Molina Healthcare
Applies to Medicaid, MyCare Ohio Medicaid, and Marketplace
Prior Authorization Codification List
Effective 8/01/2018

- IMPORTANT NOTICES -

These codes are for outpatient services only. All inpatient services require Prior Authorization (PA).

All codes listed require PA unless there is a plan-specific exception.

Office visits; office-based surgical procedures at PAR/Network Providers do not require PA.

Referrals to PAR/Network Specialists do not require PA.

Some services listed may not be covered by the Centers for Medicare & Medicaid Services (CMS) or your local State Medicaid or Marketplace agency. Likewise, the absence of a code from this list should not be used to determine whether a service is or is not covered by your regulatory agency.

This document should be not be utilized to make benefit coverage determinations. Please refer to your regulatory agency for benefit coverage and specific non-covered codes.

PA is not a guarantee of payment for services. Payment is made in accordance with a determination of the member's eligibility on the date of service (for Molina Marketplace members, this includes grace period status), benefit limitations/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.

To search this document, use [Ctrl + F] keys, enter Service or Code in Navigation pane; press Enter

Legend:

PA: ***Prior Authorization***	***PAR:*** ***Participating Provider***	***Non-PAR:*** ***Non-Participating Provider***

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).

Site of Service	Appendix	OAC
Physician services	Appendix DD	5160-1-60
Provider-administered pharmaceuticals		5160-4-12
Ambulatory Surgical Centers	EAPG CPT and HCPCS list	5160-2-75
Outpatient hospital surgical services	EAPG CPT and HCPCS list	5160-2-75
Outpatient hospital clinic services	EAPG CPT and HCPCS list	5160-2-75
Hospital emergency room visits	EAPG CPT and HCPCS list	5160-2-75
Outpatient hospital ancillary services	EAPG CPT and HCPCS list	5160-2-75
Outpatient hospital radiology services	EAPG CPT and HCPCS list	5160-2-75
Outpatient hospital laboratory services	EAPG CPT and HCPCS list	5160-2-75

Abortion Services

Submit clinical information supporting use of these codes.

58940	58941	58950	58951	58952	59840	59841	59850	59851	59852	59855	59856	59857	59866*

PA Required for Marketplace Only

Behavioral Health, Mental Health, Alcohol & Chemical Dependency Services (Medicaid Only)

Inpatient, Residential Treatment, Partial Hospitalization, Electroconvulsive Therapy (ECT), Applied Behavior Analysis (ABA) for treatment of Autism Spectrum Disorder (ASD), and *Transitional Substance Abuse Residential Treatment (*For Marketplace Members only) **SUD Partial Hospitalization (20 or more hours per week).**

0901	1001	90870	96116-	H0017	H0035	H2013	H2016	S0201	T1023^	T1027^	T2040^
0912	1002	96101-	96118{	H0031^	H0040	H2014^	H2018	S5111	T1025^	T1028^	
0913	2106	96111-	H0015***<	H0032^	H0046	H2015	H2032^	S5150#	T1026^+	T2013^	

PA required regardless of Dx. (Marketplace and Medicaid)

- PA required after 12 hours reached per patient per calendar year

*** H0015 + modifier TG requires PA due to OAC Community Behavioral Health Services rule for MMP

< H0015 + Rev codes 912-913 & modifier HE require PA due to OAC Hospital services rule for MMP

^ PA required for all plans only when submitted with Autism Dx. [ICD10: F84.0, F84.2, F84.3, F84.4, F84.5, F84.8 or F84.9]

+ PA required after 1 each per billing provider per patient per year. Cannot be billed by biller type 95

{ PA required after 8 hours reached per patient per calendar year

Cosmetic, Plastic & Reconstructive Procedures [In Any Setting]

11900	15776	15783	15793	15823	15828	15834	15838	15877	19300*	19325*	19342*	30400	30435	67904
11901	15780	15788	15820	15824	15829	15835	15839	15878	19316*	19328*	19350*	30410	30450	67906
11920*	15781	15789	15821	15825	15832	15836	15847	15879	19318*	19330*	19355*	30420	30460	67908
15775	15782	15792	15822	15826	15833	15837	15876	17380	19324*	19340*	19396*	30430	30462	69300

Cosmetic, Plastic & Reconstructive Procedures [In Any Setting] Continued

PA required, except with breast CA Dx. ICD10 codes:

C50.011, C50.012, C50.019, C50.021, C50.022, C50.029, C50.111, C50.112, C50.119, C50.121, C50.122, C50.129, C50.211, C50.212, C50.219, C50.221, C50.222, C50.229, C50.311, C50.312, C50.319, C50.321, C50.322, C50.329, C50.411, C50.412, C50.419, C50.421, C50.422, C50.429, C50.511, C50.512, C50.519, C50.521, C50.522, C50.529, C50.611, C50.612, C50.619, C50.621, C50.622, C50.629, C50.811, C50.812, C50. 819, C50.821, C50.822, C50.829, C50.911, C50.912, C50.919, C50.921, C50.922, C50.929,

DO5.00, D05.01, D05.02, D05.10, D05.11, D05.12, D05.80, D05.81, DO5.82, D05.90, D05.91, D05.92

Durable Medical Equipment (DME)

A7025	E0293	E0371	E0747	E0849	E1008	E1227	E1399	E2295	E2330	E2373	E2510	E2616	E2630	K0802	K0824	K0839	K0855	K0870	K0903
A9900	E0294	E0372	E0748	E0855	E1010	E1230	E1700	E2310	E2340	E2374	E2511	E2617	E2631	K0806	K0825	K0840	K0856	K0871	L3761
A9901	E0295	E0373	E0749	E0983	E1012	E1232	E2201	E2311	E2341	E2375	E2605	E2620	K0008	K0807	K0826	K0841	K0857	K0877	L7700
E0194	E0296	E0462	E0760	E0984	E1014	E1233	E2202	E2312	E2342	E2376	E2606	E2621	K0009	K0808	K0827	K0842	K0858	K0878	L8625
E0255	E0297	E0465	E0762	E0986	E1020	E1234	E2203	E2313	E2343	E2377	E2607	E2622	K0010	K0813	K0828	K0843	K0859	K0879	L8694
E0256	E0300	E0466	E0764	E0988	E1029	E1235	E2204	E2321	E2351	E2378	E2608	E2623	K0011	K0814	K0829	K0848	K0860	K0880	S1034
E0260	E0301	E0481	E0766	E1002	E1030	E1236	E2227	E2322	E2361	E2397	E2609	E2624	K0012	K0815	K0830	K0849	K0861	K0884	S1035
E0261	E0302	E0483	E0782	E1003	E1035	E1237	E2228	E2325	E2366	E2500	E2611	E2625	K0014	K0816	K0831	K0850	K0862	K0885	S1036
E0265	E0303	E0691	E0783	E1004	E1036	E1238	E2291	E2326	E2367	E2502	E2612	E2626	K0108	K0820	K0835	K0851	K0863	K0886	S1037
E0266	E0304	E0692	E0784	E1005	E1161	E1296	E2292	E2327	E2368	E2504	E2613	E2627	K0606	K0821	K0836	K0852	K0864	K0890	V2530
E0277	E0328	E0693	E0785	E1006	E1225	E1298	E2293	E2328	E2369	E2506	E2614	E2628	K0800	K0822	K0837	K0853	K0868	K0891	V2531
E0292	E0329	E0694	E0786	E1007	E1226	E1310	E2294	E2329	E2370	E2508	E2615	E2629	K0801	K0823	K0838	K0854	K0869	K0900	

Experimental/Investigational

0042T	0102T	0175T	0206T	0219T	0249T	0273T	0316T	0348T	0361T	0374T	0406T	0419T	0432T	0469T	0482T	0495T	84145
0054T	0106T	0184T	0207T	0220T	0253T	0274T	0317T	0349T	0362T	0394T	0407T	0420T	0433T	0470T	0483T	0496T	86316
0055T	0107T	0188T	0208T	0221T	0254T	0275T	0329T	0350T	0363T	0395T	0408T	0421T	0434T	0471T	0484T	0497T	86343
0058T	0108T	0189T	0209T	0222T	0263T	0278T	0330T	0351T	0364T	0396T	0409T	0422T	0435T	0472T	0485T	0498T	Q4161
0071T	0109T	0190T	0210T	0228T	0264T	0290T	0331T	0352T	0365T	0397T	0410T	0423T	0436T	0473T	0486T	0499T	Q4162
0072T	0110T	0191T	0211T	0229T	0265T	0295T	0332T	0353T	0366T	0398T	0411T	0424T	0437T	0474T	0487T	0500T	Q4163
0075T	0111T	0195T	0212T	0230T	0266T	0296T	0333T	0354T	0367T	0399T	0412T	0425T	0439T	0475T	0488T	0501T	Q4164
0076T	0126T	0196T	0213T	0231T	0267T	0297T	0335T	0355T	0368T	0400T	0413T	0426T	0440T	0476T	0489T	0502T	Q4165
0085T	0159T	0198T	0214T	0234T	0268T	0298T	0337T	0356T	0369T	0401T	0414T	0427T	0441T	0477T	0490T	0503T	
0095T	0163T	0200T	0215T	0235T	0269T	0312T	0338T	0357T	0370T	0402T	0415T	0428T	0442T	0478T	0491T	0504T	
0098T	0164T	0201T	0216T	0236T	0270T	0313T	0339T	0358T	0371T	0403T	0416T	0429T	0443T	0479T	0492T	82016	
0100T	0165T	0202T	0217T	0237T	0271T	0314T	0342T	0359T	0372T	0404T	0417T	0430T	0444T	0480T	0493T	82017	
0101T	0174T	0205T	0218T	0238T	0272T	0315T	0347T	0360T	0373T	0405T	0418T	0431T	0445T	0481T	0494T	83987	

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

0004M	0014U	81112	81212	81225	81246	81273	81311	81334	81403	81414	81431	81442	81504	81541	88271	S3842
0006M	0016U	81120	81213	81226	81247	81283	81313	81346	81404	81415	81432	81445	81507	81545	88369	S3852
0007M	0017U	81121	81214	81227	81248	81287	81314	81355	81405	81416	81433	81448	81519	81551	88373	S3861
0009M	81105	81162	81215	81228	81249	81291	81317	81361	81406	81417	81434	81450	81520	81595	88374	S3865
0008U	81106	81175	81216	81229	81258	81292	81319	81362	81407	81420	81435	81455	81521	83006	88377	S3866
0009U	81107	81176	81217	81230	81259	81294	81321	81363	81408	81422	81436	81460	81528	84999	G9143	S3870

Genetic Counseling & Testing Continued

0010U	81108	81201	81218	81231	81265	81295	81323	81364	81410	81425	81437	81465	81535	86008	S3722	
0011U	81109	81203	81219	81232	81266	81297	81324	81400	81411	81426	81438	81470	81536	86152	S3800	
0012U	81110	81210	81222	81235	81269	81298	81325	81401	81412	81427	81439	81471	81538	86153	S3840	
0013U	81111	81211	81223	81238	81272	81300	81328	81402	81413	81430	81440	81493	81540	88261	S3841	

Code 84999: Including Oncotype Dx

Home Health Care Services

PA required for all home health services after initial evaluation plus six (6) visits per calendar year.

G0151	G0153	G0156	G0158	G0160	G0162	G0300	G0493	G0495	S9122	S9124	S9129	S9131	S5151	S9977	T1002*	T1005	T1030
G0152	G0155	G0157	G0159	G0161	G0299	G0490	G0494	G0496	S9123	S9128	S5130	S5135	S9470	T1000	T1003*	T1022	T1031

****PA Required for Marketplace only***

Hyperbaric Therapy

99183	G0277	Q4176	Q4177	Q4178	Q4179	Q4180	Q4181	Q4182

Imaging – Advanced & Specialty

70336	70490	70546	71260	72128	72148	72195	73220	73719	74175	74263	75573	77059	78466	78496	78815	C8908	C8931	S8080
70450	70491	70547	71270	72129	72149	72196	73221	73720	74176	74712	75574	77084	78468	78607	78816	C8909	C8932	
70460	70492	70548	71275	72130	72156	72197	73222	73721	74177	74713	75635	78205	78469	78608	C8900	C8910	C8933	
70470	70496	70549	71550	72131	72157	72198	73223	73722	74178	75557	76376	78206	78472	78609	C8901	C8911	C8934	
70480	70498	70551	71551	72132	72158	73200	73225	73723	74181	75559	76377	78320	78473	78647	C8902	C8912	C8935	
70481	70540	70552	71552	72133	72159	73201	73700	73725	74182	75561	76380	78451	78481	78710	C8903	C8913	C8936	
70482	70542	70553	71555	72141	72191	73202	73701	74150	74183	75563	76390	78452	78483	78811	C8904	C8914	G0288	
70486	70543	70554	72125	72142	72192	73206	73702	74160	74185	75565	76497	78453	78491	78812	C8905	C8918	G0296	
70487	70544	70555	72126	72146	72193	73218	73706	74170	74261	75571	76498	78454	78492	78813	C8906	C8919	G0297	
70488	70545	71250	72127	72147	72194	73219	73718	74174	74262	75572	77058	78459	78494	78814	C8907	C8920	S8042	

Inpatient Admissions

All inpatient admissions require PA, including Elective, Acute Hospital, Skilled Nursing Facilities (SNF), Rehabilitation, and Long Term Acute Care (LTAC) Facilities.

Long Term Services & Support

PA is required for ALL LTSS Services

Neuropsychological & Psychological Tests (in any setting)

95950	95951	95953	95956	95957	96101*	96102	96103	96111*	96116*	96118**	96119	96120	96125

PA required after 12 hours/encounters per patient per calendar year PA required after 12 hours/encounters per patient per calendar year (only applies to providers certified by Ohio MHAS)

Neuropsychological & Psychological Tests (in any setting) Continued

PA required after 8 hours/encounters per patient per calendar year PA required after 8 hours/encounters per patient per calendar year (only applies to providers certified by Ohio MHAS)

Non-PAR Offices/Providers/Facilities

PA required for Office Visits, Surgical Procedures, Labs, Diagnostic Studies & In-patient stays, except for:

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

Occupational Therapy

Medicaid: PA required after 30 dates of service. Marketplace: Benefit limit of 24 visits per year.

97110	97112	97763

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

10040	21155	22226	22818	27125	28108	28234	28312	29827	30540	36482	43653	52442	58322	58260	58570	61867	63051	65775	96931
15730	21159	22505	22819	27130	28110	28238	28313	29828	30545	36483	43770	52649	58323	58262	58571	61868	63055	67900	96932
15733	21160	22526	22830	27132	28111	28240	28315	29873	31253	36514	43771	53850	58345	58263	58572	61885	63056	67901	96933
15819	21172	22527	22840	27134	28112	28250	28320	29874	31257	37191	43772	53852	58350	58267	58573	61886	63057	67902	96934
15830	21175	22532	22841	27137	28113	28260	28322	29875	31259	37243	43773	54401	58356	58270	58673	62324	63064	67903	96935
15786	21240	22533	22842	27138	28114	28261	28340	29876	31295	37700	43774	54405	58540	58275	58700	62325	63066	67909	96936

Outpatient (OP) Hospital/Ambulatory Surgery Center (ASC) Procedure Continued

15787	21242	22534	22843	27440	28116	28262	28341	29877	31296	37718	43775	55874	58541	58280	58720	62326	63075	67950	C6216
17004	21243	22548	22844	27441	28118	28264	28344	29879	31297	37722	43842	55970*	58542	58285	58740	62327	63076	69714	C9734
17360	21270	22551	22845	27442	28119	28270	28345	29880	31298	37735	43843	55980*	58543	58290	58750	62369	63077	69715	C9738
19294	21280	22552	22846	27443	28120	28272	28360	29881	31660	37760	43845	57288	58544	58291	58752	62370	63078	69717	C9739
20930	21282	22554	22847	27445	28122	28280	28705	29882	31661	37761	43846	57289	58545	58292	58760	62380	63081	69718	C9740
20939	21295	22556	22848	27446	28124	28285	28715	29883	32491	37765	43847	58150	58546	58293	58770	63001	63082	69930	C9746
21073	21296	22558	22849	27447	28126	28286	28725	29884	32994	37766	43848	58152	58548	58294	58940	63003	63085	90867	C9747
21120	22100	22585	22850	27486	28130	28288	28730	29885	33251	37780	43881	58180	58550	58321	58943	63005	63086	90868	C9748
21121	22101	22586	22852	27487	28140	28289	28735	29886	33254	37785	43882	58200	58552	58322	58950	63011	63087	90869	
21122	22102	22590	22855	28005	28150	28291	28737	29887	33261	38204	43886	58210	58553	58323	58951	63012	63088	93229	
21123	22103	22595	22856	28008	28153	28292	28740	29888	33265	38207	43887	58240	58554	58345	58952	63015	63090	95249	
21125	22110	22600	22857	28010	28160	28295	28750	29889	33266	38208	43888	58260	58570	58350	58953	63016	63091	96567	
21127	22112	22610	22861	28011	28171	28296	28755	29891	34713	38209	47380	58262	58571	58356	58954	63017	63101	96570	
21137	22114	22612	22862	28035	28173	28297	28760	29892	34714	38210	47381	58263	58572	58540	58956	63020	63102	96571	
21138	22116	22614	22864	28060	28175	28298	28890	29893	34715	38211	47382	58267	58573	58541	58957	63030	63103	96573	
21139	22206	22630	22865	28062	28200	28299	29806	29894	34716	38212	47605	58270	58660	58542	58958	63035	64553	96574	
21141	22207	22632	22867	28080	28202	28300	29807	29895	36460	38213	47610	58275	58661	58543	58970	63040	64568	96900	
21142	22208	22633	22868	28090	28208	28302	29819	29897	36466	38214	47612	58280	58662	58544	58974	63042	64569	96902	
21143	22210	22634	22869	28092	28210	28304	29820	29898	36468	38215	47620	58285	58672	58545	58976	63043	64570	96904	
21145	22212	22800	22870	28100	28220	28305	29821	29899	36470	38232	49255	58290	58150	58546	59070	63044	64590	96910	
21146	22214	22802	23412	28102	28222	28306	29822	29914	36471	38573	49904	58291	58152	58548	59072	63045	64595	96912	

Outpatient (OP) Hospital/Ambulatory Surgery Center (ASC) Procedure Continued

21147	22216	22804	25447	28103	28225	28307	29823	29915	36475	43644	49905	58292	58180	58550	59074	63046	64912	96913	
21150	22220	22808	26499	28104	28226	28308	29824	29916	36476	43645	49906	58293	58200	58552	59076	63047	64913	96920	
21151	22222	22810	27120	28106	28230	28309	29825	30465	36478	43647	50590*	58294	58210	58553	61863	63048	65771	96921	
21154	22224	22812	27122	28107	28232	28310	29826	30520	36479	43648	52441	58321	58240	58554	61864	63050	65772	96922	

PA Required for Marketplace

Pain Management Procedures

27096	62320	62350	62362	63655	63664	64462	64483	64490	64489	64600	64636	97811*
27279	62321	62351	62367	63661	63685	64463	64484	64491	64493	64633	64640	97813*
62263	62322	62360	62368	63662	63688	64479	64486	64492	64494	64634	77003	97814
62264	62323	62361	63650	63663	64461	64480	64487	64488	64495	64635	97810*	G0260

PA at the 31st visit per calendar year

Physical Therapy

Medicaid: PA required after 30 dates of service. Marketplace: Benefit limit of 24 visits per year

97110	97112	97763

Prosthetics & Orthotics

L0480	L0452	L0650	L1005	L1685	L1730	L8614	L1860	L1920	L1960	L2000	L2030	L2038	L2090	L2128	L6026
L0482	L0622	L0700	L1110	L1700	L1755	L1840	L1900	L1940	L1970	L2005	L2034	L2050	L2106	L2232	L7259
L0484	L0637	L0710	L1640	L1710	L1834	L1844	L1904	L1945	L1980	L2010	L2036	L2060	L2108	L2800	L8692
L0486	L0640	L1000	L1680	L1720	L5856	L1846	L1907	L1950	L1990	L2020	L2037	L2080	L2126	L4631	S1040

Radiation Therapy & Radio Surgery

77520	77522	77523	77525	G0340	G0399	G6015	G6016	G6017	Q9950

Sleep Studies

95800*	95801	95803	95805	95806	95807	95808	95810	95811

PA Required for Marketplace Only, Non-covered for Medicaid

Specialty Pharmacy Drugs

90281	J0180	J0598	J1290	J1569	J1786	J2504	J3285	J7190	J7313	J8655	J9055	J9205	J9267	J9352	Q5104
90283	J0202	J0604	J1300	J1570	J1826	J2505	J3315	J7191	J7316	J8670	J9060	J9206	J9268	J9354	Q9991
90284	J0205	J0606	J1322	J1571	J1830	J2507	J3355	J7192	J7320	J8700	J9065	J9207	J9271	J9355	Q9992
90378	J0207	J0637	J1324	J1572	J1833	J2562	J3357	J7193	J7321	J9000	J9070	J9208	J9276	J9357	Q9995

Specialty Pharmacy Drugs Continued

A9542	J0220	J0638	J1325	J1573	J1930	J2597	J3358	J7194	J7322	J9015	J9098	J9209	J9280	J9360	S0073
A9543	J0221	J0640	J1428	J1575	J1931	J2724	J3380	J7195	J7323	J9017	J9100	J9211	J9285	J9370	S0122
C9014	J0256	J0641	J1438	J1595	J1950	J2778	J3385	J7196	J7324	J9019	J9120	J9213	J9293	J9371	S0126
C9015	J0257	J0695	J1439	J1599	J1955	J2783	J3396	J7197	J7325	J9022	J9130	J9214	J9295	J9390	S0128
C9016	J0287	J0714	J1442	J1602	J2020	J2786	J3489	J7198	J7326	J9023	J9145	J9215	J9299	J9395	S0132
C9024	J0289	J0717	J1447	J1627	J2170	J2793	J3490	J7199	J7327	J9025	J9150	J9216	J9301	J9400	S0157
C9028	J0364	J0725	J1453	J1640	J2182	J2796	J3590	J7200	J7328	J9027	J9155	J9217	J9302	J9600	
C9029	J0480	J0775	J1458	J1645	J2248	J2820	J7175	J7201	J7330	J9032	J9160	J9218	J9303	J9999	
C9132	J0485	J0800	J1459	J1650	J2323	J2840	J7178	J7202	J7340	J9033	J9171	J9219	J9305	Q0138	
C9257*	J0490	J0850	J1460	J1652	J2326	J2860	J7179	J7205	J7504	J9034	J9176	J9225	J9306	Q0139	
C9293	J0565	J0875	J1555	J1675	J2350	J2916	J7180	J7207	J7511	J9035*	J9178	J9226	J9307	Q2040	
C9399	J0570	J0878	J1556	J1726	J2353	J2941	J7181	J7209	J7527	J9039	J9179	J9228	J9308	Q2041	
C9463	J0585	J0881	J1557	J1729	J2354	J3060	J7182	J7210	J7639	J9040	J9181	J9230	J9310	Q2043	
C9488	J0586	J0885	J1559	J1740	J2357	J3090	J7183	J7211	J7682	J9041	J9185	J9245	J9315	Q2050	
C9492	J0587	J0888	J1560	J1743	J2425	J3095	J7185	J7308	J7686	J9042	J9190	J9261	J9325	Q3027	
C9493	J0588	J0894	J1561	J1744	J2430	J3110	J7186	J7309	J7999	J9043	J9200	J9262	J9328	Q3028	
J0129	J0594	J0895	J1562	J1745	J2469	J3145	J7187	J7310	J8499	J9045	J9201	J9263	J9330	Q4074	
J0135	J0596	J0897	J1566	J1750	J2502	J3240	J7188	J7311	J8520	J9047	J9202	J9264	J9340	Q5101	
J0178	J0597	J1230	J1568	J1756	J2503	J3262	J7189	J7312	J8521	J9050	J9203	J9266	J9351	Q5103	

C9257 & J9035: No PA required when used with ocular diagnosis: IDC 10

B39.4, B39.5, B39.9

Specialty Pharmacy Drugs Continued

E08.311, E08.319, E08.3211, E08.3212, E08.3213, E08.3219, E08.3311, E08.3312, E08.3313, E08.3319, E08.3411, E08.3412, E08.3413, E08.3419, E08.349, E08.3492, E08.3493, E08.3499, E08.3511, E08.3512, E08.3513, E08.3519, E08.3521, E08.3522, E08.3523, E08.3529, E08.3531, E08.3532, E08.3533, E08.3539, E08.3541, E08.3542, E08.3543, E08.3549, E08.3551, E08.3552, E08.3553, E08.3559, E08.3591, E08.3592, E08.3593, E08.3599, E09.311, E09.319, E09.3211, E09.3212, E09.3213, E09.3219, E09.3311, E09.3312, E09.3313, E09.3319, E09.3411, E09.3412, E09.3413, E09.3419, E09.3491, E09.3492, E09.3493, E09.3499, E09.3511, E09.3512, E09.3513, E09.3519, E09.3521, E09.3522, E09.3523, E09.3529, E09.3531, E09.3532, E09.3533, E09.3539, E09.3541, E09.3542, E09.3543, E09.3549, E09.3551, E09.3552, E09.3553, E09.3559, E09.3591, E09.3592, E09.3593, E09.3599, E10.311, E10.319, E10.3211, E10.3212, E10.3213, E10.3219, E10.3311, E10.3312, E10.3313, E10.3319, E10.3411, E10.3412, E10.3413,E10.3419, E10.3491, E10.3492, E10.3493, E10.3499, E10.3511, E10.3512, E10.3513, E10.3519, E10.3521, E10.3522, E10.3523, E10.3529, E10.3531, E10.3532, E10.3533, E10.3539, E10.3541, E10.3542, E10.3543, E10.3549, E10.3551, E10.3552, E10.3553, E10.3559, E10.3591, E10.3592, E10.3593, E10.3599, E11.311, E11.319, E11.3211, E11.3212, E11.3213, E11.3219, E11.3311, E11.3312, E11.3313, E11.3319, E11.3391, E11.3392, E11.3393, E11.3399, E11.3411, E11.3412, E11.3413, E11.3419, E11.3491, E11.3492, E11.3493, E11.3499, E11.3511, E11.3512, E11.3513, E11.3519, E11.3521, E11.3522, E11.3523, E11.3529, E11.3531, E11.3532, E11.3533, E11.3539, E11.3541, E11.3542, E11.3543, E11.3549, E11.3551, E11.3552, E11.3553, E11.3559, E11.3591, E11.3592, E11.3593, E11.3599, E13.311, E13.319, E13.3211, E13.3212, E13.3213, E13.3219, E13.3311, E13.3312, E13.3313, E13.3319, E13.3411, E13.3412, E13.3413, E13.3419, E13.3491, E13.3492, E13.3493, E13.3499, E13.3511, E13.3512, E13.3513, E13.3519, E13.3521, E13.3522, E13.3523, E13.3529, E13.3531, E13.3532, E13.3533, E13.3539, E13.3541, E13.3542, E13.3543, E13.3549, E13.3551, E13.3552, E13.3553, E13.3559, E13.3591, E13.3592, E13.3593, E13.3599

H21.1X1, H21.1X2, H21.1X3, H21.1X9, H32, H34.8110, H34.8111, H34.8112, H34.8120, H34.8121, H34.8122, H34.8130, H34.8131, H34.8132, H34.8190, H34.8191, H34.8192, H34.821, H34.822, H34.823, H34.829, H34.8310, H34.8311, H34.8312, H34.8320, H34.8321, H34.8322, H34.8330, H34.8331, H34.8332, H34.8390, H34.8391, H34.8392, H34.9, H35.00, H35.011, H35.012, H35.013, H35.019, H35.021, H35.022, H35.023, H35.029, H35.031, H35.032, H35.033, H35.039, H35.041, H35.042, H35.043, H35.049, H35.051, H35.052, H35.053, H35.059, H35.061, H35.062, H35.063, H35.069, H35.071, H35.072, H35.073, H35.079, H35.09, H35.141, H35.142, H35.143, H35.149, H35.151, H35.152, H35.153, H35.159, H35.161, H35.162, H35.163, H35.169, H35.20, H35.21, H35.22, H35.23, H35.3210, H35.3211, H35.3212, H35.3213, H35.3220, H35.3221, H35.3222, H35.3223, H35.3230, H35.3231, H35.3232, H35.3233, H35.3290, H35.3291, H35.3292, H35.3293, H35.33, H35.351, H35.352, H35.353, H35.359, H35.81, H35.82, H40.50X0, H40.50X1, H40.50X2, H40.50X3, H40.50X4, H40.51X0, H40.51X1, H40.51X2, H40.51X3, H40.51X4, H40.52X0, H40.52X1, H40.52X2, H40.52X3, H40.52X4, H40.53X0, H40.53X1, H40.53X2, H40.53X3, H40.53X4, H40.89, H44.20, H44.21, H44.22, H44.23

PA Required for Marketplace Only

Speech Therapy

PA required after initial evaluation plus six (6) visits for office and outpatient settings.

92507	92508

Transplant Services (Including Solid Organ and Bone Marrow)

Corneal Transplants do not require PA.

38205	38240	38243	44721	47140	47143	47146	48550	48554	50320	50327	50340	50370	S2054	S2061	S2140	S2152
38206	38241	44715	47133	47141	47144	47147	48551	48556	50323	50328	50360	50380	S2055	S2065	S2142	
38230	38242	44720	47135	47142	47145	48160	48552	50300	50325	50329	50365	S2053	S2060	S2107	S2150	

Transportation Services

PA required for Non-Emergent Air Ambulance transportation services. Emergency transport does not require PA.

A0430	A0431	A0999	S9960	S9961

Unlisted/Miscellaneous Codes

Molina Healthcare requires PA, as well as medically necessity documentation and rationale be submitted with the PA request for all Unlisted/Miscellaneous codes.

01999	24999	32999	41599	44979	49999	59897	68899	77499	80299	87899	91299	97139	A9698	G9012	J9999	P9604	T5999
15999	25999	33999	41899	45399	50549	59898	69399	77799	81099	87999	92499	97799	A9699	H0046	K0812	Q2039	V2199
17999	26989	36299	42299	45499	50949	59899	69799	78099	81479	88099	92700	99199	A9900	J3490	K0898	Q4050	V2797
19499	27299	37501	42699	45999	51999	60659	69949	78199	81599	88199	93799	99429	A9999	J3590	L0999	Q4051	V2799
20999	27599	37799	42999	46999	53899	60699	69979	78299	84999	88299	93998	99499	B9998	J7599	L1499	Q4082	V5298
21089	27899	38129	43289	47379	54699	64999	76496	78399	85999	88399	94799	99600	B9999	J7699	L2999	Q4100	V5299
21299	28899	38589	43499	47399	55559	66999	76497	78499	86486	88749	95199	A0999	C2698	J7799	L3649	S0590	
21499	29999	38999	43659	47579	55899	67299	76498	78599	86849	89240	95999	A4421	C2699	J7999	L3999	S3870	

Unlisted/Miscellaneous Codes Continued

21899	30999	39499	43999	47999	58578	67399	76499	78699	86999	89398	96379	A4641	E1399	J8498	L8039	S8189	
22899	31299	39599	44238	48999	58579	67599	76999	78799	87797	90399	96549	A4913	E1699	J8499	L8499	S9110	
22999	31599	40799	44799	49329	58679	67999	77299	78999	87798	90749	96999	A6261	G0235	J8597	L8699	T1999	
23929	31899	40899	44899	49659	58999	68399	77399	79999	87799	90899	97039	A6262	G0501	J8999	P9603	T2025	

PA NOT Required for Codes 29799 & 90999