



**Applies to Medicaid, MyCare Ohio Medicaid and Marketplace  
Prior Authorization Codification List**

**Effective: 07/01/2019**

**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.

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.

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.

*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                             | <a href="#">5160-1-60</a> |
| Provider-administered pharmaceuticals   |   | <a href="#">5160-4-12</a> |
| Ambulatory Surgical Centers             | <a href="#">EAPG CPT and HCPCS list</a> | <a href="#">5160-2-75</a> |
| Outpatient Hospital Surgical Services   | <a href="#">EAPG CPT and HCPCS list</a> | <a href="#">5160-2-75</a> |
| Outpatient Hospital Clinical Services   | <a href="#">EAPG CPT and HCPCS list</a> | <a href="#">5160-2-75</a> |
| Hospital Emergency Room Visits          | <a href="#">EAPG CPT and HCPCS list</a> | <a href="#">5160-2-75</a> |
| Outpatient Hospital Ancillary Services  | <a href="#">EAPG CPT and HCPCS list</a> | <a href="#">5160-2-75</a> |
| Outpatient Hospital Radiology Services  | <a href="#">EAPG CPT and HCPCS list</a> | <a href="#">5160-2-75</a> |
| Outpatient Hospital Laboratory Services | <a href="#">EAPG CPT and HCPCS list</a> | <a href="#">5160-2-75</a> |



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**Abortion Services**

Submit clinical information supporting these codes.

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

**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).

0901 1001 90867 96112- H0015\*\*\*< H2013 H2016 H2019\* H0032\* S0201 T1023\* T1027\* T2040\*  
 0912 1002 90868 96113- H0017 H2014\* H2017\* H2020 H0035 S5150# T1025\* T1028\*  
 0913 2106 90869 H0012 H2012\* H2015 H2018 H0031\* H0046 S5111 T1026\*+ T2013\*

# PA required regardless of Dx. (Marketplace and Medicaid)

- 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 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 and 299.00, 299.01, 299.10, 299.11, 299.80, 299.81, 299.90, 299.91]

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

MMP: Code + modifier TG requires PA due to OAC Community Behavioral Health Services rule for MMP (Code + Rev codes 912-913 & modifier HE require PA)

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

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

\*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 E0277 E0372 E0749 E0988 E1036 E1310 E2311 E2351 E2502 E2615 K0008 K0808 K0830 K0852 K0870 L8694 Q4203 V5215  
 A7025 E0292 E0373 E0760 E1002 E1161 E1399 E2312 E2361 E2504 E2616 K0009 K0813 K0831 K0853 K0871 Q4183 Q4204 V5221  
 A9276 E0293 E0447 E0762 E1003 E1225 E1700 E2313 E2366 E2506 E2617 K0010 K0814 K0835 K0854 K0877 Q4184 S1034  
 A9277 E0294 E0462 E0764 E1004 E1226 E2201 E2321 E2367 E2508 E2620 K0011 K0815 K0836 K0855 K0878 Q4185 S1035  
 A9278 E0295 E0465 E0766 E1005 E1227 E2202 E2322 E2368 E2510 E2621 K0012 K0816 K0837 K0856 K0879 Q4186 S1036  
 A9900 E0296 E0466 E0782 E1006 E1230 E2203 E2325 E2369 E2511 E2622 K0014 K0820 K0838 K0857 K0880 Q4187 S1037  
 A9901 E0297 E0467 E0783 E1007 E1232 E2204 E2326 E2370 E2605 E2623 K0108 K0821 K0839 K0858 K0884 Q4188 V2530  
 C2624 E0300 E0481 E0784 E1008 E1233 E2227 E2327 E2373 E2606 E2624 K0553 K0822 K0840 K0859 K0885 Q4190 V2531  
 E0194 E0301 E0483 E0785 E1010 E1234 E2228 E2328 E2374 E2607 E2625 K0554 K0823 K0841 K0860 K0886 Q4191 V5171  
 E0255 E0302 E0691 E0786 E1012 E1235 E2291 E2329 E2375 E2608 E2626 K0606 K0824 K0842 K0861 K0890 Q4193 V5172  
 E0256 E0303 E0692 E0849 E1014 E1236 E2292 E2330 E2376 E2609 E2627 K0800 K0825 K0843 K0862 K0891 Q4194 V5181  
 E0260 E0304 E0693 E0855 E1020 E1237 E2293 E2340 E2377 E2611 E2628 K0801 K0826 K0848 K0863 K0900 Q4198 V5211  
 E0261 E0328 E0694 E0983 E1029 E1238 E2294 E2341 E2378 E2612 E2629 K0802 K0827 K0849 K0864 L3761 Q4200 V5212



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| E0265                               | E0329 | E0747 | E0984 | E1030 | E1296 | E2295 | E2342 | E2397 | E2613 | E2630 | K0806 | K0828 | K0850 | K0868 | L7700 | Q4201 | V5213 |
|-------------------------------------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|
| E0266                               | E0371 | E0748 | E0986 | E1035 | E1298 | E2310 | E2343 | E2500 | E2614 | E2631 | K0807 | K0829 | K0851 | K0869 | L8625 | Q4202 | V5214 |
| <b>Experimental/Investigational</b> |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |
| 22899                               | 95977 | 0106T | 0202T | 0221T | 0266T | 0313T | 0350T | 0400T | 0419T | 0436T | 0474T | 0491T | 0508T | 0525T | 0542T | Q4195 |       |
| 31237                               | 95983 | 0107T | 0205T | 0222T | 0267T | 0314T | 0351T | 0401T | 0420T | 0437T | 0475T | 0492T | 0509T | 0526T | A4563 | Q4196 |       |
| 31299                               | 99499 | 0108T | 0206T | 0228T | 0268T | 0315T | 0352T | 0402T | 0421T | 0439T | 0476T | 0493T | 0510T | 0527T | C1823 | Q4197 |       |
| 33440                               | 0042T | 0109T | 0207T | 0229T | 0269T | 0316T | 0353T | 0403T | 0422T | 0440T | 0477T | 0494T | 0511T | 0528T | C8937 |       |       |
| 33866                               | 0054T | 0110T | 0208T | 0230T | 0270T | 0317T | 0354T | 0404T | 0423T | 0441T | 0478T | 0495T | 0512T | 0529T | C9751 |       |       |
| 67299                               | 0055T | 0111T | 0209T | 0231T | 0271T | 0329T | 0355T | 0405T | 0424T | 0442T | 0479T | 0496T | 0513T | 0530T | C9752 |       |       |
| 81503                               | 0058T | 0126T | 0210T | 0234T | 0272T | 0330T | 0356T | 0408T | 0425T | 0443T | 0480T | 0497T | 0514T | 0531T | C9753 |       |       |
| 82016                               | 0071T | 0163T | 0211T | 0235T | 0273T | 0331T | 0357T | 0409T | 0426T | 0444T | 0481T | 0498T | 0515T | 0532T | C9754 |       |       |
| 82017                               | 0072T | 0164T | 0212T | 0236T | 0274T | 0332T | 0358T | 0410T | 0427T | 0445T | 0482T | 0499T | 0516T | 0533T | C9755 |       |       |
| 83987                               | 0075T | 0165T | 0213T | 0237T | 0275T | 0333T | 0362T | 0411T | 0428T | 0446T | 0483T | 0500T | 0517T | 0534T | L8608 |       |       |
| 84145                               | 0076T | 0174T | 0214T | 0238T | 0278T | 0335T | 0373T | 0412T | 0429T | 0447T | 0484T | 0501T | 0518T | 0535T | Q4161 |       |       |
| 86316                               | 0085T | 0175T | 0215T | 0249T | 0290T | 0338T | 0394T | 0413T | 0430T | 0448T | 0485T | 0502T | 0519T | 0536T | Q4162 |       |       |
| 86343                               | 0095T | 0184T | 0216T | 0253T | 0295T | 0339T | 0395T | 0414T | 0431T | 0469T | 0486T | 0503T | 0520T | 0537T | Q4163 |       |       |
| 93264                               | 0098T | 0191T | 0217T | 0254T | 0296T | 0342T | 0396T | 0415T | 0432T | 0470T | 0487T | 0504T | 0521T | 0538T | Q4164 |       |       |
| 93998                               | 0100T | 0198T | 0218T | 0263T | 0297T | 0347T | 0397T | 0416T | 0433T | 0471T | 0488T | 0505T | 0522T | 0539T | Q4165 |       |       |
| 95836                               | 0101T | 0200T | 0219T | 0264T | 0298T | 0348T | 0398T | 0417T | 0434T | 0472T | 0489T | 0506T | 0523T | 0540T | Q4189 |       |       |
| 95976                               | 0102T | 0201T | 0220T | 0265T | 0312T | 0349T | 0399T | 0418T | 0435T | 0473T | 0490T | 0507T | 0524T | 0541T | Q4192 |       |       |

**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.

|       |       |       |       |       |       |       |       |       |       |        |       |       |       |       |  |  |  |
|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|--------|-------|-------|-------|-------|--|--|--|
| 53854 | 81167 | 81187 | 81226 | 81247 | 81289 | 81321 | 81362 | 81415 | 81439 | 81520  | 88261 | 0014U | 0050U | S3865 |  |  |  |
| 81105 | 81171 | 81188 | 81227 | 81248 | 81291 | 81323 | 81363 | 81416 | 81440 | 81521  | 88271 | 0016U | 0053U | S3866 |  |  |  |
| 81106 | 81172 | 81189 | 81228 | 81249 | 81292 | 81324 | 81364 | 81417 | 81442 | 81525  | 88369 | 0017U | 0055U | S3870 |  |  |  |
| 81107 | 81173 | 81190 | 81229 | 81258 | 81294 | 81325 | 81400 | 81420 | 81443 | 81528  | 88373 | 0026U | 0056U |       |  |  |  |
| 81108 | 81174 | 81201 | 81230 | 81259 | 81295 | 81328 | 81401 | 81422 | 81445 | 81535  | 88374 | 0027U | 0057U |       |  |  |  |
| 81109 | 81175 | 81203 | 81231 | 81265 | 81297 | 81329 | 81402 | 81425 | 81448 | 81536  | 88377 | 0029U | 0058U |       |  |  |  |
| 81110 | 81176 | 81204 | 81232 | 81266 | 81298 | 81333 | 81403 | 81426 | 81450 | 81538  | 0004M | 0030U | 0059U |       |  |  |  |
| 81111 | 81177 | 81210 | 81233 | 81269 | 81300 | 81334 | 81404 | 81427 | 81455 | 81540  | 0006M | 0031U | 0060U |       |  |  |  |
| 81112 | 81178 | 81212 | 81234 | 81271 | 81305 | 81335 | 81405 | 81430 | 81460 | 81541  | 0007M | 0032U | G9143 |       |  |  |  |
| 81120 | 81179 | 81215 | 81235 | 81272 | 81306 | 81336 | 81406 | 81431 | 81465 | 81545  | 0009M | 0033U | S3722 |       |  |  |  |
| 81121 | 81180 | 81216 | 81236 | 81273 | 81311 | 81337 | 81407 | 81432 | 81470 | 81551  | 0005U | 0034U | S3800 |       |  |  |  |
| 81161 | 81181 | 81217 | 81237 | 81274 | 81312 | 81343 | 81408 | 81433 | 81471 | 81595  | 0008U | 0037U | S3840 |       |  |  |  |
| 81162 | 81182 | 81218 | 81238 | 81283 | 81313 | 81344 | 81410 | 81434 | 81493 | 81596  | 0009U | 0045U | S3841 |       |  |  |  |
| 81163 | 81183 | 81219 | 81239 | 81284 | 81314 | 81345 | 81411 | 81435 | 81504 | 83006  | 0010U | 0046U | S3842 |       |  |  |  |
| 81164 | 81184 | 81222 | 81243 | 81285 | 81317 | 81346 | 81412 | 81436 | 81507 | 84999* | 0011U | 0047U | S3852 |       |  |  |  |
| 81165 | 81185 | 81223 | 81244 | 81286 | 81319 | 81355 | 81413 | 81437 | 81518 | 86152  | 0012U | 0048U | S3854 |       |  |  |  |
| 81166 | 81186 | 81225 | 81246 | 81287 | 81320 | 81361 | 81414 | 81438 | 81519 | 86153  | 0013U | 0049U | S3861 |       |  |  |  |

\*Code 84999: Including Oncotype Dx

**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 Provider Relations Representative with any further questions about the program.

|       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |
|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|
| 90281 | C9488 | J0567 | J0725 | J1428 | J1571 | J1756 | J2357 | J2916 | J3398 | J7192 | J7312 | J7686 | J9042 | J9178 | J9228 | J9306 | J9600 | S0126 |
| 90283 | J0129 | J0570 | J0775 | J1438 | J1572 | J1786 | J2425 | J2941 | J3489 | J7193 | J7313 | J8520 | J9043 | J9179 | J9229 | J9307 | J9999 | S0128 |
| 90284 | J0135 | J0584 | J0800 | J1439 | J1573 | J1826 | J2469 | J3060 | J3490 | J7194 | J7316 | J8521 | J9044 | J9185 | J9230 | J9308 | Q0138 | S0132 |
| 90378 | J0178 | J0585 | J0841 | J1442 | J1575 | J1830 | J2502 | J3090 | J3590 | J7195 | J7318 | J8655 | J9045 | J9190 | J9245 | J9310 | Q0139 | S0145 |
| A9513 | J0180 | J0586 | J0850 | J1447 | J1595 | J1833 | J2503 | J3095 | J3591 | J7196 | J7320 | J8670 | J9047 | J9200 | J9261 | J9311 | Q2043 | S0148 |
| A9542 | J0185 | J0587 | J0875 | J1453 | J1599 | J1930 | J2504 | J3110 | J7170 | J7197 | J7321 | J8700 | J9050 | J9201 | J9262 | J9312 | Q2050 | S0157 |





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|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|
| C8909 | C8933 | 70460 | 70496 | 70551 | 71552 | 72141 | 72192 | 73218 | 73718 | 74175 | 74712 | 75635 | 77049 | 78468 | 78608 |
| C8910 | C8934 | 70470 | 70498 | 70552 | 71555 | 72142 | 72193 | 73219 | 73719 | 74176 | 74713 | 76376 | 77084 | 78469 | 78609 |
| C8911 | C8935 | 70480 | 70540 | 70553 | 72125 | 72146 | 72194 | 73220 | 73720 | 74177 | 75557 | 76377 | 78205 | 78472 | 78647 |

**Inpatient Admissions**

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

**Long Term Services & Support [LTSS]**

All LTSS Codes/Services Require Prior Authorization regardless of code(s).

**Neuropsychological & Psychological Tests (in any setting)**

|       |       |       |        |        |        |        |        |        |        |       |       |       |       |
|-------|-------|-------|--------|--------|--------|--------|--------|--------|--------|-------|-------|-------|-------|
| 95950 | 95953 | 95957 | 96112* | 96116* | 96125  | 96131* | 96133* | 96137* | 96139* | 97151 | 97153 | 97155 | 97157 |
| 95951 | 95956 | 96105 | 96113* | 96121* | 96130* | 96132* | 96136* | 96138* | 96146* | 97152 | 97154 | 97156 | 97158 |



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 \*\*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 in-patient 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

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

|       |       |       |       |       |       |       |       |       |       |       |       |       |        |       |       |       |       |       |       |
|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|--------|-------|-------|-------|-------|-------|-------|
| 10040 | 21154 | 22222 | 22812 | 27120 | 28103 | 28222 | 28305 | 29820 | 29897 | 33227 | 36475 | 38573 | 49255  | 58280 | 58661 | 61867 | 63055 | 65775 | 96922 |
| 15730 | 21155 | 22224 | 22818 | 27122 | 28104 | 28225 | 28306 | 29821 | 29898 | 33228 | 36476 | 43644 | 49904  | 58285 | 58662 | 61868 | 63056 | 67900 | 96931 |
| 15733 | 21159 | 22226 | 22819 | 27125 | 28106 | 28226 | 28307 | 29822 | 29899 | 33229 | 36478 | 43645 | 49905  | 58290 | 58672 | 61885 | 63057 | 67901 | 96932 |
| 15786 | 21160 | 22505 | 22830 | 27130 | 28107 | 28230 | 28308 | 29823 | 29914 | 33230 | 36479 | 43647 | 49906  | 58291 | 58673 | 61886 | 63064 | 67902 | 96933 |
| 15787 | 21172 | 22526 | 22840 | 27132 | 28108 | 28232 | 28309 | 29824 | 29915 | 33231 | 36482 | 43648 | 50590* | 58292 | 58700 | 62324 | 63066 | 67903 | 96934 |
| 15819 | 21175 | 22527 | 22841 | 27134 | 28110 | 28234 | 28310 | 29825 | 29916 | 33240 | 36483 | 43653 | 52441  | 58293 | 58720 | 62325 | 63075 | 67909 | 96935 |
| 15830 | 21240 | 22532 | 22842 | 27137 | 28111 | 28238 | 28312 | 29826 | 30465 | 33249 | 36514 | 43770 | 52442  | 58294 | 58740 | 62326 | 63076 | 67950 | 96936 |
| 17004 | 21242 | 22533 | 22843 | 27138 | 28112 | 28240 | 28313 | 29827 | 30520 | 33262 | 37191 | 43771 | 52649  | 58321 | 58750 | 62327 | 63077 | 69714 | C2616 |
| 17360 | 21243 | 22534 | 22844 | 27438 | 28113 | 28250 | 28315 | 29828 | 30540 | 33263 | 37243 | 43772 | 53850  | 58322 | 58752 | 62380 | 63078 | 69715 | C9734 |
| 19294 | 21270 | 22548 | 22846 | 27440 | 28114 | 28260 | 28320 | 29873 | 30545 | 33264 | 37700 | 43773 | 53852  | 58323 | 58760 | 63001 | 63081 | 69717 | C9738 |
| 20930 | 21280 | 22551 | 22847 | 27441 | 28116 | 28261 | 28322 | 29874 | 31253 | 33270 | 37718 | 43774 | 53854  | 58345 | 58770 | 63003 | 63082 | 69718 | C9739 |
| 20939 | 21282 | 22552 | 22848 | 27442 | 28118 | 28262 | 28340 | 29875 | 31257 | 33251 | 37722 | 43775 | 54401  | 58350 | 58940 | 63005 | 63085 | 69930 | C9740 |
| 21073 | 21295 | 22554 | 22849 | 27443 | 28119 | 28264 | 28341 | 29876 | 31259 | 33254 | 37735 | 43842 | 54405  | 58356 | 58943 | 63011 | 63086 | 90867 | C9746 |
| 21120 | 21296 | 22556 | 22850 | 27445 | 28120 | 28270 | 28344 | 29877 | 31295 | 33261 | 37760 | 43843 | 55874  | 58540 | 58950 | 63012 | 63087 | 90868 | C9747 |
| 21121 | 22100 | 22558 | 22852 | 27446 | 28122 | 28272 | 28345 | 29879 | 31296 | 33265 | 37761 | 43845 | 55970* | 58541 | 58951 | 63015 | 63088 | 90869 | C9748 |
| 21122 | 22101 | 22585 | 22855 | 27447 | 28124 | 28280 | 28360 | 29880 | 31297 | 33266 | 37765 | 43846 | 55980* | 58542 | 58952 | 63016 | 63090 | 95249 | S2095 |
| 21123 | 22102 | 22586 | 22856 | 27486 | 28126 | 28285 | 28705 | 29881 | 31298 | 33289 | 37766 | 43847 | 57288  | 58543 | 58953 | 63017 | 63091 | 93229 |       |
| 21125 | 22103 | 22590 | 22857 | 27487 | 28130 | 28286 | 28715 | 29882 | 31660 | 33274 | 37780 | 43848 | 57289  | 58544 | 58954 | 63020 | 63101 | 96567 |       |
| 21127 | 22110 | 22595 | 22861 | 28005 | 28140 | 28288 | 28725 | 29883 | 31661 | 33275 | 37785 | 43881 | 58150  | 58545 | 58956 | 63030 | 63102 | 96570 |       |
| 21137 | 22112 | 22600 | 22862 | 28008 | 28150 | 28289 | 28730 | 29884 | 32491 | 33979 | 38204 | 43882 | 58180  | 58546 | 58957 | 63035 | 63103 | 96571 |       |
| 21138 | 22114 | 22610 | 22864 | 28010 | 28153 | 28291 | 28735 | 29885 | 32994 | 34713 | 38207 | 43886 | 58152  | 58548 | 58958 | 63040 | 64553 | 96573 |       |
| 21139 | 22116 | 22612 | 22865 | 28011 | 28160 | 28292 | 28737 | 29886 | 33206 | 34714 | 38208 | 43887 | 58200  | 58550 | 58970 | 63042 | 64568 | 96574 |       |
| 21141 | 22206 | 22630 | 22867 | 28035 | 28171 | 28295 | 28740 | 29887 | 33207 | 34715 | 38209 | 43888 | 58210  | 58552 | 58974 | 63043 | 64569 | 96900 |       |
| 21142 | 22207 | 22632 | 22868 | 28060 | 28173 | 28296 | 28750 | 29888 | 33208 | 34716 | 38210 | 47380 | 58240  | 58553 | 58976 | 63044 | 64570 | 96902 |       |
| 21143 | 22208 | 22633 | 22869 | 28062 | 28175 | 28297 | 28755 | 29889 | 33212 | 36460 | 38211 | 47381 | 58260  | 58554 | 59070 | 63045 | 64590 | 96904 |       |
| 21145 | 22210 | 22800 | 22870 | 28080 | 28200 | 28298 | 28760 | 29891 | 33213 | 36465 | 38212 | 47382 | 58262  | 58570 | 59072 | 63046 | 64595 | 96910 |       |
| 21146 | 22212 | 22802 | 23412 | 28090 | 28202 | 28299 | 28890 | 29892 | 33214 | 36466 | 38213 | 47605 | 58263  | 58571 | 59074 | 63047 | 64912 | 96912 |       |
| 21147 | 22214 | 22804 | 23470 | 28092 | 28208 | 29800 | 29806 | 29893 | 33221 | 36468 | 38214 | 47610 | 58267  | 58572 | 59076 | 63048 | 64913 | 96913 |       |
| 21150 | 22216 | 22808 | 25447 | 28100 | 28210 | 28302 | 29807 | 29894 | 33224 | 36470 | 38215 | 47612 | 58270  | 58573 | 61863 | 63050 | 65771 | 96920 |       |
| 21151 | 22220 | 22810 | 26499 | 28102 | 28220 | 28304 | 29819 | 29895 | 33225 | 36471 | 38232 | 47620 | 58275  | 58660 | 61864 | 63051 | 65772 | 96921 |       |

\*PA Required for Marketplace

### Pain Management Procedures

|       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |        |        |          |
|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|--------|--------|----------|
| 27096 | 62264 | 62322 | 62323 | 62362 | 63650 | 63662 | 63685 | 64462 | 64480 | 64486 | 64489 | 64492 | 64495 | 64634 | 64640  | 97811* | G0260    |
| 27279 | 62320 | 62350 | 62360 | 62367 | 63655 | 63663 | 63688 | 64463 | 64483 | 64487 | 64490 | 64493 | 64600 | 64635 | 77003  | 97813* | S8930 ** |
| 62263 | 62321 | 62351 | 62361 | 62368 | 63661 | 63664 | 64461 | 64479 | 64484 | 64488 | 64491 | 64494 | 64633 | 64636 | 97810* | 97814* |          |

\*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).

\*\*Marketplace only



**Applies to Medicaid, MyCare Ohio Medicaid and Marketplace  
Prior Authorization Codification List**

**Effective: 07/01/2019**

**Physical Therapy**

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

97110 97112 97763

**Prosthetics & Orthotics**

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

**Radiation Therapy & Radio Surgery**

77520 77522 77523 77525 G0339 G0340 G6015 G6016 G6017 Q9950

**Sleep Studies**

95800^ 95801\*\* 95803\*\* 95805 95806\*\* 95807 95808 95810\* 95811\*

^Home Sleep Studies non-covered

\*Non-covered if done in POS 12

\*\*PA Required for Marketplace only, Non-covered for Medicaid

**Speech Therapy**

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

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 Q2041  
 38230 38242 44720 47135 47142 47145 48160 48552 50300 50325 50329 50365 S2053 S2060 S2107 S2150 Q2042

**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 23929 31599 39599 44238 47999 55899 66999 76496 78299 81599 88099 92499 97799 A6262 E1399 J8499 L3999 Q0507 S8930  
 15999 24999 31899 40799 44799 48999 58578 67299 76497 78399 84999 88199 92700 99199 A9698 E1699 J8597 L5999 Q0508 S9110  
 17999 25999 32999 40899 44899 49329 58579 67399 76498 78499 85999 88299 93799 99429 A9699 G0235 J8999 L7499 Q0509 T1999  
 19499 26989 33999 41599 44979 49659 58679 67599 76499 78599 86486 88399 94799 99499 A9900 G0501 J9999 L8039 Q2039 T2025  
 20999 27299 36299 42299 45399 49999 58999 67999 76999 78699 86849 88749 95199 99600 A9999 G9012 K0812 L8499 Q4050 T5999  
 21089 27599 37501 42699 45499 50549 59897 68399 77299 78799 86999 89240 95999 A0999 B9998 H0046 K0898 L8698 Q4051 V2199  
 21299 27899 37799 42999 45999 50949 59898 68899 77399 78999 87797 89398 96379 A4421 B9999 J7599 K0899 L8699 Q4082 V2797  
 21499 28899 38129 43289 46999 51999 59899 69399 77499 79999 87798 90399 96549 A4641 C2698 J7699 L0999 L8701 Q4100 V2799  
 21899 29999 38589 43499 47379 53899 60659 69799 77799 80299 87799 90749 96999 A4649 C2699 J7799 L1499 L8702 S0590 V5298  
 22899 30999 38999 43659 47399 54699 60699 69949 78099 81099 87899 90899 97039 A4913 E0769 J7999 L2999 P9603 S3870 V5299  
 22999 31299 39499 43999 47579 55559 64999 69979 78199 81479 87999 91299 97139 A6261 E0770 J8498 L3649 P9604 S8189