

– IMPORTANT NOTICES –

This document is updated quarterly. Codes requiring prior authorization (PA) may be added or deleted. Please check this document prior to submitting your PA request as changes may occur.

All codes listed in this document require authorization, unless otherwise specified.

Authorization is not a guarantee of payment for services. Payment is made in accordance with a determination of the member’s eligibility, benefit limitation/exclusions and evidence of medical necessity during the claim review.

Office visits and/or procedures at participating (PAR) provider offices do not require PA. Referrals to PAR specialists do not require PA.

To search this document: use the [Ctrl + F] keys, enter service or CPT code in the search bar and press enter.

Please note: Not all codes referenced in this document are covered services for Ohio Medicaid programs or all sites of service. Please be sure to identify the Medicaid program (e.g. Healthy Families; Aged, Blind or Disabled (ABD); MyCare Ohio; or Adult Extension) prior to referencing this document.

To validate coverage by site of service, please reference the appropriate appendices below. Services not designated as a covered service in the applicable appendix, based on the location and type of service, are not reimbursable in accordance with Ohio Administrative Code (OAC) rules, unless PA is obtained. PA is always required for non-covered or non-grouper surgical codes (codes not listed in the appendices designated for the site of service).

USER GUIDE

All Lines of Business	For codes listed in columns shaded purple and labeled “All Lines of Business,” authorization is needed for all members .
MEDICAID & MyCare Ohio Medicaid	For codes listed in columns shaded green and labeled “MEDICAID and MyCare Ohio Medicaid,” authorization is only needed if the member is a Medicaid member or a Molina MyCare Ohio Medicaid member (duals Medicaid only/opt-out).
MEDICARE & MyCare Ohio Medicare	For codes listed in columns shaded orange and labeled “MEDICARE and MyCare Ohio Medicare,” authorization is only needed if the member is a Molina Medicare member or a Molina MyCare Ohio Molina Dual Options Medicare-Medicaid Plan member (full duals/opt-in).
MARKETPLACE ONLY	For codes listed in columns shaded blue and labeled “MARKETPLACE ONLY,” authorization is only needed if the member is a Molina Marketplace member.
MyCare Ohio Medicaid & MyCare Ohio Medicare	For codes listed in columns shaded red and labeled “MyCare Ohio Medicare & MyCare Ohio Medicaid,” services are covered only for Molina MyCare Ohio Dual Options Medicare-Medicaid Plan (full duals/opt-in) <i>and</i> Molina MyCare Ohio Medicaid members (duals Medicaid only/opt-out). Authorization is needed.

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Site of Service	Appendix	OAC
Physician services	Appendix DD	5160-1-60
Provider-administered pharmaceuticals		5160-4-12
Ambulatory surgical centers (These codes are noted in the “Current ASC Group” column of the Medicaid Fee Schedule, Appendix DD.)	Appendix DD	5160-22-03
Outpatient hospital surgical services	Appendix C	5160-2-21
Outpatient hospital clinic services	Appendix D	5160-2-21
Hospital emergency room visits	Appendix E	5160-2-21
Outpatient hospital ancillary services	Appendix F	5160-2-21
Outpatient hospital radiology services	Appendix G	5160-2-21
Outpatient hospital laboratory services	Appendix H	5160-2-21

Long-Term Services & Support (LTSS)

LTSS is only covered for members in **Molina Dual Options MyCare Ohio Medicare-Medicaid Plan** (opt-in members) or members in **Molina MyCare Ohio Medicaid** (opt-out members).

MyCare Ohio Medicare & MyCare Ohio Medicaid

A0080	H0045	S5121	S5161	T1002	T2025
A0090	S0215	S5125	S5162	T1003	T2029
A0100	S5100	S5130	S5165	T1019	T2031
A0200	S5101	S5135	S5170	T1999	T2038
G0155	S5102	S5160	S9470	T2003	

Sterilization and Hysterectomy Services

In compliance with [OAC 5160-21-02.2](#), claims for sterilization and hysterectomy services will not be paid until the required criteria is met and the appropriate [consent form](#) is received, regardless of whether the code is listed on this document.

Behavioral Health, Mental Health, Alcohol & Chemical Dependency Services

Inpatient, Residential Treatment, Partial Hospitalization, Day Treatment, Electroconvulsive Therapy (ECT), Applied Behavioral Analysis (ABA) for treatment of Autism Spectrum Disorder (ASD)

All Lines of Business					MEDICAID & MyCare Ohio Medicaid	MEDICARE & MyCare Ohio Medicare	MARKETPLACE ONLY
1001	H0012	H2017 [^]	S5111	T1028 [^]	N/A	N/A	N/A
1002	H0017	H2018	S0201	T2013 [^]			
2106	H2012 [^]	H2019 [^]	S5150 [^]	T2040 [^]			
0901	H2013	H2020	T1023 [^]				
0912	H2014 [^]	H0031 [^]	T1025 [^]				
0913	H2015	H0032 [^]	T1026 [^]				
90870	H2016	H0046	T1027 [^]				
[^] PA required for All plans only when submitted with Autism Dx. [ICD10: F84.0, F84.2, F84.3, F84.4, F84.5, F84.8, F84.9]							

Cosmetic, Plastic & Reconstructive Procedures (in any setting)

All Lines of Business					MEDICAID & MyCare Ohio Medicaid	MEDICARE & MyCare Ohio Medicare	MARKETPLACE ONLY
15775	15822	15837	19324	30430	N/A	N/A	N/A
15776	15823	15838	19325	30435			
15780	15824	15839	19328	30450			
15781	15825	15847	19330	30460			
15782	15826	15876	19340	30462			
15783	15828	15877	19342	67904			
15788	15829	15878	19350	67906			
15789	15832	15879	19355	67908			
15792	15833	17380	19396	69300			
15793	15834	19300	30400				
15820	15835	19316	30410				
15821	15836	19318	30420				

Durable Medical Equipment (DME)

For Medicare Hearing Supplemental benefit: Contact AVESIS at (800) 327-4662.

All Lines of Business									MEDICAID & MyCare Ohio Medicaid		MEDICARE & MyCare Ohio Medicare	MARKETPLACE ONLY
A7025	E0373	E1002	E1238	E2328	E2510	K0008	K0828	K0861	E0481	S1036	N/A	N/A
A9900	E0462	E1003	E1296	E2329	E2511	K0009	K0829	K0862	S1034	S1037		
A9901	E0465	E1004	E1298	E2330	E2605	K0010	K0830	K0863	S1035			
E0194	E0466	E1005	E1310	E2340	E2606	K0011	K0831	K0864				
E0255	E0483	E1006	E1399	E2341	E2607	K0012	K0835	K0868				
E0256	E0691	E1007	E1700	E2342	E2608	K0014	K0836	K0869				
E0260	E0692	E1008	E2201	E2343	E2609	K0108	K0837	K0870				
E0261	E0693	E1010	E2202	E2351	E2611	K0606	K0838	K0871				
E0265	E0694	E1012	E2203	E2361	E2612	K0800	K0839	K0877				
E0266	E0747	E1014	E2204	E2366	E2613	K0801	K0840	K0878				
E0277	E0748	E1020	E2227	E2367	E2614	K0802	K0841	K0879				
E0292	E0749	E1029	E2228	E2368	E2615	K0806	K0842	K0880				
E0293	E0760	E1030	E2291	E2369	E2616	K0807	K0843	K0884				
E0294	E0762	E1035	E2292	E2370	E2617	K0808	K0848	K0885				
E0295	E0764	E1036	E2293	E2373	E2620	K0813	K0849	K0886				
E0296	E0782	E1161	E2294	E2374	E2621	K0814	K0850	K0890				
E0297	E0783	E1225	E2295	E2375	E2622	K0815	K0851	K0891				
E0300	E0784	E1226	E2310	E2376	E2623	K0816	K0852	K0900				
E0301	E0785	E1227	E2311	E2377	E2624	K0820	K0853	V2530				
E0302	E0786	E1230	E2312	E2378	E2625	K0821	K0854	V2531				
E0303	E0849	E1232	E2313	E2397	E2626	K0822	K0855					
E0304	E0855	E1233	E2321	E2500	E2627	K0823	K0856					
E0328	E0983	E1234	E2322	E2502	E2628	K0824	K0857					
E0329	E0984	E1235	E2325	E2504	E2629	K0825	K0858					
E0371	E0986	E1236	E2326	E2506	E2630	K0826	K0859					
E0372	E0988	E1237	E2327	E2508	E2631	K0827	K0860					

Experimental/Investigational

All Lines of Business								MEDICAID & MyCare Ohio Medicaid		MEDICARE & MyCare Ohio Medicare	MARKETPLACE ONLY
0019T	0165T	0213T	0268T	0301T	0352T	0397T	0425T	0329T	0333T	N/A	N/A
0042T	0169T	0214T	0269T	0302T	0353T	0398T	0426T	0330T	0331T		
0051T	0171T	0215T	0270T	0303T	0354T	0399T	0427T	0332T			
0052T	0172T	0216T	0271T	0304T	0355T	0400T	0428T				
0053T	0174T	0217T	0272T	0305T	0356T	0401T	0429T				
0054T	0175T	0218T	0273T	0306T	0357T	0402T	0430T				
0055T	0178T	0219T	0274T	0307T	0358T	0403T	0431T				
0058T	0179T	0220T	0275T	0308T	0359T	0404T	0432T				
0071T	0180T	0221T	0278T	0309T	0360T	0405T	0433T				
0072T	0184T	0222T	0281T	0310T	0361T	0406T	0434T				
0075T	0188T	0228T	0282T	0312T	0362T	0407T	0435T				
0076T	0189T	0229T	0283T	0313T	0363T	0408T	0436T				
0085T	0190T	0230T	0284T	0314T	0364T	0409T	82016				
0095T	0191T	0231T	0285T	0315T	0365T	0410T	82017				
0098T	0195T	0234T	0286T	0316T	0366T	0411T	83987				
0100T	0196T	0235T	0287T	0317T	0367T	0412T	84145				
0101T	0198T	0236T	0288T	0335T	0368T	0413T	86316				
0102T	0200T	0237T	0289T	0336T	0369T	0414T	86343				
0106T	0201T	0238T	0290T	0337T	0370T	0415T	Q4161				
0107T	0202T	0249T	0291T	0338T	0371T	0416T	Q4162				
0108T	0205T	0253T	0292T	0339T	0372T	0417T	Q4163				
0109T	0206T	0254T	0293T	0340T	0373T	0418T	Q4164				
0110T	0207T	0255T	0294T	0342T	0374T	0419T	Q4165				
0111T	0208T	0263T	0295T	0347T	0392T	0420T					
0126T	0209T	0264T	0296T	0348T	0393T	0421T					
0159T	0210T	0265T	0297T	0349T	0394T	0422T					
0163T	0211T	0266T	0298T	0350T	0395T	0423T					
0164T	0212T	0267T	0299T	0351T	0396T	0424T					
			0300T	0346T							

Genetic Counseling & Testing

Except for prenatal diagnosis of congenital disorders of the unborn child through amniocentesis and genetic test screening of newborns mandated by state regulations.

All Lines of Business					MEDICAID & MyCare Ohio Medicaid			MEDICARE & MyCare Ohio Medicare			MARKETPLACE ONLY	
0004M	81226	81298	81408	81450	S3841	S3866	S3840	N/A			S3722	
0006M	81227	81300	81410	81455	S3842	S3870	S3722					
0007M	81228	81313	81411	81460	S3861	S3852						
0008M	81229	81317	81415	81465	S3865	S3800						
0010M	81246	81319	81416	81470								
81201	81265	81321	81417	81471								
81203	81266	81323	81425	81519								
81211	81280	81325	81426	83006								
81212	81282	81355	81427	84999 [^]								
81213	81287	81400	81430	88369								
81214	81291	81401	81431	88373								
81215	81292	81402	81435	88374								
81216	81294	81403	81436	88377								
81217	81295	81404	81440	81162								
81222	81297	81405	81445	81210								
81223	81311	81406	81434	81218								
81219	81314	81412	81437	81442								
81272	81538	81432	81438	81493								
81273	81540	81433	81493	81528								
81535	81504	81545	86152	81225								
81536		81595	86153	81281								
G9143		81324										

[^]Including Oncotype Dx

Home Health Care & Home Infusion

- PA required for nursing and home health aides after initial evaluation plus six (6) visits; PA may be required for medications associated with Home Infusion.
- For OT/PT/ST in home settings, see OT/PT/ST sections.

All Lines of Business					MEDICAID & MyCare Ohio Medicaid			MEDICARE & MyCare Ohio Medicare			MARKETPLACE ONLY	
G0153	G0155	G0156	G0161	G0162	S9122	S9123	027X	034X	056X	S9122	S9123	
G0163	G0164	G0299	G0300		S9124		029X	0023	057X	S9124		
							042X	043X	060X			
							032X	044X	062X			
							033X	055X				

Hyperbaric Therapy (including wound therapy)

All Lines of Business					MEDICAID & MyCare Ohio Medicaid			MEDICARE & MyCare Ohio Medicare			MARKETPLACE ONLY	
G0277	99183				N/A			N/A				

Imaging – Advanced & Specialty

All Lines of Business					MEDICAID & MyCare Ohio Medicaid		MEDICARE & MyCare Ohio Medicare	MARKETPLACE ONLY	
C8900	70498	72156	74175	78473	S8080	S8032	N/A	S8080	S8032
C8901	70540	72157	74176	78481	S8042	76380		S8042	76380
C8902	70542	72158	74177	78483					
C8903	70543	72159	74178	78491					
C8904	70544	72191	74181	78492					
C8905	70545	72192	74182	78494					
C8906	70546	72193	74183	78496					
C8907	70547	72194	74185	78607					
C8908	70548	72195	74261	78608					
C8909	70549	72196	74262	78609					
C8910	70551	72197	74263	78647					
C8911	70552	72198	75557	78710					
C8912	70553	73200	75559	78811					
C8913	70554	73201	75561	78812					
C8914	70555	73202	75563	78813					
C8918	71250	73206	75565	78814					
C8919	71260	73218	75571	78815					
C8920	71270	73219	75572	78816					
C8931	71275	73220	75573	74712					
C8932	71550	73221	75574	74713					
C8933	71551	73222	75635	G0288					
C8934	71552	73223	76376	G0297					
C8935	71555	73225	76377	76390					
C8936	72125	73700	77058	76497					
70336	72126	73701	77059	76498					
70450	72127	73702	77084						
70460	72128	73706	78205						
70470	72129	73718	78206						
70480	72130	73719	78320						
70481	72131	73720	78451						
70482	72132	73721	78452						
70486	72133	73722	78453						
70487	72141	73723	78454						
70488	72142	73725	78459						
70490	72146	74150	78466						
70491	72147	74160	78468						
70492	72148	74170	78469						
70496	72149	74174	78472						

Inpatient Admissions

Acute Hospital, Skilled Nursing Facilities (SNF), Rehabilitation, Long Term Acute Care (LTAC) Facility

All Lines of Business	MEDICAID & MyCare Ohio Medicaid	MEDICARE & MyCare Ohio Medicare	MARKETPLACE ONLY
All Codes	All Codes	All Codes	All Codes

Neuropsychological & Psychological Tests (in any setting)

All Lines of Business					MEDICAID & MyCare Ohio Medicaid		MEDICARE & MyCare Ohio Medicare	MARKETPLACE ONLY	
95951	96102	96118	96125	95957	N/A		N/A		
95956	96103	96119	95953	95950					
96101	96116	96120							

Non-participating Offices/Providers/Facilities

PA required for Non-PAR Office Visits, Surgical Procedures, Labs, Diagnostic Studies, Inpatient Stays, except:

- Emergency Department services
- Professional fees associated with an Emergency Department visit and approved Ambulatory Surgery Center (ASC) or inpatient stay
- Child and Adolescent Health Center Services
- Local Health Department (LHD) services
- Other services based on state requirements

Occupational Therapy

- **Medicaid:** After initial evaluation plus 30 visits for office, outpatient and home settings.
- **Medicare:** After therapy benefit cap has been reached.
- **Marketplace:** After initial evaluation plus 20 visits.

All Lines of Business				MEDICAID & MyCare Ohio Medicaid	MEDICARE & MyCare Ohio Medicare	MARKETPLACE ONLY
97110	G0152 [^]	G0158 [^]	G0160 [^]	S9129	N/A	S9129
[^] Services included in the home health PA requirements for Marketplace Line of Business.						

Outpatient (OP) Hospital/Ambulatory Surgery Center (ASC) Procedures

All Lines of Business											MEDI CAID & MyCare Ohio Medicaid	MEDI CARE & MyCare Ohio Medicare	MKT PLACE ONLY	
10040	22112	22819	28011	28238	28737	29915	38214	58150	58673	63040	69310	N/A	N/A	N/A
15786	22114	22830	28035	28240	28740	29916	38215	58152	58700	63042	69710			
15787	22116	22840	28060	28250	28750	30465	38232	58180	58720	63043	69711			
15819	22206	22841	28062	28260	28755	30520	43644	58200	58740	63044	69714			
15830	22207	22842	28080	28261	28760	30540	43645	58210	58750	63045	69715			
17004	22208	22843	28090	28262	28890	30545	43647	58240	58752	63046	69717			
17360	22210	22844	28092	28264	28341	31295	43648	58260	58760	63047	69718			
20930	22212	22845	28100	28270	29806	31296	43653	58262	58770	63048	69930			
21073	22214	22846	28102	28272	29807	31297	43770	58263	58940	63050	90867			
21120	22216	22847	28103	28280	29819	31660	43771	58267	58943	63051	90868			
21121	22220	22848	28104	28285	29820	31661	43772	58270	58950	63055	90869			
21122	22222	22849	28106	28286	29821	32491	43773	58275	58951	63056	93229			
21123	22224	22850	28107	28288	29822	33251	43774	58280	58952	63057	95909			
21125	22226	22851	28108	28289	29823	33254	43775	58285	58953	63064	95911			
21127	22505	22852	28110	28290	29824	33261	43842	58290	58954	63066	95912			
21137	22526	22855	28111	28292	29825	33265	43843	58291	58956	63075	95913			
21138	22527	22856	28112	28293	29826	33266	43845	58292	58957	63076	96567			
21139	22532	22857	28113	28294	29827	36460	43846	58293	58958	63077	96570			
21141	22533	22861	28114	28296	29828	36468	43847	58294	58970	63078	96571			
21142	22534	22862	28116	28297	29848	36470	43848	58321	58974	63081	96900			
21143	22548	22864	28118	28298	29873	36471	43881	58322	58976	63082	96902			
21145	22551	22865	28119	28299	29874	36475	43882	58323	59070	63085	96904			
21146	22552	23412	28120	28300	29875	36476	45499	58345	59072	63086	96910			
21147	22554	25447	28122	28302	29876	36478	47380	58350	59074	63087	96912			
21150	22556	26499	28124	28304	29877	36479	47381	58356	59076	63088	96913			
21151	22558	27120	28126	28305	29879	36514	47382	58540	59899	63090	96920			
21154	22585	27122	28130	28306	29880	37191	47600	58541	61863	63091	96921			
21155	22586	27125	28140	28307	29881	37700	47605	58542	61864	63101	96922			
21159	22590	27130	28150	28308	29882	37718	47610	58543	61867	63102	96931			
21160	22595	27132	28153	28309	29883	37722	47612	58544	61868	63103	96932			
21172	22600	27134	28160	28310	29884	37735	47620	58545	61885	64553	96933			
21175	22610	27137	28171	28312	29885	37760	49255	58546	61886	64568	96934			
21240	22612	27138	28173	28313	29886	37761	49904	58548	62369	64569	96935			
21242	22614	27440	28175	28315	29887	37765	49905	58550	62370	64570	96936			
21243	22630	27441	28200	28320	29888	37766	49906	58552	63001	64590				
21270	22632	27442	28202	28322	29889	37780	52441	58553	63003	64595				
21280	22633	27443	28208	28340	29891	37785	52442	58554	63005	65771				
21282	22634	27445	28210	28344	29892	38204	52649	58570	63011	65772				
21295	22800	27446	28220	28345	29893	38207	53850	58571	63012	65775				
21296	22802	27447	28222	28360	29894	38208	53852	58572	63015	67900				
22100	22804	27486	28225	28705	29895	38209	53855	58573	63016	67901				
22101	22808	27487	28226	28715	29897	38210	54401	58660	63017	67902				
22102	22810	28005	28230	28725	29898	38211	54405	58661	63020	67903				
22103	22812	28008	28232	28730	29899	38212	57288	58662	63030	67909				
22110	22818	28010	28234	28735	29914	38213	57289	58672	63035	67950				

Pain Management Procedures

Except trigger point injections. (Acupuncture is not a Medicare covered benefit.)

All Lines of Business					MEDICAID & MyCare Ohio Medicaid	MEDICARE & MyCare Ohio Medicare	MARKETPLACE ONLY
G0260	62362	63662	64483	64600	97814	N/A	97814
27096	64486	63663	64484	64633			
62310	64494	63664	64490	64634			
62311	62367	64487	64491	64635			
62350	62368	63685	64492	64636			
62351	63650	63688	64488	64640			
62360	63655	64479	64493	77003			
62361	63661	64480	64495	64489			
64461	64462	64463	62263	62264			
27279							

Participating Office Visits & Office-Based Surgical Procedures at Participating Providers

No PA required, unless specifically included in another category (i.e. advanced imaging) that requires authorization even when performed in a participating provider's office.

Physical Therapy

- **Medicaid:** After initial evaluation plus 30 visits for office, outpatient and home settings
- **Medicare:** After therapy benefit cap has been reached.
- **Marketplace:** After initial evaluation plus 20 visits.

All Lines of Business				MEDICAID & MyCare Ohio Medicaid	MEDICARE & MyCare Ohio Medicare	MARKETPLACE ONLY
G0151 [^]	G0157 [^]	G0159 [^]	97110	S9131	N/A	N/A
			97112			
[^] Services included in the home health PA requirements for Marketplace Line of Business.						

Prosthetics & Orthotics

All Lines of Business					MEDICAID & MyCare Ohio Medicaid	MEDICARE & MyCare Ohio Medicare	MARKETPLACE ONLY
L0480	L1640	L1860	L2000	L2090	L8692	N/A	N/A
L0482	L1680	L1900	L2005	L2106			
L0484	L1685	L1904	L2010	L2108			
L0486	L1700	L1907	L2020	L2126			
L0452	L1710	L1920	L2030	L2128			
L0622	L1720	L1940	L2034	L2232			
L0640	L1730	L1945	L2036	L2800			
L0700	L1755	L1950	L2037	L4631			
L0710	L1834	L1960	L2038	L6026			
L1000	L1840	L1970	L2050	L7259			
L1005	L1844	L1980	L2060	S1040			
L1110	L1846	L1990	L2080				

Radiation Therapy & Radio Surgery

All Lines of Business					MEDICAID & MyCare Ohio Medicaid	MEDICARE & MyCare Ohio Medicare	MARKETPLACE ONLY
77520	77523	G0339	G6015	G6017	N/A	N/A	N/A
77522	77525	G0340	G6016	Q9950			

Sleep Studies

All Lines of Business					MEDICAID & MyCare Ohio Medicaid	MEDICARE & MyCare Ohio Medicare	M
95800	95803	95806	95808	95811	N/A	N/A	
95801	95805	95807	95810				

Specialty Pharmacy Drugs

All Lines of Business								MEDICAID & MyCare Ohio Medicaid	MEDICARE & MyCare Ohio Medicare	MARKETPLACE ONLY
90284	J0573	J1571	J2505	J7189	J7527	J9306	J9299	N/A	N/A	N/A
90378	J0574	J1572	J2507	J7190	J7639	J9307	J9308			
C9132	J0575	J1573	J2597	J7191	J7682	J9310	J7999			
C9136	J0598	J1595	J2778	J7192	J7686	J9315	Q0515			
C9257*	J0888	J1599	J2793	J7193	J8499	J9351	Q2028			
C9399	J0881	J1602	J2796	J7194	J8530	J9354	Q2043			
J0129	J0885	J1645	J2820	J7195	J8562	J9371	Q2050			
J0135	J0890	J1650	J2941	J7196	J8999	J9400	Q3027			
J0178	J0895	J1652	J3060	J7197	J9019	J9600	Q3028			
J0180	J0897	J1675	J3110	J7198	J9035*	J0202	Q4074			
J0207	J1290	J1725**	J3240	J7199	J9042	J0596	Q4101			
J0215	J1300	J1743	J3262	J7201	J9047	J0695	Q4139			
J0220	J1322	J1744	J3285	J7309	J9202	J0714	Q4145			
J0221	J1324	J1745	J3315	J7310	J9207	J0875	Q4149			
J0256	J1325	J1786	J3357	J7311	J9212	J1447	Q5101			
J0257	J1438	J1826	J3385	J7312	J9213	J1575	Q9980			
J0401	J1442	J1830	J3396	J7316	J9214	J1833	S0145			
J0480	J1458	J1930	J3489	J7321	J9216	J2502	S0148			
J0485	J1459	J1931	J3490	J7323	J9217	J2860	C9472			
J0490	J1460	J1950	J3590	J7324	J9218	J3090	C9473			
J0585	J1556	J2170	J7181	J7325	J9219	J3380	C9474			
J0586	J1557	J2278	J7182	J7326	J9225	J7188	C9475			
J0587	J0882	J2315	J7200	J7327	J9226	J7205				
J0588	J1559	J2323	J7178	J7330	J9228	J7313				
J0597	J1560	J2353	J7180	J7504	J9245	J7328				
J0638	J1561	J2354	J7183	J7505	J9262	J7340				
J0717	J1562	J2355	J7185	J7510	J9267	J8655				
J0775	J1566	J2357	J7186	J7513	J9293	J9032				
J0800	J1568	J2426	J7187	J7516	J9301	J9039				
J0850	J1569	J2503	J9015	J7525	J9302	J9271				
J0572	J0364	J2724	J9043	J9261	S0126	C9137				
90281	J0637	J2783	J9050	J9357	S0128	C9138				
90283	J0725	J3355	J9098	L8605	S0132	C9470				
A9542	J1640	J3365	J9160	Q3025	S0157	C9471				
A9543	J2325	J8520	J9215	Q3026						
C9293	J2425	J8700		S0122						
J0205										

* No PA required when used for ocular diagnosis
 ** NO PA required in Ohio

Speech Therapy

- **Medicaid:** After initial evaluation plus 30 visits for office, outpatient and home settings
- **Medicare:** After therapy benefit cap has been reached.
- **Marketplace:** PA is required after initial evaluation and 6 visits

All Lines of Business				MEDICAID & MyCare Ohio Medicaid	MEDICARE & MyCare Ohio Medicare	MARKETPLACE ONLY
92507	92508			S9128	N/A	S9128

Transplant Services (Including Solid Organ and Bone Marrow)

Corneal Transplants do not require PA.

All Lines of Business					MEDICAID & MyCare Ohio Medicaid		MEDICARE & MyCare Ohio Medicare	MARKETPLACE ONLY	
38205	44715	47142	48551	50327	48160	S2065	N/A	48160	S2065
38206	44720	47143	48552	50328	S2053	S2140		S2053	S2140
38230	44721	47144	48554	50329	S2054	S2142		S2054	S2142
38240	47133	47145	48556	50340	S2055	S2150		S2055	S2150
38241	47135	47146	50300	50360	S2060	S2152		S2060	S2152
38242	47140	47147	50320	50365	S2061			S2061	
38243	47141	48550	50323	50370					
			50325	50380					

Transportation Services (Non-Emergent Air Ambulance)

PA required for Non-Emergent air ambulance transportation services. Emergency transport does not require PA.

All Lines of Business				MEDICAID & MyCare Ohio Medicaid		MEDICARE & MyCare Ohio Medicare	MARKETPLACE ONLY	
A0430	A0431	A0999		S9960	S9961	N/A	S9960	S9961

Unlisted/Miscellaneous Codes

Molina Healthcare requires medical necessity documentation and rationale be submitted with the PA request for these Unlisted/Miscellaneous codes.

All Lines of Business							MEDICAID & MyCare Ohio Medicaid		MEDICARE & MyCare Ohio Medicare	MARKETPLACE ONLY	
01999	40799	51999	68899	86486	97039	L0999	T5999	V5298	N/A	T5999	V5298
15999	40899	53899	69399	86849	97139	L1499	T1999	S0590		T1999	S0590
17999	41599	54699	69799	86999	97799	L2999					
19105	43659	55559	69949	87999	99429	L3649					
19499	43999	55899	69979	88099	99499	L3999					
20999	44238	58578	76499	88199	99199	L5999					
21299	44799	58579	76999	88299	A4649	L7499					
21499	44899	58679	77799	88399	A4913	L8039					
22899	44979	58999	78099	88749	A9999	L8499					
22999	45399	59897	78199	89240	B9999	L8699					
23929	45499	59898	78299	89398	E0769	Q0507					
24999	45999	60659	78399	90399	E0770	Q0508					
25999	46999	60699	78499	90749	E2599	Q0509					
27899	47379	64999	78599	90899	J7599	V2199					
28899	47399	66999	78699	91299	K0898	V2399					
29999	47579	67299	78799	92499	K0899	V2797					
30999	47999	67399	81099	92700		V2799					
31299	48999	67599	81479	93799		V5299					
31899	49329	67999	81599	94799							
36299	49999	68399	85999	95199							
37799				96999							

Medicare Exceptions/Ohio Exceptions

PA Required: Submit clinical information supporting use of these codes.

All Lines of Business					MEDICAID ONLY	MKT PLACE ONLY
J9265	59841	59851	59855	59857	N/A	N/A
59840	59850	59852	59856	59866		