



## IMPORTANT REMINDER:

In order to help you file claims with a primary carrier, you may use the following documentation as a reminder to the primary carrier that untimely filing denials should not apply to claims that were billed to Molina Healthcare, Inc. (MHO) initially as MHO is a Medicaid Administrator.

[Ohio Revised Code](#)

» [TITLE \[39\] XXXIX INSURANCE](#)

» [CHAPTER 3901: SUPERINTENDENT OF INSURANCE](#)

### **3901.384 Untimely claim process.**

(A) Subject to division (B) of this section, a third-party payer that requires timely submission of claims for payment for health care services shall process a claim that is not submitted in a timely manner if a claim for the same services was initially submitted to a different third-party payer or state or federal program that offers health care benefits and that payer or program has determined that it is not responsible for the cost of the health care services. When a claim is submitted later than one year after the last date of service for which reimbursement is sought under the claim, the third-party payer shall pay or deny the claim not later than ninety days after receipt of the claim or, alternatively, pursuant to the requirements of sections 3901.381 to 3901.388 of the Revised Code. The third-party payer must make an election to process such claims either within the ninety-day period or under section 3901.381 of the Revised Code. If the claim is denied, the third-party payer shall notify the provider and the beneficiary. The notice shall state, with specificity, why the third-party payer denied the claim.

(B) The third-party payer may refuse to process a claim submitted by a provider if the provider submits the claim later than forty-five days after receiving notice from the different third-party payer or a state or federal program that that payer or program is not responsible for the cost of the health care services, or if the provider does not submit the notice of denial from the different third-party payer or program with the claim. The failure of a provider to submit a notice of denial in accordance with this division shall not affect the terms of a benefits contract.

(C) For purposes of this section, both of the following apply:

- (1) A determination that a third-party payer or state or federal program is not responsible for the cost of health care services includes a determination regarding coordination of benefits, preexisting health conditions, ineligibility for coverage at the time services were provided, subrogation provisions, and similar findings;
- (2) State and federal programs that offer health care benefits include medicare, medicaid, workers' compensation, the civilian health and medical program of the uniformed services and other elements of the tricare program offered by the United States department of defense, and similar state or federal programs.

(D) Any provision of a contractual arrangement entered into between a third-party payer and a provider or beneficiary that is contrary to divisions (A) to (C) of this section is unenforceable.  
Effective Date: 07-24-2002

## **Attention Providers: MHO Will Consider Payment of Claims Where a TPP Is Involved If the Following Rule Is Followed:**

### **5101:3-1-08 Coordination of benefits**

(D) The medicaid program must be the last payer to receive and adjudicate the claim, except as determined by rule 5101:3-1-03 of the Administrative Code, and the state sponsored program awarding reparations to victims of crime under sections 2743.51 to 2743.72 of the Revised Code. ODJFS reimburses for covered services only after the provider takes reasonable measures to obtain all third party payments and file claims with all TPPs prior to billing ODJFS. Providers who have gone through reasonable measures to obtain all third party payments, but who have not received payment from a TPP, or have gone through reasonable measures and received partial payment, may use an appropriate code on the claim to obtain payment and submit a claim to ODJFS requesting reimbursement for the rendered service(s).

(1) Providers are considered by ODJFS to have taken reasonable measures to obtain all third party payments if they comply with one of the following requirements:

(a) The provider submits a claim first to the TPP and receives a remittance advice indicating that a valid reason for non-payment applies for the service as described in paragraph (D)(2) of this rule.

(b) The provider submits a claim first to the TPP for the rendered service(s) no less than three times within a ninety-day period and does not receive a remittance advice or other communication from the TPP within ninety days of the last submission to the TPP. Providers must be able to document each claim submission and the date of the submission.

## **Members with Limited English Language, Hearing, Sight or Reading Abilities**

All MHO providers are required to comply with Title VI of the Civil Rights Act of 1964 in the provision of Covered Services to members. Compliance with this provision includes providing interpretation and translation services for members requiring such services, including those members with Limited English Proficiency (LEP). Written procedures are to be maintained by each office or facility re their process for obtaining such services and documentation of such services shall be kept in the member's chart.

MHO is dedicated to serving the needs of all members and therefore tracks information regarding the special needs of our members. Molina uses this information internally to better serve our members and externally by notifying our Primary Care Providers (PCPs) and other contracted providers of our members' needs.

For our PCPs, information regarding the special needs of the members assigned to them is noted on the monthly member roster.

This information is also available to PCPs and all other providers through IVR, the ePortal, or may be obtained by calling MHO Member Services.

If a member is not able to read, speak or understand English, the physician/practitioner/provider may call Molina Healthcare of Ohio at 1-800-642-4168 for assistance in locating translation services.

If a member cannot hear, or has limited hearing ability, please call the Ohio Relay Service TTY at 1-800-750-0750.

Pursuant to Title VI of the Civil Rights Act of 1964, services provided for members with limited English language, hearing, sight or reading ability is the responsibility of the provider. Under no circumstances are Molina's members responsible for the cost of such services.

## PROVIDER GUIDELINES FOR ACCESSING INTERPRETER SERVICES

When Molina Healthcare Members need interpreter services in order to receive health care services the Provider should;

1. Verify Member's eligibility and medical benefits
2. Notify the Member that interpreter services are available
3. Contact Molina Healthcare immediately if assistance in locating interpreter services is needed

## Behavioral Health Update: Covered Psychology Services and Limitations

For specific information regarding Covered Psychology Services and Limitations, please refer to **OAC-5101:3-8-05**. All Psychological testing Requests need prior authorization and need to meet medical necessity criteria per Apollo Guidelines.

### **OAC-5101:3-8-05 - Covered psychology services and limitations.**

(B) Services must be personally provided by a licensed psychologist meeting the qualifications in section [4732.10](#) of the Revised Code. Services must be medically necessary for the diagnosis and treatment of an illness or injury to be a covered medicaid service. All services must be within the scope of practice for a licensed psychologist as defined in Chapter 4732. of the Revised Code. ...

(C) Covered psychological testing services:

(1) Psychological and neuropsychological testing are covered when performed to assist in establishing a psychological or neuropsychological disorder. The consumer's medical record must support the medical necessity of the tests performed.

(2) For dates of service beginning on or after January 1, 2006, the department will pay in accordance with rule 5101:3-1-60 of the Administrative Code for procedure codes 96101 through 96118 for medically necessary psychological testing services personally performed by a licensed psychologist.

(D) Covered therapeutic services:

(1) For services provided on or after July 1, 2002, the department will pay eighty-five per cent of the value listed in rule 5101:3-1-60 of the Administrative Code for each procedure code for services performed by a licensed psychologist. The following procedure codes must be billed for therapeutic services:

(a) For individual psychotherapy provided in the office, outpatient clinic, outpatient hospital, or home, bill the following codes:

(i) 90804 Individual psychotherapy, insight-oriented, in office, outpatient facility, twenty to thirty minutes face-to-face contact with patient.

(ii) 90806 Individual psychotherapy, insight-oriented, in office, outpatient facility forty to fifty minutes face-to-face contact with patient.

(iii) 90808 Individual psychotherapy, insight-oriented, in office, outpatient facility seventy-five to eighty minutes face-to-face contact with patient.

(iv) 90810 Individual psychotherapy, interactive, in an office or outpatient setting, twenty to thirty minutes face-to-face contact with patient.

(v) 90812 Individual psychotherapy, interactive, in an office or outpatient setting, forty-five to fifty minutes face-to-face contact with patient.

(vi) 90814 Individual psychotherapy, interactive, in an office or outpatient setting, seventy-five to eighty minutes face-to-face contact with patient.

(b) Family psychotherapy is covered only where the primary purpose of such counseling is the treatment of the consumer's condition, not the treatment of the family members. For family or group psychotherapy, bill the following codes:

(i) 90846 Family psychotherapy (without consumer present).

(ii) 90847 Family psychotherapy (with consumer present).

(iii) 90849 Multiple-family group psychotherapy.

(iv) 90853 Group psychotherapy as defined in paragraph (A)(5) of this rule (other than of a multiple-family group). ...

**Following is the form required for psychological and neuropsychological testing requests. Once completed, the form may be faxed to 1-866-553-9262 for review.**



# Psychological / Neuropsychological Testing Request (Outpatient)

Member: \_\_\_\_\_ DOB: \_\_\_\_\_ Age: \_\_\_\_\_

Member #: \_\_\_\_\_ Parent Name (if child member): \_\_\_\_\_

DSM-IV Diagnosis: \_\_\_\_\_ Referral Source: \_\_\_\_\_

Referral Question: \_\_\_\_\_

Relevant History: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Has the Member had a Psychiatric Evaluation? Y \_\_\_\_\_ N \_\_\_\_\_ If so, most recent date: \_\_\_\_\_

Past Assessment & Service Summary (e.g., testing, school eval / IEP / Early Intervention, ADHD dx/tx, behavior ratings):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Tests Requested (may substitute with attached list):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Hours Requested (enter in box/boxes below):

Hours	CPT/Service: Psychological Testing	Hours	CPT/Service: Neuropsychological Testing

Provider Name & Degree: \_\_\_\_\_ License #: \_\_\_\_\_

TIN or SSN: \_\_\_\_\_ Agency or Facility: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Fax to: 1-866-553-9262

Questions? Call the Behavioral Health Coordinator @ 1-800-642-4168



**Molina Healthcare of Ohio, Inc.**  
**Prior Authorization**  
**Procedure Code and Place of**  
**Service**



<b>Procedure Code</b>	<b>Service Description</b>	<b>PA Required by POS</b>
10040	Acne surgery	All
11055	Paring or cutting of benign lesion	All, except POS 11
11056	Paring or cutting of benign lesions; 2 to 4	All, except POS 11
11057	Paring or cutting of benign lesions; more than 4	All, except POS 11
11100	Biopsy of skin lesion	All, except POS 11
11101	Biopsy, each added lesion	All, except POS 11
11200	Removal of skin tags	All, except POS 11
11201	Removal of added skin tags	All, except POS 11
11300	Shave skin lesion	All, except POS 11
11301	Shave skin lesion	All, except POS 11
11302	Shave skin lesion	All, except POS 11
11303	Shave skin lesion	All, except POS 11
11305	Shave skin lesion	All, except POS 11
11306	Shave skin lesion	All, except POS 11
11307	Shave skin lesion	All, except POS 11
11308	Shave skin lesion	All, except POS 11
11310	Shave skin lesion	All, except POS 11
11311	Shave skin lesion	All, except POS 11
11312	Shave skin lesion	All, except POS 11
11313	Shave skin lesion	All, except POS 11
11400	Removal of skin lesion	All, except POS 11
11401	Removal of skin lesion	All, except POS 11
11402	Removal of skin lesion	All, except POS 11
11403	Removal of skin lesion	All, except POS 11
11404	Removal of skin lesion	All, except POS 11
11406	Removal of skin lesion	All, except POS 11
11420	Removal of skin lesion	All, except POS 11
11421	Removal of skin lesion	All, except POS 11
11422	Removal of skin lesion	All, except POS 11
11423	Removal of skin lesion	All, except POS 11
11424	Removal of skin lesion	All, except POS 11
11426	Removal of skin lesion	All, except POS 11
11440	Removal of skin lesion	All, except POS 11
11441	Removal of skin lesion	All, except POS 11
11442	Removal of skin lesion	All, except POS 11
11443	Removal of skin lesion	All, except POS 11
11444	Removal of skin lesion	All, except POS 11
11446	Removal of skin lesion	All, except POS 11
11600	Removal of skin lesion	All, except POS 11
11601	Removal of skin lesion	All, except POS 11

<b>Procedure Code</b>	<b>Service Description</b>	<b>PA Required by POS</b>
11602	Removal of skin lesion	All, except POS 11
11603	Removal of skin lesion	All, except POS 11
11604	Removal of skin lesion	All, except POS 11
11606	Removal of skin lesion	All, except POS 11
11620	Removal of skin lesion	All, except POS 11
11621	Removal of skin lesion	All, except POS 11
11622	Removal of skin lesion	All, except POS 11
11623	Removal of skin lesion	All, except POS 11
11624	Removal of skin lesion	All, except POS 11
11626	Removal of skin lesion	All, except POS 11
11640	Removal of skin lesion	All, except POS 11
11641	Removal of skin lesion	All, except POS 11
11642	Removal of skin lesion	All, except POS 11
11643	Removal of skin lesion	All, except POS 11
11644	Removal of skin lesion	All, except POS 11
11646	Removal of skin lesion	All, except POS 11
11720	Debridement of nail, any method, 1 to 5	All, except POS 11
11721	Debridement of nail, any method, 6 or more	All, except POS 11
11740	Drain blood from under nail	All, except POS 11
11900	Injection into skin lesions	All
11901	Added skin lesion injections	All
11950	Subcutaneous inj. of filling material, 1cc or less	All
1951	Subcutaneous inj. of filling material, 1.1 to 5.0 cc	All
11952	Subcutaneous inj. of filling material, 5.1 to 10.0 cc	All
11954	Subcutaneous inj. of filling material, over 10.0 cc	All
11960	Insert tissue expander(s)	All
11971	Remove tissue expander(s)	All
11976	Removal of contraceptive cap	All, except POS 11
11977	Remove/reinsert contra cap	All, except POS 11
11980	Subcutaneous hormone pellet impantation	All, except POS 11
11981	Insert drug delivery implant device	All, except POS 11
11982	Remove drug delivery implant device	All, except POS 11
11983	Remove rein drug deliv implant device	All, except POS 11
15786	Abrasion treatment of lesion	All
15787	Abrasion, added skin lesions	All
15999	Unlisted procedure, excision pressure ulcer	All
17000	Destroy benign/premal lesion	All, except POS 11
17003	Destruction of benign lesions; 2-14, each	All, except POS 11
17004	Destruction of benign lesions; 15 or more	All, except POS 11
17106	Destruction of skin lesions	All, except POS 11
17107	Destruction of skin lesions	All, except POS 11
17108	Destruction of skin lesions	All, except POS 11
17110	Destruction of skin lesions	All, except POS 11
17111	Destruction of skin lesions	All, except POS 11
17250	Chemical cautery, tissue	All, except POS 11

<b>Procedure Code</b>	<b>Service Description</b>	<b>PA Required by POS</b>
17260	Destruction of skin lesions	All, except POS 11
17261	Destruction of skin lesions	All, except POS 11
17262	Destruction of skin lesions	All, except POS 11
17263	Destruction of skin lesions	All, except POS 11
17264	Destruction of skin lesions	All, except POS 11
17266	Destruction of skin lesions	All, except POS 11
17270	Destruction of skin lesions	All, except POS 11
17271	Destruction of skin lesions	All, except POS 11
17272	Destruction of skin lesions	All, except POS 11
17273	Destruction of skin lesions	All, except POS 11
17274	Destruction of skin lesions	All, except POS 11
17276	Destruction of skin lesions	All, except POS 11
17280	Destruction of skin lesions	All, except POS 11
17281	Destruction of skin lesions	All, except POS 11
17282	Destruction of skin lesions	All, except POS 11
17283	Destruction of skin lesions	All, except POS 11
17284	Destruction of skin lesions	All, except POS 11
17286	Destruction of skin lesions	All, except POS 11
17340	Cryotherapy of skin	All, except POS 11
17360	Skin peel therapy	All
17999	Skin tissue procedure	All
19105	Cryosurg ablate fa, each	All
19300	Removal of breast tissue	All
19304	Mast, subq	All
19318	Reduction of large breast	All
19328	Removal of breast implant	All
19330	Removal of implant material	All
19340	Immediate breast prosthesis	All
19342	Delayed breast prosthesis	All
19350	Breast reconstruction	All
19357	Breast reconstruction	All
19361	Breast reconstruction	All
19364	Breast reconstruction	All
19366	Breast reconstruction	All
19367	Breast reconstruction	All
19368	Breast reconstruction	All
19369	Breast Reconstruction	All
19370	Surgery of breast capsule	All
19371	Removal of breast capsule	All
19499	Breast surgery procedure	All
20550	Inj tendon/ligament/cyst	All
20551	Injection, tendon origin/insertion	All
20552	Trigger point injection, 1-2 muscle grps	All
20553	Trigger point injection, 3+ muscle grps.	All
20600	Drain/inject joint/bursa	All, except POS 11

<b>Procedure Code</b>	<b>Service Description</b>	<b>PA Required by POS</b>
20605	Drain/inject joint/bursa	All, except POS 11
20610	Drain/inject joint/bursa	All, except POS 11
20612	Aspirate/inj ganglion cyst	All, except POS 11
20670	Removal of support implant	All
20950	Record fluid pressure, muscle	All, except POS 11
20974	Electrical bone stimulation	All
20975	Electrical bone stimulation	All
20979	Low intensity ultrasound stimulation	All
20999	Musculoskeletal surgery	All
21031	Remove exostosis, mandible	All
21032	Remove exostosis, maxilla	All
21045	Extensive jaw surgery	All
21084	Speech aid prosthesis	All
21085	Oral surgical splint	All
21100	Maxillofacial fixation	All
21120	Reconstruction of chin	All
21121	Reconstruction of chin	All
21122	Reconstruction of chin	All
21123	Reconstruction of chin	All
21125	Augmentation lower jaw bone	All
21127	Augmentation lower jaw bone	All
21137	Reduction of forehead	All
21138	Reduction of forehead	All
21139	Reduction of forehead	All
21141	Reconstruct midface, LeFort	All
21142	Reconstruct midface, LeFort	All
21143	Reconstruct midface, LeFort	All
21145	Reconstruct midface, lefort	All
21146	Reconstruct midface, lefort	All
21147	Reconstruct midface, lefort	All
21150	Reconstruct midface, lefort	All
21151	Reconstruct midface, lefort	All
21154	Reconstruct midface, lefort	All
21155	Reconstruct midface, lefort	All
21159	Reconstruct midface, lefort	All
21160	Reconstruct midface, lefort	All
21172	Reconstruct orbit/forehead	All
21175	Reconstruct orbit/forehead	All
21179	Reconstruct entire forehead	All
21180	Reconstruct entire forehead	All
21188	Reconstruction of midface	All
21193	Reconstruct lower jaw bone	All
21194	Reconstruct lower jaw bone	All
21195	Reconstruct lower jaw bone	All
21196	Reconstruct lower jaw bone	All

<b>Procedure Code</b>	<b>Service Description</b>	<b>PA Required by POS</b>
21198	Reconstruct lower jaw bone	All
21199	Reconstr lwr jaw w/advance	All
21206	Reconstruct upper jaw bone	All
21208	Augmentation of facial bones	All
21209	Reduction of facial bones	All
21230	Rib cartilage graft	All
21242	Reconstruction of jaw joint	All
21243	Reconstruction of jaw joint	All
21244	Reconstruction of lower jaw	All
21245	Reconstruction of jaw	All
21246	Reconstruction of jaw	All
21247	Reconstruct lower jaw bone	All
21248	Reconstruction of jaw	All
21249	Reconstruction of jaw	All
21255	Reconstruct lower jaw bone	All
21267	Revise eye sockets	All
21270	Augmentation cheek bone	All
21275	Revision orbitofacial bones	All
21280	Revision of eyelid	All
21282	Revision of eyelid	All
21295	Revision of jaw muscle/bone	All
21296	Revision of jaw muscle/bone	All
21299	Cranio/maxillofacial surgery	All
21499	Head surgery procedure	All
21899	Unlisted procedure, neck or thorax	All
22505	Manipulation of spine	All, except POS 11
22520	Percut vertebroplasty thor	All
22521	Percut vertebroplasty lumb	All
22522	Percut vertebroplasty addl	All
22523	Percut kyphoplasty, thor	All
22524	Percut kyphoplasty, lumbar	All
22525	Percut kyphoplasty, add-on	All
22526	Idet, single level	All
22527	Idet, 1 or more levels	All
22899	Unlisted procedure, spine	All
22999	Abdomen surgery procedure	All
23929	Shoulder surgery procedure	All
24999	Unlisted procedure, humerus or elbow	All
25999	Forearm or wrist surgery	All
26989	Hand/finger surgery	All
27299	Unlisted procedure, pelvis or hip joint	All
27599	Leg surgery procedure	All
27899	Leg/ankle surgery procedure	All
28899	Foot/toes surgery procedure	All
29799	Casting/strapping procedure	All

<b>Procedure Code</b>	<b>Service Description</b>	<b>PA Required by POS</b>
29999	Unlisted arthroscopy procedure	All
30120	Revision of nose	All
30420	Reconstruction of nose	All
30435	Revision of nose	All
30450	Revision of nose	All
30460	Revision of nose	All
30462	Revision of nose	All
30540	Repair nasal defect	All
30545	Repair nasal defect	All
30630	Repair nasal septum defect	All
30999	Nasal surgery procedure	All
31299	Sinus surgery procedure	All
31599	Unlisted procedure, larynx	All
31899	Unlisted procedure, trachea, bronchi	All
32851	Lung transplant, single	All
32852	Lung transplant w/bypass	All
32853	Lung transplant, double	All
32854	Lung transplant w/bypass	All
32855	Prepare donor lung, single	All
32856	Prepare donor lung, double	All
32999	Unlisted procedure, lungs and pleura	All
33140	Transmyocardial laser revascularization	All
33935	Transplantation, heart/lung	All
36299	Vessel injection procedure	All
36470	Injection therapy of vein	All
36471	Injection therapy of veins	All
37501	Unlisted vascular endoscopy procedure	All
37718	Ligate/strip short leg vein	All
37722	Ligate/strip long leg vein	All
37799	Vascular surgery procedure	All
38240	Bone marrow transplantation	All
38241	Bone marrow transplantation	All
38589	Unlisted laparoscopy, procedure, lymphatic system	All
38999	Blood/lymph system procedure	All
39499	Unlisted procedure, mediastinum	All
39599	Unlisted procedure, diaphragm	All
40799	Lip surgery procedure	All
40806	Incision of lip fold	All
40840	Reconstruction of mouth	All
40842	Reconstruction of mouth	All
40843	Reconstruction of mouth	All
40844	Reconstruction of mouth	All
40845	Reconstruction of mouth	All
40899	Mouth surgery procedure	All
41599	Tongue and mouth surgery	All

<b>Procedure Code</b>	<b>Service Description</b>	<b>PA Required by POS</b>
41899	Dental surgery procedure	All
42140	Excision of uvula	All
42145	Repair,palate,pharynx/uvula	All
42235	Repair palate	All
42280	Preparation, palate mold	All
42281	Insertion, palate prosthesis	All
42299	Palate/uvula surgery	All
42699	Unlisted procedure, salivary glands or ducts	All
42999	Unlisted procedure, pharynx, adenoids, or tonsils	All
43289	Unlisted laparoscopy procedure, esophagus	All
43499	Unlisted procedure, esophagus	All
43659	Unlisted laparoscopy, procedure, stomach	All
43999	Stomach surgery procedure	All
44135	Intestine transplnt, cadaver	All
44238	Unlisted laparoscopy procedure, intestine (except rectum)	All
44715	Prepare donor intestine	All
44720	Prep donor intestine/venous	All
44721	Prep donor intestine/artery	All
44799	Unlisted procedure, intestine	All
44899	Unlisted procedure, Meckel's diverticulum and the mesentery	All
44979	Unlisted laparoscopy procedure, appendix	All
45499	Unlisted laparoscopy procedure, rectum	All
45999	Unlisted procedure, rectum	All
47135	Transplantation of liver	All
47136	Transplantation of liver	All
47379	Unlisted laparoscopic procedure, liver	All
47399	Unlisted procedure, liver	All
47579	Unlisted laparoscopy procedure, biliary tract	All
47999	Unlisted procedure, biliary tract	All
48551	Prep donor pancreas	All
48552	Prep donor pancreas/venous	All
48554	Transplantallograft pancreas	All
48556	Removal, allograft pancreas	All
48999	Unlisted procedure, pancreas	All
49329	Unlisted laparoscopy procedure, abdomen	All
49329	Unlisted laparoscopy procedure, abdomen, peritoneum and omentum	All
49659	Unlisted laparoscopy procedure, hernioplasty, herniorrhaphy, herniotomy	All
49999	Abdomen surgery procedure	All
50365	Transplantation of kidney	All
50549	Unlisted laparoscopy procedure, renal	All
50949	Unlisted laparoscopy procedure, ureter	All
51925	Hysterectomy/bladder repair	All
51999	Unlisted laparoscopy procedure, bladder	All
53899	Urology surgery procedure	All

<b>Procedure Code</b>	<b>Service Description</b>	<b>PA Required by POS</b>
54360	Penis plastic surgery	All
54400	Insert semi-rigid prosthesis	All
54401	Insert self-contd prosthesis	All
54405	Insert multi-comp prosthesis	All
54406	Removal of penile prosthesis	All
54408	Repair of penile prosthesis	All
54410	Remove/replace, penile prosth, sa oper	All
54411	Remove/rep, penile prosth, irrig/debr	All
54415	Remove penile prosthesis, w/o replace	All
54416	Remove/replace penile prosth, sa op.	All
54417	Remove/rep, penile prosth, irrig/debr	All
54430	Revision of penis	All
54660	Revision of testis	All
54690	Laparoscopy, orchiectomy	All
54699	Unlisted laparoscopy procedure, testis	All
54900	Fusion of spermatic ducts	All
54901	Fusion of spermatic ducts	All
55200	Incision of sperm duct	All
55250	Removal of sperm duct(s)	All
55400	Repair of sperm duct	All
55450	Ligation of sperm duct	All
55550	Laparoscopy, spermatic veins	All
55559	Unlisted laparoscopy procedure, spermatic cord	All
55559	Unlisted laparoscopy procedure, spermatic cord	All
55899	Genital surgery procedure	All
58150	Total hysterectomy	All
58152	Total hysterectomy	All
58180	Partial hysterectomy	All
58200	Extensive hysterectomy	All
58210	Extensive hysterectomy	All
58240	Removal of pelvis contents	All
58260	Vaginal hysterectomy	All
58262	Vaginal hysterectomy	All
58263	Vaginal hysterectomy	All
58267	Hysterectomy & vagina repair	All
58270	Hysterectomy & vagina repair	All
58275	Hysterectomy, revise vagina	All
58280	Hysterectomy, revise vagina	All
58285	Extensive hysterectomy	All
58290	Vag hyst complex	All
58291	Vag hyst incl t/o, complex	All
58292	Vag hyst t/o & repair, compl	All
58293	Vag hyst w/uro repair, compl	All
58294	Vag hyst w/enterocele, compl	All

<b>Procedure Code</b>	<b>Service Description</b>	<b>PA Required by POS</b>
58541	Lsh, uterus 250 g or less	All
58542	Lsh w/t/out 250 g or less	All
58543	Lsh uterus above 250 g	All
58544	Lsh w/t/o uterus above 250 g	All
58545	Laparoscopic myomectomy	All
58548	Lap radical hyst	All
58550	Laparoscopy; hysterectomy	All
58552	Laparo-vag hyst incl t/o	All
58553	Laparo-vag hyst, complex	All
58554	Laparo-vag hyst w/t/o, compl	All
58565	Hysteroscopy, sterilization	All
58578	Unlisted laparoscopy procedure, uterus	All
58579	Unlisted hysterectomy procedure, uterus	All
58600	Division of fallopian tube	All
58605	Division of fallopian tube	All
58611	Ligate oviduct(s)	All
58615	Occlude fallopian tube(s)	All
58661	Laparoscopy; remove adnexa	All
58670	Laparoscopy; tubal cautery	All
58671	Laparoscopy; tubal block	All
58679	Unlisted laparoscopy procedure, oviduct, ovary	All
58700	Removal of fallopian tube	All
58720	Removal of ovary/tube(s)	All
58940	Removal of ovary(s)	All
58943	Removal of ovary(s)	All
58950	Resect ovarian malignancy	All
58951	Resect ovarian malignancy	All
58952	Resect ovarian malignancy	All
58953	Bilat. salpingo-oopho : hysterec	All
58954	Hysterec /rem tubes/ovaries w/ rad dis	All
58956	Bso, omentectomy w/tah	All
58999	Genital surgery procedure	All
59135	Treat ectopic pregnancy	All
59525	Remove uterus after cesarean	All
59840	Abortion	All
59841	Abortion	All
59850	Abortion	All
59851	Abortion	All
59852	Abortion	All
59855	Abortion	All
59856	Abortion	All
59857	Abortion	All
59897	Abortion	All
59898	Unlisted laparoscopy procedure, maternity care	All
59899	Maternity care procedure	All

<b>Procedure Code</b>	<b>Service Description</b>	<b>PA Required by POS</b>
60659	Unlisted laparoscopy procedure, endocrine system	All
60699	Unlisted procedure, endocrine system	All
62287	Percutaneous diskectomy	All
62310	Injection, single, of diagnostic/therapeutic substance	All
62311	Injection, lumbar, sacral (caudal)	All
62318	Injection of diagnostic/therapeutic substances	All
62319	Injection, lumbar, sacral (caudal)	All
63610	Stimulation of spinal cord	All
63660	Revise/remove neuroelectrode	All
64450	Injection for nerve block	All
64470	Injection, anesthetic agent and/or steroid, joint	All
64472	Injection, cervical orthoracis, each added level	All
64475	Injection, lumbar, sacral (caudal)	All
64476	Injection, lumbar, sacral (caudal),each added level	All
64479	Injection, anesthetic agent and/or steroid, epidural	All
64480	Injection, cervical or thoracic, each added level	All
64483	Injection, lumbar or sacral, single level	All
64484	Injection, lumbar or sacral, each added level	All
64505	Injection for nerve block	All
64508	Injection for nerve block	All
64510	Injection for nerve block	All
64517	N Block Inj, Hypogas Plxs	All
64520	Injection for nerve block	All
64530	Injection for nerve block	All
64550	Apply neurostimulator	All
64553	Implant neuroelectrodes	All
64555	Implant neuroelectrodes	All
64560	Implant neuroelectrodes	All
64561	Perc implant neurostimular electrode	All
64565	Implant neuroelectrodes	All
64573	Implant neuroelectrodes	All
64575	Implant neuroelectrodes	All
64577	Implant neuroelectrodes	All
64580	Implant neuroelectrodes	All
64581	Incision neurostimulator electrode imp	All
64585	Revise/remove neuroelectrode	All
64590	Implant neuroreceiver	All
64600	Injection treatment of nerve	All
64605	Injection treatment of nerve	All
64610	Injection treatment of nerve	All
64612	Destroy nerve, face muscle	All
64613	Destroy nerve, spine muscle	All
64614	Destroy nerve, extrem musc	All

<b>Procedure Code</b>	<b>Service Description</b>	<b>PA Required by POS</b>
64620	Injection treatment of nerve	All
64622	Injection treatment of nerve	All
64623	Injection treatment of nerve	All
64626	Destruction by neurolytic agent,cervical, single level	All
64627	Destruction by neurolytic agent, cervical, added level	All
64630	Injection treatment of nerve	All
64640	Injection treatment of nerve	All
64650	Chemodenerv eccrine glands	All
64653	Chemodenerv eccrine glands	All
64680	Injection treatment of nerve	All
64681	Injection Treatment Of Nerve	All
64999	Unlisted procedure, nervous system	All
65772	Correction of astigmatism	All
65775	Correction of astigmatism	All
65780	Ocular Reconst, Transplant	All
65781	Ocular Reconst, Transplant	All
65782	Ocular Reconst, Transplant	All
66999	Eye surgery procedure	All
67299	Unlisted procedure, posterior segment	All
67399	Unlisted procedure, ocular muscle	All
67599	Unlisted procedure, orbit	All
67820	Revise eyelashes	All
67825	Revise eyelashes	All
67830	Revise eyelashes	All
67835	Revise eyelashes	All
67880	Revision of eyelid	All
67882	Revision of eyelid	All
67912	Correction Eyelid W/ Implant	All
67950	Revision of eyelid	All
67961	Revision of eyelid	All
67966	Revision of eyelid	All
67971	Reconstruction of eyelid	All
67973	Reconstruction of eyelid	All
67974	Reconstruction of eyelid	All
67975	Reconstruction of eyelid	All
67999	Eyelid surgery procedure	All
68200	Treat eyelid by injection	All
68371	Harvest Eye Tissue, Alograft	All
68399	Unlisted procedure, conjunctiva	All
68899	Unlisted procedure, lacrimal system	All
69300	Revise external ear	All
69399	Outer ear surgery procedure	All
69799	Middle ear surgery procedure	All
69949	Unlisted procedure, inner ear	All
69979	Unlisted procedure, temporal bone, middle fossa approach	All

<b>Procedure Code</b>	<b>Service Description</b>	<b>PA Required by POS</b>
70336	MAGNETIC IMAGE, JAW JOINT	All
70540	MRI ORBIT/FACE/NECK W/O DYE	All
70542	MRI ORBIT/FACE/NECK W/DYE	All
70543	MRI ORBT/FAC/NCK W/O & W/DYE	All
70544	MR ANGIOGRAPHY HEAD W/O DYE	All
70545	MR ANGIOGRAPHY HEAD W/DYE	All
70546	MR ANGIOGRAPH HEAD W/O&W/DYE	All
70547	MR ANGIOGRAPHY NECK W/O DYE	All
70548	MR ANGIOGRAPHY NECK W/DYE	All
70549	MR ANGIOGRAPH NECK W/O&W/DYE	All
70551	MRI BRAIN W/O DYE	All
70552	MRI BRAIN W/DYE	All
70553	MRI BRAIN W/O & W/DYE	All
70554	FMRI BRAIN BY TECH	All
70555	Fmri brain by phys/psych	All
70557	MRI BRAIN W/O DYE	All
70558	MRI BRAIN W/DYE	All
70559	MRI BRAIN W/O & W/DYE	All
71550	MRI CHEST W/O DYE	All
71551	MRI CHEST W/DYE	All
71552	MRI CHEST W/O & W/DYE	All
71555	MRI ANGIO CHEST W OR W/O DYE	All
72141	MRI NECK SPINE W/O DYE	All
72142	MRI NECK SPINE W/DYE	All
72146	MRI CHEST SPINE W/O DYE	All
72147	MRI CHEST SPINE W/DYE	All
72148	MRI LUMBAR SPINE W/O DYE	All
72149	MRI LUMBAR SPINE W/DYE	All
72156	MRI NECK SPINE W/O & W/DYE	All
72157	MRI CHEST SPINE W/O & W/DYE	All
72158	MRI LUMBAR SPINE W/O & W/DYE	All
72159	MR ANGIO SPINE W/O&W/DYE	All
72195	MRI PELVIS W/O DYE	All
72196	MRI PELVIS W/DYE	All
72197	MRI PELVIS W/O & W/DYE	All
72198	MR ANGIO PELVIS W/O & W/DYE	All
73218	MRI UPPER EXTREMITY W/O DYE	All
73219	MRI UPPER EXTREMITY W/DYE	All
73220	MRI UPPR EXTREMITY W/O&W/DYE	All
73221	MRI JOINT UPR EXTREM W/O DYE	All
73222	MRI JOINT UPR EXTREM W/DYE	All
73223	MRI JOINT UPR EXTR W/O&W/DYE	All
73225	MR ANGIO UPR EXTR W/O&W/DYE	All
73718	MRI LOWER EXTREMITY W/O DYE	All
73719	MRI LOWER EXTREMITY W/DYE	All

<b>Procedure Code</b>	<b>Service Description</b>	<b>PA Required by POS</b>
73720	MRI LWR EXTREMITY W/O&W/DYE	All
73721	MRI JNT OF LWR EXTRE W/O DYE	All
73722	MRI JOINT OF LWR EXTR W/DYE	All
73723	MRI JOINT LWR EXTR W/O&W/DYE	All
73725	MR ANG LWR EXT W OR W/O DYE	All
74181	MRI ABDOMEN W/O DYE	All
74182	MRI ABDOMEN W/DYE	All
74183	MRI ABDOMEN W/O & W/DYE	All
74185	MRI ANGIO, ABDOM W ORW/O DYE	All
75552	HEART MRI FOR MORPH W/O DYE	All
75553	HEART MRI FOR MORPH W/DYE	All
75554	CARDIAC MRI/FUNCTION	All
75555	CARDIAC MRI/LIMITED STUDY	All
75557	Cardiac mri for morph	All
75559	Cardiac mri w/stress img	All
75561	Cardiac mri for morph w/dye	All
75563	Card mri w/stress img & dye	All
76498	MRI PROCEDURE	All
76499	RADIOGRAPHIC PROCEDURE	All
77058	MRI, ONE BREAST	All
77059	MRI, BOTH BREASTS	All
78459	HEART MUSCLE IMAGING (PET)	All
78465	HEART IMAGE (3D), MULTIPLE	All
78491	Myocardial imaging, PET	All
78492	Myocardial imaging, PET	All
78608	BRAIN IMAGING (PET)	All
78811	Tumor imaging (pet), limited	All
78812	Tumor image (pet)/skul-thigh	All
78813	Tumor image (pet) full body	All
78814	Tumor image pet/ct, limited	All
78815	Tumorimage pet/ct skul-thigh	All
78816	Tumor image pet/ct full body	All
88299	Unlisted Cytogenetic Study	All
90378	Respiratory syncytial virus immune globulin IM 50mg	All
90809	PSYTX, OFF, 75-80, W/E&M	All
90811	INTAC PSYTX, 20-30, W/E&M	All
90815	INTAC PSYTX, 75-80 W/E&M	All
90822	PSYTX, HOSP, 75-80 MIN W/E&M	All
90823	INTAC PSYTX, HOSP, 20-30 MIN	All
90824	INTAC PSYTX, HSP 20-30 W/E&M	All
90826	INTAC PSYTX, HOSP, 45-50 MIN	All
90827	INTAC PSYTX, HSP 45-50 W/E&M	All
90828	INTAC PSYTX, HOSP, 75-80 MIN	All
90829	INTAC PSYTX, HSP 75-80 W/E&M	All

<b>Procedure Code</b>	<b>Service Description</b>	<b>PA Required by POS</b>
90845	PSYCHOANALYSIS	All
90846	FAMILY PSYTX W/O PATIENT	All
90847	FAMILY PSYTX W/PATIENT	All
90849	MULTIPLE FAMILY GROUP PSYTX	All
90853	GROUP PSYCHOTHERAPY	All
90857	INTAC GROUP PSYTX	All
90899	PSYCHIATRIC SERVICE/THERAPY	All
91111	Esophageal capsule endoscopy	All
92506	SPEECH/HEARING EVALUATION	All - after 30 visits
92507	SPEECH/HEARING THERAPY	All - after 30 visits
92508	SPEECH/HEARING THERAPY	All - after 30 visits
92526	ORAL FUNCTION THERAPY	All
92597	ORAL SPEECH DEVICE EVAL	All
92607	EX FOR SPEECH DEVICE RX, 1HR	All
92608	EX FOR SPEECH DEVICE RX ADDL	All
93980	Penile vascular study	All
93981	Penile vascular study	All
95250	Glucose continuous monitoring	All
95251	Gluc monitor, cont, phys i&r	All
95873	Guide nerv destr, elec stim	All
95874	Guide nerv destr, needle emg	All
96105	ASSESSMENT OF APHASIA	All
96999	Dermatological procedure	All
97001	PT Evaluation	All - after 30 visits
97002	PT Re-Evaluation	All - after 30 visits
97003	OT Evaluation	All - after 30 visits
97004	OT Re-Evaluation	All - after 30 visits
97012	Mechanical Traction Therapy	All - after 30 visits
97016	Vasopneumatic Device Therapy	All - after 30 visits
97018	Paraffin Bath Therapy	All - after 30 visits
97022	Whirlpool Therapy	All - after 30 visits
97024	Diathermy EG, Microwabe	All - after 30 visits
97032	Electrical Stimulation	All - after 30 visits
97034	Contract Bath Therapy	All - after 30 visits
97035	Ultra Sound Therapy	All - after 30 visits
97036	Hydrotherapy	All - after 30 visits
97110	Theraputic Excercises	All - after 30 visits
97112	Neuromuscular Re-Education	All - after 30 visits
97113	Aquatic/Therapy Excercises	All - after 30 visits
97116	Gait Training Therapy	All - after 30 visits
97124	Massage Therapy	All - after 30 visits
97140	Manual Therapy	All - after 30 visits
97150	Group Theraputic Activies	All - after 30 visits
97530	Theraputic Activies	All - after 30 visits
99183	Hyperbaric oxygen therapy	All

<b>Procedure Code</b>	<b>Service Description</b>	<b>PA Required by POS</b>
99304	NURSING FACILITY CARE, INIT	31, 32, 33
99305	NURSING FACILITY CARE, INIT	31, 32, 33
99306	NURSING FACILITY CARE, INIT	31, 32, 33
99379	NURSING FAC CARE SUPERVISION	31, 32, 33
99500	HOME VISIT, PRENATAL	12
99510	HOME VISIT, SING/M/FAM COUNS	12
99511	HOME VISIT, FECAL/ENEMA MGMT	12
99512	HOME VISIT FOR HEMODIALYSIS	12
G0151	Physical Therapist in the home	All
G0152	Occupational Therapist in the home	All
G0153	Speech Therapist in the home	All
G0154	Home Health Nursing	All
G0156	Home Health Aide	All
J3470	Hyaluronidase,Up To 150 Units	All
J3471	Inj, Hyaluronidase, Ovine, PF, per 1 USP Unit	All
J3472	Inj, Hyaluronidase, Ovine, PF, per 1000 USP Units	All
J3473	Hyaluronidase recombinant	All
J3490	Unclassified Drugs	All
J3535	Metered Dose Inhaler Drug	All
J7187	Inj Vonwillebrand factor IU	All
J7189	mcg	All
J7190	Factor Viii,Heat-Treated,Per Unit	All
J7191	Factor Viii (Antihemophilic Factor (Porcine)), Per Iu	All
J7193	I.U.	All
J7194	Factor 1XIX,Complex,Heat Treated, Per Unit	All
J7195	I.U.	All
J7197	Antithrombin III (human), per IU injection	All
J7198	Anti-inhibitor per i.u.	All
J7310	Gancyclovir implant 4.5 mg	All
J7330	Autologous cultured chondrocytes, implant	All
J7599	Immunosuppressive Drug, Not otherwise classified	All
J7699	Inhalation solution for DME	All
J7799	Non-inhalation drug for DME	All
J8499	Oral prescription drug non chemo	All
J8999	Oral prescription drug chemo	All
J9999	Inj.Not Otwise Classif,Antineoplastic Drg	All
T1000	Private duty nursing	All