



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 to be utilized to make benefit coverage determinations.**

Service Category Notes	Effective Date	Code	Definition	Criteria	Notes	
<p><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</p>	9/1/2019	15999	<p>UNLISTED PROCEDURE EXCISION AND PRESSURE ULCER</p>	<p>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.</p>	Additional information is required to define this code and determine criteria.	
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<p><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</p>	9/1/2019	32999	<p>UNLISTED PROCEDURE LUNGS AND PLEURA</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>	Additional information is required to define this code and determine criteria.	
<p><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</p>	9/1/2019	33999	<p>UNLISTED CARDIAC SURGERY</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>	Additional information is required to define this code and determine criteria.	
<p><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</p>	9/1/2019	36299	<p>UNLISTED PROCEDURE VASCULAR INJECTION</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>	Additional information is required to define this code and determine criteria.	

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<p><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</p>	9/1/2019	37501	<p><b>UNLISTED VASCULAR ENDOSCOPY PROCEDURE</b></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>	Additional information is required to define this code and determine criteria.	
<p><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</p>	9/1/2019	37799	<p><b>UNLISTED PROCEDURE VASCULAR SURGERY</b></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>	Additional information is required to define this code and determine criteria.	
<p><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</p>	9/1/2019	38129	<p><b>UNLISTED LAPAROSCOPY PROCEDURE SPLEEN</b></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>	Additional information is required to define this code and determine criteria.	
<p><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</p>	9/1/2019	38589	<p><b>UNLISTED LAPAROSCOPY PX LYMPHATIC SYSTEM</b></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>	Additional information is required to define this code and determine criteria.	

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<p><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</p>	9/1/2019	38999	<p>UNLISTED PROCEDURE HEMIC OR LYMPHATIC SYSTEM</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>	Additional information is required to define this code and determine criteria.	
<p><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</p>	9/1/2019	39499	<p>UNLISTED PROCEDURE MEDIASTINUM</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>	Additional information is required to define this code and determine criteria.	
<p><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</p>	9/1/2019	39599	<p>UNLISTED PROCEDURE DIAPHRAGM</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>	Additional information is required to define this code and determine criteria.	
<p><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</p>	9/1/2019	40799	<p>UNLISTED PROCEDURE LIPS</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>	Additional information is required to define this code and determine criteria.	

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<p><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</p>	9/1/2019	40899	<p>UNLISTED PROCEDURE VESTIBULE MOUTH</p> <p>Information generally required to support authorization decision making includes, but not limited to:  <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><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</p>	9/1/2019	41599	<p>UNLISTED PROCEDURE TONGUE FLOOR MOUTH</p> <p>Information generally required to support authorization decision making includes, but not limited to:  <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><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</p>	9/1/2019	42299	<p>UNLISTED PROCEDURE PALATE UVULA</p> <p>Information generally required to support authorization decision making includes, but not limited to:  <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><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</p>	9/1/2019	42699	<p>UNLISTED PX SALIVARY GLANDS DUCTS</p> <p>Information generally required to support authorization decision making includes, but not limited to:  <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.	

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<p><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</p>	9/1/2019	43289	<p>UNLISTED LAPAROSCOPIC PROCEDURE ESOPHAGUS</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>	Additional information is required to define this code and determine criteria.	
<p><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</p>	9/1/2019	43499	<p>UNLISTED PROCEDURE ESOPHAGUS</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>	Additional information is required to define this code and determine criteria.	
<p><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</p>	9/1/2019	43659	<p>UNLISTED LAPAROSCOPIC PROCEDURE STOMACH</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>	Additional information is required to define this code and determine criteria.	

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<p><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</p>	9/1/2019	44238	<p>UNLISTED LAPAROSCOPY PX INTESTINE XCP RECTUM</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>	Additional information is required to define this code and determine criteria.	
<p><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</p>	9/1/2019	44799	<p>UNLISTED PROCEDURE SMALL INTESTINE</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>	Additional information is required to define this code and determine criteria.	
<p><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</p>	9/1/2019	44899	<p>UNLISTED PX MECKEL'S DIVERTICULUM AND MESENTERY</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>	Additional information is required to define this code and determine criteria.	

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<p><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</p>	9/1/2019	44979	<p>UNLISTED LAPAROSCOPY PROCEDURE APPENDIX</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>	Additional information is required to define this code and determine criteria.	
<p><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</p>	9/1/2019	45399	<p>UNLISTED PROCEDURE COLON</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>	Additional information is required to define this code and determine criteria.	
<p><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</p>	9/1/2019	45499	<p>UNLISTED LAPAROSCOPY PROCEDURE RECTUM</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>	Additional information is required to define this code and determine criteria.	
<p><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</p>	9/1/2019	45999	<p>UNLISTED PROCEDURE RECTUM</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>	Additional information is required to define this code and determine criteria.	

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<p><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</p>	9/1/2019	46999	<p>UNLISTED PROCEDURE ANUS</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>	Additional information is required to define this code and determine criteria.	
<p><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</p>	9/1/2019	47379	<p>UNLISTED LAPAROSCOPIC PROCEDURE LIVER</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>	Additional information is required to define this code and determine criteria.	
<p><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</p>	9/1/2019	47399	<p>UNLISTED PROCEDURE LIVER</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>	Additional information is required to define this code and determine criteria.	
<p><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</p>	9/1/2019	47379	<p>UNLISTED LAPAROSCOPY PROCEDURE BILIARY TRACT</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>	Additional information is required to define this code and determine criteria.	

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<p><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</p>	9/1/2019	48999	<p>UNLISTED PROCEDURE PANCREAS</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>	Additional information is required to define this code and determine criteria.	
<p><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</p>	9/1/2019	49329	<p>UNLISTED LAPAROSCOPIC PX ABD PERTONEUM AND OMENTUM</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>	Additional information is required to define this code and determine criteria.	
<p><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</p>	9/1/2019	49659	<p>UNLIS LAPS PX HRNAP HERNIORRHAPHY HERNIOTOMY</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>	Additional information is required to define this code and determine criteria.	

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<p><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</p>	9/1/2019	51999	<p>UNLISTED LAPAROSCOPY PROCEDURE BLADDER</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>	Additional information is required to define this code and determine criteria.	

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<p><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</p>	9/1/2019	55899	<p>UNLISTED PROCEDURE MALE GENITAL SYSTEM</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>	Additional information is required to define this code and determine criteria.	

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<p><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</p>	9/1/2019	58578	<p>UNLISTED LAPAROSCOPY PROCEDURE UTERUS</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>	Additional information is required to define this code and determine criteria.	
<p><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</p>	9/1/2019	58579	<p>UNLISTED HYSTEROSCOPY PROCEDURE UTERUS</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>	Additional information is required to define this code and determine criteria.	
<p><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</p>	9/1/2019	58679	<p>UNLISTED LAPAROSCOPY PROCEDURE OVIDUCT OVARY</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>	Additional information is required to define this code and determine criteria.	
<p><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</p>	9/1/2019	58999	<p>UNLISTED PX FEMALE GENITAL SYSTEM NONOBSTETRICAL</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>	Additional information is required to define this code and determine criteria.	

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<p><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</p>	9/1/2019	59897	<p>UNLISTED FETAL INVASIVE PX W ULTRASOUND</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>	Additional information is required to define this code and determine criteria.	
<p><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</p>	9/1/2019	59898	<p>UNLISTED LAPAROSCOPY PX MATERNITY CARE AND DELIVERY</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>	Additional information is required to define this code and determine criteria.	
<p><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</p>	9/1/2019	59899	<p>UNLISTED PROCEDURE MATERNITY CARE AND DELIVERY</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>	Additional information is required to define this code and determine criteria.	
<p><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</p>	9/1/2019	60659	<p>UNLISTED LAPAROSCOPY PROCEDURE ENDOCRINE SYSTEM</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>	Additional information is required to define this code and determine criteria.	

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<p><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</p>	9/1/2019	60699	<p>UNLISTED PROCEDURE ENDOCRINE SYSTEM</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>	Additional information is required to define this code and determine criteria.	
<p><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</p>	9/1/2019	64999	<p>UNLISTED PROCEDURE NERVOUS SYSTEM</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>	Additional information is required to define this code and determine criteria.	
<p><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</p>	9/1/2019	66999	<p>UNLISTED PROCEDURE ANTERIOR SEGMENT EYE</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>	Additional information is required to define this code and determine criteria.	
<p><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</p>	9/1/2019	67299	<p>UNLISTED PROCEDURE POSTERIOR SEGMENT</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>	Additional information is required to define this code and determine criteria.	

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<p><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</p>	9/1/2019	67399	<p>UNLISTED PROCEDURE EXTRAOCULAR MUSCLE</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>	Additional information is required to define this code and determine criteria.	
<p><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</p>	9/1/2019	67399	<p>UNLISTED PROCEDURE ORBIT</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>	Additional information is required to define this code and determine criteria.	
<p><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</p>	9/1/2019	67999	<p>UNLISTED PROCEDURE EYELIDS</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>	Additional information is required to define this code and determine criteria.	
<p><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</p>	9/1/2019	68399	<p>UNLISTED PROCEDURE CONJUNCTIVA</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>	Additional information is required to define this code and determine criteria.	

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<p><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</p>	9/1/2019	68899	<p>UNLISTED PROCEDURE LACRIMAL SYSTEM</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>	Additional information is required to define this code and determine criteria.	
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<p><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</p>	9/1/2019	69799	<p>UNLISTED PROCEDURE MIDDLE EAR</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>	Additional information is required to define this code and determine criteria.	
<p><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</p>	9/1/2019	69949	<p>UNLISTED PROCEDURE INNER EAR</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>	Additional information is required to define this code and determine criteria.	

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<p><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</p>	9/1/2019	76496	<p>UNLISTED FLUOROSCOPIC PROCEDURE</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>	Additional information is required to define this code and determine criteria.	
<p><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</p>	9/1/2019	76499	<p>UNLISTED DIAGNOSTIC RADIOGRAPHIC PROCEDURE</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>	Additional information is required to define this code and determine criteria.	
<p><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</p>	9/1/2019	77399	<p>UNLIS MEDICAL RADJ DOSIM TX DEV SPEC SVCS</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>	Additional information is required to define this code and determine criteria.	

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<p><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</p>	9/1/2019	77799	<p>UNLISTED PROCEDURE CLINICAL BRACHYTHERAPY</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>	Additional information is required to define this code and determine criteria.	
<p><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</p>	9/1/2019	78099	<p>UNLISTED ENDOCRINE PX DX 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>	Additional information is required to define this code and determine criteria.	
<p><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</p>	9/1/2019	78199	<p>UNLISTED HEMATOP RET ENDO AND LYMPHATIC DX NUC MED</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>	Additional information is required to define this code and determine criteria.	
<p><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</p>	9/1/2019	78299	<p>UNLISTED GASTROINTESTINAL PX DX 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>	Additional information is required to define this code and determine criteria.	

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<p>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</p>	9/1/2019	78399	UNLISTED MUSCULOSKELETAL PX DX NUCLEAR MEDICINE	<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>	

Service Category Notes

Effective Date

Code

Definition

Criteria

Notes

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<p><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</p>	9/1/2019	78599	<p>UNLISTED RESPIRATORY PX DX NUCLEAR MEDICINE</p> <p>Information generally required to support authorization decision making includes, but not limited to:  <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.	
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<p><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</p>	9/1/2019	78999	<p>UNLISTED MISCELLANEOUS PX DX NUCLEAR MEDICINE</p> <p>Information generally required to support authorization decision making includes, but not limited to:  <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.	

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<p><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</p>	9/1/2019	80299	<p>QUANTITATION DRUG NOT ELSEWHERE SPECIFIED</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>	Additional information is required to define this code and determine criteria.	
<p><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</p>	9/1/2019	81099	<p>UNLISTED URINALYSIS PROCEDURE</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>	Additional information is required to define this code and determine criteria.	

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<p><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</p>	9/1/2019	86486	<p>SKIN TEST UNLISTED ANTIGEN EACH</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>	Additional information is required to define this code and determine criteria.	
<p><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</p>	9/1/2019	86849	<p>UNLISTED IMMUNOLOGY</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>	Additional information is required to define this code and determine criteria.	
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<p><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</p>	9/1/2019	90399	<p>UNLISTED IMMUNE GLOBULIN</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>	Additional information is required to define this code and determine criteria.	
<p><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</p>	9/1/2019	90749	<p>UNLISTED VACCINE TOXOID</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>	Additional information is required to define this code and determine criteria.	
<p><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</p>	9/1/2019	90899	<p>UNLISTED PSYCHIATRIC SERVICE PROCEDURE</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>	Additional information is required to define this code and determine criteria.	
<p><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</p>	9/1/2019	91299	<p>UNLISTED DIAGNOSTIC GASTROENTEROLOGY PROCEDURE</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>	Additional information is required to define this code and determine criteria.	

Service Category Notes	Effective Date	Code	Definition	Criteria	Notes	
<p><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</p>	9/1/2019	92499	<p>UNLISTED OPHTHALMOLOGICAL SERVICE PROCEDURE</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>	Additional information is required to define this code and determine criteria.	
<p><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</p>	9/1/2019	92700	<p>UNLISTED OTORHINOLARYNGOLOGICAL SERVICE</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>	Additional information is required to define this code and determine criteria.	
<p><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</p>	9/1/2019	93799	<p>UNLISTED CARDIOVASCULAR SERVICE PROCEDURE</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>	Additional information is required to define this code and determine criteria.	
<p><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</p>	9/1/2019	94799	<p>UNLISTED PULMONARY SERVICE PROCEDURE</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>	Additional information is required to define this code and determine criteria.	

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<p><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</p>	9/1/2019	95199	<p>UNLISTED ALLERGY CLINICAL IMMUNOLOGIC SRVC FX</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>	Additional information is required to define this code and determine criteria.	
<p><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</p>	9/1/2019	95999	<p>UNLIS NEUROLOGICAL NEUROMUSCULAR DX PX</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>	Additional information is required to define this code and determine criteria.	
<p><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</p>	1/1/2023	96203	<p>MLTPL-FMLY GRP BHVR MNGMNT/MD/FCFN TRNGG FOR PRNT(S)/GRDN(S)/CRGVR(S) OF PTNTS WTH A MNTL OR PHYSCL HLTH DGNS. ADMNSTRD BY PHYSCN OR OTHR QLFD HLTH CARE PRESSNL (WITHOUT THE PTNT PRSNT), FCE-TO-FCE WTH MLTPL SEIS OF PRNT(S)/GRDN(S)/CRGVR(S); EACH ADDTNL 15 MNTS</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>	Molina Clinical Policy: Genetic Testing	
<p><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</p>	9/1/2019	96379	<p>UNLISTED THERAPEUTIC PROPH DX IV IA NX NFS</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>	Additional information is required to define this code and determine criteria.	

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<p><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</p>	9/1/2019	96549	<p>UNLISTED CHEMOTHERAPY PROCEDURE</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>	Additional information is required to define this code and determine criteria.	
<p><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</p>	9/1/2019	96999	<p>UNLISTED SPECIAL DERMATOLOGICAL SERVICE PROCED</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>	Additional information is required to define this code and determine criteria.	
<p><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</p>	9/1/2019	97039	<p>UNLIST MODALITY SPEC TYPE AND TIME CONSTANT ATTEND</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>	Additional information is required to define this code and determine criteria.	
<p><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</p>	9/1/2019	97139	<p>UNLISTED THERAPEUTIC PROCEDURE SPECIFY</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>	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	
<p><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</p>	9/1/2019	97799	<p>UNLISTED PHYSICAL-MEDICINE REHAB SERVICE PROC</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>	Additional information is required to define this code and determine criteria.	
<p><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</p>	9/1/2019	99199	<p>UNLISTED SPECIAL SERVICE PROCEDURE REPORT</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>	Additional information is required to define this code and determine criteria.	
<p><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</p>	1/1/2023	99418	<p>PRLNGD INPTNT OR OBSRVTN VALUATION AND MNGMNT SRVC(S) TIME WTH OR WITHOUT DRCT PNT 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</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>	Molina Clinical Policy: Genetic Testing	
<p><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</p>	7/1/2020	99429	<p>UNLISTED PREVENTIVE MEDICINE SERVICE</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>	Additional information is required to define this code and determine criteria.	

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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	
<p><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</p>	9/1/2019	99499	<p>UNLISTED EVALUATION AND MANAGEMENT SERVICE</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>	Additional information is required to define this code and determine criteria.	
<p><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</p>	9/1/2019	99600	<p>UNLISTED HOME VISIT SERVICE PROCEDURE</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>	Additional information is required to define this code and determine criteria.	
<p><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</p>	9/1/2019	01999	<p>UNLISTED ANESTHESIA PROCEDURE</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>	Additional information is required to define this code and determine criteria.	
<p><b>Unlisted/Miscellaneous</b></p>	1/1/2022	0708T	<p>Intradermal cancer immunotherapy; preparation and initial injection</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>	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: <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>	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: <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>	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: <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>	Additional information is required to define this code and determine criteria.	PA Modernization - PA requirements will be removed where covered.
Unlisted/Miscellaneous codes: Molina requires prior authorization, as well as, medical necessity documentation and rationale be submitted with the prior authorization request for all Unlisted/Miscellaneous codes, including those not listed here	1/1/2024	A4641	RADIOPHARMACEUTICAL DIAGNOSTIC NOC	Information generally required to support authorization decision making includes, but not limited to: <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>	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	
<p><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</p>	9/1/2019	A4649	<p>SURGICAL SUPPLY; MISCELLANEOUS</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>	Additional information is required to define this code and determine criteria.	
<p><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</p>	9/1/2019	A4913	<p>MISCELLANEOUS DIALYSIS SUPPLIES NOS</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>	Additional information is required to define this code and determine criteria.	
<p><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</p>	9/1/2019	A6261	<p>WOUND FILLER GEL PASTE PER FL OZ NOS</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>	Additional information is required to define this code and determine criteria.	
<p><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</p>	9/1/2019	A6262	<p>WOUND FILLER DRY FORM PER G NOT OTHERWISE SPEC</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>	Additional information is required to define this code and determine criteria.	

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<p><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</p>	7/1/2022	A9291	<p>PRESCRIPTION DIGITAL BT FDA CLEARED PER CRS TX</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>	Third Party Proprietary Criteria	
<p><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</p>	9/1/2019	A9698	<p>NON-RADIOACTV CONTRST IMAG MATERIAL NOC PER STDY</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>	Additional information is required to define this code and determine criteria.	
<p><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</p>	9/1/2019	A9699	<p>RADIOPHARMACEUTICAL THERAPEUTIC NOC</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>	Additional information is required to define this code and determine criteria.	
<p><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</p>	5/20/2020	A9900	<p>DME SUP ACCESS SRV-COMPON OTH HCPCS</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>	Additional information is required to define this code and determine criteria.	

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<p><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</p>	9/1/2019	A9999	MISCELLANEOUS DME SUPPLY OR ACCESSORY NOS	<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>	Additional information is required to define this code and determine criteria.	
<p><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</p>	4/1/2020	B9998	NOC FOR ENTERAL SUPPLIES	<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>	Additional information is required to define this code and determine criteria.	
<p><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</p>	1/1/2024	B9999	NOC FOR PARENTERAL SUPPLIES	<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>	Additional information is required to define this code and determine criteria.	PA Modernization - PA requirements will be removed where covered.
<p><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</p>	1/1/2024	C2698	BRACHYTHERAPY SOURCE STRANDED NOS PER SOURCE	<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>	Additional information is required to define this code and determine criteria.	PA Modernization - PA requirements will be removed where covered.

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<p><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</p>	1/1/2024	C2699	<p>BRACHYTHERAPY SOURCE NONSTRANDED NOS PER SOURCE</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>	Additional information is required to define this code and determine criteria.	PA Modernization - PA requirements will be removed where covered.
<p><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</p>	9/1/2019	E0769	<p>ESTIM ELECTROMAGNETIC WOUND TREATMENT DEVC NOC</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.CMS DME 5 Element Order</li> </ul> <ol style="list-style-type: none"> <li>1. Beneficiary's name</li> <li>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</li> <li>3. Signature of the prescribing physician/practitioner</li> <li>4. Prescribing physician/practitioner's National Practitioner Identifier (NPI)</li> <li>5. The date of the order</li> </ol>	Additional information is required to define this code and determine criteria.	
<p><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</p>	9/1/2019	E0770	<p>FES TRANSQ STIM NERV AND MUSC GRP CMLP SYS NOS</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.CMS DME 5 Element Order</li> </ul> <ol style="list-style-type: none"> <li>1. Beneficiary's name</li> <li>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</li> <li>3. Signature of the prescribing physician/practitioner</li> <li>4. Prescribing physician/practitioner's National Practitioner Identifier (NPI)</li> <li>5. The date of the order</li> </ol>	Additional information is required to define this code and determine criteria.	
<p><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</p>	9/1/2019	E1399	<p>DURABLE MEDICAL EQUIPMENT MISCELLANEOUS</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.CMS DME 5 Element Order</li> </ul> <ol style="list-style-type: none"> <li>1. Beneficiary's name</li> <li>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</li> <li>3. Signature of the prescribing physician/practitioner</li> <li>4. Prescribing physician/practitioner's National Practitioner Identifier (NPI)</li> <li>5. The date of the order</li> </ol>	Additional information is required to define this code and determine criteria.	

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<p><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</p>	1/1/2024	E1699	<p>DIALYSIS EQUIPMENT NOT OTHERWISE SPECIFIED</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.CMS DME 5 Element Order</li> </ul> <ol style="list-style-type: none"> <li>1. Beneficiary's name</li> <li>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</li> <li>3. Signature of the prescribing physician/practitioner</li> <li>4. Prescribing physician/practitioner's National Practitioner Identifier (NPI)</li> <li>5. The date of the order</li> </ol>	Additional information is required to define this code and determine criteria.	PA Modernization - PA requirements will be removed where covered.
<p><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</p>	1/1/2024	G0501	<p>RESOURCE-INT SRVC PT SPZM-ASST TECH MED NEC</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>	Additional information is required to define this code and determine criteria.	PA Modernization - PA requirements will be removed where covered.
<p><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</p>	1/1/2025	G2082	<p>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</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>	Additional information is required to define this code and determine criteria.	
<p><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</p>	1/1/2025	G2083	<p>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</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>	Additional information is required to define this code and determine criteria.	

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<p><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</p>	1/1/2024	G9012	<p>OTHER SPECIFIED CASE MANAGEMENT SERVICE NEC</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>	Additional information is required to define this code and determine criteria.	PA Modernization - PA requirements will be removed where covered.
<p><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</p>	9/1/2019	J7599	<p>IMMUNOSUPPRESSIVE DRUG NOT OTHERWISE CLASSIFIED</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>	Additional information is required to define this code and determine criteria.	
<p><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</p>	9/1/2019	J7699	<p>NOC DRUGS INHALATION SOLUTION ADMINED THRU DME</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>	Additional information is required to define this code and determine criteria.	
<p><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</p>	9/1/2019	J8597	<p>ANTIEMETIC DRUG ORAL NOT OTHERWISE SPECIFIED</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>	Additional information is required to define this code and determine criteria.	

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<p><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</p>	9/1/2019	K0812	<p>POWER OPERATED VEHICLE NOT OTHERWISE CLASSIFIED</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.CMS DME 5 Element Order</li> </ul> <ol style="list-style-type: none"> <li>1. Beneficiary's name</li> <li>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</li> <li>3. Signature of the prescribing physician/practitioner</li> <li>4. Prescribing physician/practitioner's National Practitioner Identifier (NPI)</li> <li>5. The date of the order</li> </ol>	Additional information is required to define this code and determine criteria.	
<p><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</p>	9/1/2019	K0898	<p>POWER WHEELCHAIR NOT OTHERWISE CLASSIFIED</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.CMS DME 5 Element Order</li> </ul> <ol style="list-style-type: none"> <li>1. Beneficiary's name</li> <li>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</li> <li>3. Signature of the prescribing physician/practitioner</li> <li>4. Prescribing physician/practitioner's National Practitioner Identifier (NPI)</li> <li>5. The date of the order</li> </ol>	Additional information is required to define this code and determine criteria.	
<p><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</p>	9/1/2019	K0899	<p>PWR MOBILITY DVC NOT CODED DME PDAC NOT MEET CRIT</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.CMS DME 5 Element Order</li> </ul> <ol style="list-style-type: none"> <li>1. Beneficiary's name</li> <li>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</li> <li>3. Signature of the prescribing physician/practitioner</li> <li>4. Prescribing physician/practitioner's National Practitioner Identifier (NPI)</li> <li>5. The date of the order</li> </ol>	Additional information is required to define this code and determine criteria.	