Information and consultations with the treating practitioner; **Pertinent evaluations from other health care practitioners and providers; **Pertinent evaluations from other health care practitioners and providers; **Pertinent evaluations; **Alformation regarding the local delivery system; and **Patient characteristics and information.	Additional information is required to define this code and determine criteria.	
Unlisted/Miscellaneous codes: Molina requires prior authorization, as well as medical necessity documentation and rationale be submitted with the prior authorization request for all Unlisted/Miscellaneous codes, including those not listed here	9/1/2019	39599	UNLISTED PROCEDURE DIAPHRAGM	Information generally required to support authorization decision making includes, but not limited to: «Urrend (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; «History of the presenting problem «History of the presenting problem "Critical exam; Pertinent diagnostic testing results, operative and/or pathological reports; "Teratiment plan and progress notes; "Pertinent psychosocial history; "Information and consultations with the treating practitioner; "Pertinent evaluations from other health care practitioners and providers, "Pertinent evaluations from other health care practitioners and providers, "Pertinent evaluations from other health care practitioners and providers, "Pertinent evaluations", "Information regarding the local delivery system; and "Patient characteristics and information.	Additional information is required to define this code and determine criteria.	
Unisted/Miscellaneous codes: Molina requires prior authorization, as well as, medical necessity documentation and rationale be submitted with the prior authorization request for all Unisted Miscellaneous codes, including those not listed here	9/1/2019	40799	UNLISTED PROCEDURE LIPS	Information generally required to support authorization decision making includes, but not limited to: *Current (up to 6 month), adequate patient history related to the requested services such as: office and hospital records; *History of the presenting problem: *Clinical exam; *Pertinent plan and progress notes; *Teratment plan and progress notes; *Teratment plan and progress notes; *Information and consultations with the treating practitioner; *Information and consultations with the treating practitioner; *Pertinent exhaultson from other health care practitioners and providers; *Pertinent charts, graphs or photographic information, as appropriate; *Rehabilitation evaluations; *Information regarding the local delivery system; and *Patient characteristics and information.	Additional information is required to define this code and determine criteria.	

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Unlisted/Miscellaneous codes: Molina requires prior authorization, as well as, medical necessity documentation and rationale be submitted with the prior authorization request for all Unlisted/Miscellaneous codes, including those not listed here	9/1/2019	40899	моитн	Information generally required to support authorization decision making includes, but not limited to: Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; History of the presenting problem: Clinical exam; Pertinent alignostic testing results, operative and/or pathological reports; Treatment plan and progress notes; Pertinent plan and progress notes; Information and consultations with the treating practitioner; Pertinent are plantions from other health care practitioners and providers; Pertinent charts, graphs or photographic information, as appropriate; Rehabilitation covaluations; Information regarding the local delivery system; and Patient characteristics and information.	Additional information is required to define this code and determine criteria.	
Unisted/Miscellaneous codes: Molina requires prior authorization, as well as, medical necessity documentation and rationale be submitted with the prior authorization request for all Unlisted/Miscellaneous codes, including those not listed here	9/1/2019	41599	UNLISTED PROCEDURE TONGUE FLOOR MOUTH	Information generally required to support authorization decision making includes, but not limited to: **Current (up to formells), adequate patient history related to the requested services such as: office and hospital records; **History of the presenting problem **Clinical exam; **Pertinent diagnostic testing results, operative and/or pathological reports; **Pertinent diagnostic testing results, operative and/or pathological reports; **Pertinent psychosocial history: **Information and crossillations with the treating practitioner; **Pertinent evaluations from other health care practitioners and providers; **Pertinent evaluations from other health care practitioners and providers; **Pertinent evaluations: **Rethabilitation evaluations: **Alcomation regarding the local delivery system; and **Patient characteristics and information.	Additional information is required to define this code and determine criteria.	
Unlisted/Miscellaneous codes: Molina requires prior authorization, as well as medical necessity documentation and rationale be submitted with the prior authorization request for all Unlisted/Miscellaneous codes, including those not listed here	9/1/2019	42299	UNLISTED PROCEDURE PALATE UVULA	Information generally required to support authorization decision making includes, but not limited to: *Current(up to 6 months), adequate patient history related to the requested services such as: office and hospital records; *History of the presenting problem *Clinical exam; *Pertinent diagnostic testing results, operative and/or pathological reports; *Teratment plan and progress notes; *Pertinent psychosocial history; *Information and consultations with the treating practitioner; *Pertinent evaluations from other health care practitioners and providers; *Pertinent evaluations from other health care practitioners and providers; *Pertinent evaluations; *Information angraphic information, as appropriate; *Relabilitation evaluations; *Information regarding the local delivery system; and *Patient characteristics and information.	Additional information is required to define this code and determine criteria.	
Unisted/Miscellaneous codes: Molina requires prior authorization, as well as, medical necessity documentation and rationale be submitted with the prior authorization request for all Unisted Miscellaneous codes, including those not listed here	9/1/2019	42699	UNLISTED PX SALIVARY GLANDS DUCTS	Information generally required to support authorization decision making includes, but not limited to: - Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; - History of the presenting problem - Clinical exam; - Pertinent alganostic testing results, operative and/or pathological reports; - Treatment plan and progress notes; - Pertinent phosenoial history; - Information and consultations with the treating practitioner; - Pertinent charts, garghs or photographic information, as appropriate; - Rehabilitation ovaluations; - Information regarding the local delivery system; and - Patient charts, and information.	Additional information is required to define this code and determine criteria.	

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Unlisted/Miscellaneous codes: Molina requires prior authorization, as well as, medical necessity documentation and rationale be submitted with the prior authorization request for all Unlisted/Miscellaneous codes, including those not listed here	9/1/2019	42999	ADENOIDS TONSILS	Information generally required to support authorization decision making includes, but not limited to: Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; History of the presenting problem: Clinical exam; Pertinent diagnostic testing results, operative and/or pathological reports; Treatment plan and progress notes; Pertinent plan and progress notes; Pertinent plan and progress notes; Pertinent plan consultations with the treating practitioner; Information and consultations with the treating practitioner; Pertinent exhaults graphs or platographic information, as appropriate; Retabilitation or-valuations; Information regarding the local delivery system; and Patient characteristics and information.	Additional information is required to define this code and determine criteria.	
Unlisted Micheellaneous codes: Molina requires prior authorization, as well as, medical necessity documentation and rationale be submitted with the prior authorization request for all Unlisted Miscellaneous codes, including those not listed here	9/1/2019	43289	UNLISTED LAPAROSCOPIC PROCEDURE ESOPHAGUS	Information generally required to support authorization decision making includes, but not limited to: **Current(up to for morths), adoquate patient history related to the requested services such as: office and hospital records; **History of the presenting problem **Clinical exam; **Pertinent diagnostic testing results, operative and/or pathological reports; **Pertinent diagnostic testing results, operative and/or pathological reports; **Pertinent psychosocial history; **Information and consultations with the treating practitioner; **Pertinent evaluations from other health care practitioners and providers; **Pertinent evaluations from other health care practitioners and providers; **Pertinent evaluations; **Alformation regarding the local delivery system; and **Patient characteristics and information.	Additional information is required to define this code and determine criteria.	
Unlisted/Miscellaneous codes: Molina requires prior authorization, as well as medical necessity documentation and rationale be submitted with the prior authorization request for all Unlisted/Miscellaneous codes, including those not listed here	9/1/2019	43499	UNLISTED PROCEDURE ESOPHAGUS	Information generally required to support authorization decision making includes, but not limited to: «Urrend (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; «History of the presenting problem «History of the presenting problem "Pertinent diagnostic testing results, operative and/or pathological reports; "Pertinent diagnostic testing results, operative and/or pathological reports; "Pertinent psychosocial history; "Information and orosustations with the treating practitioner; "Pertinent evaluations from other health care practitioners and providers, "Pertinent evaluations from other health care practitioners and providers, "Pertinent evaluations from other health care practitioners and providers, "Pertinent evaluations", "Information regarding the local delivery system; and "Patient characteristics and information.	Additional information is required to define this code and determine criteria.	
Unisted/Miscellaneous codes: Molina requires prior authorization, as well as, medical necessity documentation and rationale be submitted with the prior authorization request for all Unisted Miscellaneous codes, including those not listed here	9/1/2019	43659	UNLISTED LAPAROSCOPIC PROCEDURE STOMACH	Information generally required to support authorization decision making includes, but not limited to: *Current (up to 6 month), adequate patient history related to the requested services such as: office and hospital records; *History of the presenting problem: *Clinical exam; *Pertinent plan and progress notes; *Teratment plan and progress notes; *Teratment plan and progress notes; *Information and consultations with the treating practitioner; *Information and consultations with the treating practitioner; *Pertinent exhaultson from other health care practitioners and providers; *Pertinent charts, graphs or photographic information, as appropriate; *Rehabilitation evaluations; *Information regarding the local delivery system; and *Patient characteristics and information.	Additional information is required to define this code and determine criteria.	

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Unlisted/Miscellaneous codes: Molina requires prior authorization, as well as, medical necessity documentation and rationale be submitted with the prior authorization request for all Unlisted/Miscellaneous codes, including those not listed here	9/1/2019	43999		Information generally required to support authorization decision making includes, but not limited to: Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; History of the presenting problem: Clinical exam; Pertinent alignostic testing results, operative and/or pathological reports; Treatment plan and progress notes; Pertinent plan and progress notes; Information and consultations with the treating practitioner; Pertinent are plantions from other health care practitioners and providers; Pertinent charts, graphs or photographic information, as appropriate; Rehabilitation covaluations; Information regarding the local delivery system; and Patient characteristics and information.	Additional information is required to define this code and determine criteria.	
Unlisted Micheellaneous codes: Molina requires prior authorization, as well as, medical necessity documentation and rationale be submitted with the prior authorization request for all Unlisted Miscellaneous codes, including those not listed here	9/1/2019	44238	UNLISTED LAPAROSCOPY PX INTESTINE XCP RECTUM	Information generally required to support authorization decision making includes, but not limited to: **Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; **History of the presenting problem **Clinical exam: **Pertinent diagnostic testing results, operative and/or pathological reports; **Teratment plan and progress notes; **Pertinent psychosocial history: **Information and consultations with the treating practitioner; **Pertinent evaluations from other health care practitioners and providers, **Pertinent evaluations from other health care practitioners and providers, **Pertinent evaluations from other health care practitioners and providers, **Pertinent evaluations: **Alcabalitation evaluations: **Alcabalitation evaluations: **Alcabalitation evaluations: **Alcabalitation evaluations: **Alcabalitation evaluations: **Alcabalitation or evaluations: **Alcabali	Additional information is required to define this code and determine criteria.	
Unlisted/Miscellaneous codes: Molina requires prior authorization, as well as medical necessity documentation and rationale be submitted with the prior authorization request for all Unlisted/Miscellaneous codes, including those not listed here	9/1/2019	44799	UNLISTED PROCEDURE SMALL INTESTINE	Information generally required to support authorization decision making includes, but not limited to: *Current(up to 6 months), adequate patient history related to the requested services such as: office and hospital records; *History of the presenting problem *Clinical exam; *Pertinent diagnostic testing results, operative and/or pathological reports; *Teratment plan and progress notes; *Pertinent psychosocial history; *Information and consultations with the treating practitioner; *Pertinent evaluations from other health care practitioners and providers; *Pertinent evaluations from other health care practitioners and providers; *Pertinent evaluations; *Information angraphic information, as appropriate; *Relabilitation evaluations; *Information regarding the local delivery system; and *Patient characteristics and information.	Additional information is required to define this code and determine criteria.	
Unisted/Miscellaneous codes: Molina requires prior authorization, as well as, medical necessity documentation and rationale be submitted with the prior authorization request for all Unisted Miscellaneous codes, including those not listed here	9/1/2019	44899	UNLISTED PX MECKELS DIVERTICULUM AND MESENTERY	Information generally required to support authorization decision making includes, but not limited to: - Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; - History of the presenting problem - Clinical exam; - Pertinent alganostic testing results, operative and/or pathological reports; - Treatment plan and progress notes; - Pertinent phosenoial history; - Information and consultations with the treating practitioner; - Pertinent charts, garghs or photographic information, as appropriate; - Rehabilitation ovaluations; - Information regarding the local delivery system; and - Patient charts, and information.	Additional information is required to define this code and determine criteria.	

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Unlisted/Miscellaneous codes: Molina requires prior authorization, as well as, medical accessity documentation and rationale be submitted with the prior authorization request for all Unlisted/Miscellaneous codes, including those not listed here	9/1/2019	44979	UNLISTED LAPAROSCOPY PROCEDURE APPENDIX	Information generally required to support authorization decision making includes, but not limited to: *Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; *History of the presenting problem *Clinical exam: *Pertinent aliagnostic testing results, operative and/or pathological reports; *Treatment plan and progress notes; *Pertinent plan and progress notes; *Pertinent polynosical history; *Information and consultations with the treating practitioner; *Pertinent polynosical history; *Pertinent charts, graphs or photographic information, as appropriate; *Rehabilitation evaluations; *Information regarding the local delivery system; and *Patient characteristics and information.	Additional information is required to define this code and determine criteria.	
Unitsted/Miscellaneous codes: Molina requires prior authorization, as well as, medical necessity documentation and rationale be submitted with the prior authorization request for all Unlisted Miscellaneous codes, including those not listed here	9/1/2019	45399	UNLISTED PROCEDURE COLON	Information generally required to support authorization decision making includes, but not limited to: - Current (up to for mortles), adequate patient history related to the requested services such as: office and hospital records; - History of the presenting problem - Clinical exam: - Petrinent diagnostic testing results, operative and/or pathological reports; - Pretinent psychosocial history; - Information and orospites notes: - Petrinent evaluations from other health care practitioner; - Petrinent evaluations from other health care practitioners and providers; - Petrinent chars, graphs or photographic information, as appropriate; - Rechabilitation evaluations; - Information agending the local delivery system; and - Patient characteristics and information.	Additional information is required to define this code and determine criteria.	
Unlated Miscellaneous codes: Molina requires prior authorization, as well as, medical necessity documentation and rationale be submitted with the prior authorization request for all Unlisted Miscellaneous codes, including those not listed here	9/1/2019	45499	UNLISTED LAPAROSCOPY PROCEDURE RECTUM	Information generally required to support authorization decision making includes, but not limited to: - Current (up to fromths), adequate parties thistory related to the requested services such as: office and hospital records; - History of the presenting problem - Clinical exam: - Petrinent diagnostic testing results, operative and/or pathological reports; - Pretiment psychosocial history: - Information and propress notes: - Petrinent evaluations from other health care practitioner; - Petrinent evaluations from other health care practitioners and providen; - Petrinent curls, graphs or photographic information, as appropriate; - Rechabilitation evaluations; - Information argunding the local delivery system; and - Patient characteristics and information.	Additional information is required to define this code and determine criteria.	
Unisted/Miscellaneous codes: Molina requires prior authorization, as well as, medical necessity documentation and rationale be submitted with the prior authorization request for all Unisted/Miscellaneous codes, including those not listed here	9/1/2019	45999	UNLISTED PROCEDURE RECTUM	Information generally required to support authorization decision making includes, but not limited to: *Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; *History of the presenting problem: *Clinical exam; *Pertinent glain and progress notes; *Pertinent plan and progress notes; *Pertinent plan and progress notes; *Information and consultations with the treating practitioner; *Information and consultations with the treating practitioner; *Pertinent exhaultons from other health care practitioners and providen; *Pertinent charts, graphs or photographic information, as appropriate; *Rehabilitation evaluations; *Information regarding the local delivery system; and *Patient characteristics and information.	Additional information is required to define this code and determine criteria.	

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Unlisted/Miscellaneous codes: Molina requires prior authorization, as well as, medical necessity documentation and rationale be submitted with the prior authorization request for all Unlisted/Miscellaneous codes, including those not listed here	9/1/2019	46999	UNLISTED PROCEDURE ANUS	Information generally required to support authorization decision making includes, but not limited to: Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; History of the presenting problem: Clinical exam; Pertinent diagnostic testing results, operative and/or pathological reports; Treatment plan and progress notes; Pertinent plan and progress notes; Pertinent possocial history; Information and consultations with the treating practitioner; Pertinent perhapsions from other health care practitioners and providers; Pertinent charts, graphs or photographic information, as appropriate; Rehabilitation evaluations; Information regarding the local delivery system; and Patient characteristics and information.	Additional information is required to define this code and determine criteria.	
Unisted/Miscellaneous codes: Molina requires prior authorization, as well as, medical necessity documentation and rationale be submitted with the prior authorization request for all Unlisted/Miscellaneous codes, including those not listed here	9/1/2019	47379	UNLIS LAPAROSCOPIC PROCEDURE LIVER	Information generally required to support authorization decision making includes, but not limited to: **Current(up to for months), adequate patient history related to the requested services such as: office and hospital records; **History of the presenting problem **Clinical exam; **Pertinent diagnostic testing results, operative and/or pathological reports; **Teratment plan and progress notes; **Pertinent psychosocial history: **Information and consultations with the treating practitioner; **Pertinent evaluations from other health care practitioners and providers; **Pertinent evaluations from other health care practitioners and providers; **Pertinent evaluations: **Rechabilitation evaluations: **Information agending the local delivery system; and **Patient characteristics and information.	Additional information is required to define this code and determine criteria.	
Unlisted/Miscellaneous codes: Molina requires prior authorization, as well as medical necessity documentation and rationale be submitted with the prior authorization request for all Unlisted/Miscellaneous codes, including those not listed here	9/1/2019	47399	UNLISTED PROCEDURE LIVER	Information generally required to support authorization decision making includes, but not limited to: **Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; **History of the presenting problem **Cilinical tearum; **Pertinent diagnostic testing results, operative and/or pathological reports; **Terratment plana and progress notes; **Pertinent psychosocial history: **Information and consultations with the treating practitioner; **Pertinent evaluations from other health care practitioners and providers; **Pertinent evaluations from other health care practitioners and providers; **Pertinent evaluations from other health care practitioners and providers; **Pertinent evaluations: **Alleabilitation evaluations: **	Additional information is required to define this code and determine criteria.	
Unisted/Miscellaneous codes: Molina requires prior authorization, as well as, medical necessity documentation and rationale be submitted with the prior authorization request for all Unisted Miscellaneous codes, including those not listed here	9/1/2019	47579	UNLISTED LAPAROSCOPY PROCEDURE BILIARY TRACT	Information generally required to support authorization decision making includes, but not limited to: Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records: History of the presenting problem: Clinical exam; Pertinent alignostic testing results, operative and/or pathological reports; Treatment plan and progress notes; Pertinent planshoseal history: Information and consultations with the treating practitioner; Pertinent planshose in history: Pertinent charts, graphs or photographic information, as appropriate; Rehabilitation evaluations; Information regarding the local delivery system; and Patient characteristics and information.	Additional information is required to define this code and determine criteria.	

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Unlisted/Miscellaneous codes: Molina requires prior authorization, as well as, medical necessity documentation and rationale be submitted with the prior authorization request for all Unlisted/Miscellaneous codes, including those not listed here	9/1/2019	47999	UNLISTED PROCEDURE BILIARY TRACT	Information generally required to support authorization decision making includes, but not limited to: Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; History of the presenting problem: Clinical exam; Pertinent diagnostic testing results, operative and/or pathological reports; Treatment plan and progress notes; Pertinent plan and progress notes; Pertinent plan and progress notes; Pertinent plan consultations with the treating practitioner; Information and consultations with the treating practitioner; Pertinent exhaults graphs or platographic information, as appropriate; Retabilitation or-valuations; Information regarding the local delivery system; and Patient characteristics and information.	Additional information is required to define this code and determine criteria.	
Unisted/Miscellaneous codes: Molina requires prior authorization, as well as, medical necessity documentation and rationale be submitted with the prior authorization request for all Unlisted/Miscellaneous codes, including those not listed here	9/1/2019	48999		Information generally required to support authorization decision making includes, but not limited to: **Current(up to for morths), adoquate patient history related to the requested services such as: office and hospital records; **History of the presenting problem **Clinical exam; **Pertinent diagnostic testing results, operative and/or pathological reports; **Pertinent diagnostic testing results, operative and/or pathological reports; **Pertinent psychosocial history; **Information and consultations with the treating practitioner; **Pertinent evaluations from other health care practitioners and providers; **Pertinent evaluations from other health care practitioners and providers; **Pertinent evaluations: **Alcabalitation evaluations; **Information regarding the local delivery system; and **Patient characteristics and information.	Additional information is required to define this code and determine criteria.	
Unlisted/Miscellaneous codes: Molina requires prior authorization, as well as medical necessity documentation and rationale be submitted with the prior authorization request for all Unlisted/Miscellaneous codes, including those not listed here	9/1/2019	49329	UNLISTED LAPAROSCOPIC PX. ABD PERTONEUM AND OMENTUM	Information generally required to support authorization decision making includes, but not limited to: «Urrend (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; «History of the presenting problem «History of the presenting problem "Pertinent diagnostic testing results, operative and/or pathological reports; "Pertinent diagnostic testing results, operative and/or pathological reports; "Pertinent psychosocial history; "Information and orosustations with the treating practitioner; "Pertinent evaluations from other health care practitioners and providers, "Pertinent evaluations from other health care practitioners and providers, "Pertinent evaluations from other health care practitioners and providers, "Pertinent evaluations", "Information regarding the local delivery system; and "Patient characteristics and information.	Additional information is required to define this code and determine criteria.	
Unisted/Miscellaneous codes: Molina requires prior authorization, as well as, medical necessity documentation and rationale be submitted with the prior authorization request for all Unisted Miscellaneous codes, including those not listed here	9/1/2019	49659	UNLIS LAPS PX HRNAP HERNIORRHAPHY HERNIOTOMY	Information generally required to support authorization decision making includes, but not limited to: *Current (up to 6 month), adequate patient history related to the requested services such as: office and hospital records; *History of the presenting problem: *Clinical exam; *Pertinent plan and progress notes; *Teratment plan and progress notes; *Teratment plan and progress notes; *Information and consultations with the treating practitioner; *Information and consultations with the treating practitioner; *Pertinent exhaultson from other health care practitioners and providers; *Pertinent charts, graphs or photographic information, as appropriate; *Rehabilitation evaluations; *Information regarding the local delivery system; and *Patient characteristics and information.	Additional information is required to define this code and determine criteria.	

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Unlisted/Miscellaneous codes: Molina requires prior authorization, as well as, medical necessity documentation and rationale be submitted with the prior authorization request for all Unlisted/Miscellaneous codes, including those not listed here	9/1/2019	49999	UNLISTED PROCEDURE ABDOMEN PERITONEUM AND OMENTUM	Information generally required to support authorization decision making includes, but not limited to: Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; History of the presenting problem: Clinical exam; Pertinent diagnostic testing results, operative and/or pathological reports; Treatment plan and progress notes; Pertinent plan and progress notes; Pertinent plan and progress notes; Pertinent plan consultations with the treating practitioner; Information and consultations with the treating practitioner; Pertinent exhaults graphs or platographic information, as appropriate; Retabilitation or-valuations; Information regarding the local delivery system; and Patient characteristics and information.	Additional information is required to define this code and determine criteria.	
Units ted Michaeclaneous codes: Molina requires prior authorization, as well as, medical necessity documentation and rationale be submitted with the prior authorization request for all Unlisted/Miscellaneous codes, including those not listed here	9/1/2019	50549	UNILISTED LAPAROSCOPY PROCEDURE RENAL	Information generally required to support authorization decision making includes, but not limited to: **Current(up to for morths), adequate patient history related to the requested services such as: office and hospital records; **History of the presenting problem **Clinical exam; **Pertinent diagnostic testing results, operative and/or pathological reports; **Pertinent diagnostic testing results, operative and/or pathological reports; **Pertinent psychosocial history; **Information and crossilations with the treating practitioner; **Pertinent evaluations from other health care practitioners and providers; **Pertinent evaluations from other health care practitioners and providers; **Pertinent evaluations; **Information regarding the local delivery system; and **Patient characteristics and information.	Additional information is required to define this code and determine criteria.	
Unlisted/Miscellaneous codes: Molina requires prior authorization, as well as medical necessity documentation and rationale be submitted with the prior authorization request for all Unlisted/Miscellaneous codes, including those not listed here	9/1/2019	50949	UNLISTED LAPAROSCOPY PROCEDURE URETER	Information generally required to support authorization decision making includes, but not limited to: «Urrend (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; «History of the presenting problem «History of the presenting problem "Pertinent diagnostic testing results, operative and/or pathological reports; "Pertinent diagnostic testing results, operative and/or pathological reports; "Pertinent psychosocial history; "Information and orosustations with the treating practitioner; "Pertinent evaluations from other health care practitioners and providers, "Pertinent evaluations from other health care practitioners and providers, "Pertinent evaluations from other health care practitioners and providers, "Pertinent evaluations", "Information regarding the local delivery system; and "Patient characteristics and information.	Additional information is required to define this code and determine criteria.	
Unisted/Miscellaneous codes: Molina requires prior authorization, as well as, medical necessity documentation and rationale be submitted with the prior authorization request for all Unisted Miscellaneous codes, including those not listed here	9/1/2019	51999	UNLISTED LAPAROSCOPY PROCEDURE BLADDER	Information generally required to support authorization decision making includes, but not limited to: *Current (up to 6 month), adequate patient history related to the requested services such as: office and hospital records; *History of the presenting problem: *Clinical exam; *Pertinent plan and progress notes; *Teratment plan and progress notes; *Teratment plan and progress notes; *Information and consultations with the treating practitioner; *Information and consultations with the treating practitioner; *Pertinent exhaultson from other health care practitioners and providers; *Pertinent charts, graphs or photographic information, as appropriate; *Rehabilitation evaluations; *Information regarding the local delivery system; and *Patient characteristics and information.	Additional information is required to define this code and determine criteria.	

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Unlisted/Miscellaneous codes: Molina requires prior authorization, as well as, medical necessity documentation and rationale be submitted with the prior authorization request for all Unlisted/Miscellaneous codes, including those not listed here	9/1/2019	53899	UNLISTED PROCEDURE URINARY SYSTEM	Information generally required to support authorization decision making includes, but not limited to: *Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; *History of the presenting problem *Clinical exam: *Pertinent aliagnostic testing results, operative and/or pathological reports; *I-reatment plan and progress notes; *Pertinent plans and progress notes; *Pertinent polynosical history; *Information and consultations with the treating practitioner; *Pertinent polynosical history; *Pertinent charts, graphs or photographic information, as appropriate; *Rehabilitation or valuations; *Information regarding the local delivery system; and *Patient chartscristics and information.	Additional information is required to define this code and determine criteria.	
Unlisted Micheellaneous codes: Molina requires prior authorization, as well as, medical necessity documentation and rationale be submitted with the prior authorization request for all Unlisted Miscellaneous codes, including those not listed here	9/1/2019	54699	UNLISTED LAPAROSCOPY PROCEDURE TESTIS	Information generally required to support authorization decision making includes, but not limited to: - Current (up to for mortles), adequate patient history related to the requested services such as: office and hospital records; - History of the presenting problem - Clinical exam: - Petrinent diagnostic testing results, operative and/or pathological reports; - Pretinent psychosocial history; - Information and orospites notes: - Petrinent evaluations from other health care practitioner; - Petrinent evaluations from other health care practitioners and providers; - Petrinent chars, graphs or photographic information, as appropriate; - Rechabilitation evaluations; - Information agending the local delivery system; and - Patient characteristics and information.	Additional information is required to define this code and determine criteria.	
Unlast Miscellaneous codes: Molina requires prior authorization, as well as, medical necessity documentation and rationale be submitted with the prior authorization request for all Unlasted Miscellaneous codes, including those not listed here	9/1/2019	55559	UNLISTED LAPROSCOPY PROCEDUR SPERMATIC CORD	E Information generally required to support authorization decision making includes, but not limited to: - Current (up to fromthe), adequate patient history related to the requested services such as: office and hospital records; - History of the presenting problem - Clinical exam; - Petrinent diagnostic testing results, operative and/or pathological reports; - Treatmert plan and progress notes: - Petrinent psychosocial history; - Information and consultations; - Information consultations with the treating practitioner; - Petrinent evaluations from other health care practitioners and providen; - Petrinent curlamitions graphic information, as appropriate; - Rechabilitation evaluations; - Information regarding the local delivery system; and - Patient characteristics and information.	Additional information is required to define this code and determine criteria.	
Unlisted/Miscellaneous codes: Molina requires prior authorization, as well as, medical necessity documentation and rationale be submitted with the prior authorization request for all Unlisted/Miscellaneous codes, including those not listed here	9/1/2019	55899	UNLISTED PROCEDURE MALE GENITAL SYSTEM	Information generally required to support authorization decision making includes, but not limited to: **Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; **History of the presenting problem: **Clinical exam; **Pertinent glass posts testing results, operative and/or pathological reports; **I rearment plan and progress notes; **Pertinent planshoscal history; **Information and consultations with the treating practitioner; **Pertinent evaluations from other health care practitioners and providers; **Pertinent charts, graphs or photographic information, as appropriate; **Rehabilitation evaluations; **Information regarding the local delivery system; and **Patient chartscristics and information.	Additional information is required to define this code and determine criteria.	

Service Category Notes	Effective Date	Code	Definition		Criteria	Notes
Unlisted/Miscellaneous codes: Molina requires prior authorization, as well as, medical necessity documentation and rationale be submitted with the prior authorization request for all Unlisted/Miscellaneous codes, including those not listed here	9/1/2019	58578	UNLISTED LAPAROSCOPY PROCEDURE UTERUS	Information generally required to support authorization decision making includes, but not limited to: *Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; *History of the presenting problem *Clinical exam: *Pertinent alignostic testing results, operative and/or pathological reports; *Treatment plan and progress notes; *Pertinent plan and progress notes; *Pertinent polysosocial history; *Information and consultations with the treating practitioner; *Pertinent polysocial history; *Pertinent examinations from other health care practitioners and providen; *Pertinent charts, graphs or photographic information, as appropriate; *Rehabilitation evaluations; *Information regarding the local delivery system; and *Patient characteristics and information.	Additional information is required to define this code and determine criteria.	
Unisted/Miscellaneous codes: Molina requires prior authorization, as well as, medical necessity documentation and rationale be submitted with the prior authorization request for all Unlisted/Miscellaneous codes, including those not listed here	9/1/2019	58579	UNLISTED HYSTEROSCOPY PROCEDURE UTERUS	Information generally required to support authorization decision making includes, but not limited to: - Current (up to for mottle), adoquate patient history related to the requested services such as: office and hospital records; - History of the presenting problem - Clinical exam: - Pertinent diagnostic testing results, operative and/or pathological reports; - Treatment plan and progress notes; - Pertinent psychosocial history; - Information and consultations with the treating practitioner, - Pertinent evaluations from other health care practitioners and providen; - Pertinent evaluations from other health care practitioner, as appropriate; - Rechabilitation evaluations; - Information agending the local delivery system; and - Patient characteristics and information.	Additional information is required to define this code and determine criteria.	
Unlisted/Miscellaneous codes: Molina requires prior authorization, as well as medical necessity documentation and rationale be submitted with the prior authorization request for all Unlisted/Miscellaneous codes, including those not listed here	9/1/2019	58679	UNLISTED LAPAROSCOPY PROCEDURE OVIDUCT OVARY	Information generally required to support authorization decision making includes, but not limited to: - Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; - History of the presenting problem - Pertinent diagnostic testing results, operative and/or pathological reports; - Pertinent psychosocial history; - Pertinent psychosocial history; - Information and consultations with the treating practitioner; - Pertinent evaluations from other health care practitioners and providen; - Pertinent evaluations from other health care practitioners and providen; - Pertinent chars, graphs or photographic information, as appropriate; - Rechabilitation evaluations; - Information agending the local delivery system; and - Patient characteristics and information.	Additional information is required to define this code and determine criteria.	
Unisted/Miscellaneous codes: Molina requires prior authorization, as well as, medical necessity documentation and rationale be submitted with the prior authorization request for all Unisted Miscellaneous codes, including those not listed here	9/1/2019	58999	UNLISTED PX FEMALE GENITAL SYSTEM NONOBSTETRICAL	Information generally required to support authorization decision making includes, but not limited to: Current (up to 6 month), adequate patient history related to the requested services such as: office and hospital records; History of the presenting problem: Clinical exam; Pertinent glassing testing results, operative and/or pathological reports; Fleatment plan and progress notes; Pertinent plans and progress notes; Pertinent polysosical history; Information and consultations with the treating practitioner; Pertinent polysosical history; Pertinent charts, graphs or photographic information, as appropriate; Rechabilitation evaluations; Information regarding the local delivery system; and Patient characteristics and information.	Additional information is required to define this code and determine criteria.	

Service Category Notes	Effective Date	Code	Definition		Criteria	Notes
Unlisted/Miscellaneous codes: Molina requires prior authorization, as well as, medical necessity documentation and rationale be submitted with the prior authorization request for all Unlisted/Miscellaneous codes, including those not listed here	9/1/2019	59897	UNLISTED FETAL INVASIVE PX W ULTRASOUND	Information generally required to support authorization decision making includes, but not limited to: Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; History of the presenting problem: Clinical exam; Pertinent diagnostic testing results, operative and/or pathological reports; Treatment plan and progress notes; Pertinent plan and progress notes; Pertinent plan and progress notes; Pertinent plan consultations with the treating practitioner; Information and consultations with the treating practitioner; Pertinent exhaults graphs or platographic information, as appropriate; Retabilitation or-valuations; Information regarding the local delivery system; and Patient characteristics and information.	Additional information is required to define this code and determine criteria.	
Units ted Michaellaneous codes: Molina requires prior authorizatos, as well as, medical necessity documentation and rationale be submitted with the prior authorization request for all Unlisted/Miscellaneous codes, including those not listed here	9/1/2019	59898	UNLISTED LAPAROSCOPY PX MATERNITY CARE AND DELIVERY	Information generally required to support authorization decision making includes, but not limited to: **Current(up to for morths), adoquate patient history related to the requested services such as: office and hospital records; **History of the presenting problem **Clinical excum: **Pertinent diagnostic testing results, operative and/or pathological reports; **Pertinent diagnostic testing results, operative and/or pathological reports; **Pertinent psychosocial history; **Alformation and consultations with the treating practitioner; **Pertinent evaluations from other health care practitioners and providers; **Pertinent evaluations from other health care practitioners and providers; **Pertinent evaluations: **Alformation regarding the local delivery system; and **Patient characteristics and information.	Additional information is required to define this code and determine criteria.	
Unlisted/Miscellaneous codes: Molina requires prior authorization, as well as, medicial necessity documentation and rationale be submitted with the prior authorization request for all Unlisted/Miscellaneous codes, including those not listed here	9/1/2019	59899	UNLISTED PROCEDURE MATERNITY CARE AND DELIVERY	Information generally required to support authorization decision making includes, but not limited to: **Current(up to for morths), adoquate patient history related to the requested services such as: office and hospital records; **History of the presenting problem **Clinical exam; **Pertinent diagnostic testing results, operative and/or pathological reports; **Pertinent diagnostic testing results, operative and/or pathological reports; **Pertinent psychosocial history; **Information and consultations with the treating practitioner; **Pertinent evaluations from other health care practitioners and providers; **Pertinent evaluations from other health care practitioners and providers; **Pertinent evaluations; **Alformation regarding the local delivery system; and **Patient characteristics and information.	Additional information is required to define this code and determine criteria.	
Unisted/Miscellaneous codes: Molina requires prior authorization, as well as, medical necessity documentation and rationale be submitted with the prior authorization request for all Unisted Miscellaneous codes, including those not listed here	9/1/2019	60659	UNLISTED LAPAROSCOPY PROCEDURE ENDOCRINE SYSTEM	Information generally required to support authorization decision making includes, but not limited to: *Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; *History of the presenting problem: *Clinical cxam; *Pertinent plan and progress notes; *Teratment plan and progress notes; *Pertinent plansocial history; *Information and consultations with the treating practitioner; *Pertinent plansocial history; *Information and consultations with the treating practitioners and providers; *Pertinent charts, graphs or photographic information, as appropriate; *Rechabilitation evaluations; *Information regarding the local delivery system; and *Patient characteristics and information.	Additional information is required to define this code and determine criteria.	

Service Category Notes	Effective Date	Code	Definition		Criteria	Notes
Unlisted/Miscellaneous codes: Molina requires prior authorization, as well as, medical necessity documentation and rationale be submitted with the prior authorization request for all Unlisted/Miscellaneous codes, including those not listed here	9/1/2019	60699	SYSTEM	Information generally required to support authorization decision making includes, but not limited to: «Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; History of the presenting problem «Clinical exam: Pertinent glain and progress notes; Prestament plan and progress notes; Pertinent plans and consultations with the treating practitioner; Information and consultations with the treating practitioner; Pertinent explanations from other betalls care practitioners; Pertinent charts, graphs or photographic information, as appropriate; Rehabilitation covaluations; Information regarding the local delivery system; and Patient characteristics and information.	Additional information is required to define this code and determine criteria.	
Units ted Michaellaneous codes: Molina requires prior authorizatos, as well as, medical necessity documentation and rationale be submitted with the prior authorization request for all Unlisted/Miscellaneous codes, including those not listed here	9/1/2019	64999	UNLISTED PROCEDURE NERVOUS SYSTEM	Information generally required to support authorization decision making includes, but not limited to: «Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; 4History of the presenting problem «Clinical exam: *Pertinent diagnostic testing results, operative and/or pathological reports; *Pertinent diagnostic testing results, operative and/or pathological reports; *Pertinent psychosocial history; *Information and crosultations with the treating practitioner; *Pertinent evaluations from other health care practitioners and providers, *Pertinent evaluations from other health care practitioners and providers, *Pertinent evaluations; *Rehabilitation evaluations; *Information regarding the local delivery system; and *Patient characteristics and information.	Additional information is required to define this code and determine criteria.	
Unlast Miscellaneous codes: Molina requires prior authorization, as well as, medical necessity documentation and rationale be submitted with the prior authorization request for all Unlisted Miscellaneous codes, including those not listed here	9/1/2019	66999	UNLISTED PROCEDURE ANTERIOR SEGMENT EYE	Information generally required to support authorization decision making includes, but not limited to: «Current (up to fromths), adequate patient history related to the requested services such as: office and hospital records; «History of the presenting problem (Clinical exam; «Pertinent diagnostic testing results, operative and/or pathological reports; «Pertinent diagnostic testing results, operative and/or pathological reports; «Pertinent diagnostic testing crossible strong; «Pertinent diagnostic testing crossible strong; «Pertinent psychosocial history; «Information and crossultations with the treating practitioner; «Pertinent evaluations from other health care practitioners and providers; «Pertinent evaluations from other health care paractitioners and providers; «Pertinent evaluations; «Pertinent evaluations from other health care practitioners and providers; «Pertinent evaluations from other health care practitioners and providers; «Pertinent evaluations from other health care practitioners and providers; «Pertinent evaluations from other health care practitioners and providers; «Pertinent evaluations from other health care practitioners and providers; «Pertinent evaluations from other health care practitioners and providers; «Pertinent evaluations from other health care practitioners and providers; «Pertinent evaluations from other health care practitioners and providers; «Pertinent evaluations from other health care practitioners and providers; «Pertinent evaluations from other health care practitioners and providers; «Pertinent diagnosis evaluations from other health care practitioners and providers; «Pertinent diagnosis evaluations from other health care practitioners and providers and providers and providers	Additional information is required to define this code and determine criteria.	
Unisted/Miscellaneous codes: Molina requires prior authorization, as well as, medical necessity documentation and rationale be submitted with the prior authorization request for all Unisted Miscellaneous codes, including those not listed here	9/1/2019	67299	UNLISTED PROCEDURE POSTERIOR SEGMENT	Information generally required to support authorization decision making includes, but not limited to: Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; History of the presenting problem Clinical exam; Pertinent alganostic testing results, operative and/or pathological reports; Prestament plan and progress notes; Pertinent physionoscial history; Information and consultations with the treating practitioner; Pertinent explositions from other health care practitioners and providers; Pertinent charts, graphs or photographic information, as appropriate; Rehabilitation or-valuations; Information regarding the local delivery system; and Patient characteristics and information.	Additional information is required to define this code and determine criteria.	

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Unlisted/Miscellaneous codes: Molina requires prior authorization, as well as, medical necessity documentation and rationale be submitted with the prior authorization request for all Unlisted/Miscellaneous codes, including those not listed here	9/1/2019	67399	UNLISTED PROCEDURE EXTRAOCULAR MUSCLE	Information generally required to support authorization decision making includes, but not limited to: *Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; *History of the presenting problem *Clinical exam: *Pertinent aliagnostic testing results, operative and/or pathological reports; *Treatment plan and progress notes; *Pertinent plan and progress notes; *Pertinent polynosical history; *Information and consultations with the treating practitioner; *Pertinent polynosical history; *Pertinent charts, graphs or photographic information, as appropriate; *Rehabilitation evaluations; *Information regarding the local delivery system; and *Patient characteristics and information.	Additional information is required to define this code and determine criteria.	
Unlisted Micheellaneous codes: Molina requires prior authorization, as well as, medical necessity documentation and rationale be submitted with the prior authorization request for all Unlisted Miscellaneous codes, including those not listed here	9/1/2019	67599	UNLISTED PROCEDURE ORBIT	Information generally required to support authorization decision making includes, but not limited to: - Current (up to for mortles), adequate patient history related to the requested services such as: office and hospital records; - History of the presenting problem - Clinical exam: - Petrinent diagnostic testing results, operative and/or pathological reports; - Pretinent psychosocial history; - Information and orospites notes: - Petrinent evaluations from other health care practitioner; - Petrinent evaluations from other health care practitioners and providers; - Petrinent chars, graphs or photographic information, as appropriate; - Rechabilitation evaluations; - Information agending the local delivery system; and - Patient characteristics and information.	Additional information is required to define this code and determine criteria.	
Unlisted/Miscellaneous codes: Molina requires prior authorization, as well as medical necessity documentation and rationale be submitted with the prior authorization request for all Unlisted/Miscellaneous codes, including those not listed here	9/1/2019	67999	UNLISTED PROCEDURE EYELIDS	Information generally required to support authorization decision making includes, but not limited to: - Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; - History of the presenting problem - Clinical accum; - Petrinent diagnostic testing results, operative and/or pathological reports; - Pretinent psychosocial history; - Information and progress notes: - Petrinent evaluations from other health care practitioners and providens; - Petrinent evaluations from other health care practitioners and providens; - Petrinent care graphs or photographic information, as appropriate; - Retabellitation evaluations; - Information agranding the local delivery system; and - Patient characteristics and information.	Additional information is required to define this code and determine criteria.	
Unlisted/Miscellaneous codes: Molina requires prior authorization, as well as, medical necessity documentation and rationale be submitted with the prior authorization request for all Unlisted Miscellaneous codes, including those not listed here	9/1/2019	68399	UNLISTED PROCEDURE CONJUNCTIVA	Information generally required to support authorization decision making includes, but not limited to: Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; History of the presenting problem: Clinical exam; Pertinent alignostic testing results, operative and/or pathological reports; Pretinent plan and progress notes; Pertinent plans and progress notes; Information and consultations with the treating practitioner; Pertinent plans and consultations with the treating practitioner; Pertinent charts, graphs or photographic information, as appropriate; Rehabilitation evaluations; Information regarding the local delivery system; and Patient characteristics and information.	Additional information is required to define this code and determine criteria.	

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Unlisted/Miscellaneous codes: Molina requires prior authorization, as well as, medical necessity documentation and rationale be submitted with the prior authorization request for all Unlisted/Miscellaneous codes, including those not listed here	9/1/2019	68899	SYSTEM	Information generally required to support authorization decision making includes, but not limited to: Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; History of the presenting problem: Clinical exam; Pertinent diagnostic testing results, operative and/or pathological reports; Treatment plan and progress notes; Pertinent plan and progress notes; Pertinent possocial history; Information and consultations with the treating practitioner; Pertinent perhapsions from other health care practitioners and providers; Pertinent charts, graphs or photographic information, as appropriate; Rehabilitation evaluations; Information regarding the local delivery system; and Patient characteristics and information.	Additional information is required to define this code and determine criteria.	
Unlisted Micheellaneous codes: Molina requires prior authorization, as well as, medical necessity documentation and rationale be submitted with the prior authorization request for all Unlisted Miscellaneous codes, including those not listed here	9/1/2019	69399	EAR	Information generally required to support authorization decision making includes, but not limited to: **Current(up to for months), adequate patient history related to the requested services such as: office and hospital records; **History of the presenting problem **Clinical exam; **Pertinent diagnostic testing results, operative and/or pathological reports; **Teratment plan and progress notes; **Pertinent psychosocial history: **Information and consultations with the treating practitioner; **Pertinent evaluations from other health care practitioners and providers; **Pertinent evaluations from other health care practitioners and providers; **Pertinent evaluations: **Rechabilitation evaluations: **Information agending the local delivery system; and **Patient characteristics and information.	Additional information is required to define this code and determine criteria.	
Unlisted/Miscellaneous codes: Molina requires prior authorization, as well as medical necessity documentation and rationale be submitted with the prior authorization request for all Unlisted/Miscellaneous codes, including those not listed here	9/1/2019	69799	UNLISTED PROCEDURE MIDDLE EAR	Information generally required to support authorization decision making includes, but not limited to: **Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; **History of the presenting problem **Cilinical tearum; **Pertinent diagnostic testing results, operative and/or pathological reports; **Terratment plana and progress notes; **Pertinent psychosocial history: **Information and consultations with the treating practitioner; *Pertinent evaluations from other health care practitioners and providers; **Pertinent evaluations from other health care practitioners and providers; **Pertinent evaluations from other health care practitioners and providers; **Pertinent evaluations: **Retabalitation evaluations: **Information regarding the local delivery system; and **Patient characteristics and information.	Additional information is required to define this code and determine criteria.	
Unisted/Miscellaneous codes: Molina requires prior authorization, as well as, medical necessity documentation and rationale be submitted with the prior authorization request for all Unisted Miscellaneous codes, including those not listed here	9/1/2019	69949	UNLISTED PROCEDURE INNER EAR	Information generally required to support authorization decision making includes, but not limited to: Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records: History of the presenting problem: Clinical exam; Pertinent alignostic testing results, operative and/or pathological reports; Treatment plan and progress notes; Pertinent planshoseal history: Information and consultations with the treating practitioner; Pertinent planshose in history: Pertinent charts, graphs or photographic information, as appropriate; Rehabilitation evaluations; Information regarding the local delivery system; and Patient characteristics and information.	Additional information is required to define this code and determine criteria.	

Service Category Notes	Effective Date	Code	Definition		Criteria	Notes
Unlisted/Miscellaneous codes: Molina requires prior authorization, as well as, medical necessity documentation and rationale be submitted with the prior authorization request for all Unlisted/Miscellaneous codes, including those not listed here	9/1/2019	69979	BONE MIDDLE FOSSA	Information generally required to support authorization decision making includes, but not limited to: Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; History of the presenting problem: Clinical exam; Pertinent alignostic testing results, operative and/or pathological reports; Treatment plan and progress notes; Pertinent plan and progress notes; Information and consultations with the treating practitioner; Pertinent are plantions from other health care practitioners and providers; Pertinent charts, graphs or photographic information, as appropriate; Rehabilitation covaluations; Information regarding the local delivery system; and Patient characteristics and information.	Additional information is required to define this code and determine criteria.	
Unisted/Miscellaneous codes: Molina requires prior authorization, as well as, medical necessity documentation and rationale be submitted with the prior authorization request for all Unlisted/Miscellaneous codes, including those not listed here	9/1/2019	76496	UNLISTED FLUOROSCOPIC PROCEDURE	Information generally required to support authorization decision making includes, but not limited to: **Current (up to formells), adequate patient history related to the requested services such as: office and hospital records; **History of the presenting problem **Clinical exam; **Pertinent diagnostic testing results, operative and/or pathological reports; **Pertinent diagnostic testing results, operative and/or pathological reports; **Pertinent psychosocial history: **Information and crossillations with the treating practitioner; **Pertinent evaluations from other health care practitioners and providers; **Pertinent evaluations from other health care practitioners and providers; **Pertinent evaluations: **Rethabilitation evaluations: **Alcomation regarding the local delivery system; and **Patient characteristics and information.	Additional information is required to define this code and determine criteria.	
Unlisted/Miscellaneous codes: Molina requires prior authorization, as well as medical necessity documentation and rationale be submitted with the prior authorization request for all Unlisted/Miscellaneous codes, including those not listed here	9/1/2019	76499	UNLISTED DIAGNOSTIC RADIOGRAPHIC PROCEDURE	Information generally required to support authorization decision making includes, but not limited to: *Current(up to 6 months), adequate patient history related to the requested services such as: office and hospital records; *History of the presenting problem *Clinical exam; *Pertinent diagnostic testing results, operative and/or pathological reports; *Teratment plan and progress notes; *Pertinent psychosocial history; *Information and consultations with the treating practitioner; *Pertinent evaluations from other health care practitioners and providers; *Pertinent evaluations from other health care practitioners and providers; *Pertinent evaluations; *Information angraphic information, as appropriate; *Relabilitation evaluations; *Information regarding the local delivery system; and *Patient characteristics and information.	Additional information is required to define this code and determine criteria.	
Unisted/Miscellaneous codes: Molina requires prior authorization, as well as, medical necessity documentation and rationale be submitted with the prior authorization request for all Unisted Miscellaneous codes, including those not listed here	9/1/2019	77399	UNLIS MEDICAL RADI DOSIM TX DEV SPEC SVCS	Information generally required to support authorization decision making includes, but not limited to: - Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; - History of the presenting problem: - Clinical exam; - Pertinent glangostic testing results, operative and/or pathological reports; - Treatment plan and progress notes; - Pertinent polysoloscial history; - Information and consultations with the treating practitioner; - Pertinent charts, gngbs or photographic information, as appropriate; - Rehabilitation ovaluations; - Information regarding the local delivery system; and - Patient charts, and information.	Additional information is required to define this code and determine criteria.	

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Unlisted/Miscellaneous codes: Molina requires prior authorization, as well as, medical necessity documentation and rationale be submitted with the prior authorization request for all Unlisted/Miscellaneous codes, including those not listed here	9/1/2019	77799	UNLISTED PROCEDURE CLINICAL BRACHYTHERAPY	Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; *History of the presenting problem Clinical exam; Pertinent diagnostic testing results, operative and/or pathological reports; *Treatment plan and progress notes; Pertinent plans and consultations with the treating practitioner; *Information and consultations with the treating practitioner; Pertinent clustris, graphs or photographic information, as appropriate; *Rehabilitation evaluations; *Information regarding the local delivery system; and *Patient characteristics and information.	Additional information is required to define this code and determine criteria.	
United Michigen description as well as, medicial necessity documentation and rationale be submitted with the prior authorization request for all Unlisted/Miscellaneous codes, including those not listed here	9/1/2019	78099	UNLISTED ENDOCRINE PX DX NUCLEAR MEDICINE	Information generally required to support authorization decision making includes, but not limited to: **Current(up to formoths), adequate patient history related to the requested services such as: office and hospital records; **History of the presenting problem **Clinical exam; **Pertinent diagnostic testing results, operative and/or pathological reports; **Teratment plan and progress notes; **Pertinent psychosocial history: **Anformation and consultations with the treating practitioner; **Pertinent evaluations from other health care practitioners and providers; **Pertinent evaluations from other health care practitioners and providers; **Pertinent evaluations graphs or photographic information, as appropriate; **Rechabilitation evaluations; **Alformation regarding the local delivery system; and **Patient characteristics and information.	Additional information is required to define this code and determine criteria.	
Unlisted/Miscellaneous codes: Molina requires prior authorization, as well as medical necessity documentation and rationale be submitted with the prior authorization request for all Unlisted/Miscellaneous codes, including those not listed here	9/1/2019	78199	UNLIS HEMATOP RET ENDO AND LYMPHATIC DX NUC MED	Information generally required to support authorization decision making includes, but not limited to: **Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; **History of the presenting problem **Cilinical tearum; **Pertinent diagnostic testing results, operative and/or pathological reports; **Terratment plana and progress notes; **Pertinent psychosocial history: **Information and consultations with the treating practitioner; **Pertinent evaluations from other health care practitioners and providers; **Pertinent evaluations from other health care practitioners and providers; **Pertinent evaluations from other health care practitioners and providers; **Pertinent evaluations: **Alleabilitation evaluations: **	Additional information is required to define this code and determine criteria.	
Unisted/Miscellaneous codes: Molina requires prior authorization, as well as, medical necessity documentation and rationale be submitted with the prior authorization request for all Unisted Miscellaneous codes, including those not listed here	9/1/2019	78299	UNLISTED GASTROINTESTINAL PX DY NUCLEAR MEDICINE	Information generally required to support authorization decision making includes, but not limited to: Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records: History of the presenting problem Clinical exam; Pertinent glain and progress notes; Pertinent plan and progress notes; Pertinent plansocial history: Information and consultations with the treating practitioner; Pertinent plansocial history: Pertinent charts, graphs or photographic information, as appropriate; Rehabilitation evaluations; Information regarding the local delivery system; and Patient charts, graphs or photographic information.	Additional information is required to define this code and determine criteria.	

Service Category Notes	Effective Date	Code	Definition	Criteria	Notes
Unlisted/Miscellaneous codes:	9/1/2019	78399	UNLISTED MUSCULOSKELETAL PX DX Information generally required to support authorization decision making includes, but not limited to:	Additional information is required to define this code	
Molina requires prior authorization, as well as, medical necessity documentation and rationale be			NUCLEAR MEDICINE Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;	and determine criteria.	
submitted with the prior authorization request for all Unlisted/Miscellaneous codes, including those not listed here			History of the presenting problem Clinical exam:		
those not listed here			- Clinical exam; - Pertinent diagnostic testing results, operative and/or pathological reports; - Pertinent diagnostic testing results, operative and/or pathological reports;		
			*Treatment plan and progress notes;		
			Pertinent psychosocial history;		
			•Information and consultations with the treating practitioner;		
			Pertinent evaluations from other health care practitioners and providers; Pertinent charts, graphs or photographic information, as appropriate;		
			**retruent cnars, grapps or pnotograpme information, as appropriate; *Rehabilitation evaluations:		
			Information regarding the local delivery system; and		
			Patient characteristics and information.		

Service Category Notes Effective Date Code Definition Notes

Service Category Notes	Effective Date	Code	Definition		Criteria	Notes
Unlisted/Miscellaneous codes: Molina requires prior authorization, as well as, medical necessity documentation and rationale be submitted with the prior authorization request for all Unlisted/Miscellaneous codes, including those not listed here	9/1/2019	78599	UNLISTED RESPIRATORY PX DX NUCLEAR MEDICINE	Information generally required to support authorization decision making includes, but not limited to: Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; History of the presenting problem: Pertinent diagnostic testing results, operative and/or pathological reports; Treatment plan and progress notes; Pertinent plan and progress notes; Pertinent planshosecial history; Information and consultations with the treating practitioner; Pertinent explansions from other health care practitioners and providers; Pertinent charts, graphs or photographic information, as appropriate; Rehabilitation ovaluations; Information regarding the local delivery system; and Patient characteristics and information.	Additional information is required to define this code and determine criteria.	
Unlisted Micheellaneous codes: Molina requires prior authorization, as well as, medical necessity documentation and rationale be submitted with the prior authorization request for all Unlisted Miscellaneous codes, including those not listed here	9/1/2019	78699	NUCLEAR MEDICINE	Information generally required to support authorization decision making includes, but not limited to: **Current (up to formorths), adequate patient history related to the requested services such as: office and hospital records; **History of the presenting problem **Clinical exam: **Pertinent diagnostic testing results, operative and/or pathological reports; **Pertinent diagnostic testing results, operative and/or pathological reports; **Pertinent psychosocial history: **Information and crossultations with the treating practitioner; **Pertinent evaluations from other health care practitioners and providers; **Pertinent evaluations from other health care practitioners and providers; **Pertinent evaluations: **Rethabilitation evaluations: **Alcomation regarding the local delivery system; and **Patient characteristics and information.	Additional information is required to define this code and determine criteria.	
Unlast Miscellaneous codes: Molina requires prior authorization, as well as, medical necessity documentation and rationale be submitted with the prior authorization request for all Unlisted Miscellaneous codes, including those not listed here	9/1/2019	78799	UNLISTED GENTTOURINARY PX DX NUCLEAR MEDICINE	Information generally required to support authorization decision making includes, but not limited to: **Current (up to fromths), adequate, patient history related to the requested services such as: office and hospital records; **History of the presenting problem **Clinical exam; **Pertinent diagnostic testing results, operative and/or pathological reports; **Pertinent diagnostic testing results, operative and/or pathological reports; **Pertinent psychosocial history; **Information and crossilatations with the treating practitioner; **Pertinent evaluations from other health care practitioners and providers; **Pertinent evaluations from other health care practitioners and providers; **Pertinent evaluations; **Rethabilitation evaluations; **Information regarding the local delivery system; and **Patient characteristics and information.	Additional information is required to define this code and determine criteria.	
Unisted/Miscellaneous codes: Molina requires prior authorization, as well as, medical necessity documentation and rationale be submitted with the prior authorization request for all Unisted Miscellaneous codes, including those not listed here	9/1/2019	78999	UNLISTED MISCELLANEOUS PX DX NUCLEAR MEDICINE	Information generally required to support authorization decision making includes, but not limited to: - Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; - History of the presenting problem - Clinical exam; - Pertinent alganostic testing results, operative and/or pathological reports; - Treatment plan and progress notes; - Pertinent phosenoial history; - Information and consultations with the treating practitioner; - Pertinent charts, garghs or photographic information, as appropriate; - Rehabilitation ovaluations; - Information regarding the local delivery system; and - Patient charts, and information.	Additional information is required to define this code and determine criteria.	

Service Category Notes	Effective Date	Code	Definition		Criteria	Notes
Unisted/Miscellaneous codes: Molina requires prior authorization, as well as, medical necessity documentation and rationale be submitted with the prior authorization request for full thisted/Miscellaneous codes, including those not listed here	9/1/2019	79999	RP THERAPY UNLISTED PROCEDURE	Information generally required to support authorization decision making includes, but not limited to: - Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; - History of the presenting problem - Clinical exam; - Permitent glangostic testing results, operative and/or pathological reports; - Treatment plan and progress notes, - Permitent physicostic history; - Permitent physicostic history; - Information and consultations with the treating practitioner; - Horizonte valuations from other beath care practitioners and providens; - Permitent physicological physicostic physicostal physicostic physi	Additional information is required to define this code and determine criteria.	
Unlisted/Miscellaneous codes: Molina requires prior authorization, as well als., medical necessity documentation and rationale be submitted with the prior authorization request for Julisted/Miscellaneous codes, including those not listed here	9/1/2019	80299	QUANTITATION DRUG NOT ELSEWHERE SPECIFIED	Information generally required to support authorization decision making includes, but not limited to: Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; History of the presenting problem Clinical exam; Pertinent plan and progress notes; Pertinent plan and progress notes; Pertinent plans of consultations with the treating practitioner; Information and consultations with the treating practitioner; Pertinent charts, graphs or photographic information, as appropriate; Rehabilitation covaluations; Information regarding the local delivery system; and Patient charts, supplies or photographic information.	Additional information is required to define this code and determine criteria.	
Unlisted/Miscellaneous codes: Molina requires prior authorization, as well as, medical necessity documentation and rationale be submitted with the prior authorization requests or all Unlisted/Miscellaneous codes, including those not listed here	9/1/2019	81099	UNLISTED URINALYSIS PROCEDURE	Information generally required to support authorization decision making includes, but not limited to: «Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; *History of the presenting problem: «Clinical exam; *Periment plant and progress notes; *Treatment plant and progress notes; *Periment possional history; *Information and consultations with the treating practitioner; *Periment possionalisations from other health care practitioners and providens; *Periment charts, graphs or photographic information, as appropriate; *Rehabilitation or valuations; *Information regarding the local delivery system; and *Patient characteristics and information.	Additional information is required to define this code and determine criteria.	

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Unlisted/Miscellaneous codes: Molina requires prior authorization, as well as, medical necessity documentation and rationale be submitted with the prior authorization request for all Unlisted/Miscellaneous codes, including those not listed here	9/1/2019	85999	UNLISTED HEMATOLOGY AND COAGULATION PROCEDURE	Information generally required to support authorization decision making includes, but not limited to: Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; History of the presenting problem: Pertinent diagnostic testing results, operative and/or pathological reports; Treatment plan and progress notes; Pertinent plan and progress notes; Pertinent planshosecial history; Information and consultations with the treating practitioner; Pertinent explansions from other health care practitioners and providers; Pertinent charts, graphs or photographic information, as appropriate; Rehabilitation ovaluations; Information regarding the local delivery system; and Patient characteristics and information.	Additional information is required to define this code and determine criteria.	
Unlisted Micheellaneous codes: Molina requires prior authorization, as well as, medical necessity documentation and rationale be submitted with the prior authorization request for all Unlisted Miscellaneous codes, including those not listed here	9/1/2019	86486		Information generally required to support authorization decision making includes, but not limited to: **Current (up to formorths), adequate patient history related to the requested services such as: office and hospital records; **History of the presenting problem **Clinical exam: **Pertinent diagnostic testing results, operative and/or pathological reports; **Pertinent diagnostic testing results, operative and/or pathological reports; **Pertinent psychosocial history: **Information and crossultations with the treating practitioner; **Pertinent evaluations from other health care practitioners and providers; **Pertinent evaluations from other health care practitioners and providers; **Pertinent evaluations: **Rethabilitation evaluations: **Alternation regarding the local delivery system; and **Patient characteristics and information.	Additional information is required to define this code and determine criteria.	
Unlast Miscellaneous codes: Molina requires prior authorization, as well as, medical necessity documentation and rationale be submitted with the prior authorization request for all Unlisted Miscellaneous codes, including those not listed here	9/1/2019	86849	UNLISTED IMMUNOLOGY	Information generally required to support authorization decision making includes, but not limited to: **Current (up to fromths), adequate, patient history related to the requested services such as: office and hospital records; **History of the presenting problem **Clinical exam; **Pertinent diagnostic testing results, operative and/or pathological reports; **Pertinent diagnostic testing results, operative and/or pathological reports; **Pertinent psychosocial history; **Information and crossilatations with the treating practitioner; **Pertinent evaluations from other health care practitioners and providers; **Pertinent evaluations from other health care practitioners and providers; **Pertinent evaluations; **Rethabilitation evaluations; **Information regarding the local delivery system; and **Patient characteristics and information.	Additional information is required to define this code and determine criteria.	
Unisted/Miscellaneous codes: Molina requires prior authorization, as well as, medical necessity documentation and rationale be submitted with the prior authorization request for all Unisted Miscellaneous codes, including those not listed here	9/1/2019	86999	UNLISTED TRANSFUSION MEDICINE PROCEDURE	Information generally required to support authorization decision making includes, but not limited to: - Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; - History of the presenting problem: - Clinical exam; - Pertinent glangostic testing results, operative and/or pathological reports; - Treatment plan and progress notes; - Pertinent polysoloscial history; - Information and consultations with the treating practitioner; - Pertinent exhantons from other health care practitioners and providers; - Pertinent charts, gniphs or photographic information, as appropriate; - Rehabilitation ovaluations; - Information regarding the local delivery system; and - Patient characteristics and information.	Additional information is required to define this code and determine criteria.	

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Unlisted/Miscellaneous codes: Molina requires prior authorization, as well as, medical necessity documentation and rationale be submitted with the prior authorization request for all Unlisted/Miscellaneous codes, including those not listed here	9/1/2019	87797	ORGANISM	Information generally required to support authorization decision making includes, but not limited to: Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; History of the presenting problem: Clinical exam; Pertinent diagnostic testing results, operative and/or pathological reports; Treatment plan and progress notes; Pertinent plan and progress notes; Pertinent possocial history; Information and consultations with the treating practitioner; Pertinent possitions from other health care practitioners and providers; Pertinent charts, graphs or photographic information, as appropriate; Rehabilitation evaluations; Information regarding the local delivery system; and Patient characteristics and information.	Additional information is required to define this code and determine criteria.	
Unlisted Micheellaneous codes: Molina requires prior authorization, as well as, medical necessity documentation and rationale be submitted with the prior authorization request for all Unlisted Miscellaneous codes, including those not listed here	9/1/2019	87798	EACH ORGANISM	Information generally required to support authorization decision making includes, but not limited to: **Current(up to for months), adequate patient history related to the requested services such as: office and hospital records; **History of the presenting problem **Clinical exam; **Pertinent diagnostic testing results, operative and/or pathological reports; **Teratment plan and progress notes; **Pertinent psychosocial history: **Information and consultations with the treating practitioner; **Pertinent evaluations from other health care practitioners and providers; **Pertinent evaluations from other health care practitioners and providers; **Pertinent evaluations: **Rechabilitation evaluations: **Information agending the local delivery system; and **Patient characteristics and information.	Additional information is required to define this code and determine criteria.	
Unlisted/Miscellaneous codes: Molina requires prior authorization, as well as medical necessity documentation and rationale be submitted with the prior authorization request for all Unlisted/Miscellaneous codes, including those not listed here	9/1/2019	87799	IADNA NOS QUANTIFICATION EACH ORGANISM	Information generally required to support authorization decision making includes, but not limited to: **Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; **History of the presenting problem **Cilinical tearum; **Pertinent diagnostic testing results, operative and/or pathological reports; **Terratment plana and progress notes; **Pertinent psychosocial history: **Information and consultations with the treating practitioner; **Pertinent evaluations from other health care practitioners and providers; **Pertinent evaluations from other health care practitioners and providers; **Pertinent evaluations from other health care practitioners and providers; **Pertinent evaluations: **Alleabilitation evaluations: **	Additional information is required to define this code and determine criteria.	
Unisted/Miscellaneous codes: Molina requires prior authorization, as well as, medical necessity documentation and rationale be submitted with the prior authorization request for all Unisted Miscellaneous codes, including those not listed here	9/1/2019	87899	IAADIADOO NOT OTHERWISE SPECIFIED	Information generally required to support authorization decision making includes, but not limited to: Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records: History of the presenting problem: Clinical exam; Pertinent alignostic testing results, operative and/or pathological reports; Treatment plan and progress notes; Pertinent planshoseal history: Information and consultations with the treating practitioner; Pertinent planshose in history: Pertinent charts, graphs or photographic information, as appropriate; Rehabilitation evaluations; Information regarding the local delivery system; and Patient characteristics and information.	Additional information is required to define this code and determine criteria.	

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Unlisted/Miscellaneous codes: Molina requires prior authorization, as well as, medical necessity documentation and rationale be submitted with the prior authorization request for all Unlisted/Miscellaneous codes, including those not listed here	9/1/2019	87999	UNLISTED MICROBIOLOGY	Information generally required to support authorization decision making includes, but not limited to: Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; History of the presenting problem: Pertinent diagnostic testing results, operative and/or pathological reports; Treatment plan and progress notes; Pertinent plan and progress notes; Pertinent planshosecial history; Information and consultations with the treating practitioner; Pertinent explansions from other health care practitioners and providers; Pertinent charts, graphs or photographic information, as appropriate; Rehabilitation ovaluations; Information regarding the local delivery system; and Patient characteristics and information.	Additional information is required to define this code and determine criteria.	
Unlisted Micheellaneous codes: Molina requires prior authorization, as well as, medical necessity documentation and rationale be submitted with the prior authorization request for all Unlisted Miscellaneous codes, including those not listed here	9/1/2019	88099	UNLISTED NECROPSY PROCEDURE	Information generally required to support authorization decision making includes, but not limited to: **Current (up to formorths), adoquate, patient history related to the requested services such as: office and hospital records; **History of the presenting problem **Clinical exam: **Pertinent diagnostic testing results, operative and/or pathological reports; **Pertinent diagnostic testing results, operative and/or pathological reports; **Pertinent psychosocial history; **Information and crossultations with the treating practitioner; **Pertinent evaluations from other health care practitioners and providers; **Pertinent evaluations from other health care practitioners and providers; **Pertinent evaluations; **Retabalitation evaluations; **Information regarding the local delivery system; and **Patient characteristics and information.	Additional information is required to define this code and determine criteria.	
Unlisted/Miscellaneous codes: Molina requires prior authorization, as well as medical necessity documentation and rationale be submitted with the prior authorization request for all Unlisted/Miscellaneous codes, including those not listed here	9/1/2019	88199	UNLISTED CYTOPATHOLOGY PROCEDURE	Information generally required to support authorization decision making includes, but not limited to: *Current(up to 6 months), adequate patient history related to the requested services such as: office and hospital records; *History of the presenting problem *Clinical exam; *Pertinent diagnostic testing results, operative and/or pathological reports; *Teratment plan and progress notes; *Pertinent psychosocial history; *Information and consultations with the treating practitioner; *Pertinent evaluations from other health care practitioners and providers; *Pertinent evaluations from other health care practitioners and providers; *Pertinent evaluations; *Information angraphic information, as appropriate; *Relabilitation evaluations; *Information regarding the local delivery system; and *Patient characteristics and information.	Additional information is required to define this code and determine criteria.	
Unlisted/Miscellaneous codes: Molina requires prior authorization, as well as, medical necessity documentation and rationale be submitted with the prior authorization request for all Unlisted Miscellaneous codes, including those not listed here	9/1/2019	88299	UNLISTED CYTOGENETIC STUDY	Information generally required to support authorization decision making includes, but not limited to: - Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; - History of the presenting problem - Clinical exam; - Pertinent glangostic testing results, operative and/or pathological reports; - Treatment plan and progress notes; - Pertinent physionscela history; - Information and consultations with the treating practitioner; - Pertinent charts, graphs or photographic information, as appropriate; - Rehabilitation orevaluations; - Information regarding the local delivery system; and - Patient charts, and the regarding the local delivery system; and - Patient charts, and information.	Additional information is required to define this code and determine criteria.	

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Unlisted/Miscellaneous codes: Molina requires prior authorization, as well as, medical necessity documentation and rationale be submitted with the prior authorization request for all Unlisted Miscellaneous codes, including those not listed here	9/1/2019	88399	UNLISTED SURGICAL PATHOLOGY PROCEDURE	Information generally required to support authorization decision making includes, but not limited to: "Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; "History of the presenting problem "Clinical exam; "Pertinent diagnostic testing results, operative and/or pathological reports; "Teatment plan and progress notes; "Pertinent psychosocial history; "Information and consultations with the treating practitioner; and providers; "Pertinent evaluations from other health care practitioners and providers; "Pertinent evaluations from other health care practitioners and providers; "Retinent cares, graphs or photographic information, as appropriate; "Rechabilitation evaluations; "Alcomation regarding the local delivery system; and "Patient characteristics and information.	Additional information is required to define this code and determine criteria.	
Unlisted/Miscellaneous codes: Molina requires prior authorization, as well as, medical necessity documentation and rationale be submitted with the prior authorization request for all Unlisted/Miscellaneous codes, including those not listed here	9/1/2019	88749	UNLISTED IN VIVO LABORTORY SERVICE	Information generally required to support authorization decision making includes, but not limited to: «Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; *History of the presenting problem *Clinical exam; *Pertinent alignostic testing results, operative and/or pathological reports; *Treatment plan and progress notes; *Pertinent plans and progress notes; *Pertinent plans and consultations with the treating practitioner; *Information and consultations with the treating practitioner; *Pertinent charts, graphs or photographic information, as appropriate; *Rehabilitation ovaluations; *Information regarding the local delivery system; and *Patient characteristics and information.	Additional information is required to define this code and determine criteria.	
Unlisted/Miscellaneous codes: Molina requires prior authorization, as well as, medical necessity documentation and rationale be submitted with the prior authorization request for all Unlisted/Miscellaneous codes, including those not listed here	9/1/2019	89240	UNLIS MISC PATH	Information generally required to support authorization decision making includes, but not limited to: *Current (up to 6 month), adequate patient history related to the requested services such as: office and hospital records; *History of the presenting problem *Clinical exam; *Pertinent plan and progress notes; *Pretinent plan and progress notes; *Pertinent plans and consultations with the treating practitioner; *Information and consultations with the treating practitioner; *Pertinent clurts, graphs or photographic information, as appropriate; *Rehabilitation evaluations; *Information regarding the local delivery system; and *Patient characteristics and information.	Additional information is required to define this code and determine criteria.	
Unlisted/Miscellaneous codes: Molina requires prior authorization, as well as, medical necessity documentation and rationale be submitted with the prior authorization requests for all Unlisted Miscellaneous codes, including those not listed here	9/1/2019	89398	UNLISTED REPRODUCTIVE MEDICINE LAB PROCEDURE	Information generally required to support authorization decision making includes, but not limited to: *Current (up to 6 month), adequate patient history related to the requested services such as: office and hospital records; *History of the presenting problem: *Clinical exam; *Pertinent plan and progress notes; *Treatment plan and progress notes; *Treatment plan and progress notes; *Information and consultations with the treating practitioner; *Information and consultations with the treating practitioner; *Pertinent charts, graphs or photographic information, as appropriate; *Rethabilitation evaluations; *Information regarding the local delivery system; and *Patient characteristics and information.	Additional information is required to define this code and determine criteria.	

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Unlisted/Miscellaneous codes: Molina requires prior authorization, as well as, medical necessity documentation and rationale be submitted with the prior authorization request for all Unlisted/Miscellaneous codes, including those not listed here	9/1/2019	90399	UNLISTED IMMUNE GLOBULIN	Information generally required to support authorization decision making includes, but not limited to: Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; History of the presenting problem: Pertinent diagnostic testing results, operative and/or pathological reports; Treatment plan and progress notes; Pertinent plan and progress notes; Pertinent planshosecial history; Information and consultations with the treating practitioner; Pertinent explansions from other health care practitioners and providers; Pertinent charts, graphs or photographic information, as appropriate; Rehabilitation ovaluations; Information regarding the local delivery system; and Patient characteristics and information.	Additional information is required to define this code and determine criteria.	
Unlisted Micheellaneous codes: Molina requires prior authorization, as well as, medical necessity documentation and rationale be submitted with the prior authorization request for all Unlisted Miscellaneous codes, including those not listed here	9/1/2019	90749	UNLISTED VACCINE TOXOID	Information generally required to support authorization decision making includes, but not limited to: **Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; **History of the presenting problem **Clinical exam: **Pertinent diagnostic testing results, operative and/or pathological reports; **Teratment plan and progress notes; **Pertinent psychosocial history: **Information and consultations with the treating practitioner; **Pertinent evaluations from other health care practitioners and providers, **Pertinent evaluations from other health care practitioners and providers, **Pertinent evaluations from other health care practitioners and providers, **Pertinent evaluations: **Alcabalitation evaluations: **Alcabalitation evaluations: **Alcabalitation evaluations: **Alcabalitation evaluations: **Alcabalitation evaluations: **Alcabalitation or evaluations: **Alcabali	Additional information is required to define this code and determine criteria.	
Unlisted/Miscellaneous codes: Molina requires prior authorization, as well as medical necessity documentation and rationale be submitted with the prior authorization request for all Unlisted/Miscellaneous codes, including those not listed here	9/1/2019	90899	UNLISTED PSYCHIATRIC SERVICE PROCEDURE	Information generally required to support authorization decision making includes, but not limited to: *Current(up to 6 months), adequate patient history related to the requested services such as: office and hospital records; *History of the presenting problem *Clinical exam; *Pertinent diagnostic testing results, operative and/or pathological reports; *Teratment plan and progress notes; *Pertinent psychosocial history; *Information and consultations with the treating practitioner; *Pertinent evaluations from other health care practitioners and providers; *Pertinent evaluations from other health care practitioners and providers; *Pertinent evaluations; *Information angraphic information, as appropriate; *Relabilitation evaluations; *Information regarding the local delivery system; and *Patient characteristics and information.	Additional information is required to define this code and determine criteria.	
Unisted/Miscellaneous codes: Molina requires prior authorization, as well as, medical necessity documentation and rationale be submitted with the prior authorization request for all Unisted Miscellaneous codes, including those not listed here	9/1/2019	91299	UNLISTED DIAGNOSTIC GASTROENTEROLOGY PROCEDURE	Information generally required to support authorization decision making includes, but not limited to: - Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; - History of the presenting problem - Clinical exam; - Pertinent alganostic testing results, operative and/or pathological reports; - Treatment plan and progress notes; - Pertinent phosenoial history; - Information and consultations with the treating practitioner; - Pertinent charts, garghs or photographic information, as appropriate; - Rehabilitation ovaluations; - Information regarding the local delivery system; and - Patient charts, and information.	Additional information is required to define this code and determine criteria.	

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Unlisted/Miscellaneous codes: Molina requires prior authorization, as well as, medical necessity documentation and rationale be submitted with the prior authorization request for all Unlisted/Miscellaneous codes, including those not listed here	9/1/2019	92499	UNLISTED OPHTHALMOLOGICAL SERVICE PROCEDURE	Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; History of the presenting problem Clinical exam: Pertinent diagnostic testing results, operative and/or pathological reports; Fireatment plan and progress notes; Pertinent polysosical history; Information and consultations with the treating practitioner; Information and consultations with the treating practitioner; Pertinent charts, graphs or photographic information, as appropriate; Relabilitation evaluations; Information regarding the local delivery system; and Patient characteristics and information.	Additional information is required to define this code and determine criteria.	
Units ted Michaellaneous codes: Molina requires prior authorizatos, as well as, medical necessity documentation and rationale be submitted with the prior authorization request for all Unlisted/Miscellaneous codes, including those not listed here	9/1/2019	92700	UNLISTED OTORHINOLARYNGOLOGICAL SERVICE	Information generally required to support authorization decision making includes, but not limited to: - Current (up to for mortles), adequate patient history related to the requested services such as: office and hospital records; - History of the presenting problem - Clinical exam: - Petrinent diagnostic testing results, operative and/or pathological reports; - Treatmert plan and progress notes; - Petrinent psychosocial history; - Information and consultations with the treating practitioner, - Petrinent evaluations from other health care practitioners and providers; - Petrinent evaluations from other health care practitioner, as appropriate; - Rechabilitation evaluations; - Information agending the local delivery system; and - Patient characteristics and information.	Additional information is required to define this code and determine criteria.	
Unlisted/Miscellaneous codes: Molina requires prior authorization, as well as, medicial necessity documentation and rationale be submitted with the prior authorization request for all Unlisted/Miscellaneous codes, including those not listed here	9/1/2019	93799	UNLISTED CARDIOVASCULAR SERVICE PROCEDURE	Information generally required to support authorization decision making includes, but not limited to: - Current (up to for morths), adequate patient history related to the requested services such as: office and hospital records; - History of the presenting problem - Clinical exam: - Petrinent diagnostic testing results, operative and/or pathological reports; - Treatmert plan and progress notes: - Petrinent psychosocial history; - Information and consultations with the treating practitioner; - Petrinent evaluations from other health care practitioners and providers; - Petrinent chars, graphs or photographic information, as appropriate; - Rechabilitation evaluations; - Information aggrading the local delivery system; and - Patient characteristics and information.	Additional information is required to define this code and determine criteria.	
Unisted/Miscellaneous codes: Molina requires prior authorization, as well as, medical necessity documentation and rationale be submitted with the prior authorization request for all Unisted Miscellaneous codes, including those not listed here	9/1/2019	94799	UNLISTED PULMONARY SERVICE PROCEDURE	Information generally required to support authorization decision making includes, but not limited to: *Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; *History of the presenting problem: *Clinical exam; *Pertinent glain and progress notes; *Pertinent plan and progress notes; *Pertinent plan and progress notes; *Information and consultations with the treating practitioner; *Information and consultations with the treating practitioner; *Pertinent exhaultons from other health care practitioners and providen; *Pertinent charts, graphs or photographic information, as appropriate; *Rehabilitation evaluations; *Information regarding the local delivery system; and *Patient characteristics and information.	Additional information is required to define this code and determine criteria.	

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Unlisted/Miscellaneous codes: Molina requires prior authorization, as well as, medical accessity documentation and rationale be submitted with the prior authorization request for all Unlisted/Miscellaneous codes, including those not listed here	9/1/2019	95199	UNLISTED ALLERGY CLINICAL IMMUNOLOGIC SRVC PX	Information generally required to support authorization decision making includes, but not limited to: Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; History of the presenting problem: Pertinent diagnostic testing results, operative and/or pathological reports; Treatment plan and progress notes; Pertinent plan and progress notes; Pertinent planshosecial history; Information and consultations with the treating practitioner; Pertinent explansions from other health care practitioners and providers; Pertinent charts, graphs or photographic information, as appropriate; Rehabilitation ovaluations; Information regarding the local delivery system; and Patient characteristics and information.	Additional information is required to define this code and determine criteria.	
UnitstedMicheclaneous codes: Molina requires prior authorization, as well as, medical necessity documentation and rationale be submitted with the prior authorization request for all UnlistedMiscellaneous codes, including those not listed here	9/1/2019	95999	UNLIS NEUROLOGICAL NEUROMUSCULAR DX PX	Information generally required to support authorization decision making includes, but not limited to: **Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; **History of the presenting problem **Clinical exam: **Pertinent diagnostic testing results, operative and/or pathological reports; **Teratment plan and progress notes; **Pertinent psychosocial history: **Information and consultations with the treating practitioner; **Pertinent evaluations from other health care practitioners and providers, **Pertinent evaluations from other health care practitioners and providers, **Pertinent evaluations from other health care practitioners and providers, **Pertinent evaluations: **Alcabalitation evaluations: **Alcabalitation evaluations: **Alcabalitation evaluations: **Alcabalitation evaluations: **Alcabalitation evaluations: **Alcabalitation or evaluations: **Alcabali	Additional information is required to define this code and determine criteria.	
Units,et Miscellaneous codes: Molina requires prior authorization, as well as, modela necessity documentation and rationale be submitted with the prior authorization request for all Unlisted Miscellaneous codes, including those not listed here	1/1/2023	96203	DGNSS, ADMNSTRD BY PHYSCN OR OTHR QLFD HLTH CARE PRESSNL (WTHOUT THE PTNT PRSNT), FCE-TO- FCE WTH MI TPI SETS OF	- Clinical exam; - Pertinent diagnostic testing results, operative and/or pathological reports; - Treatment plan and progress notes;	Molina Clinical Policy: Genetic Testing	
Unisted/Miscellaneous codes: Molina requires prior authorization, as well as, medical necessity documentation and rationale be submitted with the prior authorization request for all Unisted/Miscellaneous codes, including those not listed here	9/1/2019	96379	UNLISTED THERAPEUTIC PROPH DX IV IA NIX NFS	Information generally required to support authorization decision making includes, but not limited to: - Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; - History of the presenting problem: - Clinical exam; - Pertinent glangostic testing results, operative and/or pathological reports; - Treatment plan and progress notes; - Pertinent polysoloscial history; - Information and consultations with the treating practitioner; - Pertinent exhantons from other health care practitioners and providers; - Pertinent charts, gniphs or photographic information, as appropriate; - Rehabilitation ovaluations; - Information regarding the local delivery system; and - Patient characteristics and information.	Additional information is required to define this code and determine criteria.	

Service Category Notes	Effective Date	Code	Definition		Criteria	Notes
Unlisted/Miscellaneous codes: Molina requires prior authorization, as well als, medical necessity documentation and rationale be submitted with the prior authorization request for full fullsted/Miscellaneous codes, including those not listed here	9/1/2019	96549	UNLISTED CHEMOTHERAPY PROCEDURE	Information generally required to support authorization decision making includes, but not limited to: Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; History of the presenting problem: Pertinent glaignostic testing results, operative and/or pathological reports; Treatment plan and progress notes; Pertinent plans and progress notes; Pertinent planshoscial history; Information and consultations with the treating practitioner; Pertinent explansions from other health care practitioners and providers; Pertinent charts, graphs or photographic information, as appropriate; Rehabilitation or-valuations: Information regarding the local delivery system; and Patient characteristics and information.	Additional information is required to define this code and determine criteria.	
Unitsted/Miscellaneous codes: Molina requires prior authorization, as well as, medical necessity documentation and rationale be submitted with the prior authorization request for all Unlisted Miscellaneous codes, including those not listed here	9/1/2019	96999		Information generally required to support authorization decision making includes, but not limited to: Current (up to 6 months), adoquate patient history related to the requested services such as: office and hospital records; History of the presenting problem Clinical exam; Pertinent diagnostic testing results, operative and/or pathological reports; Treatment plan and progress notes; Pertinent psychosocial history; Hinformation and consultations with the treating practitioner; Pertinent evaluations from other health care practitioners and providers; Pertinent evaluations from other health care practitioners and propriate; Rehabilitation evaluations; Hinformation and civilent of the providence of	Additional information is required to define this code and determine criteria.	
Units ted VM Secularous codes: Molina requires prior authorization, as well as, medical necessity documentation and rationale be submitted with the prior authorization request for all Unitsted Miscellaneous codes, including those not listed here	9/1/2019	97039	UNLIST MODALITY SPEC TYPE AND TIME CONSTANT ATTEND	Information generally required to support authorization decision making includes, but not limited to: «Current (up to foundhs), adoquate patient history related to the requested services such as: office and hospital records; 4History of the presenting problem (Clinical exam; Pertinent diagnostic sesting results, operative and/or pathological reports; 4Testamer plan and progress notes; 4Testamer plan and progress notes; 4Testamer plan and progress notes; 4Testamer plan and consultations with the treating practitioner; 4Pertinent evaluations from other health care practitioners and providers; 4Pertinent evaluations from other health care practitioners and providers; 4Pertinent evaluations from other health care practitioners and providers; 4Pertinent evaluations; 4Rehabilitation evaluations; 4Rehabilitation evaluations; 4Patient characteristics and information.	Additional information is required to define this code and determine criteria.	
Unlisted/Miscellaneous codes: Molina requires prior authorization, as well as, medical necessity documentation and rationale be submitted with the prior authorization request for all Unlisted/Miscellaneous codes, including those not listed here	9/1/2019	97139	UNLISTED THERAPEUTIC PROCEDURE SPECIFY	Information generally required to support authorization decision making includes, but not limited to: «Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; **History of the presenting problem **Clinical caum; **Pertinent plan and progress notes; **Pertinent plan and progress notes; **Pertinent plan and progress notes; **Hoffemation and consultations with the treating practitioner; **Herinent plan and consultations with the treating practitioner; **Pertinent charts, graphs or photographic information, as appropriate; **Rebabilitation ordinations; **Information regarding the local delivery system; and **Patient charts, graphs or photographic information. **Patient charts and information.	Additional information is required to define this code and determine criteria.	For PT/OT, PA required after initial 12 visits/year.

Service Category Notes	Effective Date	Code	Definition		Criteria	Notes
Unlisted/Miscellaneous codes: Molina requires prior authorization, as well as, medical necessity documentation and rationale be submitted with the prior authorization request for all Unlisted/Miscellaneous codes, including those not listed here	9/1/2019	97799	UNLISTED PHYSICAL MEDICINE REHAB SERVICE PROC	Information generally required to support authorization decision making includes, but not limited to: Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; History of the presenting problem: Pertinent glaignostic testing results, operative and/or pathological reports; Treatment plan and progress notes; Pertinent plans and progress notes; Pertinent planshoscial history; Information and consultations with the treating practitioner; Pertinent explansions from other health care practitioners and providers; Pertinent charts, graphs or photographic information, as appropriate; Rehabilitation or-valuations: Information regarding the local delivery system; and Patient characteristics and information.	Additional information is required to define this code and determine criteria.	
Unlisted Micheellaneous codes: Molina requires prior authorization, as well as, medical necessity documentation and rationale be submitted with the prior authorization request for all Unlisted Miscellaneous codes, including those not listed here	9/1/2019	99199	UNLISTED SPECIAL SERVICE PROCEDURE REPORT	Information generally required to support authorization decision making includes, but not limited to: Current (up to 6 months), adoquate patient history related to the requested services such as: office and hospital records; History of the presenting problem Clinical exam; Pertinent diagnostic testing results, operative and/or pathological reports; Treatment plan and progress notes; Pertinent psychosocial history; Hinformation and consultations with the treating practitioner; Pertinent evaluations from other health care practitioners and providers; Pertinent evaluations from other health care practitioners and propriate; Rehabilitation evaluations; Hinformation and civilent of the providence of	Additional information is required to define this code and determine criteria.	
Unlisted Miscellaneous sedes: Molina requires prior authorization, as well as, medical necessity documentation and rationale be submitted with the prior authorization request for all Unlisted Miscellaneous codes, including those not listed here	VI/2023	99418	VALUATON AND MNGMNT SRVC(S) TIME WTH OR WTHOUT DRCT PTNT CNTCT BYND THE RQRD TIME OF THE	Information generally required to support authorization decision making includes, but not limited for: «Current (up to finouths), adequate patient history related to the requested services such as: office and hospital records; 4History of the presenting problem (Clinical exam; Pertinent diagnostic sesting results, operative and/or pathological reports; 4Textamer plan and progress notes; 4Textamer plan and progress notes; 4Tertamer pay-thosocial history; 4Information and consultations with the treating practitioner; 4Pertinent evaluations from other health care practitioners and providers; 4Pertinent evaluations from other health care practitioners and providers; 4Pertinent evaluations: 4Rehabilitation evaluations: 4Information regarding the local delivery system; and 4Patient characteristics and information.	Molina Clinical Policy: Genetic Testing	
Unlisted/Miscellaneous codes: Molina requires prior authorization, as well as, medical necessity documentation and rationale be submitted with the prior authorization request for all Unlisted/Miscellaneous codes, including those not listed here	7/1/2020	99429	UNLISTED PREVENTIVE MEDICINE SERVICE	Information generally required to support authorization decision making includes, but not limited to: *Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; *History of the presenting problem *Clinical exam; *Pertinent plan and progress notes; *Pertinent plan and progress notes; *Pertinent plan and progress notes; *Information and consultations with the treating practitioner; *Pertinent plan and the progress of th	Additional information is required to define this code and determine criteria.	

Service Category Notes	Effective Date	Code	Definition		Criteria	Notes
Unlisted/Miscellaneous	7/1/2021	99487	CHRONIC CARE MANAGEMENT SERVIC	Information generally required to support authorization decision making includes, but not limited to: Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; History of the presenting problem Clinical exam; Pertinent diagnostic testing results, operative and/or pathological reports; H'retinent plan and progress notes; Pertinent psychosocial history; H'retinent psychosocial history; H'retinent evaluations from other health care practitioners and providers; Pertinent evaluations from other health care practitioners and providers; H'retinent evaluations from other health care practitioners and providers; H'retinent evaluations; Hafformation regarding the focal delivery system; and H'alicent characteristics and information.	Third Party Proprietary Criteria	
Unlisted/Miscellaneous	7/1/2021	99489	RONIC CARE MANAGEMENT SERVICES	Information generally required to support authorization decision making includes, but not limited to: *Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; *History of the presenting problem *Clinical exam; *Pertinent plan and progress notes; *Pertinent plan and progress notes; *Pertinent plan and progress notes; *Information and consultations with the treating practitioner; *Pertinent plan and onesultations with the reating practitioner; *Pertinent charts, gamples or photographic information, as appropriate; *Rehabilitation evaluations; *Information regarding the local delivery system; and *Patient charts.terrine the plan and information.	Third Party Proprietary Criteria	
Unlisted/Miscellaneous	7/1/2021	99490	RONIC CARE MANAGEMENT SERVICES	Information generally required to support authorization decision making includes, but not limited to: «Current (up to founds), adoquate patient history related to the requested services such as: office and hospital records; «History of the presenting problem «Clinical exam: Pertinent diagnostic testing results, operative and/or pathological reports; *Teratment plan and progress notes; *Pertinent psychosocial history: *Information and consultations with the treating practitioner; *Pertinent evaluations from other health care practitioners and providers; *Pertinent evaluations from other health care practitioners and providers; *Pertinent evaluations from other health care practitioners and providers; *Rehabilitation evaluations. *Information cagning the local delivery system; and *Patient characteristics and information.	Third Party Proprietary Criteria	
Unlisted/Miscellaneous	7/1/2021	99491	CONIC CARE MANAGEMENT SERVICES.	Information generally required to support authorization decision making includes, but not limited to: «Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; *History of the presenting problem *Clinical exam; *Pertinent glacine stessing results, operative and/or pathological reports; *Treatment plan and progress notes; *Pertinent plans and progress notes; *Information and consultations with the treating practitioner; *Information and consultations with the treating practitioner; *Pertinent charts, graphs or photographic information, as appropriate; *Rehabilitation evaluations; *Information regarding the local delivery system; and *Parient characteristics and information.	Third Party Proprietary Criteria	

Service Category Notes	Effective Date	Code	Definition		Criteria	Notes
Unlisted/Miscellaneous codes: Molina requires prior authorization, as well as, medical accessity documentation and rationale be submitted with the prior authorization request for all Unlisted/Miscellaneous codes, including those not listed here	9/1/2019	99499	UNLISTED EVALUATION AND MANAGEMENT SERVICE	Information generally required to support authorization decision making includes, but not limited to: *Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; *History of the presenting problem *Clinical exam: *Pertinent aliagnostic testing results, operative and/or pathological reports; *Treatment plan and progress notes; *Pertinent plan and progress notes; *Pertinent polynosical history; *Information and consultations with the treating practitioner; *Pertinent polynosical history; *Pertinent charts, graphs or photographic information, as appropriate; *Rehabilitation evaluations; *Information regarding the local delivery system; and *Patient characteristics and information.	Additional information is required to define this code and determine criteria.	
Units ted Michaeclaneous codes: Molina requires prior authorization, as well as, medical necessity documentation and rationale be submitted with the prior authorization request for all Unlisted/Miscellaneous codes, including those not listed here	9/1/2019	99600	UNLISTED HOME VISIT SERVICE PROCEDURE	Information generally required to support authorization decision making includes, but not limited to: - Current (up to for morths), adequate patient history related to the requested services such as: office and hospital records; - History of the presenting problem - Clinical exam: - Petrinent diagnostic testing results, operative and/or pathological reports; - Pretinent psychosocial history; - Information and orospitant soins: - Petrinent evaluations from other health care practitioner; - Petrinent evaluations from other health care practitioners and providers; - Petrinent chars, graphs or photographic information, as appropriate; - Rechabilitation evaluations; - Information agending the local delivery system; and - Patient characteristics and information.	Additional information is required to define this code and determine criteria.	
Unitsted/Miscellaneous codes: Molina requires prior authorization, as well as medical necessity documentation and rationale be submitted with the prior authorization request for all Unlisted/Miscellaneous codes, including those not listed here	9/1/2019	01999	UNLISTED ANESTHESIA PROCEDURE	Information generally required to support authorization decision making includes, but not limited to: - Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; - History of the presenting problem: - Petrinent diagnostic testing results, operative and/or pathological reports; - Petrinent psychosocial history; - Information and progress notes: - Petrinent evaluations from other health care practitioners and providens; - Petrinent evaluations from other health care practitioners and providens; - Petrinent curvaluations from other health care practitioners and providens; - Petrinent curvaluations from other health care practitioners and providens; - Petrinent curvaluations from other health care practitioners and providens; - Petrinent curvaluations from other health care practitioners and providens; - Petrinent curvaluations from other health care practitioners and providens; - Petrinent curvaluations from other health care practitioners and providens; - Petrinent curvaluations from other health care practitioners and providens; - Petrinent curvaluations from other health care practitioners and providens; - Petrinent curvaluations from other health care practitioners and providens; - Petrinent curvaluations from other health care practitioners and providens; - Petrinent curvaluations from other health care practitioners and providens; - Petrinent curvaluations from other health care practitioners and providens; - Petrinent curvaluations from other health care practitioners and providens; - Petrinent curvaluations from other health care practitioners and providens; - Petrinent curvaluations from other health care practitioners and providens; - Petrinent curvaluations from other health care practitioners and providens; - Petrinent curvaluations from other health care practitioners and providens; - Petrinent curvaluations from other health care practitioners and providens; - Petrinent curvaluations from other health care prac	Additional information is required to define this code and determine criteria.	
Unlisted/Miscellaneous	1/1/2022	0708T	Intradermal cancer immunotherapy; preparation and initial injection	Information generally required to support authorization decision making includes, but not limited to: **Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; **History of the presenting problem: **Clinical exam; **Pertinent glass posts testing results, operative and/or pathological reports; **I rearment plan and progress notes; **Pertinent planshoscal history; **Information and consultations with the treating practitioner; **Pertinent evaluations from other health care practitioners and providers; **Pertinent charts, graphs or photographic information, as appropriate; **Rehabilitation evaluations; **Information regarding the local delivery system; and **Patient chartscristics and information.	Third Party Proprietary Criteria	

Service Category Notes	Effective Date	Code	Definition		Criteria	Notes
Unlisted/Miscellaneous	1/1/2022	0709T	Intradernal cancer immunotherapy; each additional injection (List separately in addition to code for primary procedure)	Information generally required to support authorization decision making includes, but not limited to: -Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; -History of the presenting problem -Clinical exam; -Pertinent diagnostic testing results, operative and/or pathological reports; -Presentent plan and progress notes; -Pertinent psychosocial history; -Information and consultations with the treating practitioner; -Pertinent evaluations from other health care practitioners and providers; -Pertinent evaluations from other health care practitioners and providers; -Retabilitation evaluations; -Information regarding the local delivery system; and -Patient characteristics and information.	Third Party Proprietary Criteria	
Unlisted/Miscellaneous codes: Molina requires prior authorization, as well as, medical necessity documentation and rationale be submitted with the prior authorization requests for all Unlisted/Miscellaneous codes, including those not listed here	9/1/2019	A0999	UNLISTED AMBULANCE SERVICE	Information generally required to support authorization decision making includes, but not limited to: *Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; *History of the presenting problem *Clinical exam; *Pertinent diagnossis testing results, operative and/or pathological reports; *Treatment plan and progress notes; *Pertinent plans and progress notes; *Pertinent plans and consultations with the treating practitioner; *Information and consultations with the treating practitioner; *Pertinent charts, graphs or photographic information, as appropriate; *Rehabilitation evaluations; *Information regarding the local delivery system; and *Patient characteristics and information.	Additional information is required to define this code and determine criteria.	
Unisted/Miscellaneous codes: Molina requires prior authorization, as well as, medical necessity documentation and rationale be submitted with the prior authorization request for all Unlisted/Miscellaneous codes, including those not listed here	1/1/2024	A4421	OSTOMY SUPPLY; MISCELLANEOUS	Information generally required to support authorization decision making includes, but not limited to: - Current (up to for moths), adoquate patient history related to the requested services such as: office and hospital records; - History of the presenting problem - Clinical exam: - Pertinent diagnostic testing results, operative and/or pathological reports; - Treatment plan and progress notes; - Pertinent psychosocial history; - Information and consultations with the treating practitioner, - Pertinent evaluations from other health care practitioners and providers; - Pertinent evaluations from other health care practitioner, as appropriate; - Rechabilitation evaluations; - Information aggrading the local delivery system; and - Patient characteristics and information.	Additional information is required to define this code and determine criteria.	PA Modemization - PA requirements will be removed where covered.
Unlisted/Miscellaneous codes: Molina requires prior authorization, as well as, medical necessity documentation and rationale be submitted with the prior authorization request for all Unlisted Miscellaneous codes, including those not listed here	1/1/2024	A4641	RADIOPHARMACEUTICAL DIAGNOSTIC NOC	Information generally required to support authorization decision making includes, but not limited to: *Current (up to 6 moth), adequate patient history related to the requested services such as: office and hospital records; *History of the presenting problem: *Clinical exam; *Pertinent plan and progress notes; *Pertinent plan and progress notes; *Pertinent plans and progress notes; *Information and consultations with the treating practitioner; *Pertinent plans and consultations with the treating practitioner; *Pertinent charts, graphs or photographic information, as appropriate; *Rehabilitation evaluations; *Information regarding the local delivery system; and *Patient chartscristics and information.	Additional information is required to define this code and determine criteria.	PA Modemization - PA requirements will be removed where covered.

Service Category Notes	Effective Date	Code	Definition		Criteria	Notes
Unlisted/Miscellaneous codes: Molina requires prior authorization, as well as, medical necessity documentation and rationale be submitted with the prior authorization request for all Unlisted/Miscellaneous codes, including those not listed here	9/1/2019			Information generally required to support authorization decision making includes, but not limited to: Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; History of the presenting problem: Clinical exam; Pertinent diagnostic testing results, operative and/or pathological reports; Treatment plan and progress notes; Pertinent polynosical history; Information and consultations with the treating practitioner; Pertinent polynosical history; Pertinent charts, graphs or photographic information, as appropriate; Rehabilitation evaluations; Information regarding the local delivery system; and Patient characteristics and information.	Additional information is required to define this code and determine criteria.	
Unlisted Micheellaneous codes: Molina requires prior authorization, as well as, medical necessity documentation and rationale be submitted with the prior authorization request for all Unlisted Miscellaneous codes, including those not listed here	9/1/2019		NOS	Information generally required to support authorization decision making includes, but not limited to: **Current(up to for morths), adoquate patient history related to the requested services such as: office and hospital records; **History of the presenting problem **Clinical exam; **Pertinent diagnostic testing results, operative and/or pathological reports; **Tertament plan and progress notes; **Pertinent psychosocial history: **Anformation and consultations with the treating practitioner; **Pertinent evaluations from other health care practitioners and providers; **Pertinent evaluations from other health care practitioners and providers; **Pertinent evaluations: **Rechabilitation evaluations: **Alformation regarding the local delivery system; and **Patient characteristics and information.	Additional information is required to define this code and determine criteria.	
Unlast Miscellaneous codes: Molina requires prior authorization, as well as, medical necessity documentation and rationale be submitted with the prior authorization request for all Unlasted/Miscellaneous codes, including those not listed here	9/1/2019	A6261	WOUND FILLER GEL PASTE PER FL O	Information generally required to support authorization decision making includes, but not limited to: **Current(up to formoths), adequate patient history related to the requested services such as: office and hospital records; **History of the presenting problem **Clinical exam; **Pertinent diagnostic testing results, operative and/or pathological reports; **Teratment plana and progress notes; **Pertinent psychosocial history: **Information and consultations with the treating practitioner; **Pertinent evaluations from other health care practitioners and providers; **Pertinent evaluations from other health care practitioners and providers; **Pertinent evaluations from other health care practitioners and providers; **Pertinent evaluations: **Allerbalilation evaluations: **Information regarding the local delivery system; and **Patient characteristics and information.	Additional information is required to define this code and determine criteria.	
Unlisted/Miscellaneous codes: Molina requires prior authorization, as well as, medical necessity documentation and rationale be submitted with the prior authorization request for all Unlisted Miscellaneous codes, including those not listed here	9/1/2019	A6262	WOUND FILLER DRY FORM PER G NOT OTHERWISE SPEC	Information generally required to support authorization decision making includes, but not limited to: Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; History of the presenting problem: Clinical exam; Pertinent alignostic testing results, operative and/or pathological reports; Treatment plan and progress notes; Pertinent phosposical history; Information and consultations with the treating practitioner; Pertinent polynosical history; Pertinent charts, graphs or photographic information, as appropriate; Rehabilitation evaluations; Information regarding the local delivery system; and Patient charts, explain the consultations; Information regarding the local delivery system; and Patient characteristics and information.	Additional information is required to define this code and determine criteria.	

Service Category Notes	Effective Date	Code	Definition		Criteria	Notes
Unlisted/Miscellaneous codes: Molina requires prior authorization, as well as, medical accessity documentation and rationale be submitted with the prior authorization request for all Unlisted/Miscellaneous codes, including those not listed here	7/1/2022	A9291	PRESCRIPTION DIGITAL BT FDA CLEARED PER CRS TX	Information generally required to support authorization decision making includes, but not limited to: Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; History of the presenting problem: Clinical exam; Pertinent diagnostic testing results, operative and/or pathological reports; Treatment plan and progress notes; Pertinent plan and progress notes; Pertinent plan and progress notes; Pertinent plan do consultations with the treating practitioner; Information and consultations with the treating practitioner; Pertinent charts, graphs or photographic information, as appropriate; Rehabilitation ovaluations; Information regarding the local delivery system; and Patient characteristics and information.	Third Party Proprietary Criteria	
Unisted/Miscellaneous codes: Molina requires prior authorization, as well as, medical necessity documentation and rationale be submitted with the prior authorization request for all Unlisted/Miscellaneous codes, including those not listed here	9/1/2019	A9698	MATERIAL NOC PER STDY	Information generally required to support authorization decision making includes, but not limited to: **Current(up to for morths), adoquate patient history related to the requested services such as: office and hospital records; **History of the presenting problem **Clinical excum: **Pertinent diagnostic testing results, operative and/or pathological reports; **Pertinent diagnostic testing results, operative and/or pathological reports; **Pertinent psychosocial history; **Alformation and consultations with the treating practitioner; **Pertinent evaluations from other health care practitioners and providers; **Pertinent evaluations from other health care practitioners and providers; **Pertinent evaluations: **Alformation regarding the local delivery system; and **Patient characteristics and information.	Additional information is required to define this code and determine criteria.	
Units ted Michaeclaneous codes: Molina requires prior authorization, as well as, medical necessity documentation and rationale be submitted with the prior authorization request for all Unlisted Miscellaneous codes, including those not listed here	9/1/2019	A9699	RADIOPHARMACEUTICAL THERAPEUTIC NOC	Information generally required to support authorization decision making includes, but not limited to: **Current(up to for morths), adoquate patient history related to the requested services such as: office and hospital records; **History of the presenting problem **Clinical exam; **Pertinent diagnostic testing results, operative and/or pathological reports; **Pertinent diagnostic testing results, operative and/or pathological reports; **Pertinent psychosocial history; **Information and consultations with the treating practitioner; **Pertinent evaluations from other health care practitioners and providers; **Pertinent evaluations from other health care practitioners and providers; **Pertinent evaluations; **Alformation regarding the local delivery system; and **Patient characteristics and information.	Additional information is required to define this code and determine criteria.	
Unlisted/Miscellaneous codes: Molina requires prior authorization, as well as, medical necessity documentation and rationale be submitted with the prior authorization request for all Unlisted/Miscellaneous codes, including those not listed here	5/20/2020	A9900	DME SUP ACCESS SRV-COMPON OTH HCPCS	Information generally required to support authorization decision making includes, but not limited to: *Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; *History of the presenting problem: *Clinical cxam; *Pertinent plan and progress notes; *Teratment plan and progress notes; *Pertinent plansocial history; *Information and consultations with the treating practitioner; *Pertinent plansocial history; *Information and consultations with the treating practitioners and providers; *Pertinent charts, graphs or photographic information, as appropriate; *Rechabilitation evaluations; *Information regarding the local delivery system; and *Patient characteristics and information.	Additional information is required to define this code and determine criteria.	

Service Category Notes	Effective Date	Code	Definition		Criteria	Notes
Unlisted/Aliscellaneous codes: Molina requires prior authorization, as well as, medical necessity documentation and rationale be submitted with the prior authorization request for all Unlisted Miscellaneous codes, including those not listed here	9/1/2019	A9999	MISCELLANEOUS DME SUPPLY OR ACCESSORY NOS	Information generally required to support authorization decision making includes, but not limited to: *Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; *History of the presenting problem Clinical exam; *Pertinent diagnostic testing results, operative and/or pathological reports; *Pertinent plan and progress notes; *Pertinent psychosocial history: *Information and consultations with the treating practitioners and providers; *Pertinent evaluations from other health care practitioners and providers; *Pertinent evaluations graphs or photographic information, as appropriate; *Reclabilitation evaluations; *Information regarding the local delivery system; and *Patient characteristics and information.	Additional information is required to define this code and determine criteria.	
Unlisted/Miscellaneous codes: Molina requires prior authorization, as well as, medical necessity documentation and rationale be submitted with the prior authorization request for all Unlisted/Miscellaneous codes, including those not listed here	4/1/2020	B9998	NOC FOR ENTERAL SUPPLIES	Information generally required to support authorization decision making includes, but not limited to: *Current (up to 6 month), adequate patient history related to the requested services such as: office and hospital records; *History of the presenting problem: *Clinical exam; *Pertinent alignostic testing results, operative and/or pathological reports; *Treatment plan and progress notes; *Pertinent plan and progress notes; *Pertinent polysosical history; *Information and consultations with the treating practitioner; *Pertinent explanations from other health care practitioners and providen; *Pertinent charts, graphs or photographic information, as appropriate; *Rehabilitation ovaluations; *Information regarding the local delivery system; and *Patient characteristics and information.	Additional information is required to define this code and determine criteria.	
Unlisted/Miscellaneous codes: Molina requires prior authorization, as well as, medical necessity documentation and rationale be submitted with the prior authorization request for all Unlisted Miscellaneous codes, including those not listed here	1/1/2024	В9999	NOC FOR PARENTERAL SUPPLIES	Information generally required to support authorization decision making includes, but not limited to: *Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; *History of the presenting problem. *Current content of the presenting problem. *The content of the present o	Additional information is required to define this code and determine criteria.	PA Modernization - PA requirements will be removed where covered.
Unlisted/Miscellaneous codes: Molina requires prior authorization, as well as, medical necessity documentation and rationale be submitted with the prior authorization request for all Unlisted/Miscellaneous codes, including those not listed here	1/1/2024	C2698	BRACHYTHERAPY SOURCE STRANDED NOS PER SOURCE	Information generally required to support authorization decision making includes, but not limited to: *Current (up to 6 month), adequate patient history related to the requested services such as: office and hospital records; *History of the presenting problem: *Clinical exam; *Pertinent glain and progress notes; *Pertinent plan and progress notes; *Pertinent plan and progress notes; *Information and consultations with the treating practitioner; *Information and consultations with the treating practitioner; *Pertinent explanations from other health care practitioners and providers; *Pertinent charts, graphs or photographic information, as appropriate; *Rehabilitation evaluations; *Information regarding the local delivery system; and *Patient characteristics and information.	Additional information is required to define this code and determine criteria.	PA Modemization - PA requirements will be removed where covered.

Service Category Notes	Effective Date	Code	Definition		Criteria	Notes
Unlisted/Miscellaneous codes: Molina requires prior authorization, as well as, medical necessity documentation and rationale be submitted with the prior authorization request for all Unlisted/Miscellaneous codes, including those not listed here	1/1/2024	C2699	BRACHYTHERAPY SOURCE NONSTRANDED NOS PER SOURCE	Information generally required to support authorization decision making includes, but not limited to: *Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; *History of the presenting problem *Clinical exam; *Pertinent diagnostic testing results, operative and/or pathological reports; *Treatment plan and progress notes; *Pertinent plan and progress notes; *Pertinent possocial history; *Information and consultations with the treating practitioner; *Pertinent charts, graphs or photographic information, as appropriate; *Rehabilitation or-albatations; *Information regarding the local delivery system; and *Patient chartscristics and information.	Additional information is required to define this code and determine criteria.	PA Modemization - PA requirements will be removed where covered.
United Michigen and Control of the C	9/1/2019	E0769	ESTIM ELECTROMAGNETIC WOUND TREATMENT DEVC NOC	Information generally required to support authorization decision making includes, but not limited to: Current(up to for months), adequate patient history related to the requested services such as: office and hospital records; History of the presenting problem Clinical excum; Petrinent diagnostic testing results, operative and/or pathological reports; Treatment plan and progress notes; Petrinent psychosocial history; Information and consultations with the treating practitioner; Petrinent evaluations from other health care practitioners and providen; Petrinent evaluations from other health care practitioners and providen; Petrinent evaluations from other health care practitioners and providen; Petrinent evaluations from other health care practitioners and providen; Petrinent characteristics and informations; Information regarding the local delivery system; and Pataient characteristics and information CMS DME 5 Element Order 1. Beneficiary's name 2. A description of the item of DME ordered—the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code marrative, or a brand name/month glumsher 3. Signature of the prescribing physician/practitioner 4. Prescribing physician/practitioner's National Practitioner Identifier (NPI) 5. The date of the order	Additional information is required to define this code and determine criteria.	
United/Miscellaneous codes: Molian requires prior authorization, as well as, medical necessity documentation and rationale be submitted with the prior authorization request for all Unitsed/Miscellaneous codes, including those not listed here	9/1/2019	E0770	FES TRANSQ STIM NERV AND MUSC GRP CMPL SYS NOS	Information generally required to support authorization decision making includes, but not limited to: **Current (op no 6 months), adequate patient history related to the requested services such as: office and hospital records; **History consensating problem: **Current (op no 6 months), adequate patient history related to the requested services such as: office and hospital records; **History consensating problem: **Pertinent disagnostic testing results, operative and/or pathological reports; **Pertinent disagnostic testing results, operative and/or pathological reports; **Pertinent psychosocial history: **Information and orosultations with the treating practitioner; **Pertinent evaluations from other health care practitioners and providen; **Pertinent evaluations from other health care practitioners and providen; **Pertinent evaluations from other health care practitioners and providen; **Pertinent characteristics and information.**CMS DME 5 Element Order **Information regarding the local delivery system; and **Patient characteristics and information.**CMS DME 5 Element Order **Information regarding the local delivery system; and **Patient characteristics and information.**CMS DME 5 Element Order **Information regarding the local delivery system; and **Patient characteristics and information.**CMS DME 5 Element Order **Information regarding the local delivery system; and **Patient characteristics and information.**CMS DME 5 Element Order **Information regarding the local delivery system; and **Patient characteristics and information.**CMS DME 5 Element Order **Information regarding the local delivery system; and **Patient characteristics and information.**CMS DME 5 Element Order **Patient characteristics and informat	Additional information is required to define this code and determine criteria.	
Unlisted/Miscellaneous codes: Molina requires prior authorization, as well as, medical necessity documentation and rationale be submitted with the prior authorization request for all Unlisted/Miscellaneous codes, including those not listed here	9/1/2019	E1399	DURABLE MEDICAL EQUIPMENT MISCELLANEOUS	Information generally required to support authorization decision making includes, but not limited to: *Current (up to 6 month), adequate patient history related to the requested services such as: office and hospital records; *History of the presenting problem *Clinical exam; *Pertinent alignostic testing results, operative and/or pathological reports; *Treatment plan and progress notes; *Pertinent plans and progress notes; *Information and consultations with the treating practitioner, *Information and consultations with the treating practitioner, *Pertinent charts, graphs or photographic information, as appropriate; *Relabilitation or valuations; *Information regarding the local delivery system; and *Patient charts-cristics and information CMS DME 5 Element Order 1. Beneficiary's name 2. A description of the item ODME ordered-the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Signature of the prescribing physician/practitioner 4. Perscribing physician/practitioner's National Practitioner Identifier (NPI) 5. The date of the order	Additional information is required to define this code and determine criteria.	

Service Category Notes	Effective Date	Code	Definition		Criteria	Notes
Unlisted/Miscellaneous codes: Molins requires prior authorization, as well as, medical necessity documentation and rationale be submitted with the prior authorization request for Illusted/Miscellaneous codes, including those not listed here	1/1/2024	E1699	DIALYSIS EQUIPMENT NOT OTHER WISE SPECIFIED	Information generally required to support authorization decision making includes, but not limited to: Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; History of the presenting problem Clinical exam; Pertinent glain and progress notes; Pertinent plan and progress notes; Pertinent plans and progress notes; Information and consultations with the treating practitioner; Information and consultations with the treating practitioner; Pertinent charts, graphs or photographic information, as appropriate; Rehabilitation evaluations; Information regarding the local delivery system; and Patient charts, graphs or photographic information. CMS DME 5 Element Order 1. Beneficiary's name 2. A description of the item of DME ordered-the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Signature of the prescribing physician/practitioner? National Practitioner Identifier (NPI) 5. The date of the order	Additional information is required to define this code and determine criteria.	PA Modemization - PA requirements will be removed where covered.
Unisted/Miscellaneous codes: Molina requires prior authorization, as well as, medical necessity documentation and rationale be submitted with the prior authorization request for all Unlisted/Miscellaneous codes, including those not listed here	1/1/2024	G0501	RESOURCE-INT SRVC PT SPZ M-ASST TECH MED NEC	Information generally required to support authorization decision making includes, but not limited to: «Current (up to foundhe), adoquate patient history related to the requested services such as: office and hospital records; «History of the presenting problem Clinical exam; Pertinent diagnostic testing results, operative and/or pathological reports; "Textament plan and progress notes," Pertinent psychosocial history; Information and consultations with the treating practitioner; Pertinent evaluations from other health care practitioners and providers, Pertinent evaluations from other health care practitioners and providers, Pertinent evaluations from other health care practitioners and providers, Pertinent evaluations; Information carganity or photographic information, as appropriate; Rehabilitation evaluations; Information regarding the local delivery system; and Patient characteristics and information.	Additional information is required to define this code and determine criteria.	PA Modemization - PA requirements will be removed where covered.
Units ted Micheel ancous codes: Molina requires prior authorization, see all as, medical necessity documentation and rationale be submitted with the prior authorization request for all Unlisted Miscellaneous codes, including those not listed here	1/1/2025	G2082		Information generally required to support authorization decision making includes, but not limited to: Current (up to 6 months), adoquate patient history related to the requested services such as: office and hospital records; History of the presenting problem Clinical exam; Pertinent diagnostic testing results, operative and/or pathological reports; I'retament plan and progress notes; Pertinent psychosocial history; Hinformation and consultations with the treating practitioner; Pertinent evaluations from other health care practitioners and providers; Pertinent evaluations from other health care practitioners and propriate; Rehabilitation evaluations; Hinformation angrangine information as appropriate; Rehabilitation evaluations; Hinformation regarding the local delivery system; and Patient characteristics and information.	Additional information is required to define this code and determine criteria.	
Unlisted/Miscellaneous codes: Molina requires prior authorization, as well as, medical necessity documentation and rationale be submitted with the prior authorization requests for all Unlisted Miscellaneous codes, including those not listed here	1/1/2025	G2083	physician or other qualified health care	Information generally required to support authorization decision making includes, but not limited to: «Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; History of the presenting problem «Clinical exam; Pertinical goods testing results, operative and/or pathological reports; Treatment plan and progress notes; Pertinical problems of the state of the stat	Additional information is required to define this code and determine criteria.	

Service Category Notes	Effective Date	Code	Definition		Criteria	Notes
Unlisted/Miscellaneous codes: Molina requires prior authorization, as well as, medical necessity documentation and rationale be submitted with the prior authorization request for all Unlisted/Miscellaneous codes, including those not listed here	1/1/2024	G9012	OTHER SPECIFIED CASE MANAGEMENT SERVICE NEC	Information generally required to support authorization decision making includes, but not limited to: «Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; History of the presenting problem «Clinical exam: Pertinent gliangostic testing results, operative and/or pathological reports; *Treatment plan and progress notes; Pertinent planshoscial history; *Information and consultations with the treating practitioner; *Pertinent explansions from other betalls care practitioners and providers; *Pertinent charts, graphs or photographic information, as appropriate; *Relabilitation covaluations; *Information regarding the local delivery system; and *Patient characteristics and information.	Additional information is required to define this code and determine criteria.	PA Modemization - PA requirements will be removed where covered.
United Michaelaneous codes: Molina requires prior authorization, as well as, medical necessity documentation and rationale be submitted with the prior authorization request for all Unlisted Miscellaneous codes, including those not listed here	9/1/2019	J7599	OTHERWISE CLASSIFIED	Information generally required to support authorization decision making includes, but not limited to: «Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; 4History of the presenting problem «Clinical exam: *Pertinent diagnostic testing results, operative and/or pathological reports; *Pertinent diagnostic testing results, operative and/or pathological reports; *Pertinent psychosocial history; *Information and crosultations with the treating practitioner; *Pertinent evaluations from other health care practitioners and providers; *Pertinent evaluations from other health care practitioners and providers; *Pertinent evaluations; *Rehabilitation evaluations; *Information regarding the local delivery system; and *Patient characteristics and information.	Additional information is required to define this code and determine criteria.	
Units ted Micheel ancous codes: Molina requires prior authorization, see all as, medical necessity documentation and rationale be submitted with the prior authorization request for all Unlisted Miscellaneous codes, including those not listed here	9/1/2019	J7699	NOC DRUGS INHALATION SOLUTION ADMINED THRU DME	Information generally required to support authorization decision making includes, but not limited to: «Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; *History of the presenting problem *Clinical exam: *Pertinent diagnostic testing results, operative and/or pathological reports; *Pertinent diagnostic testing results, operative and/or pathological reports; *Pertinent psychosocial history; *Information and crossultations with the treating practitioner; *Pertinent evaluations from other health care practitioners and providers; *Pertinent evaluations from other health care practitioners and providers; *Pertinent evaluations; *Rehabilitation evaluations; *Information against patient cladelivery system; and *Patient characteristics and information.	Additional information is required to define this code and determine criteria.	
Unlisted/Miscellaneous codes: Molina requires prior authorization, as well as, medical necessity documentation and rationale be submitted with the prior authorization request for all Unlisted/Miscellaneous codes, including those not listed here	9/1/2019	J8597	ANTIEMETIC DRUG ORAL NOT OTHERWISE SPECIFIED	Information generally required to support authorization decision making includes, but not limited to: Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; History of the presenting problem: Clinical exam; Pertinient plan and progress notes; Pertinent plan and progress notes; Pertinent plans ocusulations with the treating practitioner; Information and consultations with the treating practitioner; Pertinent charts, graphs or photographic information, as appropriate; Rehabilitation orvaluations; Information regarding the local delivery system; and Patient charts charts and information.	Additional information is required to define this code and determine criteria.	

Service Category Notes	Effective Date	Code	Definition		Criteria	Notes
Unlisted/Miscellaneous codes: Molina requires prior authorization, as well as, medical necessity documentation and rationale be submitted with the prior authorization request for all Unlisted/Miscellaneous codes, including those not listed here	9/1/2019	K0812	POWER OPERATED VEHICLE NOT OTHERWISE CLASSIFIED	Information generally required to support authorization decision making includes, but not limited to: Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; History of the presenting problem Clinical exam; Perminent applications is string results, operative and/or pathological reports; Treatment plan and progress notes; Perminent charts, graphs or photographic information, as appropriate; Perminent charts, graphs or photographic information, as appropriate; Perminent charts, graphs or photographic information, as appropriate; Perminent charts, graphs or photographic information, and appropriate and information.CMS DME 5 Element Order Information of the item of DME ordered—the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand anamendood number S. Signature of the prescribing physician/practitioner Perscribing physician/practitioner's National Practitioner Identifier (NPI) The date of the order	Additional information is required to define this code and determine criteria.	
Unlisted/Miscellaneous codes: Molina requires prior authorization, as well as, medical necessity documentation and rationale be submitted with the prior authorization request for all Unlisted/Miscellaneous codes, including those not listed here	9/1/2019	K0898	FOWER WHEELCHAIR NOT OTHERWISE CLASSIFIED	Information generally required to support authorization decision making includes, but not limited to: Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; History of the presenting problem: Pertinent alignostic testing results, operative and/or pathological reports; Treatment plan and progress notes; Pertinent plans and progress notes; Pertinent plans and consultations with the treating practitioner; Information and consultations with the treating practitioner; Pertinent charts, graphs or photographic information, as appropriate; Rehabilitation evaluations; Information regarding the local delivery system; and Patient charts, graphs or photographic information, as appropriate; Information regarding the local delivery system; and Patient characteristics and information.CMS DME 5 Element Order I. Beneficiary's name 2. A description of the item of DME ordered-the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name-moded number 3. Signature of the prescribing physician/practitioner 4. Prescribing physician/practitioners 4. Prescribing physician/practitioners 5. The date of the order	Additional information is required to define this code and determine criteria.	
Unlisted/Miscellaneous codes: Molina requires prior authorization, as well as, medical necessity documentation and rationale be submitted with the prior authorization request for all Unlisted/Miscellaneous codes, including those not listed here	9/1/2019	K0899	PWR MOBILTY DVC NOT CODED DME PDAC NOT MEET CRIT	Information generally required to support authorization decision making includes, but not limited to: Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; History of the presenting problem: Clinical exam; Pertinent again and progress notes; Pertinent plan and progress notes; Pertinent charts, agrabs or photographic information, as appropriate; Rehealibilation evaluations; Hoformation from other health care practitioners and providers; Pertinent charts, graphs or photographic information, as appropriate; Rehabilitation evaluations; Information regarding the local delivery system; and Pakient characteristics and information CMS DME 5 Element Order 1. Beneficiary's name 2. A description of the item of DME ordered—the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number S. Signature of the prescribing physician/practitioner 4. Prescribing physician/practitioner's National Practitioner Identifier (NPI) 5. The date of the order	Additional information is required to define this code and determine criteria.	