

**- 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.***

**Legend:**

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

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

<b>USER GUIDE</b>	
All Lines of Business	For codes listed in <b>purple</b> and labeled “All Lines of Business,” authorization is needed for <b>all members</b> .
MEDICAID and MyCare Ohio Medicaid	For codes listed in <b>green</b> and labeled “MEDICAID and MyCare Ohio Medicaid,” authorization is only needed if the member is a <b>Medicaid</b> member or a <b>Molina MyCare Ohio Medicaid</b> member (duals Medicaid only/opt-out).
MEDICARE and MyCare Ohio Medicare	For codes listed <b>orange</b> and labeled “MEDICARE and MyCare Ohio Medicare,” authorization is only needed if the member is a <b>Molina Medicare</b> member or a <b>Molina Dual Options MyCare Ohio Medicare-Medicaid Plan</b> member (full duals/opt-in).
MARKETPLACE ONLY	For codes listed in <b>blue</b> and labeled “MARKETPLACE ONLY,” authorization is only needed if the member is a <b>Molina Marketplace</b> member.
MyCare Ohio Medicaid & MyCare Ohio Medicare	For codes listed in <b>red</b> and labeled “MyCare Ohio Medicare & MyCare Ohio Medicaid,” services are covered only for <b>Molina Dual Options MyCare Ohio Medicare-Medicaid Plan</b> (full duals/opt-in) <i>and</i> <b>Molina MyCare Ohio Medicaid</b> (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
<a href="#">Physician services</a>	Appendix DD	<a href="#">5160-1-60</a>
<a href="#">Provider-administered pharmaceuticals</a>		<a href="#">5160-4-12</a>
<a href="#">Ambulatory surgical centers (These codes are noted in the “Current ASC Group” column of the Medicaid Fee Schedule, Appendix DD.)</a>	Appendix DD	<a href="#">5160-22-03</a>
<a href="#">Outpatient hospital surgical services</a>	Appendix C	<a href="#">5160-2-21</a>
<a href="#">Outpatient hospital clinic services</a>	Appendix D	<a href="#">5160-2-21</a>
<a href="#">Hospital emergency room visits</a>	Appendix E	<a href="#">5160-2-21</a>
<a href="#">Outpatient hospital ancillary services</a>	Appendix F	<a href="#">5160-2-21</a>
<a href="#">Outpatient hospital radiology services</a>	Appendix G	<a href="#">5160-2-21</a>
<a href="#">Outpatient hospital laboratory services</a>	Appendix DD	<a href="#">5160-2-21</a>

### Long Term Services & Support (LTSS)

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

MyCare Ohio Medicare & MyCare Ohio Medicaid					
<b>A0080</b>	<b>H0045</b>	<b>S5121</b>	<b>S5161</b>	<b>T1002</b>	<b>T2025</b>
<b>A0090</b>	<b>S0215</b>	<b>S5125</b>	<b>S5162</b>	<b>T1003</b>	<b>T2029</b>
<b>A0100</b>	<b>S5100</b>	<b>S5130</b>	<b>S5165</b>	<b>T1019</b>	<b>T2031</b>
<b>A0200</b>	<b>S5101</b>	<b>S5135</b>	<b>S5170</b>	<b>T1999</b>	<b>T2038</b>
<b>G0155</b>	<b>S5102</b>	<b>S5160</b>	<b>S9470</b>	<b>T2003</b>	

### 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.**

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### BEHAVIORAL HEALTH, MENTAL HEALTH, ALCOHOL & CHEMICAL DEPENDENCY SERVICES

*Inpatient, Residential Treatment, Partial Hospitalization, Day Treatment, 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
1001	H0012	H2017^	S5111	T1028^			
1002	H0017	H2018	S0201	T2013^			
2106	H2012^	H2019^	S5150^	T2040^			
0901	H2013	H2020	T1023^				
0912	H2014^	H0031^	T1025^				
0913	H2015	H0032^	T1026^				
90870	H2016	H0046	T1027^				
		H0035					

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

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### 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	MARKEPLACE 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				
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									MEDICAID and MyCare Ohio Medicaid		MEDICARE and MyCare Ohio Medicare	MARKEPLACE ONLY
0019T	0175T	0228T	0287T	0338T	0392T	0425T	82016		0329T	0333T		
0042T	0178T	0229T	0288T	0339T	0393T	0426T	82017		0330T	0331T		
0051T	0179T	0230T	0289T	0340T	0394T	0427T	83987		0332T			

**Molina Healthcare**  
**Prior Authorization Codification List**  
**Effective 10/01/2016**

All Lines of Business										MEDICAID and MyCare Ohio Medicaid	MEDI CARE and MyCare Ohio Medicare	MARKET PLACE ONLY
0052T	0180T	0231T	0290T	0342T	0395T	0428T	84145					
0053T	0184T	0234T	0291T	0347T	0396T	0429T	86316					
0054T	0188T	0235T	0292T	0348T	0397T	0430T	86343					
0055T	0189T	0236T	0293T	0349T	0398T	0431T	Q4161					
0058T	0190T	0237T	0294T	0350T	0399T	0432T	Q4162					
0071T	0191T	0238T	0295T	0351T	0400T	0433T	Q4163					
0072T	0195T	0249T	0296T	0346T	0401T	0434T	Q4164					
0075T	0196T	0253T	0297T	0352T	0402T	0435T	Q4165					
0076T	0198T	0254T	0298T	0353T	0403T	0436T						
0085T	0200T	0255T	0299T	0354T	0404T	0438T						
0095T	0201T	0263T	0300T	0355T	0405T	0439T						
0098T	0202T	0264T	0301T	0356T	0406T	0442T						
0100T	0205T	0265T	0302T	0357T	0407T	0443T						
0101T	0206T	0266T	0303T	0358T	0408T	0444T						
0102T	0207T	0267T	0304T	0359T	0409T	0437T						
0106T	0208T	0268T	0305T	0360T	0410T	0441T						
0107T	0209T	0269T	0306T	0361T	0411T	0445T						
0108T	0210T	0270T	0307T	0362T	0412T	0440T						
0109T	0211T	0271T	0308T	0363T	0413T							
0110T	0212T	0272T	0309T	0364T	0414T							
0111T	0213T	0273T	0310T	0365T	0415T							
0126T	0214T	0274T	0312T	0366T	0416T							
0159T	0215T	0275T	0313T	0367T	0417T							
0163T	0216T	0278T	0314T	0368T	0418T							
0164T	0217T	0281T	0315T	0369T	0419T							
0165T	0218T	0282T	0316T	0370T	0420T							
0169T	0219T	0283T	0317T	0371T	0421T							
0171T	0220T	0284T	0335T	0372T	0422T							
0172T	0221T	0285T	0336T	0373T	0423T							
0174T	0222T	0286T	0337T	0374T	0424T							

**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	81226	81298	81408	81450	S3841	S3866	S3840			S3722	S3854
0006M	81227	81300	81410	81455	S3842	S3870	S3722				
0007M	81228	81313	81411	81460	S3861	S3852	S3854				
0008M	81229	81317	81415	81465	S3865	S3800					
0010M	81246	81319	81416	81470							
81201	81265	81321	81417	81471							
81203	81266	81323	81425	81519							
81211	81280	81325	81426	83006							

81212	81282	81355	81427	84999*
81213	81287	81400	81430	88369
81214	81291	81401	81431	88373
81215	81292	81402	81435	88374
81216	81294	81403	81436	88377
81217	81295	81404	81440	81162
81222	81297	81405	81445	81210
81223	81311	81406	81434	81218
81219	81314	81412	81437	81442
81272	81538	81432	81438	81493
81273	81540	81433	81493	81528
81535	81504	81545	86152	81225
81536	81276	81595	86153	81281
G9143		81324		

\*Including Oncotype Dx

### HOME HEALTH CARE & HOME INFUSION

*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.*

*For Medicaid: OT/PT in home settings, see OT/PT sections.*

All Lines of Business					MEDICAID and MyCare Ohio Medicaid		MEDICARE and MyCare Ohio Medicare			MARKETPLACE ONLY	
G0153	G0300				S9122		027X	034X	056X	S9122	G0151
G0155					S9123		029X	0023	057X	S9123	G0152
G0156					S9124		042X	043X	060X	S9124	G0157
G0161							032X	044X	062X	S9128	G0158
G0162							033X	055X		S9129	G0159
G0163							G0151	G0152	G0157	S9131	G0160
G0164							G0158	G0159	G0160		
G0299							S9977				

### HYPERBARIC THERAPY

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

### IMAGING – ADVANCED & SPECIALTY

All Lines of Business					MEDICAID and MyCare Ohio Medicaid		MEDICARE and MyCare Ohio Medicare			MARKETPLACE ONLY	
C8900	70498	72156	74175	78473	S8080	S8032				S8080	S8032
C8901	70540	72157	74176	78481	S8042	76380				S8042	76380
C8902	70542	72158	74177	78483	76390					76390	
C8903	70543	72159	74178	78491							
C8904	70544	72191	74181	78492							

**Molina Healthcare**  
**Prior Authorization Codification List**  
**Effective 10/01/2016**

All Lines of Business					MEDICAID and MyCare Ohio Medicaid	MEDICARE and MyCare Ohio Medicare	MARKETPLACE ONLY
C8905	70545	72192	74182	78494			
C8906	70546	72193	74183	78496			
C8907	70547	72194	74185	78607			
C8908	70548	72195	74261	78608			
C8909	70549	72196	74262	78609			
C8910	70551	72197	74263	78647			
C8911	70552	72198	75557	78710			
C8912	70553	73200	75559	78811			
C8913	70554	73201	75561	78812			
C8914	70555	73202	75563	78813			
C8918	71250	73206	75565	78814			
C8919	71260	73218	75571	78815			
C8920	71270	73219	75572	78816			
C8931	71275	73220	75573	74712			
C8932	71550	73221	75574	74713			
C8933	71551	73222	75635	G0288			
C8934	71552	73223	76376	G0297			
C8935	71555	73225	76377				
C8936	72125	73700	76497				
70336	72126	73701	76498				
70450	72127	73702	77058				
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				
			78469				
			78472				

**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*

**Molina Healthcare**  
**Prior Authorization Codification List**  
**Effective 10/01/2016**

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*
- *Child and Adolescent Health Center Services*
- *Local Health Department (LHD) services*
- *Other services based on State requirements*



**OCCUPATIONAL THERAPY**

*Medicaid: After initial evaluation plus twenty four (24) visits per calendar year for office, outpatient and home settings.*

*Medicare: After therapy benefit cap has been reached*

**NOTE:**

- *Molina of Ohio: PA Required after 30 dates of service*

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

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

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
10040	22112	22819	28011	28238	28737	29915	38214	58150	58673	63040	69310			
15786	22114	22830	28035	28240	28740	29916	38215	58152	58700	63042	69710			
15787	22116	22840	28060	28250	28750	30465	38232	58180	58720	63043	69711			
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			

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

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
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				
21270	22632	27442	28202	28322	29889	37780	52441	58553	63003	64595				
21280	22633	27443	28208	28340	29891	37785	52442	58554	63005	65771				
21282	22634	27445	28210	28344	29892	38204	52649	58570	63011	65772				
21295	22800	27446	28220	28345	29893	38207	53850	58571	63012	65775				
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: After initial evaluation plus twenty four (24) visits per calendar year for office, outpatient and home settings*

*Medicare: After therapy benefit cap has been reached*

**PLEASE NOTE:**

- *Molina of Ohio: PA Required after 30 dates of service*

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

**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	J0888	J1645	J2724	J7187	J7639	J9206	J9355			
90283	J0364	J0894	J1650	J2778	J7188	J7682	J9207	J9357			
90284	J0401	J0895	J1652	J2783	J7189	J7686	J9214	J9371			
90378	J0480	J0897	J1675	J2788	J7190	J7999	J9215	J9395			
A9542	J0485	J1290	J1725**	J2790	J7191	J8499	J9216	J9400			
A9543	J0490	J1300	J1740	J2791	J7192	J8520	J9217	J9600			
C9132	J0572	J1322	J1743	J2792	J7193	J8521	J9218	J9999			
C9137	J0573	J1324	J1744	J2793	J7194	J8530	J9219	L8605			
C9138	J0574	J1325	J1745	J2796	J7195	J8655	J9225	Q2043			
C9257*	J0575	J1438	J1786	J2820	J7196	J8700	J9226	Q2050			
C9293	J0585	J1442	J1826	J2860	J7197	J8999	J9228	Q3027			
C9399	J0586	J1447	J1830	J2941	J7198	J9015	J9245	Q3028			
C9470	J0587	J1453	J1833	J3060	J7199	J9017	J9261	Q4074			
C9471	J0588	J1458	J1930	J3090	J7200	J9019	J9262	Q5101			
C9472	J0592	J1459	J1931	J3110	J7201	J9025	J9263	Q5102			
C9473	J0596	J1460	J1950	J3262	J7205	J9032	J9264	Q9980			
C9474	J0597	J1556	J1955	J3285	J7309	J9033	J9266	Q9981			
C9475	J0598	J1557	J2020	J3315	J7310	J9035*	J9267	S0122			
C9476	J0637	J1559	J2170	J3355	J7311	J9039	J9271	S0126			
C9477	J0638	J1560	J2248	J3357	J7312	J9041	J9293	S0128			
C9478	J0641	J1561	J2315	J3380	J7313	J9042	J9299	S0132			
C9480	J0695	J1562	J2323	J3385	J7316	J9043	J9301	S0145			
J0129	J0714	J1566	J2353	J3396	J7321	J9047	J9302	S0148			
J0135	J0717	J1568	J2354	J3489	J7323	J9050	J9303	S0157			
J0178	J0725	J1569	J2357	J3490	J7324	J9055	J9305				
J0180	J0775	J1571	J2425	J3590	J7325	J9098	J9306				
J0202	J0800	J1572	J2426	J7178	J7326	J9120	J9307				
J0205	J0850	J1573	J2502	J7180	J7327	J9155	J9308				
J0207	J0875	J1575	J2503	J7181	J7328	J9160	J9310				
J0220	J0878	J1595	J2505	J7182	J7330	J9171	J9315				
J0221	J0881	J1599	J2507	J7183	J7340	J9179	J9330				
J0256	J0882	J1602	J2562	J7185	J7504	J9201	J9351				
J0257	J0885	J1640	J2597	J7186	J7527	J9202	J9354				

\*No PA required when used with ocular diagnosis  
 \*\* No PA required in Ohio

**SPEECH THERAPY**

*After initial evaluation plus six (6) visits for office, outpatient and home settings*

All Lines of Business	MEDICAID and MyCare Ohio	MEDICARE and MyCare Ohio	MARKETPLACE ONLY
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					<b>Medicaid</b>	<b>Medicare</b>				
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.*

MEDICARE / MEDICAID & MKT PLACE					MEDICAID and MyCare Ohio Medicaid		MEDICARE and MyCare Ohio Medicare		MARKETPLACE ONLY	
A0430	A0431	A0999			S9960	S9961			S9960	S9961

**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	51999	68899	86486	97039	L0999	T5999	V5298			T5999	V5298
15999	40899	53899	69399	86849	97139	L1499	T1999	S0590			T1999	S0590
17999	41599	54699	69799	86999	97799	L2999						
19105	43659	55559	69949	87999	99429	L3649						
19499	43999	55899	69979	88099	99499	L3999						
20999	44238	58578	76499	88199	99199	L5999						
21299	44799	58579	76999	88299	A4649	L7499						

**Molina Healthcare**  
**Prior Authorization Codification List**  
**Effective 10/01/2016**

**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	MEDICAR E and MyCare Ohio Medicare	MARKETPLACE ONLY
21499	44899	58679	77799	88399	A4913	L8039			
22899	44979	58999	78099	88749	A9999	L8499			
22999	45399	59897	78199	89240	B9999	L8699			
23929	45499	59898	78299	89398	E0769	Q0507			
24999	45999	60659	78399	90399	E0770	Q0508			
25999	46999	60699	78499	90749	E2599	Q0509			
27899	47379	64999	78599	90899	J7599	V2199			
28899	47399	66999	78699	91299	K0898	V2399			
29999	47579	67299	78799	92499	K0899	V2797			
30999	47999	67399	81099	92700		V2799			
31299	48999	67599	81479	93799		V5299			
31899	49329	67999	81599	94799					
36299	49999	68399	85999	95199					
37799				96999					

**OHIO EXCEPTIONS**

**PA REQUIRED:**

*Submit clinical information supporting use of these codes:*

All Lines of Business					MEDICAID ONLY				MARKETPLACE ONLY			
J9265	59841	59851	59855	59857	K0001	K0003	K0005	K0007				
59840	59850	59852	59856	59866	K0002	K0004	K0006					