

– IMPORTANT NOTICES –

This document is updated quarterly. Codes requiring prior authorization (PA) may be added or deleted. Please check this document prior to submitting your PA request as changes may occur.

All codes listed in this document require authorization, unless otherwise specified.

Authorization is not a guarantee of payment for services. Payment is made in accordance with a determination of the member's eligibility, benefit limitation/exclusions and evidence of medical necessity during the claim review.

Office visits and/or procedures at participating (PAR) provider offices do not require PA. Referrals to PAR specialists do not require PA.

To search this document: use [Ctrl + F] keys, enter service or CPT code in search navigation pane at left, and then press enter.

Please note: Not all codes referenced in this document are covered services for Ohio Medicaid programs or all sites of service. Please be sure to identify the Medicaid program (e.g. Healthy Families; Aged, Blind or Disabled (ABD); MyCare Ohio; or Adult Extension) prior to referencing this document.

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).

USER GUIDE	
All Lines of Business	For codes listed in columns shaded purple and labeled “All Lines of Business,” authorization is needed for all members .
MEDICAID and MyCare Ohio Medicaid	For codes listed in columns shaded green and labeled “MEDICAID and MyCare Ohio Medicaid,” authorization is only needed if the member is a Medicaid member or a Molina MyCare Ohio Medicaid member (duals Medicaid only/opt-out).
MEDICARE and MyCare Ohio Medicare	For codes listed in columns shaded orange and labeled “MEDICARE and MyCare Ohio Medicare,” authorization is only needed if the member is a Molina Medicare member or a Molina MyCare Ohio Molina Dual Options Medicare-Medicaid Plan member (full duals/opt-in).
MARKETPLACE ONLY	For codes listed in columns shaded blue and labeled “MARKETPLACE ONLY,” authorization is only needed if the member is a Molina Marketplace member.

Site of Service	Appendix	OAC
Physician services	Appendix DD	5160-1-60
Provider-administered pharmaceuticals		5160-4-12
Ambulatory surgical centers (These codes are noted in the “Current ASC Group” column of the Medicaid Fee Schedule, Appendix DD.)	Appendix DD	5160-22-03
Outpatient hospital surgical services	Appendix C	5160-2-21
Outpatient hospital clinic services	Appendix D	5160-2-21
Hospital emergency room visits	Appendix E	5160-2-21
Outpatient hospital ancillary services	Appendix F	5160-2-21
Outpatient hospital radiology services	Appendix G	5160-2-21
Outpatient hospital laboratory services	Appendix H	5160-2-21

Long Term Services & Support (LTSS)

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

MYCARE OHIO MEDICAID ONLY					
A0080	H0045	S5121	S5161	T1002	T2025
A0090	S0215	S5125	S5162	T1003	T2029
A0100	S5100	S5130	S5165	T1019	T2031
A0200	S5101	S5135	S5170	T1999	T2038
G0155	S5102	S5160	S9470	T2003	

Sterilization and Hysterectomy Services

In compliance with [OAC 5160-21-02.2](#), claims for sterilization and hysterectomy services will not be paid until the required criteria is met and the appropriate [consent form](#) is received, regardless of whether the code is listed on this document.

Behavioral Health, Mental Health, Alcohol & Chemical Dependency Services

Inpatient, Residential Treatment, Partial Hospitalization, Day Treatment, Electroconvulsive Therapy (ECT), Applied Behavioral Analysis (ABA) for treatment of Autism Spectrum Disorder (ASD)

PLEASE NOTE:

- *Any services that are being provided in an inpatient setting will require PA.*
- *Any services performed in the Outpatient (OP) Hospital setting billed with POS 19 and 22 require PA.*

All Lines of Business					MEDICAID and MyCare Ohio Medicaid	MEDICARE and MyCare Ohio Medicare	MARKETPLACE ONLY
0114	1001	H0012 [^]	H2019 [^]	T1023 [^]	N/A	N/A	N/A
0124	1002	H0017	H2020	T1025 [^]			
0134	2106	H2012 [^]	H0031 [^]	T1026 [^]			
0144	90870	H2013	H0032 [^]	T1027 [^]			
0154	0901	H2014 [^]	H0046	T1028 [^]			
0190	0912	H2015	S5111	T2013 [^]			
0204	0913	H2016	S0201	T2040 [^]			
		H2017 [^]	S5150 [^]				
		H2018					
[^] PA required for All plans only when submitted with Autism Dx. [IDC9: 299.00, 299.01, 299.10, 299.11, 299.80, 299.81, 299.90, 299.91 and ICD10: F84.0, F84.2, F84.3, F84.4, F84.5, F84.8, F84.9]							

Cosmetic, Plastic & Reconstructive Procedures (in ANY setting)

All Lines of Business					MEDICAID and MyCare Ohio Medicaid	MEDICARE and MyCare Ohio Medicare	MARKETPLACE ONLY
15775	15822	15837	19324	30430	N/A	N/A	N/A
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



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

All Lines of Business									MEDICAID and MyCare Ohio Medicaid		MEDICARE and MyCare Ohio Medicare		MARKETPLACE ONLY	
A7025	E0373	E0986	E1237	E2327	E2508	E2631	K0827	K0860	E0481	S1036	N/A	N/A		
A9900	E0462	E0988	E1238	E2328	E2510	K0008	K0828	K0861	S1034	S1037				
A9901	E0483	E1002	E1296	E2329	E2511	K0009	K0829	K0862	S1035					
E0194	E0691	E1003	E1298	E2330	E2605	K0010	K0830	K0863						
E0255	E0692	E1004	E1310	E2340	E2606	K0011	K0831	K0864						
E0256	E0693	E1005	E1399	E2341	E2607	K0012	K0835	K0868						
E0260	E0694	E1006	E1700	E2342	E2608	K0014	K0836	K0869						
E0261	E0747	E1007	E2201	E2343	E2609	K0108	K0837	K0870						
E0265	E0748	E1008	E2202	E2351	E2611	K0606	K0838	K0871						
E0266	E0749	E1010	E2203	E2361	E2612	K0800	K0839	K0877						
E0277	E0760	E1014	E2204	E2366	E2613	K0801	K0840	K0878						
E0292	E0762	E1020	E2227	E2367	E2614	K0802	K0841	K0879						
E0293	E0764	E1029	E2228	E2368	E2615	K0806	K0842	K0880						
E0294	E0782	E1030	E2291	E2369	E2616	K0807	K0843	K0884						
E0295	E0783	E1035	E2292	E2370	E2617	K0808	K0848	K0885						
E0296	E0784	E1036	E2293	E2373	E2620	K0813	K0849	K0886						
E0297	E0785	E1161	E2294	E2374	E2621	K0814	K0850	K0890						
E0300	E0786	E1225	E2295	E2375	E2622	K0815	K0851	K0891						
E0301	E0849	E1226	E2310	E2376	E2623	K0816	K0852	K0900						
E0302	E0855	E1227	E2311	E2377	E2624	K0820	K0853	V2530						
E0303	E0983	E1230	E2312	E2378	E2625	K0821	K0854	V2531						
E0304	E0984	E1232	E2313	E2397	E2626	K0822	K0855	E0465						
E0328		E1233	E2321	E2500	E2627	K0823	K0856	E0466						
E0329		E1234	E2322	E2502	E2628	K0824	K0857	E1012						
E0371		E1235	E2325	E2504	E2629	K0825	K0858							
E0372		E1236	E2326	E2506	E2630	K0826	K0859							

Experimental/Investigational

All Lines of Business									MEDICAID and MyCare Ohio Medicaid		MEDICARE and MyCare Ohio Medicare		MARKETPLACE ONLY	
0019T	0159T	0209T	0249T	0288T	0316T	0366T	0411T	82016	0329T	0333T	N/A	N/A		
0042T	0163T	0210T	0253T	0289T	0317T	0367T	0412T	82017	0330T	0331T				
0051T	0164T	0211T	0254T	0290T	0335T	0368T	0413T	83987	0332T					
0052T	0165T	0212T	0255T	0291T	0336T	0369T	0414T	84145						
0053T	0169T	0213T	0263T	0292T	0337T	0370T	0415T	86316						
0054T	0171T	0214T	0264T	0293T	0338T	0371T	0416T	86343						
0055T	0172T	0215T	0265T	0294T	0339T	0372T	0417T	E0465						
0058T	0174T	0216T	0266T	0295T	0340T	0373T	0418T	E0466						
0071T	0175T	0217T	0267T	0296T	0342T	0374T	0419T	E1012						
0072T	0178T	0218T	0268T	0297T	0347T	0392T	0420T	Q4161						
0075T	0179T	0219T	0269T	0298T	0348T	0393T	0421T	Q4162						
0076T	0180T	0220T	0270T	0299T	0349T	0394T	0422T	Q4163						
0085T	0184T	0221T	0271T	0300T	0350T	0395T	0423T	Q4164						
0095T	0188T	0222T	0272T	0301T	0351T	0396T	0424T	Q4165						
0098T	0189T	0228T	0273T	0302T	0352T	0397T	0425T							
0100T	0190T	0229T	0274T	0303T	0353T	0398T	0426T							
0101T	0191T	0230T	0275T	0304T	0354T	0399T	0427T							
0102T	0195T	0231T	0278T	0305T	0355T	0400T	0428T							
0106T	0196T	0234T	0281T	0306T	0356T	0401T	0429T							
0107T	0198T	0235T	0282T	0307T	0357T	0402T	0430T							
0108T	0200T	0236T	0283T	0308T	0358T	0403T	0431T							
0109T	0201T	0237T	0285T	0309T	0359T	0404T	0432T							
0110T	0202T	0238T	0286T	0310T	0360T	0405T	0433T							
0111T	0205T		0287T		0361T	0406T	0434T							
0126T	0206T			0312T	0362T	0407T	0435T							
	0207T			0313T	0363T	0408T	0436T							
	0208T			0314T	0364T	0409T	0431T							
				0315T	0365T	0410T	0432T							

Genetic Counseling & Testing

PLEASE NOTE: *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	81407	81450	S3841	S3861	S3846	N/A			N/A
0006M	81227	81300	81408	81455	S3842	S3865	S3852				
0007M	81228	81313	81410	81460	S3845	S3866	S3800				
0008M	81229	81317	81411	81465		S3870	S3840				
0010M	81246	81319	81415	81470							
81201	81265	81321	81416	81471							
81203	81266	81323	81417	81519							
81211	81280	81325	81425	83006							
81212	81282	81355	81426	84999 [^]							
81213	81287	81400	81427	88369							
81214	81288	81401	81430	88373							
81215	81291	81402	81431	88374							
81216	81292	81403	81435	88377							
81217	81294	81404	81436	81162							
81222	81295	81405	81440	81170							
81223	81297	81406	81445	81218							
81219	81276	81412	81434	81442							
81272	81311	81432	81437	81493							
81273	81314	81433	81438	81528							
81535	81538	81545	81493								
81536	81540	81595									
[^] Including Oncotype Dx											

Home Health Care & Home Infusion

- PA required for nursing and Home Health aides after initial evaluation plus six (6) visits; PA may be required for medications associated with Home Infusion.
- PA required for Home PT and OT after initial evaluation plus 30 visits.

All Lines of Business					MEDICAID and MyCare Ohio Medicaid			MEDICARE and MyCare Ohio Medicare			MARKETPLACE ONLY
G0151	G0155	G0158	G0161	G0164	S9122			027X	034X	056X	N/A
G0152	G0156	G0159	G0162					029X	0023	057X	
G0153	G0157	G0160	G0163					042X	043X	060X	
G0154								032X	044X	062X	
								033X	055X		

Hyperbaric Therapy (including wound therapy)

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

Imaging – Advanced & Specialty

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

All Lines of Business					MEDICAID and MyCare Ohio Medicaid	MEDICARE and MyCare Ohio Medicare	MARKETPLACE ONLY
C8900	70498	72147	74160	78466	N/A	N/A	N/A
C8901	70540	72148	74170	78468			
C8902	70542	72149	74174	78469			
C8903	70543	72156	74175	78472			
C8904	70544	72157	74176	78473			
C8905	70545	72158	74177	78481			
C8906	70546	72159	74178	78483			
C8907	70547	72191	74181	78491			
C8908	70548	72192	74182	78492			
C8909	70549	72193	74183	78494			
C8910	70551	72194	74185	78496			
C8911	70552	72195	74261	78607			
C8912	70553	72196	74262	78608			
C8913	70554	72197	74263	78609			
C8914	70555	72198	75557	78647			
C8918	70557	73200	75559	78710			
C8919	70558	73201	75561	78811			
C8920	70559	73202	75563	78812			
C8931	71250	73206	75565	78813			
C8932	71260	73218	75571	78814			
C8933	71270	73219	75572	78815			
C8934	71275	73220	75573	78816			
C8935	71550	73221	75574	G0288			
C8936	71551	73222	75635	74712			
70336	71552	73223	76376	74713			
70450	71555	73225	76377	G0297			
70460	72125	73700	76380				
70470	72126	73701	77058				
70480	72127	73702	77059				
70481	72128	73706	77084				
70482	72129	73718	78205				
70486	72130	73719	78206				
70487	72131	73720	78320				
70488	72132	73721	78451				
70490	72133	73722	78452				
70491	72141	73723	78453				
70492	72142	73725	78454				
70496	72146	74150	78459				

Inpatient Admissions

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

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

Long-Term Services & Support

Not a Medicare covered benefit

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

Neuropsychological & Psychological Tests (in any setting)

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

Non-PAR Offices/Providers/Facilities

PA required for Non-Par Office Visits, Surgical Procedures, Labs, Diagnostic Studies, Inpatient Stays, except:

- *Emergency Department services*
- *Professional fees associated with an Emergency Department visit and approved Ambulatory Surgery Center (ASC) or inpatient stay*
- *Women's Health, Family Planning and Obstetrical Services*
- *Child and Adolescent Health Center Services*
- *Local Health Department (LHD) services*
- *Other services based on State requirements*

Occupational Therapy

After initial evaluation plus 30 visits for office, outpatient and home settings

PLEASE NOTE: *PA required after 30 dates of service*

All Lines of Business				MEDICAID and MyCare Ohio Medicaid	MEDICARE and MyCare Ohio Medicare	MARKETPLACE ONLY
0430	0431	0432	0433	S9129	N/A	S9129
0434	0439					

Office Visits & Office-Based Surgical Procedures at Participating (PAR) Providers

PAR Physician/Provider office visits and office-based surgical procedures do not require PA. See above for Non-PAR.

Outpatient (OP) Hospital/Ambulatory Surgery Center (ASC) Procedures

PLEASE NOTE: Codes listed in this section do not require PA when performed in a participating physician/provider office or free-standing diagnostic center. Any services performed billed with POS 19, 22 and 24 require PA.

All Lines of Business												MEDICAID and MyCare Ohio Medicaid	MEDICARE and MyCare Ohio Medicare	MKT PLACE ONLY
10040	22112	22819	28011	28238	28737	29915	38214	58150	58673	63005	65771	N/A	N/A	N/A
15786	22114	22830	28035	28240	28740	29916	38215	58152	58700	63011	65772			
15787	22116	22840	28060	28250	28750	30465	38232	58180	58720	63012	65775			
15819	22206	22841	28062	28260	28755	30520	43644	58200	58740	63015	67900			
15830	22207	22842	28080	28261	28760	30540	43645	58210	58750	63016	67901			
17004	22208	22843	28090	28262	28890	30545	43647	58240	58752	63017	67902			
17360	22210	22844	28092	28264	28341	31295	43648	58260	58760	63020	67903			
20930	22212	22845	28100	28270	29806	31296	43653	58262	58770	63030	67909			
21073	22214	22846	28102	28272	29807	31297	43770	58263	58940	63035	67950			
21120	22216	22847	28103	28280	29819	31660	43771	58267	58943	63040	69310			
21121	22220	22848	28104	28285	29820	31661	43772	58270	58950	63042	69710			
21122	22222	22849	28106	28286	29821	32491	43773	58275	58951	63043	69711			
21123	22224	22850	28107	28288	29822	33251	43774	58280	58952	63044	69714			
21125	22226	22851	28108	28289	29823	33254	43775	58285	58953	63045	69715			
21127	22505	22852	28110	28290	29824	33261	43842	58290	58954	63046	69717			
21137	22526	22855	28111	28292	29825	33265	43843	58291	58956	63047	69718			
21138	22527	22856	28112	28293	29826	33266	43845	58292	58957	63048	69930			
21139	22532	22857	28113	28294	29827	36460	43846	58293	58958	63050	9001F			
21141	22533	22861	28114	28296	29828	36468	43847	58294	58970	63051	90867			
21142	22534	22862	28116	28297	29848	36470	43848	58321	58974	63055	90868			
21143	22548	22864	28118	28298	29873	36471	43881	58322	58976	63056	90869			
21145	22551	22865	28119	28299	29874	36475	43882	58323	59070	63057	93229			
21146	22552	23412	28120	28300	29875	36476	45499	58345	59072	63064	95909			
21147	22554	25447	28122	28302	29876	36478	47380	58350	59074	63066	95911			
21150	22556	26499	28124	28304	29877	36479	47381	58356	59076	63075	95912			
21151	22558	27120	28126	28305	29879	36514	47382	58540	59840	63076	95913			
21154	22585	27122	28130	28306	29880	37191	47600	58541	59841	63077	95965			
21155	22586	27125	28140	28307	29881	37700	47605	58542	59850	63078	96567			
21159	22590	27130	28150	28308	29882	37718	47610	58543	59851	63081	96570			
21160	22595	27132	28153	28309	29883	37722	47612	58544	59852	63082	96571			
21172	22600	27134	28160	28310	29884	37735	47620	58545	59855	63085	96900			
21175	22610	27137	28171	28312	29885	37760	49255	58546	59856	63086	96902			
21240	22612	27138	28173	28313	29886	37761	49904	58548	59857	63087	96904			
21242	22614	27440	28175	28315	29887	37765	49905	58550	59866	63088	96910			
21243	22630	27441	28200	28320	29888	37766	49906	58552	59899	63090	96912			
21270	22632	27442	28202	28322	29889	37780	52441	58553	61863	63091	96913			
21280	22633	27443	28208	28340	29891	37785	52442	58554	61864	63101	96920			
21282	22634	27445	28210	28344	29892	38204	52649	58570	61867	63102	96921			
21295	22800	27446	28220	28345	29893	38207	53850	58571	61868	63103	96922			
21296	22802	27447	28222	28360	29894	38208	53852	58572	61885	64553	96931			
22100	22804	27486	28225	28705	29895	38209	53855	58573	61886	64568	96932			
22101	22808	27487	28226	28715	29897	38210	54401	58660	62369	64569	96933			
22102	22810	28005	28230	28725	29898	38211	54405	58661	62370	64570	96934			
22103	22812	28008	28232	28730	29899	38212	57288	58662	63001	64590	96935			
22110	22818	28010	28234	28735	29914	38213	57289	58672	63003	64595	96936			

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	62362	63662	64483	64600	97811	97813	N/A	97811	97813	
27096	64486	63663	64484	64633		97814		97814		
62310	64494	63664	64490	64634						
62311	62367	64487	64491	64635						
62350	62368	63685	64492	64636						
62351	63650	63688	64488	64640						
62360	63655	64479	64493	77003						
62361	63661	64480	64495	64489						
64461	64462	64463	62263	62264						

Physical Therapy

After initial evaluation plus 30 visits for office, outpatient and home settings

PLEASE NOTE: PA required after 30 dates of service.

All Lines of Business					MEDICAID and MyCare Ohio Medicaid		MEDICARE and MyCare Ohio Medicare		MARKETPLACE ONLY	
0420	0422	0424	97110		S9131		N/A		N/A	
0421	0423	0429	97112							

Prosthetics & Orthotics

All Lines of Business					MEDICAID and MyCare Ohio Medicaid		MEDICARE and MyCare Ohio Medicare		MARKETPLACE ONLY	
L0480	L1640	L1860	L2000	L2090	L8692		N/A	N/A		
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	N/A		N/A		N/A	
77522	77525	G0340	G6016	Q9950						

Sleep Studies

PLEASE NOTE: Home Sleep Studies do not require PA.

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

Specialty Pharmacy Drugs

All Lines of Business							MEDICAID and MyCare Ohio Medicaid	MEDICARE and MyCare Ohio Medicare	MARKET PLACE ONLY			
90284	J0800	J1568	J2426	J7191	J7639	J9371	N/A	N/A	N/A			
90378	J0850	J1569	J2440	J7192	J7682	J9400						
C9132	J0572	J1571	J2503	J7193	J7686	J9600						
C9136	J0573	J1572	J2505	J7194	J8499	Q0515						
C9257^	J0574	J1573	J2507	J7195	J8530	Q2028						
C9399	J0575	J1595	J2597	J7196	J8562	Q2043						
C9441	J0598	J1599	J2778	J7197	J8999	Q2050						
C9497	J0888	J1602	J2793	J7198	J9019	Q3027						
J0129	J0881	J1645	J2796	J7199	J9035^	Q3028						
J0135	J0885	J1650	J2820	J7201	J9042	Q4074						
J0178	J0890	J1652	J2940	J7309	J9047	Q4101						
J0180	J0895	J1675	J2941	J7310	J9202	Q4139						
J0207	J0897	J1725	J3030	J7311	J9207	Q4145						
J0215	J1290	J1743	J3060	J7312	J9212	Q4149						
J0220	J1300	J1744	J3110	J7316	J9213	Q5101						
J0221	J1322	J1745	J3240	J7321	J9214	S0073						
J0256	J1324	J1786	J3262	J7323	J9216	S0145						
J0257	J1325	J1826	J3285	J7324	J9217	S0148						
J0401	J1438	J1830	J3315	J7325	J9218							
J0480	J1442	J1930	J3357	J7326	J9219							
J0485	J1458	J1931	J3385	J7327	J9225							
J0490	J1459	J1950	J3396	J7330	J9226							
J0585	J1460	J2170	J3487	J7336	J9228							
J0586	J1556	J2212	J3489	J7500	J9245							
J0587	J1557	J2278	J3490	J7502	J9262							
J0588	J0882	J2315	J3590	J7504	J9267							
J0597	J1559	J2323	J7181	J7505	J9293							
J0638	J1560	J2353	J7182	J7507	J9301							
J0717	J1561	J2354	J7200	J7508	J9302							
J0740	J1562	J2355	J7178	J7510	J9306							
J0775	J1566	J2357	J7180	J7513	J9307							
			J7183	J7515	J9310							
			J7185	J7516	J9315							
			J7186	J7517	J9351							
			J7187	J7525	J9354							
			J7189	J7527								
			J7190									
^No PA required when used for intravitreal injection (67028) for ocular diagnoses												

Speech Therapy

After initial evaluation plus 30 visits for office, outpatient and home settings

All Lines of Business				MEDICAID and MyCare Ohio Medicaid	MEDICARE and MyCare Ohio Medicare	MARKETPLACE ONLY
92507	92508	92606		S9128	N/A	S9128

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	44135	47140	48551	50328	48160	S2065	N/A	48160	S2065
38206	44136	47141	48552	50329	S2053	S2140		S2053	S2140
38230	44137	47142	48554	50340	S2054	S2142		S2054	S2142
38240	44715	47143	48556	50360	S2055	S2150		S2055	S2150
38241	44720	47144	50300	50365	S2060	S2152		S2060	S2152
38242	44721	47145	50320	50370	S2061			S2061	
38243	47133	47146	50323	50380					
44132	47135	47147	50325	50547					
44133		48550	50327						

Transportation Services (Non-Emergent Air Ambulance)

PA required for non-emergent air transportation. Emergency transport does not require PA

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



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

Unlisted/Miscellaneous Codes

PLEASE NOTE: *Molina Healthcare 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	44238	66999	81599	A4913	T5999	N/A	T5999
15999	44799	67299	85999	A9999			
17999	44899	67399	86486	B9999			
19105	44979	67599	86849	E0769			
19499	45399	67999	86999	E0770			
20985	45499	68399	87999	E2599			
20999	45999	68899	88099	J7599			
21299	46999	69399	88199	K0898			
21499	47379	69799	88299	K0899			
22899	47399	69949	88399	L0999			
22999	47579	69979	88749	L1499			
23929	47999	76496	89240	L2999			
24999	48999	76497	89398	L3649			
25999	49329	76498	90399	L3999			
27899	49999	76499	90749	L5999			
28899	51999	76999	90899	L7499			
29999	53899	77799	91299	L8039			
30999	54699	78099	92499	L8499			
31299	55559	78199	92700	L8699			
31899	55899	78299	93799	Q0507			
33999	58578	78399	94799	Q0508			
37799	58579	78499	95199	Q0509			
40799	58679	78599	96999	V2199			
40899	58999	78699	97039	V2399			
41599	59897	78799	97139	V2799			
42299	59898	78999	97799	V5299			
43289	60659	79999	99429	0434T			
43659	60699	81099	99499	0435T			
43999	64999	81479	A4649	0436T			
0394T	0404T	0414T	0424T				
0395T	0405T	0415T	0425T				
0396T	0406T	0416T	0426T				
0397T	0407T	0417T	0427T				
0398T	0408T	0418T	0428T				
0399T	0409T	0419T	0429T				
0400T	0410T	0420T	0430T				
0401T	0411T	0421T	0431T				
0402T	0412T	0422T	0432T				
0403T	0413T	0423T	0433T				