



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 ON THE PROVIDER PORTAL.**  
Most Non-Participating Providers require authorization regardless of services or codes (see exceptions to rule below).  
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 your local State Regulatory Agency determines many of the plan benefits. 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.

Prior authorization 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](#)

[Pharmacy 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.

This document is NOT be utilized to make benefit coverage determinations.

Service Category Notes	Effective Date	Code	Definition		Criteria	Notes
<b>Unlisted/Miscellaneous codes:</b> 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	15999	UNLISTED PROCEDURE EXCISION PRESSURE ULCER	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 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.	Additional information is required to define this code and determine criteria.	
<b>Unlisted/Miscellaneous codes:</b> 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	17999	UNLISTED PX SKIN MUC MEMBRANE AND SUBQ TISSUE	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 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.	Additional information is required to define this code and determine criteria.	

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<b>Unlisted/Miscellaneous codes:</b> 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	20999	UNLISTED PROCEDURE MUSCULOSKELETAL SYSTEM GENERAL  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 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.	Additional information is required to define this code and determine criteria.	
<b>Unlisted/Miscellaneous codes:</b> 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; •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.	Additional information is required to define this code and determine criteria.	
<b>Unlisted/Miscellaneous codes:</b> 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	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 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.	Additional information is required to define this code and determine criteria.	

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<b>Unlisted/Miscellaneous codes:</b> 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 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 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.	Additional information is required to define this code and determine criteria.
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<b>Unlisted/Miscellaneous codes:</b> 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	24999	<b>UNLISTED PROCEDURE HUMERUS ELBOW</b> 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 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.	Additional information is required to define this code and determine criteria.	
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<b>Unlisted/Miscellaneous codes:</b> 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	32999	<b>UNLISTED PROCEDURE LUNGS AND PLEURA</b>  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 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.	Additional information is required to define this code and determine criteria.	
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<b>Unlisted/Miscellaneous codes:</b> 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	<b>UNLISTED PROCEDURE MEDIASTINUM</b>  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 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.	Additional information is required to define this code and determine criteria.	
<b>Unlisted/Miscellaneous codes:</b> 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	<b>UNLISTED PROCEDURE DIAPHRAGM</b>  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 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.	Additional information is required to define this code and determine criteria.	
<b>Unlisted/Miscellaneous codes:</b> 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	40799	<b>UNLISTED PROCEDURE LIPS</b>  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 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.	Additional information is required to define this code and determine criteria.	

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<b>Unlisted/Miscellaneous codes:</b> 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	<b>UNLISTED PROCEDURE VESTIBULE MOUTH</b> 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 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.	Additional information is required to define this code and determine criteria.	
<b>Unlisted/Miscellaneous codes:</b> 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	<b>UNLISTED PROCEDURE TONGUE FLOOR MOUTH</b> 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 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.	Additional information is required to define this code and determine criteria.	
<b>Unlisted/Miscellaneous codes:</b> 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	<b>UNLISTED PROCEDURE PALATE UVULA</b> 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 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.	Additional information is required to define this code and determine criteria.	
<b>Unlisted/Miscellaneous codes:</b> 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	42699	<b>UNLISTED PX SALIVARY GLANDS DUCTS</b> 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 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.	Additional information is required to define this code and determine criteria.	

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<b>Unlisted/Miscellaneous codes:</b> 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	UNLISTED PROCEDURE PHARYNX 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 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.	Additional information is required to define this code and determine criteria.
<b>Unlisted/Miscellaneous codes:</b> 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 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 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.	Additional information is required to define this code and determine criteria.
<b>Unlisted/Miscellaneous codes:</b> 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: •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 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.	Additional information is required to define this code and determine criteria.
<b>Unlisted/Miscellaneous codes:</b> 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	43659	UNLISTED LAPAROSCOPIC PROCEDURE STOMACH	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 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.	Additional information is required to define this code and determine criteria.

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<b>Unlisted/Miscellaneous codes:</b> 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	<b>UNLISTED PROCEDURE STOMACH</b> 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 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.	Additional information is required to define this code and determine criteria.	
<b>Unlisted/Miscellaneous codes:</b> 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	<b>UNLISTED LAPAROSCOPY PX INTESTINE XCP RECTUM</b> 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 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.	Additional information is required to define this code and determine criteria.	
<b>Unlisted/Miscellaneous codes:</b> 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	<b>UNLISTED PROCEDURE SMALL INTESTINE</b> 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 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.	Additional information is required to define this code and determine criteria.	
<b>Unlisted/Miscellaneous codes:</b> 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	44899	<b>UNLISTED PX MECKEL'S DIVERTICULUM AND MESENTERY</b> 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 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.	Additional information is required to define this code and determine criteria.	

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<b>Unlisted/Miscellaneous codes:</b> 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	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 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.	Additional information is required to define this code and determine criteria.
<b>Unlisted/Miscellaneous codes:</b> 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 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 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.	Additional information is required to define this code and determine criteria.
<b>Unlisted/Miscellaneous codes:</b> 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 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 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.	Additional information is required to define this code and determine criteria.
<b>Unlisted/Miscellaneous codes:</b> 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	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 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.	Additional information is required to define this code and determine criteria.

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<b>Unlisted/Miscellaneous codes:</b> 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 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.	Additional information is required to define this code and determine criteria.	
<b>Unlisted/Miscellaneous codes:</b> 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	UNLISTED LAPAROSCOPIC 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 •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.	Additional information is required to define this code and determine criteria.	
<b>Unlisted/Miscellaneous codes:</b> 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 •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.	Additional information is required to define this code and determine criteria.	
<b>Unlisted/Miscellaneous codes:</b> 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	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 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.	Additional information is required to define this code and determine criteria.	

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<b>Unlisted/Miscellaneous codes:</b> 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	<b>UNLISTED PROCEDURE BILIARY TRACT</b>  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 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.	Additional information is required to define this code and determine criteria.	
<b>Unlisted/Miscellaneous codes:</b> 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	<b>UNLISTED PROCEDURE PANCREAS</b>  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 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.	Additional information is required to define this code and determine criteria.	
<b>Unlisted/Miscellaneous codes:</b> 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	<b>UNLISTED LAPAROSCOPIC PX ABD PERTONEUM AND OMENTUM</b>  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 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.	Additional information is required to define this code and determine criteria.	
<b>Unlisted/Miscellaneous codes:</b> 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	49659	<b>UNLIS LAPS PX HRNAP HERNIORRHAPHY HERNIOTOMY</b>  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 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.	Additional information is required to define this code and determine criteria.	

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<b>Unlisted/Miscellaneous codes:</b> 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 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.	Additional information is required to define this code and determine criteria.
<b>Unlisted/Miscellaneous codes:</b> 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	UNLISTED LAPAROSCOPY PROCEDURE RENAL	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 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.	Additional information is required to define this code and determine criteria.
<b>Unlisted/Miscellaneous codes:</b> 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: •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 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.	Additional information is required to define this code and determine criteria.
<b>Unlisted/Miscellaneous codes:</b> 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	51999	UNLISTED LAPAROSCOPY PROCEDURE BLADDER	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 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.	Additional information is required to define this code and determine criteria.



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<b>Unlisted/Miscellaneous codes:</b> 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	<b>UNLISTED PROCEDURE URINARY SYSTEM</b>  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 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.	Additional information is required to define this code and determine criteria.	
<b>Unlisted/Miscellaneous codes:</b> 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	<b>UNLISTED LAPAROSCOPY PROCEDURE TESTIS</b>  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 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.	Additional information is required to define this code and determine criteria.	
<b>Unlisted/Miscellaneous codes:</b> 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	55559	<b>UNLISTED LAPROSCOPY PROCEDURE SPERMATIC CORD</b>  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 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.	Additional information is required to define this code and determine criteria.	
<b>Unlisted/Miscellaneous codes:</b> 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	<b>UNLISTED PROCEDURE MALE GENITAL SYSTEM</b>  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 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.	Additional information is required to define this code and determine criteria.	

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<b>Unlisted/Miscellaneous codes:</b> 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 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.	Additional information is required to define this code and determine criteria.
<b>Unlisted/Miscellaneous codes:</b> 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 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 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.	Additional information is required to define this code and determine criteria.
<b>Unlisted/Miscellaneous codes:</b> 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 •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.	Additional information is required to define this code and determine criteria.
<b>Unlisted/Miscellaneous codes:</b> 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	58999	UNLISTED PX FEMALE GENITAL SYSTEM NONOBSTETRICAL	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 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.	Additional information is required to define this code and determine criteria.

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<b>Unlisted/Miscellaneous codes:</b> 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 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.	Additional information is required to define this code and determine criteria.
<b>Unlisted/Miscellaneous codes:</b> 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	59898	UNLISTED LAPAROSCOPY PX MATERNITY CARE AND DELIVERY	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 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.	Additional information is required to define this code and determine criteria.
<b>Unlisted/Miscellaneous codes:</b> 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	59899	UNLISTED PROCEDURE MATERNITY CARE AND DELIVERY	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 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.	Additional information is required to define this code and determine criteria.
<b>Unlisted/Miscellaneous codes:</b> 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	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 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.	Additional information is required to define this code and determine criteria.

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<b>Unlisted/Miscellaneous codes:</b> 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	<b>UNLISTED PROCEDURE ENDOCRINE SYSTEM</b>  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 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.	Additional information is required to define this code and determine criteria.	
<b>Unlisted/Miscellaneous codes:</b> 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	64999	<b>UNLISTED PROCEDURE NERVOUS SYSTEM</b>  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 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.	Additional information is required to define this code and determine criteria.	
<b>Unlisted/Miscellaneous codes:</b> 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	<b>UNLISTED PROCEDURE ANTERIOR SEGMENT EYE</b>  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 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.	Additional information is required to define this code and determine criteria.	
<b>Unlisted/Miscellaneous codes:</b> 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	67299	<b>UNLISTED PROCEDURE POSTERIOR SEGMENT</b>  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 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.	Additional information is required to define this code and determine criteria.	

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<b>Unlisted/Miscellaneous codes:</b> 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	<b>UNLISTED PROCEDURE EXTRAOCULAR MUSCLE</b> 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 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.	Additional information is required to define this code and determine criteria.	
<b>Unlisted/Miscellaneous codes:</b> 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	<b>UNLISTED PROCEDURE ORBIT</b> 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 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.	Additional information is required to define this code and determine criteria.	
<b>Unlisted/Miscellaneous codes:</b> 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	<b>UNLISTED PROCEDURE EYELIDS</b> 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 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.	Additional information is required to define this code and determine criteria.	
<b>Unlisted/Miscellaneous codes:</b> 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	<b>UNLISTED PROCEDURE CONJUNCTIVA</b> 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 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.	Additional information is required to define this code and determine criteria.	

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<b>Unlisted/Miscellaneous codes:</b> 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	<b>UNLISTED PROCEDURE LACRIMAL SYSTEM</b>  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 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.	Additional information is required to define this code and determine criteria.	
<b>Unlisted/Miscellaneous codes:</b> 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	<b>UNLISTED PROCEDURE EXTERNAL EAR</b>  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 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.	Additional information is required to define this code and determine criteria.	
<b>Unlisted/Miscellaneous codes:</b> 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	<b>UNLISTED PROCEDURE MIDDLE EAR</b>  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 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.	Additional information is required to define this code and determine criteria.	
<b>Unlisted/Miscellaneous codes:</b> 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	69949	<b>UNLISTED PROCEDURE INNER EAR</b>  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 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.	Additional information is required to define this code and determine criteria.	

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<b>Unlisted/Miscellaneous codes:</b> 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	UNLISTED PROCEDURE TEMPORAL 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 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.	Additional information is required to define this code and determine criteria.	
<b>Unlisted/Miscellaneous codes:</b> 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 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 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.	Additional information is required to define this code and determine criteria.	
<b>Unlisted/Miscellaneous codes:</b> 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; •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.	Additional information is required to define this code and determine criteria.	
<b>Unlisted/Miscellaneous codes:</b> 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	77399	UNLIS MEDICAL RADJ 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 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.	Additional information is required to define this code and determine criteria.	

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<b>Unlisted/Miscellaneous codes:</b> 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	<b>UNLISTED PROCEDURE CLINICAL BRACHYTHERAPY</b> 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 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.	Additional information is required to define this code and determine criteria.	
<b>Unlisted/Miscellaneous codes:</b> 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	78099	<b>UNLISTED ENDOCRINE PX DX NUCLEAR MEDICINE</b> 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 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.	Additional information is required to define this code and determine criteria.	
<b>Unlisted/Miscellaneous codes:</b> 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	<b>UNLISTED HEMATOP RET ENDO AND LYMPHATIC DX NUC MED</b> 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 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.	Additional information is required to define this code and determine criteria.	
<b>Unlisted/Miscellaneous codes:</b> 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	78299	<b>UNLISTED GASTROINTESTINAL PX DX NUCLEAR MEDICINE</b> 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 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.	Additional information is required to define this code and determine criteria.	



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<p>Unlisted/Miscellaneous codes:</p> <p>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</p>	9/1/2019	78399	<p>UNLISTED MUSCULOSKELETAL PX DX</p> <p>NUCLEAR MEDICINE</p>	<p>Information generally required to support authorization decision making includes, but not limited to:</p> <ul style="list-style-type: none"><li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li><li>•History of the presenting problem</li><li>•Clinical exam;</li><li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li><li>•Treatment plan and progress notes;</li><li>•Pertinent psychosocial history;</li><li>•Information and consultations with the treating practitioner;</li><li>•Pertinent evaluations from other health care practitioners and providers;</li><li>•Pertinent charts, graphs or photographic information, as appropriate;</li><li>•Rehabilitation evaluations;</li><li>•Information regarding the local delivery system; and</li><li>•Patient characteristics and information.</li></ul>	<p>Additional information is required to define this code and determine criteria.</p>

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<b>Unlisted/Miscellaneous codes:</b> 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 •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.	Additional information is required to define this code and determine criteria.
<b>Unlisted/Miscellaneous codes:</b> 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	UNLISTED NERVOUS SYSTEM 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 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.	Additional information is required to define this code and determine criteria.
<b>Unlisted/Miscellaneous codes:</b> 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 GENITOURINARY 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 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.	Additional information is required to define this code and determine criteria.
<b>Unlisted/Miscellaneous codes:</b> 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	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 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.	Additional information is required to define this code and determine criteria.

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<b>Unlisted/Miscellaneous codes:</b> 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	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; •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.	Additional information is required to define this code and determine criteria.	
<b>Unlisted/Miscellaneous codes:</b> 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	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 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.	Additional information is required to define this code and determine criteria.	
<b>Unlisted/Miscellaneous codes:</b> 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	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; •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.	Additional information is required to define this code and determine criteria.	

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<b>Unlisted/Miscellaneous codes:</b> 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 •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.	Additional information is required to define this code and determine criteria.	
<b>Unlisted/Miscellaneous codes:</b> 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	SKIN TEST UNLISTED ANTIGEN EACH  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 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.	Additional information is required to define this code and determine criteria.	
<b>Unlisted/Miscellaneous codes:</b> 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 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 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.	Additional information is required to define this code and determine criteria.	
<b>Unlisted/Miscellaneous codes:</b> 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	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 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.	Additional information is required to define this code and determine criteria.	

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<b>Unlisted/Miscellaneous codes:</b> 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	<b>IADNA NOS DIRECT PROBE TQ EACH ORGANISM</b>  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 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.	Additional information is required to define this code and determine criteria.	
<b>Unlisted/Miscellaneous codes:</b> 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	<b>IADNA NOS AMPLIFIED PROBE TQ EACH ORGANISM</b>  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 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.	Additional information is required to define this code and determine criteria.	
<b>Unlisted/Miscellaneous codes:</b> 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	<b>IADNA NOS QUANTIFICATION EACH ORGANISM</b>  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 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.	Additional information is required to define this code and determine criteria.	
<b>Unlisted/Miscellaneous codes:</b> 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	87899	<b>IAADIADOO NOT OTHERWISE SPECIFIED</b>  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 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.	Additional information is required to define this code and determine criteria.	

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<b>Unlisted/Miscellaneous codes:</b> 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	<b>UNLISTED MICROBIOLOGY</b> 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 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.	Additional information is required to define this code and determine criteria.	
<b>Unlisted/Miscellaneous codes:</b> 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	<b>UNLISTED NECROPSY PROCEDURE</b> 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 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.	Additional information is required to define this code and determine criteria.	
<b>Unlisted/Miscellaneous codes:</b> 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	<b>UNLISTED CYTOPATHOLOGY PROCEDURE</b> 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 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.	Additional information is required to define this code and determine criteria.	
<b>Unlisted/Miscellaneous codes:</b> 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	<b>UNLISTED CYTOGENETIC STUDY</b> 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 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.	Additional information is required to define this code and determine criteria.	

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<b>Unlisted/Miscellaneous codes:</b> 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	<b>UNLISTED SURGICAL PATHOLOGY PROCEDURE</b> 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 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.	Additional information is required to define this code and determine criteria.	
<b>Unlisted/Miscellaneous codes:</b> 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	<b>UNLISTED IN VIVO LABORTORY SERVICE</b> 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 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.	Additional information is required to define this code and determine criteria.	
<b>Unlisted/Miscellaneous codes:</b> 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	<b>UNLIS MISC PATH</b> 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 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.	Additional information is required to define this code and determine criteria.	
<b>Unlisted/Miscellaneous codes:</b> 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	89398	<b>UNLISTED REPRODUCTIVE MEDICINE LAB PROCEDURE</b> 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 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.	Additional information is required to define this code and determine criteria.	



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<b>Unlisted/Miscellaneous codes:</b> 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 •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.	Additional information is required to define this code and determine criteria.	
<b>Unlisted/Miscellaneous codes:</b> 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; •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.	Additional information is required to define this code and determine criteria.	
<b>Unlisted/Miscellaneous codes:</b> 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; •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.	Additional information is required to define this code and determine criteria.	
<b>Unlisted/Miscellaneous codes:</b> 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	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 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.	Additional information is required to define this code and determine criteria.	

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<b>Unlisted/Miscellaneous codes:</b> 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  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 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.	Additional information is required to define this code and determine criteria.	
<b>Unlisted/Miscellaneous codes:</b> 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	92700	UNLISTED OTORHINOLARYNGOLOGICAL 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 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.	Additional information is required to define this code and determine criteria.	
<b>Unlisted/Miscellaneous codes:</b> 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	93799	UNLISTED CARDIOVASCULAR 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; •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.	Additional information is required to define this code and determine criteria.	
<b>Unlisted/Miscellaneous codes:</b> 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	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 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.	Additional information is required to define this code and determine criteria.	

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<b>Unlisted/Miscellaneous codes:</b> 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	95199	UNLISTED ALLERGY CLINICAL IMMUNOLOGIC SRVC FX	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 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.	Additional information is required to define this code and determine criteria.
<b>Unlisted/Miscellaneous codes:</b> 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	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; •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.	Additional information is required to define this code and determine criteria.
<b>Unlisted/Miscellaneous codes:</b> 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	1/1/2023	96203	MULTI-FMLY GRP BHVR MNGMNT/MDFCN TRNG FOR PRNT(S)/GRDN(S)/CRGVR(S) OF PTNTS WTH A MNTL OR PHYSCL HLTH DGNSS, ADMNSTRD BY PHYSCN OR OTHR QLFD HLTH CARE PRFSSNL (WTHOUT THE PTNT PRSNT), FCE-TO- FCE WTH MLTPL SETS OF PRNT(S)/GRDN(S)/CRGVR(S); EACH ADDTNL 15 MNTS	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 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.	Molina Clinical Policy: Genetic Testing
<b>Unlisted/Miscellaneous codes:</b> 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	96379	UNLISTED THERAPEUTIC PROPH DX IV IA NJX 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 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.	Additional information is required to define this code and determine criteria.

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<b>Unlisted/Miscellaneous codes:</b> 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	96549	<b>UNLISTED CHEMOTHERAPY PROCEDURE</b> 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 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.	Additional information is required to define this code and determine criteria.	
<b>Unlisted/Miscellaneous codes:</b> 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	<b>UNLISTED SPECIAL DERMATOLOGICAL SERVICE PROCEDURE</b> 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 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.	Additional information is required to define this code and determine criteria.	
<b>Unlisted/Miscellaneous codes:</b> 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	97039	<b>UNLIST MODALITY SPEC TYPE AND TIME CONSTANT ATTEND</b> 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 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.	Additional information is required to define this code and determine criteria.	
<b>Unlisted/Miscellaneous codes:</b> 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	<b>UNLISTED THERAPEUTIC PROCEDURE SPECIFY</b> 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 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.	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
<b>Unlisted/Miscellaneous codes:</b> 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 •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.	Additional information is required to define this code and determine criteria.
<b>Unlisted/Miscellaneous codes:</b> 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), 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 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.	Additional information is required to define this code and determine criteria.
<b>Unlisted/Miscellaneous codes:</b> 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	1/1/2023	99418	PRLNGD INPTNT OR OBSRVTN VALUATION AND MNGMNT SRVC(S) TIME WITH OR WITHOUT DRCT PTNT CNTCT BYND THE RQRD TIME OF THE PRMRY SRVC WHN THE PRMRY SRVC LVL HAS BEEN SLCTD USNG TTL TIME, EACH 15 MNTS OF TTL TIME	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 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.	Molina Clinical Policy: Genetic Testing
<b>Unlisted/Miscellaneous codes:</b> 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 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.	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 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 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.	Third Party Proprietary Criteria	
Unlisted/Miscellaneous	7/1/2021	99489	CHRONIC 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 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.	Third Party Proprietary Criteria	
Unlisted/Miscellaneous	7/1/2021	99490	CHRONIC 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 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.	Third Party Proprietary Criteria	
Unlisted/Miscellaneous	7/1/2021	99491	CHRONIC 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 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.	Third Party Proprietary Criteria	

Service Category Notes	Effective Date	Code	Definition	Criteria	Notes
<b>Unlisted/Miscellaneous codes:</b> 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	99499	<b>UNLISTED EVALUATION AND MANAGEMENT SERVICE</b>	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 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.	Additional information is required to define this code and determine criteria.
<b>Unlisted/Miscellaneous codes:</b> 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	<b>UNLISTED HOME VISIT SERVICE PROCEDURE</b>	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 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.	Additional information is required to define this code and determine criteria.
<b>Unlisted/Miscellaneous codes:</b> 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	<b>UNLISTED ANESTHESIA PROCEDURE</b>	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 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.	Additional information is required to define this code and determine criteria.
<b>Unlisted/Miscellaneous</b>	1/1/2022	0708T	<b>Intradermal cancer immunotherapy; preparation and initial injection</b>	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 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.	Third Party Proprietary Criteria

Service Category Notes	Effective Date	Code	Definition	Criteria	Notes
Unlisted/Miscellaneous	1/1/2022	0709T	Intradermal 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; •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.	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 request 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 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.	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	A4421	OSTOMY SUPPLY; MISCELLANEOUS	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 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.	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	A4641	RADIOPHARMACEUTICAL DIAGNOSTIC NOC	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 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.	Additional information is required to define this code and determine criteria.



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<b>Unlisted/Miscellaneous codes:</b> 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	A4649	SURGICAL SUPPLY; MISCELLANEOUS 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 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.	Additional information is required to define this code and determine criteria.	
<b>Unlisted/Miscellaneous codes:</b> 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	A4913	MISCELLANEOUS DIALYSIS SUPPLIES 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; •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.	Additional information is required to define this code and determine criteria.	
<b>Unlisted/Miscellaneous codes:</b> 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	A6261	WOUND FILLER GEL PASTE PER FL OZ 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; •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.	Additional information is required to define this code and determine criteria.	
<b>Unlisted/Miscellaneous codes:</b> 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 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.	Additional information is required to define this code and determine criteria.	

Service Category Notes	Effective Date	Code	Definition	Criteria	Notes
<b>Unlisted/Miscellaneous codes:</b> 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	7/1/2022	A9291	<b>PRESCRIPTION DIGITAL BT FDA CLEARED PER CRS TX</b>	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 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.	Third Party Proprietary Criteria
<b>Unlisted/Miscellaneous codes:</b> 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	<b>NON-RADIOACTV CONTRST IMAG MATERIAL NOC PER STDY</b>	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 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.	Additional information is required to define this code and determine criteria.
<b>Unlisted/Miscellaneous codes:</b> 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	<b>RADIOPHARMACEUTICAL THERAPEUTIC NOC</b>	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 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.	Additional information is required to define this code and determine criteria.
<b>Unlisted/Miscellaneous codes:</b> 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	<b>DME SUP ACCESS SRV-COMPON OTH HCPCS</b>	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 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.	Additional information is required to define this code and determine criteria.

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<b>Unlisted/Miscellaneous codes:</b> 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; •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.	Additional information is required to define this code and determine criteria.	
<b>Unlisted/Miscellaneous codes:</b> 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 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 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.	Additional information is required to define this code and determine criteria.	
<b>Unlisted/Miscellaneous codes:</b> 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	B9999	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 •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.	Additional information is required to define this code and determine criteria.	PA Modernization - PA requirements will be removed where covered.
<b>Unlisted/Miscellaneous codes:</b> 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 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 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.	Additional information is required to define this code and determine criteria.	PA Modernization - PA requirements will be removed where covered.

Service Category Notes	Effective Date	Code	Definition	Criteria	Notes
<b>Unlisted/Miscellaneous codes:</b> 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 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.	Additional information is required to define this code and determine criteria.  PA Modernization - PA requirements will be removed where covered.
<b>Unlisted/Miscellaneous codes:</b> 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	E0769	ESTIM ELECTROMAGNETIC WOUND TREATMENT DEVC NOC	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 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.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 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.
<b>Unlisted/Miscellaneous codes:</b> 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	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 (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 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.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 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.
<b>Unlisted/Miscellaneous codes:</b> 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 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 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.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 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.

Service Category Notes	Effective Date	Code	Definition	Criteria	Notes	
<b>Unlisted/Miscellaneous codes:</b> 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	E1699	DIALYSIS EQUIPMENT 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 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.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 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.	PA Modernization - PA requirements will be removed where covered.
<b>Unlisted/Miscellaneous codes:</b> 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 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 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.	Additional information is required to define this code and determine criteria.	PA Modernization - PA requirements will be removed where covered.
<b>Unlisted/Miscellaneous codes:</b> 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	1/1/2025	G2082	office or other outpatient visit for the evaluation and management of an established patient that requires the supervision of a physician or other qualified health care professional and provision of up to 56 mg of esketamine nasal self-administration, including 2 hours post-administration observation	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 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.	Additional information is required to define this code and determine criteria.	
<b>Unlisted/Miscellaneous codes:</b> 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	1/1/2025	G2083	Office or other outpatient visit for the evaluation and management of an established patient that requires the supervision of a physician or other qualified health care professional and provision of greater than 56 mg esketamine nasal self-administration, includes 2 hours post-administration observation	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 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.	Additional information is required to define this code and determine criteria.	

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<b>Unlisted/Miscellaneous codes:</b> 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 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.	Additional information is required to define this code and determine criteria.  PA Modernization - PA requirements will be removed where covered.
<b>Unlisted/Miscellaneous codes:</b> 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	IMMUNOSUPPRESSIVE DRUG 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; •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.	Additional information is required to define this code and determine criteria.
<b>Unlisted/Miscellaneous codes:</b> 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	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; •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.	Additional information is required to define this code and determine criteria.
<b>Unlisted/Miscellaneous codes:</b> 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; •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.	Additional information is required to define this code and determine criteria.

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<b>Unlisted/Miscellaneous codes:</b> 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; •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.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 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.	
<b>Unlisted/Miscellaneous codes:</b> 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	POWER 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 •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.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 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.	
<b>Unlisted/Miscellaneous codes:</b> 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 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.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 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.	