

- IMPORTANT NOTICES -

These codes are for outpatient services only. ALL in-patient services require Prior Authorization (PA).

This list is updated quarterly. Please check this document prior to PA submission as codes may be removed or added. All codes listed require PA unless there is a plan-specific exception*

Office visits and office-based surgical procedures at participating (PAR) providers and referrals to PAR specialists do not require PA.

Some services listed may not be covered by the Centers for Medicare and Medicaid Services (CMS), the Ohio Department of Medicaid or the Ohio Department of Insurance. Please refer to your regulatory agency for 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, benefit limitation/exclusions, evidence of medical necessity during the claim review and provider status with Molina Healthcare of Ohio.

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

**Refer to Molina Plan Exceptions section.*

Legend:

PA: Prior Authorization
NC: Non-Covered
IP: In-Patient
OP: Outpatient

LOB: Line of Business
PAR: Participating Provider
Non-PAR: Non-Participating Provider

Molina Healthcare
Prior Authorization Codification List
Effective 02/01/17

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

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 (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 DD	5160-2-21

Long Term Services & Support (LTSS)

LTSS services are a covered benefit under the Molina MyCare Ohio program only.

MYCARE OHIO MEDICAID ONLY					
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

***Medicare:* Inpatient, Partial Hospitalization, Electroconvulsive Therapy (ECT).**

***Medicaid:* Inpatient, Residential Treatment, Partial hospitalization, Day Treatment, Electroconvulsive Therapy (ECT), Applied Behavioral Analysis (ABA) for treatment of Autism Spectrum Disorder (ASD).**

***Market Place:* Inpatient, Transitional Substance Abuse Residential Treatment, Partial hospitalization, Electroconvulsive Therapy (ECT), Applied Behavioral Analysis (ABA) for treatment of Autism Spectrum Disorder (ASD).**

All Lines of Business			MEDICAID and MyCare Ohio Medicaid			MEDICARE and MyCare Ohio Medicare			MARKETPLACE ONLY		
2106			H0012	H2018	S0201				H0012*	H2018	S0201
0901			H0017	H2019^	S5150^				H0017	H2019^	S5150^
0912			H2012^~	H2020	T1023^				H2012^~	H2020	T1023^
0913			H2013	H0031^	T1025^				H2013	H0031^	T1025^
90870			H2014^	H0032^	T1026^				H2014^	H0032^	T1026^
			H2015	H0046	T1027^				H2015	H0046	T1027^
			H2016	H0035	T1028^				H2016	H0035	T1028^
			H2017^	S5111	T2013^				H2017^	S5111	T2013^
			1001	1002	T2040^				1001	1002	T2040^

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

COSMETIC, PLASTIC & RECONSTRUCTIVE PROCEDURES (IN ANY SETTING)

All Lines of Business					MEDICAID and MyCare Ohio Medicaid	MEDICARE and MyCare Ohio Medicare	MARKETPLACE ONLY
15775	15822	15837	19324	30430			
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 and MyCare Ohio Medicaid	MEDICARE and MyCare Ohio Medicare	MARKETPLACE ONLY
A7025	E0373	E1002	E1238	E2328	E2510	K0008	K0828	K0861	E0481	S1036	
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			

Molina Healthcare Prior Authorization Codification List Effective 02/01/17

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

All Lines of Business										MEDICAID and MyCare Ohio Medicaid	MED ICAR E and MyCa re Ohio Medic are	MAR KET PLA CE ONL Y
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										MEDICAI D and MyCare Ohio Medicaid	MEDI CAR E and MyCa re Ohio Medic are	MARKE TPLAC E ONLY		
0019T	0126T	0205T	0236T	0284T	0308T	0354T	0395T	0419T	0441T	0329T	0333T			
0042T	0159T	0206T	0237T	0285T	0309T	0355T	0396T	0420T	0445T	0330T	0331T			
0051T	0163T	0207T	0238T	0286T	0310T	0356T	0397T	0421T	0440T	0332T				
0052T	0164T	0208T	0249T	0287T	0312T	0357T	0398T	0422T	82016					
0053T	0165T	0209T	0253T	0288T	0313T	0358T	0399T	0423T	82017					
0054T	0169T	0210T	0254T	0289T	0314T	0359T	0400T	0424T	83987					
0055T	0171T	0211T	0255T	0290T	0315T	0360T	0401T	0425T	84145					
0058T	0172T	0212T	0263T	0291T	0316T	0361T	0402T	0426T	86316					
0071T	0174T	0213T	0264T	0292T	0317T	0362T	0403T	0427T	86343					
0072T	0175T	0214T	0265T	0293T	0335T	0363T	0404T	0428T	Q4161					
0075T	0178T	0215T	0266T	0294T	0336T	0364T	0405T	0429T	Q4162					
0076T	0179T	0216T	0267T	0295T	0337T	0365T	0406T	0430T	Q4163					

Molina Healthcare Prior Authorization Codification List Effective 02/01/17

All Lines of Business										MEDICAID and MyCare Ohio Medicaid	MEDICARE and MyCare Ohio Medicare	MARKETPLACE ONLY
0085T	0180T	0217T	0268T	0296T	0338T	0366T	0407T	0431T	Q4164			
0095T	0184T	0218T	0269T	0297T	0339T	0367T	0408T	0432T	Q4165			
0098T	0188T	0219T	0270T	0298T	0340T	0368T	0409T	0433T				
0100T	0189T	0220T	0271T	0299T	0342T	0369T	0410T	0434T				
0101T	0190T	0221T	0272T	0300T	0347T	0370T	0411T	0435T				
0102T	0191T	0222T	0273T	0301T	0348T	0371T	0412T	0436T				
0106T	0195T	0228T	0274T	0302T	0349T	0372T	0413T	0438T				
0107T	0196T	0229T	0275T	0303T	0350T	0373T	0414T	0439T				
0108T	0198T	0230T	0278T	0304T	0351T	0374T	0415T	0442T				
0109T	0200T	0231T	0281T	0305T	0346T	0392T	0416T	0443T				
0110T	0201T	0234T	0282T	0306T	0352T	0393T	0417T	0444T				
0111T	0202T	0235T	0283T	0307T	0353T	0394T	0418T	0437T				

GENETIC COUNSELING & TESTING

PLEASE NOTE: *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 and MyCare Ohio Medicaid			MEDICARE and MyCare Ohio Medicare		MARKETPLACE ONLY		
0004M	81227	81319	81426	81504	S3841	S3866	S3840			S3722		
0006M	81228	81321	81427	81507	S3842	S3870	S3722			S3854		
0007M	81229	81323	81430	81519	S3861	S3852	S3854					
0008M	81235	81324	81431	81528	S3865	S3800						
0009M	81246	81325	81432	81535								
81162	81265	81355	81433	81536								
81201	81266	81400	81434	81538								
81203	81272	81401	81435	81540								
81210	81273	81402	81436	81545								
81211	81276	81403	81437	81595								
81212	81287	81404	81438	83006								
81213	81291	81405	81440	86152								
81214	81292	81406	81442	86153								
81215	81294	81408	81445	88261								
81216	81295	81410	81450	88271								
81217	81297	81411	81455	88369								
81218	81298	81412	81460	88373								
81219	81300	81415	81465	88374								
81222	81311	81416	81470	88377								
81223	81313	81417	81471	84999 ^c								
81225	81314	81420	81493	G9143								
81226	81317	81425	81493									

*Including Oncotype Dx

Molina Healthcare
Prior Authorization Codification List
Effective 02/01/17

HOME HEALTH CARE & HOME INFUSION – INCLUDING HOME PT/OT OR ST

PA required for nursing and Home health aides after initial evaluation plus six (6) visits per calendar year; PA may be required for medications associated with Home Infusion.

All Lines of Business					MEDICAID and MyCare Ohio Medicaid			MEDICARE and MyCare Ohio Medicare			MARKETPL ACE ONLY	
G0153	G0299	G9683	T1000	T1022	S9122			027X	043X	G0151	S9122	G0151
G0155	G0300	G9684	T1002	T1030	S9123			029X	044X	G0152	S9123	G0152
G0156	G0490	S5130	T1003	T1031	S9124			042X	055X	G0157	S9124	G0157
G0161	G9679	S5135	T1005					032X	056X	G0158	S9128	G0158
G0162	G9680	S5151						033X	057X	G0159	S9129	G0159
G0163	G9681	S9470						034X	060X	G0160	S9131	G0160
G0164	G9682							0023	062X			

HYPERBARIC THERAPY

All Lines of Business					MEDICAID and MyCare Ohio Medicaid			MEDICARE and MyCare Ohio Medicare			MARKETPL ACE ONLY	
G0277	99183											

IMAGING – ADVANCED & SPECIALTY

All Lines of Business					MEDICAID and MyCare Ohio Medicaid		MEDICARE and MyCare Ohio Medicare			MARKETPL ACE ONLY	
C8900	70498	72156	74175	78469	S8080	76390				S8080	76390
C8901	70540	72157	74176	78472	S8042	76380				S8042	76380
C8902	70542	72158	74177	78473							
C8903	70543	72159	74178	78481							
C8904	70544	72191	74181	78483							
C8905	70545	72192	74182	78491							
C8906	70546	72193	74183	78492							
C8907	70547	72194	74185	78494							
C8908	70548	72195	74261	78496							
C8909	70549	72196	74262	78607							
C8910	70551	72197	74263	78608							
C8911	70552	72198	75557	78609							
C8912	70553	73200	75559	78647							
C8913	70554	73201	75561	78710							
C8914	70555	73202	75563	78811							
C8918	71250	73206	75565	78812							
C8919	71260	73218	75571	78813							
C8920	71270	73219	75572	78814							
C8931	71275	73220	75573	78815							
C8932	71550	73221	75574	78816							
C8933	71551	73222	75635	74712							
C8934	71552	73223	76376	74713							
C8935	71555	73225	76377	G0288							
C8936	72125	73700	76497	G0297							
70336	72126	73701	76498								
70450	72127	73702	77058								

Molina Healthcare
Prior Authorization Codification List
Effective 02/01/17

All Lines of Business					MEDICAID and MyCare Ohio Medicaid	MEDICARE and MyCare Ohio Medicare	MARKETPLACE ONLY
70460	72128	73706	77059				
70470	72129	73718	77084				
70480	72130	73719	78205				
70481	72131	73720	78206				
70482	72132	73721	78320				
70486	72133	73722	78451				
70487	72141	73723	78452				
70488	72142	73725	78453				
70490	72146	74150	78454				
70491	72147	74160	78459				
70492	72148	74170	78466				
70496	72149	74174	78468				

IN-PATIENT ADMISSIONS

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

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

LONG TERM SERVICES & SUPPORT

Not a Medicare covered benefit

All Lines of Business	MEDICAID and MyCare Ohio Medicaid	MEDICARE and MyCare Ohio Medicare	MARKETPLACE ONLY
	S5100	S5126	
	S5101	S9122	
	S5102	T1019	
	S5105	T1020	
	S5125	T1021	

NEUROPSYCHOLOGICAL & PSYCHOLOGICAL TESTS (IN ANY SETTING)

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

NON-PAR OFFICES/PROVIDERS/FACILITIES

Auth required for Non-Par 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 in-patient stay*
- *Local Health Department (LHD) services*
- *Other services based on State requirements*

OCCUPATIONAL THERAPY

Medicaid/Market Place: After initial evaluation plus twenty four (24) visits per calendar year for office and out-patient settings.

Medicare: After therapy benefit cap has been reached.

NOTE:

- *Molina of Ohio Medicaid: PA required after 30 dates of service.*
- *Molina of Ohio Marketplace: Deny after 20 visits (Benefit limit).*

All Lines of Business						MEDICAID and MyCare Ohio Medicaid		MEDICARE and MyCare Ohio Medicare		MARKETPLACE ONLY	
97110						G0152	G0160				
						G0158	S9129				

OUT-PATIENT (OP) HOSPITAL/AMBULATORY SURGERY CENTER (ASC) PROCEDURES

- *Site of Service Authorizations: Some procedures require authorization when performed in an outpatient hospital setting rather than an Ambulatory Surgery Center.*

All Lines of Business											MEDIC AID and MyC are Ohio Medi caid	MED ICAR E and MyCa re Ohio Medic are	MA RKE TPL ACE ONL Y	
10040	22112	22819	28011	28238	28737	29915	38214	58150	58673	63040	69310			55979
15786	22114	22830	28035	28240	28740	29916	38215	58152	58700	63042	69710			55980
15787	22116	22840	28060	28250	28750	30465	38232	58180	58720	63043	69711			

Molina Healthcare

Prior Authorization Codification List

Effective 02/01/17

OUT-PATIENT (OP) HOSPITAL/AMBULATORY SURGERY CENTER (ASC) PROCEDURES

- Site of Service Authorizations: Some procedures require authorization when performed in an outpatient hospital setting rather than an Ambulatory Surgery Center.*

All Lines of Business												ME DIC AID and MyC are Ohio Medi caid	MED ICAR E and MyCa re Ohio Medic are	MA RKE TPL ACE ONL Y
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	43659			
21270	22632	27442	28202	28322	29889	37780	52441	58553	63003	64595	43886			
21280	22633	27443	28208	28340	29891	37785	52442	58554	63005	65771	43887			
21282	22634	27445	28210	28344	29892	38204	52649	58570	63011	65772	43888			
21295	22800	27446	28220	28345	29893	38207	53850	58571	63012	65775	43899			
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 and MyCare Ohio Medicaid			MEDICARE and MyCare Ohio Medicare		MARKETPLACE ONLY	
G0260	63650	64483	64600		97814				97814		
27096	63655	64484	64633								
27279	63661	64486	64634								
62263	63662	64487	64635								
62264	63663	64490	64636								
62310	63664	64491	64640								
62311	63685	64492	77003*								
62350	63688	64488									
62351	64461	64489									
62360	64462	64493									
62361	64463	64494									
62362	64479	64495									
62367	64480										
62368											

*Molina of South Carolina: No PA required for this code

PAR OFFICE VISITS & OFFICE BASED SURGICAL PROCEDURES AT PARTICIPATING PROVIDERS

No authorization 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/Market Place: After initial evaluation plus twenty four (24) visits per calendar year for office and outpatient settings.

Medicare: After therapy benefit cap has been reached.

NOTE:

- *Molina of Ohio: Medicaid: PA required after 30 dates of service.*
- *Molina of Ohio Marketplace: Deny after 20 visits (Benefit limit)*

All Lines of Business					MEDICAID and MyCare Ohio Medicaid			MEDICARE and MyCare Ohio Medicare		MARKETPLACE ONLY	
97110	97112				G0151	G0157	G0159				

PROSTHETICS & ORTHOTICS

All Lines of Business					MEDICAID and MyCare Ohio Medicaid	MEDICARE and MyCare Ohio Medicare	MARKETPLACE ONLY
L0480	L1640	L1860	L2000	L2090	L8692		
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 and MyCare Ohio Medicaid	MEDICARE and MyCare Ohio Medicare	MARKETPLACE ONLY
77520	77523	G0339	G6015	G6017			
77522	77525	G0340	G6016	Q9950			

SLEEP STUDIES

All Lines of Business					MEDICAID and MyCare Ohio Medicaid	MEDICARE and MyCare Ohio Medicare	MARKETPLACE ONLY
95800	95803	95806	95808	95811			
95801	95805	95807	95810				

SPECIALTY PHARMACY DRUGS

All Lines of Business								MEDICAID and MyCare Ohio Medicaid		MEDICARE and MyCare Ohio Medicare		MARKETPLACE ONLY	
90281	J0289	J1300	J1786	J3285	J7313	J9120	J9315	S0122	S0132			S0122	S0132
90283	J0364	J1322	J1826	J3315	J7316	J9155	J9330	S0126	S0145			S0126	S0145
90284	J0401	J1324	J1830	J3355	J7321	J9160	J9351	S0128	S0148			S0128	S0148
90378	J0480	J1325	J1833	J3357	J7323	J9171	J9354		S0157				S0157
A9542	J0485	J1438	J1930	J3380	J7324	J9179	J9355						
A9543	J0490	J1442	J1931	J3385	J7325	J9201	J9357						
C9132	J0572	J1447	J1950	J3396	J7326	J9202	J9371						
C9137	J0573	J1453	J1955	J3489	J7327	J9206	J9395						
C9138	J0574	J1458	J2020	J3490	J7328	J9207	J9400						
C9139	J0575	J1459	J2170	J3590	J7330	J9214	J9600						
C9257*	J0585	J1460	J2248	J7178	J7340	J9215	J9999						
C9293	J0586	J1556	J2315	J7180	J7504	J9216	L8605						
C9399	J0587	J1557	J2323	J7181	J7527	J9217	Q0138						
C9470	J0588	J1559	J2353	J7182	J7639	J9218	Q0139						
C9471	J0592	J1560	J2354	J7183	J7682	J9219	Q2043						
C9472	J0596	J1561	J2357	J7185	J7686	J9225	Q2050						
C9473	J0597	J1562	J2425	J7186	J7999	J9226	Q3027						
C9474	J0598	J1566	J2426	J7187	J8520	J9228	Q3028						
C9475	J0637	J1568	J2502	J7188	J8521	J9245	Q4074						
C9476	J0638	J1569	J2503	J7189	J8655	J9261	Q5101						
C9477	J0641	J1571	J2504	J7190	J8700	J9262	Q5102						
C9478	J0695	J1572	J2505	J7191	J9015	J9263	Q9980						
C9480	J0714	J1573	J2507	J7192	J9017	J9264	Q9981						
C9481	J0717	J1575	J2562	J7193	J9019	J9266	Q9970						
C9483	J0725	J1595	J2597	J7194	J9025	J9267	S0073						
J0129	J0775	J1599	J2724	J7195	J9032	J9271							
J0135	J080	J1602	J277	J7196	J9033	J929							

Molina Healthcare Prior Authorization Codification List Effective 02/01/17

All Lines of Business							MEDICAID and MyCare Ohio Medicaid	MEDICARE and MyCare Ohio Medicare	MARKETPLACE ONLY	
	0		8			3				
J0178	J0850	J1640	J2783	J7197	J9035*	J9299				
J0180	J0875	J1645	J2793	J7198	J9039	J9301				
J0202	J0878	J1650	J2796	J7199	J9041	J9265				
J0205	J0881	J1652	J2820	J7200	J9042	J9302				
J0207	J0885	J1675	J2860	J7201	J9043	J9303				
J0220	J0888	J1725*	J2941	J7205	J9045	J9305				
J0221	J0894	J1740	J3060	J7309	J9047	J9306				
J0256	J0895	J1743	J3090	J7310	J9050	J9307				
J0257	J0897	J1744	J3110	J7311	J9055	J9308				
J0287	J1290	J1745	J3262	J7312	J9098	J9310				

*No PA required when used with ocular diagnosis

** No PA required in Ohio.

SPEECH THERAPY

NOTE:

- *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 and MyCare Ohio Medicaid	MEDICARE and MyCare Ohio Medicare	MARKETPLACE ONLY	
92507	92508							

TRANSPLANT SERVICES (INCLUDING SOLID ORGAN AND BONE MARROW)

Corneal Transplants do not require PA

All Lines of Business					MEDICAID and MyCare Ohio Medicaid	MEDICARE and MyCare Ohio Medicare	MARKETPLACE ONLY	
38205	44715	47142	48551	50327	48160	S2065	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)

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

All Lines of Business					MEDICAID and MyCare Ohio Medicaid	MEDICARE and MyCare Ohio Medicare	MARKETPLACE ONLY	
A0430	A0431	A0999			S9960	S9961	S9960	S9961

**Molina Healthcare
Prior Authorization Codification List
Effective 02/01/17**

UNLISTED/MISCELLANEOUS CODES

PLEASE NOTE:

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

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

OHIO EXCEPTIONS

PA REQUIRED:

Submit clinical information supporting use of these codes:

All Lines of Business					MEDICAID and MyCare Ohio Medicaid				MEDICARE and MyCare Ohio Medicare			
J9265	59841	59851	59855	59857	K0001	K0003	K0005	K0007				
59840	59850	59852	59856	59866	K0002	K0004	K0006					