



Applies to Medicaid, MyCare Ohio Medicaid Prior Authorization Codification List

Effective: 10/1/2020

Important Notices about the PA Code List

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.

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 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).

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 Clinical 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 these codes.

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

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).

0373T	0913	2106	90869	96112-	97154	97157	G0397	H0015***<	H0035	H2012	H2015	H2018	H2034^	S5111
0901	1001	90867	90791>	96113-	97155	97158	H0001~	H0017	H0038##	H2013	H2016	H2019*	H2036^	S5150#
0912	1002	90868	90792>	97153	97156	G0396	H0012	H0018	H0046	H2014*	H2017*	H2020	S0201	S9480^

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.

* 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].

> No PA required if PAR, 1 encounter per person, per calendar year, per code, per billing provider. Prior auth once limit is reached.

^ PA required for stay greater than 30 days, up to 30 consecutive days without PA, PA must support medical necessity of continued stay. Applies to first 2 stays; any stays after subject to full PA.

~ PA once limit is reached. 2 hours/8 units per patient, per calendar year, per billing provider. Does not count toward ASAM level of care benefit.

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

Without PA up to 4 hours per day

Cosmetic, Plastic & Reconstructive Procedures [In Any Setting]

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

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

Durable Medical Equipment (DME)

A5514	E0265	E0329	E0657	E0749	E0986	E1030	E1296	E2295	E2341	E2378	E2609	E2627	K0800	K0825	K0843	K0862	K0891	Q4185	S1035
A7025	E0266	E0371	E0667	E0760	E0988	E1035	E1298	E2300	E2342	E2397	E2611	E2628	K0801	K0826	K0848	K0863	K0900	Q4186	S1036
A9274	E0277	E0372	E0668	E0762	E1002	E1036	E1310	E2310	E2343	E2398	E2612	E2629	K0802	K0827	K0849	K0864	K1001	Q4187	S1037
A9276	E0292	E0373	E0670	E0764	E1003	E1161	E1399	E2311	E2351	E2402	E2613	E2630	K0806	K0828	K0850	K0868	K1002	Q4188	V2530
A9277	E0293	E0462	E0671	E0766	E1004	E1225	E1700	E2312	E2361	E2500	E2614	E2631	K0807	K0829	K0851	K0869	K1003	Q4190	V2531
A9278	E0294	E0465	E0672	E0782	E1005	E1226	E2201	E2313	E2366	E2502	E2615	K0008	K0808	K0830	K0852	K0870	K1004	Q4191	V5171
A9900	E0295	E0466	E0673	E0783	E1006	E1227	E2202	E2321	E2367	E2504	E2616	K0009	K0813	K0831	K0853	K0871	L2006	Q4193	V5172
A9901	E0296	E0467	E0675	E0784	E1007	E1230	E2203	E2322	E2368	E2506	E2617	K0010	K0814	K0835	K0854	K0877	L3761	Q4194	V5181
C1839	E0297	E0481	E0676	E0785	E1008	E1232	E2204	E2325	E2369	E2508	E2620	K0011	K0815	K0836	K0855	K0878	L7700	Q4198	V5211
C2624	E0300	E0483	E0691	E0786	E1010	E1233	E2227	E2326	E2370	E2510	E2621	K0012	K0816	K0837	K0856	K0879	L8033	Q4200	V5212
E0194	E0301	E0641	E0692	E0787	E1012	E1234	E2228	E2327	E2373	E2511	E2622	K0014	K0820	K0838	K0857	K0880	L8625	Q4201	V5213
E0255	E0302	E0650	E0693	E0849	E1014	E1235	E2291	E2328	E2374	E2605	E2623	K0108	K0821	K0839	K0858	K0884	L8694	Q4202	V5214
E0256	E0303	E0651	E0694	E0855	E1020	E1236	E2292	E2329	E2375	E2606	E2624	K0553	K0822	K0840	K0859	K0885	Q0480	Q4203	V5215
E0260	E0304	E0652	E0747	E0983	E1028	E1237	E2293	E2330	E2376	E2607	E2625	K0554	K0823	K0841	K0860	K0886	Q4183	Q4204	V5221
E0261	E0328	E0656	E0748	E0984	E1029	E1238	E2294	E2340	E2377	E2608	E2626	K0606	K0824	K0842	K0861	K0890	Q4184	S1034	

Experimental/Investigational

22899	95836	0102T	0208T	0229T	0269T	0330T	0354T	0408T	0423T	0440T	0476T	0494T	0515T	0530T	0570T	0588T	0607T	0210U	Q4162
31299	95976	0106T	0209T	0230T	0270T	0331T	0355T	0409T	0424T	0441T	0477T	0495T	0516T	0532T	0571T	0589T	0608T	0219U	Q4163
33440	95977	0107T	0210T	0231T	0271T	0332T	0356T	0410T	0425T	0442T	0478T	0497T	0517T	0533T	0572T	0590T	0609T	0221U	Q4164
34718	95983	0108T	0211T	0234T	0272T	0333T	0358T	0411T	0426T	0443T	0479T	0498T	0518T	0534T	0573T	0594T	0610T	0222U	Q4165

46948	99499	0109T	0212T	0235T	0273T	0335T	0394T	0412T	0427T	0444T	0481T	0499T	0519T	0535T	0574T	0596T	0611T	A4563	Q4189
67299	0042T	0110T	0213T	0236T	0274T	0338T	0395T	0413T	0428T	0445T	0483T	0500T	0520T	0536T	0575T	0597T	0612T	C1823	Q4192
81503	0054T	0111T	0214T	0237T	0275T	0339T	0396T	0414T	0429T	0446T	0484T	0505T	0521T	0541T	0576T	0598T	0613T	C1824	Q4195
82016	0055T	0126T	0215T	0238T	0278T	0342T	0397T	0415T	0430T	0447T	0485T	0506T	0522T	0542T	0577T	0599T	0614T	C2596	Q4196
82017	0058T	0184T	0216T	0253T	0312T	0347T	0398T	0416T	0431T	0448T	0486T	0507T	0523T	0563T	0578T	0600T	0615T	C8937	Q4197
83987	0071T	0191T	0217T	0263T	0313T	0348T	0400T	0417T	0432T	0469T	0487T	0508T	0524T	0564T	0579T	0601T	0616T	C9751	
84145	0072T	0198T	0218T	0264T	0314T	0349T	0401T	0418T	0433T	0470T	0488T	0509T	0525T	0565T	0580T	0602T	0617T	C9752	
86316	0075T	0200T	0219T	0265T	0315T	0350T	0402T	0419T	0434T	0472T	0489T	0510T	0526T	0566T	0581T	0603T	0618T	C9753	
86343	0085T	0201T	0220T	0266T	0316T	0351T	0403T	0420T	0435T	0473T	0490T	0511T	0527T	0567T	0582T	0604T	0619T	C9758	
93264	0100T	0202T	0221T	0267T	0317T	0352T	0404T	0421T	0436T	0474T	0491T	0512T	0528T	0568T	0583T	0605T	0206U	L8608	
95803	0101T	0207T	0228T	0268T	0329T	0353T	0405T	0422T	0437T	0475T	0493T	0514T	0529T	0569T	0587T	0606T	0207U	Q4161	

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.

80145	81106	81120	81177	81184	81233	81244	81273	81314	81344	87563	0008U	0046U	0140U	0147U	0155U	0182U	0189U	0196U	
80187	81107	81121	81178	81187	81234	81246	81274	81320	81345	88261	0009U	0049U	0141U	0148U	0174U	0183U	0190U	0197U	
80230	81108	81161	81179	81188	81235	81247	81284	81324	81420	88271	0010U	0058U	0142U	0149U	0176U	0184U	0191U	0198U	
80235	81109	81171	81180	81204	81236	81265	81285	81329	81507	88369	0011U	0059U	0143U	0150U	0177U	0185U	0192U	0199U	
80280	81110	81172	81181	81210	81237	81266	81305	81333	83006	88373	0016U	0102U	0144U	0151U	0178U	0186U	0193U	0200U	
80285	81111	81175	81182	81218	81239	81271	81309	81334	86152	88374	0017U	0103U	0145U	0152U	0180U	0187U	0194U	0201U	
81105	81112	81176	81183	81219	81243	81272	81312	81343	86153	88377	0027U	0139U	0146U	0154U	0181U	0188U	0195U		

Healthcare Administered Drugs

Pharmacy Drug Coverage

Newly FDA approved medications such as “buy-and-bill” drugs are considered non-formulary and subject to non-formulary policies and other non-formulary utilization criteria until a coverage decision is rendered by the Molina Pharmacy and Therapeutics Committee. “Buy-and-bill” drugs are pharmaceuticals which a provider purchases and administers, and for which the provider submits a claim to Molina Healthcare for reimbursement.

Many self-administered and office-administered injectable products require Prior Authorization (PA). In some cases they will be made available through Molina Healthcare’s vendor, Caremark Specialty Pharmacy. Molina’s pharmacy vendor will coordinate with MHC and ship the prescription directly to your office or the member’s home. All packages are individually marked for each member, and refrigerated drugs are shipped in insulated packages with frozen gel packs. The service also offers the additional convenience of enclosing needed ancillary supplies (needles, syringes and alcohol swabs) with each prescription at no charge. Please contact your Provide Relations Representative with any further questions about the program.

90281	C9058	J0257	J0596	J0875	J1438	J1572	J1830	J2425	J2941	J3380	J7188	J7211	J7330	J9019	J9119	J9216	J9293	J9352	Q5106
90283	C9132	J0285	J0597	J0878	J1439	J1573	J1833	J2502	J3031	J3385	J7189	J7308	J7331	J9022	J9120	J9217	J9295	J9354	Q5108
90284	C9257^	J0287	J0598	J0881	J1442	J1575	J1930	J2503	J3032	J3396	J7190	J7309	J7332	J9023	J9145	J9218	J9299	J9355	Q5109
90291	C9293	J0289	J0599	J0885	J1447	J1595	J1931	J2504	J3060	J3397	J7191	J7310	J7336	J9025	J9153	J9219	J9301	J9357	Q5110
90371	C9399	J0291	J0604	J0888	J1454	J1599	J1943	J2505	J3090	J3398	J7192	J7311	J7340	J9027	J9155	J9225	J9302	J9371	Q5111
90378	C9488	J0364	J0606	J0894	J1458	J1602	J1950	J2507	J3095	J3490	J7193	J7312	J7351	J9032	J9160	J9226	J9303	J9395	Q5116
A9542	J0121	J0480	J0637	J0895	J1459	J1627	J1955	J2562	J3110	J3590	J7194	J7313	J7401	J9033	J9173	J9227	J9304	J9400	Q5117
A9543	J0122	J0485	J0638	J0897	J1460	J1628	J2020	J2597	J3111	J3591	J7195	J7314	J7504	J9034	J9176	J9228	J9305	J9600	Q5118
A9590	J0129	J0490	J0641	J1095	J1555	J1632	J2062	J2724	J3145	J7170	J7196	J7316	J7511	J9035^	J9179	J9229	J9306	J9999	Q9991*
A9604	J0135	J0517	J0642	J1096	J1556	J1640	J2170	J2770	J3240	J7175	J7197	J7318	J7527	J9039	J9200	J9230	J9307	Q0138	Q9992*
A9606	J0178	J0565	J0695	J1230	J1557	J1645	J2182	J2778	J3241	J7177	J7198	J7320	J7639	J9041	J9202	J9245	J9308	Q0139	S0073
B4105	J0179	J0567	J0712	J1290	J1559	J1652	J2186	J2783	J3245	J7178	J7199	J7321	J7682	J9042	J9203	J9261	J9309	Q2043	S0122
B4187	J0180	J0570	J0714	J1300	J1560	J1675	J2248	J2786	J3262	J7179	J7200	J7322	J7686	J9043	J9204	J9262	J9311	Q2050	S0126
C9035	J0202	J0584	J0717	J1301	J1561	J1740	J2323	J2787	J3285	J7180	J7201	J7323	J8520	J9044	J9205	J9264	J9312	Q3027	S0128
C9036	J0205	J0585	J0725	J1303	J1562	J1743	J2326	J2793	J3304	J7181	J7202	J7324	J8521	J9047	J9207	J9266	J9313	Q3028	S0132
C9038	J0207	J0586	J0775	J1322	J1566	J1744	J2350	J2796	J3315	J7182	J7203	J7325	J8655	J9050	J9208	J9268	J9315	Q4074	S0145
C9039	J0220	J0587	J0791	J1324	J1568	J1745	J2353	J2797	J3316	J7183	J7205	J7326	J8670	J9055	J9210	J9269	J9325	Q5101	S0148
C9053	J0221	J0588	J0800	J1325	J1569	J1746	J2354	J2820	J3355	J7185	J7207	J7327	J8700	J9057	J9211	J9271	J9328	Q5103	S0157
C9054	J0222	J0593	J0841	J1428	J1570	J1786	J2357	J2840	J3357	J7186	J7209	J7328	J9015	J9098	J9214	J9280	J9330	Q5104	
C9056	J0256	J0594	J0850	J1437	J1571	J1826	J2407	J2860	J3358	J7187	J7210	J7329	J9017	J9099	J9215	J9285	J9340	Q5105	

^J9035: No PA required when associated with ocular Dx’s. (See Dx Codes for related ICD10 Codes). Not indicated for ocular conditions, use C5257.

* Healthcare Administered Drug- PA required in the ambulatory surgical setting.

Diagnosis Codes:

B39.4	B39.5	B39.9	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															

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	S5116	S9123	S9128	S9131	S5135	S9470	T1000	T1003**	T1019**	T1030	T2042*
G0152	G0155*	G0157	G0159	G0161	G0299*	G0490	G0494	G0496	S9122	S9124	S9129	S5130	S5151	S9977	T1002**	T1005	T1022	T1031	T2043*

*Excluding Hospice.

**Contact Molina Care Manager or Waiver Service Coordinator for waiver services.

Hyperbaric Therapy

99183	G0277	Q4176	Q4177	Q4178	Q4179	Q4180	Q4181	Q4182
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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	95702	95704	95709	95711	95713	95715	95718	95720	95722	95724	95726	96112*	96116*	96125	96131*	96133*	96137*	96139*
95701	95703	95708	95710	95712	95714	95716	95719	95721	95723	95725	95957	96113*	96121*	96130*	96132*	96136*	96138*	96146*

*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.

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

Occupational Therapy

Medicaid: PA required after 30 dates of service.

97110	97112	97763
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Outpatient (OP) Hospital/Ambulatory Surgery Center (ASC) Procedures

10040	21147	22210	22810	27134	28107	28225	28304	29806	29891	33208	36465	38210	43887	58210	58548	58956	63030	65775	96920
15730	21150	22212	22812	27137	28108	28226	28305	29807	29892	33212	36466	38211	43888	58240	58550	58957	63040	67900	96921
15733	21151	22214	22818	27138	28110	28230	28306	29819	29893	33213	36468	38212	47380	58260	58552	58958	63042	67901	96922
15769	21154	22220	22819	27438	28111	28232	28307	29820	29894	33214	36470	38213	47381	58262	58553	58970	63045	67902	96931
15771	21155	22222	22830	27440	28112	28234	28308	29821	29895	33221	36471	38214	47382	58263	58554	58974	63046	67903	96932
15773	21159	22224	22849	27441	28113	28238	28309	29822	29897	33224	36475	38215	47605	58267	58570	58976	63047	67909	96933
15786	21160	22505	22850	27442	28114	28240	28310	29823	29898	33225	36476	38232	47610	58270	58571	59070	63050	67950	96934
15819	21172	22526	22852	27443	28116	28250	28312	29824	29899	33227	36478	38573	47612	58275	58572	59072	63051	69714	96935
15830	21175	22527	22855	27445	28118	28260	28313	29825	29914	33228	36479	43644	47620	58280	58573	59074	63055	69715	96936
17004	21240	22532	22856	27446	28119	28261	28315	29826	29915	33229	36482	43645	49255	58285	58660	59076	63056	69717	0295T
17360	21242	22533	22857	27447	28120	28262	28320	29827	29916	33230	36483	43647	49904	58290	58661	61863	63064	69718	0296T
20560	21243	22548	22861	27486	28122	28264	28322	29828	30465	33231	36514	43648	49906	58291	58662	61867	63075	69930	0297T
20561	21270	22551	22862	27487	28124	28270	28340	29873	30520	33240	37191	43653	52441	58292	58672	61885	63077	90867	0298T
21073	21280	22554	22864	28005	28126	28272	28341	29874	30540	33249	37243	43770	52649	58293	58673	61886	63081	90868	A9513
21120	21282	22556	22865	28008	28130	28280	28344	29875	30545	33262	37700	43771	53850	58294	58700	62324	63085	90869	C9734
21121	21295	22558	22867	28010	28140	28285	28345	29876	31253	33263	37718	43772	53852	58321	58720	62325	63087	95249	C9738

21122	21296	22586	22868	28011	28150	28286	28360	29877	31257	33264	37722	43773	53854	58322	58740	62326	63090	93229	C9739
21123	21601	22590	22869	28035	28153	28288	28705	29879	31259	33270	37735	43774	54401	58323	58750	62327	63101	96567	C9740
21125	21602	22595	22870	28060	28160	28289	28715	29880	31295	33251	37760	43775	54405	58345	58752	62380	63102	96570	C9747
21127	21603	22600	23412	28062	28171	28291	28725	29881	31296	33254	37761	43842	55874	58350	58760	63001	64553	96571	C9757
21137	22100	22610	23470	28080	28173	28292	28730	29882	31297	33261	37765	43843	55970	58356	58770	63003	64568	96573	G2170
21138	22101	22612	25447	28090	28175	28295	28735	29883	31298	33265	37766	43845	55980	58540	58940	63005	64569	96574	G2171
21139	22102	22630	26499	28092	28200	28296	28737	29884	31660	33266	37780	43846	57288	58541	58943	63011	64570	96900	S2095
21141	22110	22633	27120	28100	28202	28297	28740	29885	31661	33289	37785	43847	57289	58542	58950	63012	64590	96902	
21142	22112	22800	27122	28102	28208	28298	28750	29886	32491	33274	38204	43848	58150	58543	58951	63015	64595	96904	
21143	22114	22802	27125	28103	28210	28299	28755	29887	32994	33275	38207	43881	58180	58544	58952	63016	64912	96910	
21145	22206	22804	27130	28104	28220	28300	28760	29888	33206	33979	38208	43882	58152	58545	58953	63017	65771	96912	
21146	22207	22808	27132	28106	28222	28302	28890	29889	33207	36460	38209	43886	58200	58546	58954	63020	65772	96913	

Pain Management Procedures

27096	62264	62322	62323	62362	63650	63662	63685	64451	64462	64480	64486	64489	64492	64495	64625	64635	97810*	97814*
27279	62320	62350	62360	62367	63655	63663	63688	64454	64463	64483	64487	64490	64493	64600	64633	64636	97811*	G0260
62263	62321	62351	62361	62368	63661	63664	64450	64461	64479	64484	64488	64491	64494	64624	64634	64640	97813*	S8930

*PA at the 31st visit per calendar year. Ohio Department of Medicaid allows up to 30 visits per calendar year for low back or migraines without PA (total of 30 units and not code specific; once 30 units are met, the codes will hit the PA edit).

Physical Therapy

Medicaid: PA required after 30 dates of service.

97110	97112	97129	97130	97763
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Prosthetics & Orthotics

L0452	L0486	L0650	L1005	L1685	L1730	L1844	L1904	L1945	L1980	L2010	L2036	L2060	L2108	L2800	L5858	L8614
L0480	L0622	L0700	L1110	L1700	L1755	L1846	L1907	L1950	L1990	L2020	L2037	L2080	L2126	L4631	L5859	L8692
L0482	L0637	L0710	L1640	L1710	L1834	L1860	L1920	L1960	L2000	L2030	L2038	L2090	L2128	L5856	L6026	S1040
L0484	L0640	L1000	L1680	L1720	L1840	L1900	L1940	L1970	L2005	L2034	L2050	L2106	L2232	L5857	L7259	32853

Speech Therapy

Medicaid: PA required after 30 dates of service.

92507	92508
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Transplant Services (Including Solid Organ and Bone Marrow)

Corneal Transplants do not require PA.

0537T	0540T	0586T	38230	38242	44720	47135	47142	47145	48160	48552	50300	50325	50329	50365	S2053	S2060	S2107	S2150	Q2042
0538T	0584T	38205	38240	38243	44721	47140	47143	47146	48550	48554	50320	50327	50340	50370	S2054	S2061	S2140	S2152	
0539T	0585T	38206	38241	44715	47133	47141	47144	47147	48551	48556	50323	50328	50360	50380	S2055	S2065	S2142	Q2041	

Transportation Services

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

A0430	A0431	A0999	S9960	S9961
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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	27299	38589	44799	50549	60699	76498	78999	80329**	80344**	80359**	80374**	87799	92700	A0999	E0770	J8498	L8039	Q4082
15999	27599	38999	44899	50949	64999	76499	79999	80330**	80345**	80360**	80375**	87899	93799	A4421	E1399	J8499	L8499	Q4100
17999	27899	39499	44979	51999	66999	76999	80299	80331**	80346**	80361**	80376**	87999	94799	A4641	E1699	J8597	L8698	S0590
19499	28899	39599	45399	53899	67299	77299	80305*	80332**	80347**	80362**	80377**	88099	95199	A4649	G0480**	J8999	L8699	S3870
20999	29999	40799	45499	54699	67399	77399	80306*	80333**	80348**	80363**	81099	88199	95999	A4913	G0481**	J9999	L8701	S8189
21089	30999	40899	45999	55559	67599	77499	80307*	80334**	80349**	80364**	81479	88299	96379	A6261	G0482**	K0812	L8702	S8930
21299	31299	41599	46999	55899	67999	77799	80320**	80335**	80350**	80365**	81599	88399	96549	A6262	G0483**	K0898	P9603	S9110
21499	31599	42299	47379	58578	68399	78099	80321**	80336**	80351**	80366**	83992**	88749	96999	A9698	G0501	K0899	P9604	T1999
21899	31899	42699	47399	58579	68899	78199	80322**	80337**	80352**	80367**	84999	89240	97039	A9699	G0659**	L0999	P9099	T2025
22899	32999	42999	47579	58679	69399	78299	80323**	80338**	80353**	80368**	85999	89398	97139	A9900	G9012	L1499	Q0507	V2199

22999	33999	43289	47999	58999	69799	78399	80324**	80339**	80354**	80369**	86486	90399	97799	A9999	H0046	L2999	Q0508	V2797
23929	36299	43499	48999	59897	69949	78499	80325**	80340**	80355**	80370**	86849	90749	99199	B9999	J7599	L3649	Q0509	V2799
24999	37501	43659	49329	59898	69979	78599	80326**	80341**	80356**	80371**	86999	90899	99429	C2698	J7699	L3999	Q2039	V5298
25999	37799	43999	49659	59899	76496	78699	80327**	80342**	80357**	80372**	87797	91299	99499	C2699	J7799	L5999	Q4050	V5299
26989	38129	44238	49999	60659	76497	78799	80328**	80343**	80358**	80373**	87798	92499	99600	E0769	J7999	L7499	Q4051	

*30 presumptive Urine Drug Screenings (UDS) per calendar year permitted without PA; UDS after 30 per calendar year require PA.

**12 definitive UDS per calendar year permitted without PA; UDS after 12 per calendar year require PA.

eviCore

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

Imaging and Special Tests

70336	70542	71275	72146	73200	73719	74183	76377	78014	78215	78300	78456	78580	78700	78814	93317	93531	C8926	C8914	S8042
70450	70543	71550	72147	73201	73720	74185	76380	78015	78216	78305	78457	78582	78701	78815	93350	93532	C8928	C8918	S8085
70460	70544	71551	72148	73202	73721	74261	76390	78016	78226	78306	78458	78597	78707	78816	93351	93533	C8929	C8919	S8092
70470	70545	71552	72149	73206	73722	74262	76497	78018	78227	78315	78459	78598	78708	78830	93352	0332T	C8930	C8920	
70480	70546	71555	72156	73218	73723	74263	76498	78070	78230	78414	78466	78600	78709	78831	93451	0331T	C8900	C8921	
70481	70547	72125	72157	73219	73725	74712	77021	78071	78231	78428	78468	78601	78725	78832	93452	0042T	C8901	C8931	
70482	70548	72126	72158	73220	74150	75571	77022	78072	78232	78429	78469	78605	78740	93303	93453	0501T	C8902	C8932	
70486	70549	72127	72159	73221	74160	75572	77046	78075	78258	78430	78472	78606	78761	93304	93454	0502T	C8903	C8933	
70487	70551	72128	72191	73222	74170	75573	77047	78102	78261	78431	78473	78608	78800	93306	93455	0503T	C8905	C8934	
70488	70552	72129	72192	73223	74174	75574	77048	78103	78262	78432	78481	78609	78801	93307	93456	0504T	C8906	C8935	
70490	70553	72130	72193	73225	74175	75557	77049	78104	78264	78433	78483	78610	78802	93308	93457	C2616	C8908	C8936	
70491	70554	72131	72194	73700	74176	75559	77078	78140	78265	78445	78491	78630	78803	93312	93458	C8921	C8909	G0219	
70492	70555	72132	72195	73701	74177	75561	77084	78185	78266	78451	78492	78635	78804	93313	93459	C8922	C8910	G0235	
70496	71250	72133	72196	73702	74178	75563	77807	78195	78278	78452	78494	78645	78811	93314	93460	C8923	C8911	G0252	
70498	71260	72141	72197	73706	74181	75635	78012	78201	78290	78453	78499	78650	78812	93315	93461	C8924	C8912	G0297	
70540	71270	72142	72198	73718	74182	76376	78013	78202	78291	78454	78579	78660	78813	93316	93530	C8925	C8913	S8037	

Genetic Counseling & Testing

81202	81277	81303	81322	81500	0001U	0013M	0067U	0073U	0079U	0159U	0170U	0208U	0214U	0220U	S3844	S3854			
81221	81293	81304	81326	81522	0002M	0018U	0069U	0074U	0153U	0160U	0171U	0209U	0215U	S3800	S3845	S3861			
81252	81296	81307	81327	81539	0003M	0019U	0070U	0075U	0156U	0161U	0203U	0211U	0216U	S3840	S3846	S3865			
81253	81299	81308	81350	81542	0011M	0022U	0071U	0076U	0157U	0162U	0204U	0212U	0217U	S3841	S3850	S3866			
81257	81302	81318	81490	81552	0012M	0036U	0072U	0078U	0158U	0169U	0205U	0213U	0218U	S3842	S3852	S3870			

Laboratory Services

81162	81186	81222	81232	81283	81300	81328	81364	81408	81422	81435	81448	81503	81538	0004M	0030U	0050U	0089U	0114U	0135U
81163	81189	81223	81238	81286	81306	81335	81400	81410	81425	81436	81450	81504	81540	0005U	0031U	0053U	0090U	0118U	0136U
81164	81190	81225	81248	81289	81311	81336	81401	81411	81426	81437	81455	81518	81541	0006M	0032U	0055U	0094U	0120U	0137U
81165	81201	81226	81249	81291	81313	81337	81402	81412	81427	81438	81460	81519	81545	0007M	0033U	0056U	0101U	0129U	0138U
81166	81203	81227	81258	81292	81317	81346	81403	81413	81430	81439	81465	81520	81551	0012U	0034U	0060U	0102U	0130U	0172U
81167	81212	81228	81259	81294	81319	81355	81404	81414	81431	81440	81470	81521	81595	0013U	0037U	0081U	0103U	0131U	0173U
81173	81215	81229	81269	81295	81321	81361	81405	81415	81432	81442	81471	81525	81596	0014U	0045U	0084U	0104U	0132U	0175U
81174	81216	81230	81275	81297	81323	81362	81406	81416	81433	81443	81479	81535	81599	0026U	0047U	0087U	0111U	0133U	0179U
81185	81217	81231	81276	81298	81325	81363	81407	81417	81434	81445	81493	81536	84999	0029U	0048U	0088U	0113U	0134U	G9143

Radiation Therapy & Radio Surgery

77014	77373	77387	77407	77424	77522	77600	77615	77761	77767	77771	79101	A9590	G0339	G6002	G6005	G6008	G6011	G6014	G6017
77371	77385	77401	77412	77425	77523	77605	77620	77762	77768	77772	79403	A9606	G0340	G6003	G6006	G6009	G6012	G6015	
77372	77386	77402	77423	77520	77525	77610	77750	77763	77770	77778	A9543	C9726	G6001	G6004	G6007	G6010	G6013	G6016	

Sleep Services

95782	95800	95805	95807	95810	A4604	A7028	A7030	A7032	A7034	A7036	A7038	A7044	A7046	E0471	E0562	G0398	G0400		
95783	95801	95806	95808	95811	A7027	A7029	A7031	A7033	A7035	A7037	A7039	A7045	E0470	E0561	E0601	G0399			