Important Notices

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

Any exceptions included in this prior auth code matrix applies to PAR providers only.

All non-par providers require authorization regardless of services or codes.

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

For 2021, the POS11 "exception" for procedures done in a PAR provider office will no longer be effective. For any code that requires PA, it will require PA in ALL POS (except emergency locations).

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

Non-PAR Offices/Providers/Facilities: PA 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 Surgical Center (ASC) or inpatient stay, Local Health Department (LHD) Services, and other services based on State requirements.

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 claim review, including the terms of any applicable provider agreement. For additional information on a member's grace period status, please contact Molina Healthcare.

All Long Term Services and Support Codes Require PA regardless of the code(s).

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).

<table>
<thead>
<tr>
<th>Site of Service</th>
<th>Appendix</th>
<th>OAC</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physician Services</td>
<td>Appendix DD</td>
<td>5160-1-60</td>
</tr>
<tr>
<td>Provider-administered pharmaceuticals</td>
<td>EAPG CPT and HCPCS list</td>
<td>5160-2-75</td>
</tr>
<tr>
<td>Ambulatory Surgical Centers</td>
<td>EAPG CPT and HCPCS list</td>
<td>5160-2-75</td>
</tr>
<tr>
<td>Outpatient Hospital Surgical Services</td>
<td>EAPG CPT and HCPCS list</td>
<td>5160-2-75</td>
</tr>
<tr>
<td>Outpatient Hospital Clinical Services</td>
<td>EAPG CPT and HCPCS list</td>
<td>5160-2-75</td>
</tr>
<tr>
<td>Hospital Emergency Room Visits</td>
<td>EAPG CPT and HCPCS list</td>
<td>5160-2-75</td>
</tr>
<tr>
<td>Outpatient Hospital Ancillary Services</td>
<td>EAPG CPT and HCPCS list</td>
<td>5160-2-75</td>
</tr>
<tr>
<td>Outpatient Hospital Radiology Services</td>
<td>EAPG CPT and HCPCS list</td>
<td>5160-2-75</td>
</tr>
<tr>
<td>Outpatient Hospital Laboratory Services</td>
<td>EAPG CPT and HCPCS list</td>
<td>5160-2-75</td>
</tr>
</tbody>
</table>

Abortion Services
Submit clinical information supporting these codes.

58940  58941  58950  58951  58952  59840  59841  59845  59850  59851  59852  59855  59856  59857  59866
Behavioral Health, Mental Health, Alcohol & Chemical Dependency Services

Inpatient, Residential Treatment, Partial Hospitalization, Electroconvulsive Therapy (ECT), and *Transitional Substance Abuse Residential Treatment (*For Marketplace Members only) SUD partial hospitalization (20 or more hours per week).

# PA required regardless of Dx.
- PA not required by CBHC agencies certified by Ohio MHAS for up to 20 hours per calendar year, additional visits/hours and all other provider types PA required.
- *** H0015 + modifier TG requires PA due to OAC Community Behavioral Health Services rule. < H0015 + Rev codes 912-913 & modifier HE require PA due to OAC Hospital services rule.

Cosmetic, Plastic & Reconstructive Procedures [In Any Setting]

Durable Medical Equipment (DME)

Experimental/Investigational
Home Health Care Services

PA required for all home health services after initial evaluation plus six (6) visits per calendar year. The visits are for a combination of services, not per discipline. This benefit is the member's benefit per calendar year, not per provider or each start of care.

- G0151
- G0153
- G0156
- G0158
- G0160
- G0162
- G0300
- G0493
- G0495
- S9122
- S9124
- S9129
- S9130
- S9150
- S9151
- S9977
- T1002
- T1005
- T1022
- T2043
- T1031

*Excluding Hospice

Hyperbaric Therapy
99183  G0277  Q4176  Q4177  Q4178  Q4179  Q4180  Q4181  Q4182

Inpatient Admissions

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

Neuropsychological & Psychological Tests (in any setting)

95700  95701  95704  95710  95711  95716  95720  95723  95726  96113  96125  96132  96137

*PA not required by CBHC agencies certified by Ohio MHAS for up to 20 hours per calendar year. Additional visits/hours and all other provider types, PA required.

Occupational Therapy

Marketplace: Authorization required after benefit limit is reached, please refer to member handbook.

Out-Patient (OP) Hospital/Ambulatory Surgery Center (ASC) Procedures

PA Code List Effective January 1, 2021
### Pain Management Procedures

<table>
<thead>
<tr>
<th>Code</th>
<th>Name</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Physical Therapy

**Marketplace:** Authorization required after benefit limit is reached, please refer to member handbook.

- 97110
- 97112
- 97129
- 97130
- 97763

### Prosthetics & Orthotics

<table>
<thead>
<tr>
<th>Code</th>
<th>Name</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Speech Therapy

**Marketplace:** Authorization required after benefit limit is reached, please refer to member handbook.

- 92507
- 92508

### Transport Services

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

<table>
<thead>
<tr>
<th>Code</th>
<th>Name</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### 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.

<table>
<thead>
<tr>
<th>Code</th>
<th>Name</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Imaging and Special Tests

<table>
<thead>
<tr>
<th>Code</th>
<th>Name</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**All codes found in this section must be sent to eviCore for processing.**
Laboratory Services

Genetic Counseling & Testing

Except for Prenatal diagnoses of congenital disorders of the unborn child through amniocentesis and genetic test screening of newborns mandated by State regulations.

Radiation Therapy & Radio Surgery

Sleep Services

*No PA if done in home.