

**- IMPORTANT NOTICES -**

**This document is updated quarterly. Codes requiring prior authorization may be added or deleted. Please check this document prior to submitting your prior authorization 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 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, 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, Healthy Start, ABD, Dual Options 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 rules, unless prior authorization is obtained. Prior authorization 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	Ohio Administrative
<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 H	<a href="#">5160-2-21</a>

## Long Term Services & Support

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

<b>DUAL OPTIONS MYCARE OHIO MEDICAID ONLY</b>					
<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 Ohio Administrative Code 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)*

**NOTE:** Molina of Florida: Contact Psych Care – Medicaid: 855-371-3495, Medicare/Marketplace: 855-371-9230

**NOTE:** Molina of New Mexico Medicaid: No auth required when done in an OP setting

**NOTE:** Molina of IL: No auth required when done in an OP setting

MEDICARE/MEDICAID & MKT PLACE					MEDICAID ONLY			MEDICARE ONLY			MKT PLACE ONLY		
0114	0190	1002	H2012	H2020	N/A			N/A			N/A		
0124	0204	2106	H2013	H0032									
0134	0901	90870	H2015	H0046									
0144	0912	96105	H2016	99366									
0154	0913	H0012	H2018	99368									
S0201	1001	H0017	H2019	S5111									
H0031	H2012	H2014	H2017	H2019									
T1023	T1025	T1026	T1027	T1028									
T2013	T2013	T2040	S5150										

**Cosmetic, Plastic & Reconstructive Procedures (in ANY setting)**

MEDICARE/MEDICAID & MKT PLACE					MEDICAID ONLY			MEDICARE ONLY			MKT PLACE ONLY		
11920	15792	15836	19328	19380	N/A			N/A			N/A		
11921	15793	15837	19330	19396									
11922	15820	15838	19340	30400									
11950	15821	15839	19342	30410									
11951	15822	15847	19350	30420									
11952	15823	15876	19355	30430									
11954	15824	15877	19357	30435									
15775	15825	15878	19361	30450									
15776	15826	15879	19364	30460									
15780	15828	17380	19366	30462									
15781	15829	19300	19367	67904									
15782	15832	19316	19368	67906									
15783	15833	19318	19369	67908									
15788	15834	19324	19370	69300									
15789	15835	19325	19371										

**Dental General Anesthesia**

*PA required for >7 years old or per State benefit. [Not a Medicare covered benefit]*

MEDICARE/MEDICAID & MKT PLACE					MEDICAID ONLY			MEDICARE ONLY			MKT PLACE ONLY		
N/A					00170			D9219			00170		

**Dialysis**

*One Time Notification Only*

MEDICARE/MEDICAID & MKT PLACE					MEDICAID ONLY			MEDICARE ONLY			MKT PLACE ONLY		
90935	90953	90959	90965	90997	N/A			N/A			N/A		
90937	90954	90960	90966	G0365									
90945	90955	90961	90967	J0882									
90947	90956	90962	90968	J0886									

90951	90957	90963	90969	Q4081											
90952	90958	90964	90970												

### Durable Medical Equipment (DME)

**Medicare Hearing Supplemental benefit: Contact AVESIS at 800-327-4662**

**NOTE: Molina of Florida: codes listed apply to Region 4 providers, other MFL regions contact UNIVITA at 800-369-1416**

**NOTE: Molina of Puerto Rico: DME is not a covered benefit; however, it may be covered on a case-by-case basis under an exceptions process according to the Provider's policies & procedures.**

MEDICARE/MEDICAID & MKT PLACE									MEDICAID ONLY		MEDI CARE	MKT PL
A4639	E0328	E0657	E1004	E2227	E2378	K0010	K0839	K0900	E0481	V5244	N/A	N/A
A7025	E0329	E0667	E1005	E2228	E2397	K0011	K0840	Q0479	S1034	V5245		
A8000	E0371	E0668	E1006	E2291	E2500	K0012	K0841	Q0480	S1035	V5246		
A8001	E0372	E0670	E1007	E2292	E2502	K0014	K0842	Q0481	S1036	V5247		
A8002	E0373	E0671	E1008	E2293	E2504	K0108	K0843	Q0482	S1037	V5248		
A8003	E0445	E0672	E1010	E2294	E2506	K0455	K0848	Q0483	V5030	V5249		
A8004	E0450	E0673	E1014	E2295	E2508	K0606	K0849	Q0484	V5050	V5250		
E0184	E0460	E0675	E1020	E2310	E2510	K0609	K0850	Q0485	V5060	V5251		
E0186	E0461	E0691	E1029	E2311	E2511	K0730	K0851	Q0486	V5100	V5252		
E0193	E0462	E0692	E1030	E2312	E2605	K0800	K0852	Q0487	V5120	V5253		
E0194	E0463	E0693	E1035	E2313	E2606	K0801	K0853	Q0489	V5130	V5254		
E0196	E0464	E0694	E1036	E2321	E2607	K0802	K0854	Q0490	V5140	V5255		
E0197	E0470	E0731	E1161	E2322	E2608	K0806	K0855	Q0491	V5170	V5256		
E0198	E0471	E0740	E1225	E2325	E2609	K0807	K0856	Q0493	V5180	V5257		
E0217	E0472	E0747	E1226	E2326	E2611	K0808	K0857	Q0495	V5210	V5258		
E0225	E0480	E0748	E1227	E2327	E2612	K0813	K0858	Q0496	V5220	V5259		
E0239	E0482	E0749	E1230	E2328	E2613	K0814	K0859	Q0497	V5242	V5260		
E0255	E0483	E0760	E1232	E2329	E2614	K0815	K0860	Q0498	V5243	V5261		
E0256	E0565	E0762	E1233	E2330	E2615	K0816	K0861	Q0501				
E0260	E0601	E0764	E1234	E2340	E2616	K0820	K0862	Q0502				
E0261	E0610	E0782	E1235	E2341	E2617	K0821	K0863	Q0503				
E0265	E0615	E0783	E1236	E2342	E2620	K0822	K0864	Q0504				
E0266	E0617	E0784	E1237	E2343	E2621	K0823	K0868	Q0506				
E0277	E0618	E0785	E1238	E2351	E2622	K0824	K0869	S8540				
E0292	E0619	E0786	E1296	E2361	E2623	K0825	K0870	S8423				
E0293	E0620	E0849	E1298	E2366	E2624	K0826	K0871	S8425				
E0294	E0627	E0855	E1310	E2367	E2625	K0827	K0877	S8426				
E0295	E0628	E0947	E1399	E2368	E2626	K0828	K0878	V2530				
E0296	E0629	E0948	E1700	E2369	E2627	K0829	K0879	V2531				
E0297	E0636	E0983	E2100	E2370	E2628	K0830	K0880	C2624				
E0300	E0640	E0984	E2120	E2373	E2629	K0831	K0884					
E0301	E0650	E0986	E2201	E2374	E2630	K0835	K0885					
E0302	E0651	E0988	E2202	E2375	E2631	K0836	K0886					
E0303	E0652	E1002	E2203	E2376	K0008	K0837	K0890					
E0304	E0656	E1003	E2204	E2377	K0009	K0838	K0891					

### Experimental/Investigational

MEDICARE / MEDICAID & MKT PLACE					MEDICAID ONLY			MEDICARE ONLY		MKT PLACE ONLY	
0019T	82016	83987	86316	92145	0329T	0332T	0331T	N/A		N/A	
J2010	82017	84145	86343		0330T	0333T					

## Genetic Counseling & Testing

**Exception(s): Prenatal diagnosis of congenital disorders of the unborn child through amniocentesis and genetic test screening of newborns mandated by State regulations**

MEDICARE / MEDICAID & MKT PLACE					MEDICAID ONLY			MEDICARE ONLY		MKT PLACE ONLY	
81201	81265	81323	81313	81450	0004M	S3841	S3866	N/A		N/A	
81203	81266	81325	81410	81455	0006M	S3842	S3870				
81211	81280	81355	81411	81460	0007M	S3845	S3846				
81212	81282	81400	81415	81465	0008M	S3854	S3852				
81213	81287	81401	81416	81470	0010M	S3861					
81214	81291	81402	81417	81471	S3800	S3865					
81215	81292	81403	81425	81519	S3840						
81216	81294	81404	81426	83006							
81217	81295	81405	81427	88369							
81222	81297	81406	81430	88373							
81223	81298	81407	81431	88374							
81226	81300	81408	81435	88377							
81227	81317	84999*	81436								
81228	81319	81246	81440								
81229	81321	81288	81445								

\*Including Oncotype DX)

## Habilitative Therapy

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

MEDICARE / MEDICAID & MKT PLACE					MEDICAID ONLY			MEDICARE ONLY		MKT PLACE ONLY	
97010	97028	97113	97537	97532	S9128	S9129	S9152	N/A		S9128	S9152
97012	97032	97116	97542	92606						S9129	
97014	97033	97124	97760	92609							
97016	97034	97140	97761	G0281							
97018	97035	97150	97762	G0283							
97022	97036	97530	92507	G0329							
97024	97110	97533	92508								
97026	97112	97535	92526								

## Home Health Care & Home Infusion

**PA may be required for medications associated with Home Infusion**

**NOTE: Molina of Florida: codes listed apply to Region 4 providers; other MFL regions contact UNIVITA at 800-369-1416. Also see MFL Plan exceptions.**

MEDICARE / MEDICAID & MKT PLACE					MEDICAID ONLY		MEDICARE ONLY			MKT PLACE ONLY	
G0151	G0154	G0156	G0159	G0162	S9379	99602	027X	034X	056X	S9379	99602
G0152	G0155	G0157	G0160	G0163	99601		029X	0023	057X	99601	
G0153		G0158	G0161	G0164			042X	043X	060X		
							032X	044X	062X		
							033X	055X			

## Hospice & Palliative Care

### Notification Only

MEDICARE / MEDICAID & MKT PLACE					MEDICAID ONLY		MEDICARE ONLY		MKT PLACE ONLY	
081X	0125	0155	0651	0657	S0271	T2044	N/A		S0271	T2044
082X	0135	0235	0652	0658	T2042	T2045			T2042	T2045
0115	0145	0650	0655	0659	T2043	T2046			T2043	T2046

## Imaging, Advanced & Specialty Imaging

MEDICARE / MEDICAID & MKT PLACE					MEDICAID ONLY		MEDICARE ONLY		MKT PLACE ONLY	
C8900	70498	72146	73725	78205	N/A		N/A		N/A	
C8901	70540	72147	74150	78206						
C8902	70542	72148	74160	78320						
C8903	70543	72149	74170	78414						
C8904	70544	72156	74174	78428						
C8905	70545	72157	74175	78451						
C8906	70546	72158	74176	78452						
C8907	70547	72159	74177	78453						
C8908	70548	72191	74178	78454						
C8909	70549	72192	74181	78459						
C8910	70551	72193	74182	78466						
C8911	70552	72194	74183	78468						
C8912	70553	72195	74185	78469						
C8913	70554	72196	74261	78472						
C8914	70555	72197	74262	78473						
C8918	70557	72198	74263	78481						
C8919	70558	73200	75557	78483						
C8920	70559	73201	75559	78491						
C8931	71250	73202	75561	78492						
C8932	71260	73206	75563	78494						
C8933	71270	73218	75565	78496						
C8934	71275	73219	75571	78607						
C8935	71550	73220	75572	78608						
C8936	71551	73221	75573	78609						
70336	71552	73222	75574	78647						
70450	71555	73223	75635	78710						
70460	72125	73225	76376	78803						
70470	72126	73700	76377	78807						
70480	72127	73701	76380	78811						
70481	72128	73702	77058	78812						
70482	72129	73706	77059	78813						
70486	72130	73718	77078	78814						
70487	72131	73719	77084	78815						
70488	72132	73720	78071	78816						
70490	72133	73721	78072	96020						
70491	72141	73722	70496	G0288						
70492	72142	73723								

## In-Patient Admissions

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

MEDICARE / MEDICAID & MKT PLACE	MEDICAID ONLY	MEDICARE ONLY	MKT PLACE ONLY
All Codes	All Codes	All Codes	All Codes

## Long Term Services & Support

*[Not a Medicare covered benefit]*

MEDICARE / MEDICAID & MKT PLACE	MEDICAID ONLY	MEDICARE ONLY	MKT PLACE ONLY
N/A	S5100	N/A	N/A
	S5101		
	S5102		
	S5105		
	S5125		

## Neuropsychological & Psychological Testing

**NOTE:** *Molina of New Mexico Medicaid does not require auth for these services when done in an OP setting.*

MEDICARE / MEDICAID & MKT PLACE	MEDICAID ONLY	MEDICARE ONLY	MKT PLACE ONLY
95951	N/A	N/A	N/A
95956			
96101			
96102			
96103			

## Non-Par Providers/Facilities

*Auth required for NP Office Visits, Procedures, Labs, Diagnostic Studies, In-patient stays, except for:*

- *Emergency Department Services*
- *Professional fees associated with ER visit and approved Ambulatory Surgery Center (ASC) or in-patient stay*
- *Other services based on State requirements*



## Occupational Therapy

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

MEDICARE / MEDICAID & MKT PLACE				MEDICAID ONLY		MEDICARE ONLY		MKT PLACE ONLY	
97010	97033	97150	G0281	S9129		N/A		S9129	
97012	97034	97530	G0283						
97014	97035	97532	G0329						
97016	97036	97533	0430						
97018	97110	97535	0431						
97022	97112	97537	0432						
97024	97113	97542	0433						
97026	97116	97760	0434						
97028	97124	97761	0439						
97032	97140	97762	29799						

## Office Based Procedures

Office based procedures do not require authorization except for the following:

- Cosmetic, Plastic, and Reconstructive procedures
- Experimental/investigational procedures
- Pain Management procedures
- Unlisted/Miscellaneous procedures

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

**NOTE:** Codes listed in this section do not require authorization when performed in a Par Physician/Provider office or free-standing Diagnostic Center.

MEDICARE / MEDICAID & MKT PLACE														MEDI-CAID ONLY	MEDI-CARE ONLY	MKT PLACE ONLY
10040	22612	26510	27486	28345	32654	33813	35583	42505	45136	51980	61596	91065	99149	N/A	N/A	N/A
11055	22614	26516	27475	28360	32655	33814	35585	42507	45395	51990	61597	91110	99150			
11056	22630	26517	27477	28705	32656	33820	35587	42508	45397	51992	61598	91111	99190			
11057	22632	26518	27479	28715	32658	33822	35600	42509	45400	52287	61600	91112	99191			
20930	22633	26520	27485	28725	32659	33824	35601	42510	45402	52649	61601	91117	99192			
11101	22634	26525	27487	28730	32661	33840	35606	42845	45499	53415	61605	91120	99500			
11200	22800	26530	27488	28735	32662	33845	35612	42860	45550	53431	61606	91122	99501			
11201	22802	26531	27495	28737	32663	33851	35616	42953	45560	53440	61607	91132	99502			
11300	22804	26535	27496	28740	32664	33852	35621	42961	45562	53442	61608	91133	99503			
11301	22808	26536	27497	28750	32665	33853	35623	42971	45563	53444	61610	92611	99504			
11302	22810	26540	27498	28755	32666	33860	35626	43030	45800	53445	61611	92612	99505			
11303	22812	26541	27499	28760	32667	33863	35631	43045	45805	53447	61612	92613	99506			
11305	22818	26542	27580	28800	32668	33864	35632	43100	45820	53448	61613	92970	99507			
11306	22819	26545	27590	28805	32670	33870	35633	43101	45825	53449	61615	92971	99509			
11307	22830	26546	27591	28810	32671	33875	35634	43107	46705	53850	61616	92986	99510			
11308	22840	26548	27592	28820	32672	33877	35636	43108	46710	53852	61623	92987	99511			
11310	22841	26550	27594	28825	32673	33880	35637	43112	46712	53855	61624	92990	99512			
11311	22842	26551	27596	28890	32674	33881	35638	43113	46715	53860	61626	92992	99605			
11312	22843	26553	27598	29800	32800	33883	35642	43116	46716	54360	61630	92993	99606			
11313	22844	26554	27600	29804	32810	33884	35645	43117	46730	54400	61635	92997	99607			
11400	22845	26555	27601	29805	32815	33886	35646	43118	46735	46744	61640	92998	1121F			
11401	22846	26556	27602	29806	32820	33889	35647	43121	46740	46746	61641	93224	3062F			
11402	22847	26560	27605	29807	32900	33891	35650	43122	46742	46748	61642	93225	3111F			

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

**NOTE:** Codes listed in this section do not require authorization when performed in a Par Physician/Provider office or free-standing Diagnostic Center.

MEDICARE / MEDICAID & MKT PLACE													MEDI-CAID ONLY	MEDI-CARE ONLY	MKT PLACE ONLY	
11403	22848	26561	27606	29819	32905	33910	35654	43123	46762	46751	61680	93226	3112F			
11404	22849	26562	27607	29820	32906	33915	35656	43124	47010	54401	61682	93227	3130F			
11406	22850	26565	27610	29821	32940	33916	35661	43135	47015	54405	61684	93228	3140F			
11420	22851	26567	27612	29822	32960	33917	35663	43206	47100	54406	61686	93229	3141F			
11421	22852	26568	27615	29823	32997	33920	35665	43252	47120	54408	61690	93268	6100F			
11422	22855	26580	27616	29824	32998	33922	35666	43279	47122	54410	61692	93270	9001F			
11423	22856	26587	27618	29825	33010	33924	35671	43282	47125	54411	61697	93292	9002F			
11424	22857	26590	27619	29826	33011	33925	35681	43283	47130	54415	61698	93740	9003F			
11426	22861	26591	27620	29827	33015	33926	35682	43300	47300	54416	61700	93745	9004F			
11440	22862	26593	27625	29828	33020	33967	35683	43305	47350	54417	61702	93770	9005F			
11441	22864	26596	27626	29830	33025	33968	35685	43310	47360	54520	61703	93784	9006F			
11442	22865	26820	27632	29834	33030	33970	35686	43312	47361	54530	61705	93786	9007F			
11443	23410	26841	27634	29835	33031	33971	35691	43313	47362	54535	61708	93788	52441			
11444	23412	26842	27635	29836	33050	33973	35693	43314	47380	54680	61710	93790	52442			
11446	23415	26843	27637	29837	33120	33974	35694	43320	47381	57280	61711	93880	66179			
11719	23420	26844	27638	29838	33130	33975	35695	43325	47382	57282	61720	93882	66184			
11720	23450	26850	27640	29840	33140	33976	35697	43327	47400	57283	61735	93886				
11721	23455	26852	27641	29843	33141	33977	35700	43328	47420	57284	61750	93888				
11730	23460	26860	27645	29844	33202	33978	35701	43330	47425	57288	61751	93890				
11732	23462	26861	27646	29845	33203	33979	35721	43331	47460	57289	61770	93892				
11740	23465	26862	27647	29846	33236	33980	35741	43332	47480	57425	61863	93893				
11750	23466	26863	27648	29847	33237	33981	35761	43333	47550	58140	61864	93922				
11752	23470	26910	27650	29848	33238	33982	35800	43334	47570	58145	61867	93923				
11755	23472	26951	27652	29850	33243	33983	35820	43335	47600	58146	61868	93924				
11760	23473	26952	27654	29851	33244	33990	35840	43336	47605	58150	61885	93925				
11762	23474	26990	27656	29855	33251	33991	35860	43337	47610	58152	61886	93926				
11765	23900	26991	27658	29856	33254	33992	35870	43338	47612	58180	62145	93930				
11900	23920	26992	27659	29860	33255	33993	35875	43340	47620	58200	62165	93931				
11901	23921	27000	27664	29861	33256	34001	35876	43341	47700	58210	62369	93965				
11960	24301	27001	27665	29862	33257	34051	35879	43351	47701	58240	62370	93970				
11970	24305	27003	27675	29863	33258	34101	35881	43352	47711	58260	63001	93971				
11971	24310	27005	27676	29866	33259	34111	35883	43360	47712	58262	63003	93975				
11980	24341	27006	27680	29867	33261	34151	35884	43361	47715	58263	63005	93976				
12001	24342	27025	27681	29868	33265	34201	35901	43400	47720	58267	63011	93978				
12002	24343	27027	27685	29870	33266	34203	35903	43401	47721	58270	63012	93979				
12004	24344	27030	27686	29871	33300	34401	35905	43405	47740	58275	63015	93980				
12005	24345	27033	27687	29873	33305	34421	35907	43410	47741	58280	63016	93981				
12006	24346	27035	27690	29874	33310	34451	36460	43415	47760	58285	63017	93982				
12007	24357	27036	27691	29875	33315	34471	36468	43425	47765	58290	63020	93990				
12011	24358	27043	27692	29876	33320	34490	36470	43460	47780	58291	63030	94002				
12013	24359	27045	27695	29877	33321	34501	36471	43496	47785	58292	63035	94003				
12014	24360	27047	27696	29879	33322	34502	36475	43500	47800	58293	63040	94004				
12015	24361	27048	27698	29880	33330	34510	36476	43501	47801	58294	63042	94005				
12016	24362	27049	27700	29881	33335	34520	36478	43502	47802	58321	63043	94660				
12017	24363	27050	27702	29882		34530	36479	43520	47900	58322	63044	94774				
12018	24435	27052	27703	29883		34800	36481	43605	48000	58323	63045	94775				
12020	24900	27054	27704	29884		34802	36500	43610	48001	58345	63046	94776				
12021	24920	27057	27705	29885		34803	36514	43611	48020	58350	63047	94777				
15150	24931	27059	27707	29886		34804	36818	43620	48100	58356	63048	95861				
15151	25101	27060	27709	29887	33366	34805	36819	43621	48105	58540	63050	95863				
15152	25105	27062	27712	29888	33367	34806	36820	43622	48120	58541	63051	95864				
15155	25107	27065	27715	29889	33368	34808	36821	43631	48140	58542	63055	95865				
15156	25115	27066	27720	29891	33369	34812	36823	43632	48145	58543	63056	95866				
15157	25116	27067	27722	29892	33400	34813	36825	43633	48146	58544	63057	95885				
15271	25118	27070	27724	29893	33401	34820	36830	43634	48148	58545	63064	95886				
15272	25119	27071	27725	29894	33403	34825	36835	43635	48150	58546	63066	95887				
15273	25310	27075	27726	29895	33404	34826	36838	43640	48152	58548	63075	95905				
15274	25312	27076	27727	29897	33405	34830	37140	43641	48153	58550	63076	95907				
15275	25315	27077	27730	29898	33406	34831	37145	43644	48154	58552	63077	95908				

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

**NOTE:** Codes listed in this section do not require authorization when performed in a Par Physician/Provider office or free-standing Diagnostic Center.

MEDICARE / MEDICAID & MKT PLACE													MEDI-CAID ONLY	MEDI-CARE ONLY	MKT PLACE ONLY
15276	25316	27078	27732	29899	33410	34832	37160	43645	48155	58553	63078	95909			
15277	25320	27080	27734	29900	33411	34833	37180	43647	48500	58554	63081	95910			
15278	25332	27090	27740	29901	33412	34834	37181	43648	48510	58570	63082	95911			
15777	25337	27091	27742	29902	33413	34841	37182	43651	48520	58571	63085	95912			
15786	25405	27093	27745	29904	33414	34842	37183	43652	48540	58572	63086	95913			
15787	25431	27095	27870	29905	33415	34843	37191	43653	48545	58573	63087	95921			
15819	25440	27097	27871	29906	33416	34844	37192	43770	48547	58660	63088	95922			
15830	25441	27098	27880	29907	33417	34845	37193	43771	48548	58661	63090	95923			
15850	25442	27100	27881	29914		34846	37197	43772	49000	58662	63091	95924			
15851	25443	27105	27882	29915		34847	37250	43773	49002	58672	63101	95925			
17000	25444	27110	27884	29916	33420	34848	37251	43774	49010	58673	63102	95926			
17003	25445	27111	27886	30465	33422	34900	37500	43775	49020	58700	63103	95927			
17004	25446	27120	27888	30520	33425	35001	37565	43800	49040	58720	63170	95928			
17106	25447	27122	27889	30540	33426	35002	37600	43810	49060	58740	63172	95929			
17107	25449	27125	27892	30545	33427	35005	37605	43820	49062	58750	63182	95930			
17108	25450	27130	27893	30580	33430	35011	37606	43825	49203	58752	63185	95933			
17110	25455	27132	27894	30600	33460	35013	37607	43832	49204	58760	63190	95937			
17111	25490	27134	28005	30620	33463	35021	37615	43840	49205	58770	63191	95938			
17250	25491	27137	28008	30630	33464	35022	37616	43842	49215	58940	63194	95939			
17340	25492	27138	28010	30915	33465	35045	37617	43843	49220	58943	63195	95940			
17360	25800	27140	28011	30920	33468	35081	37618	43845	49255	58950	63196	95941			
20550	25805	27146	28020	31040	33470	35082	37619	43846	49412	58951	63197	95943			
20551	25810	27147	28022	31050	33471	35091	37650	43847	49425	58952	63198	95965			
20612	25820	27151	28024	31051	33474	35092	37660	43848	49428	58953	63199	95966			
20974	25825	27156	28035	31085	33475	35102	37700	43850	49605	58954	63200	95967			
20975	25830	27158	28039	31087	33476	35103	37718	43855	49606	58956	63250	95970			
20979	25900	27161	28041	31225	33478	35111	37722	43860	49610	58957	63251	95971			
21010	25905	27165	28043	31230	33496	35112	37735	43865	49611	58958	63252	95973			
21050	25907	27170	28045	31295	33500	35121	37760	43880	49900	58970	63265	95974			
21060	25909	27175	28046	31296	33501	35122	37761	43881	49904	58974	63275	95975			
21070	25915	27176	28047	31297	33502	35131	37765	43882	49905	58976	63276	95978			
21073	25920	27177	28050	31300	33503	35132	37766	43886	49906	59070	63277				
21076	25922	27178	28052	31320	33504	35141	37780	43887	50010	59072	63278	95979			
21077	25924	27179	28054	31360	33505	35142	37785	43888	50040	59074	63280	95980			
21079	25927	27181	28055	31365	33506	35151	37788	44005	50045	59076	63281	95981			
21080	25929	27185	28060	31367	33507	35152	37790	44010	50060	59840	63282	95982			
21081	25931	27187	28062	31368	33508	35180	38100	44015	50065	59841	63283	95991			
21082	26040	27280	28070	31370	33510	35182	38101	44020	50070	59850	63285	95992			
21083	26045	27282	28072	31375	33511	35184	38102	44021	50075	59851	63286	96000			
21084	26055	27284	28080	31380	33512	35188	38115	44025	50100	59852	63287	96001			
21085	26060	27286	28086	31382	33513	35189	38120	44050	50120	59855	63290	96002			
21086	26100	27290	28088	31390	33514	35190	38200	44055	50125	59856	63295	96003			
21087	26105	27295	28090	31395	33516	35201	38204	44110	50130	59857	63300	96004			
21088	26110	27305	28092	31400	33517	35206	38207	44111	50135	59866	63301	96040			
21100	26111	27306	28100	31420	33518	35207	38208	44120	50205	59899	63302	96360			
21110	26113	27307	28102	31580	33519	35211	38209	44121	50220	60210	63303	96361			
21116	26115	27310	28103	31582	33521	35216	38210	44125	50230	60212	63304	96365			
21120	26116	27325	28104	31584	33522	35221	38211	44126	50234	60220	63305	96366			
21121	26117	27326	28106	31587	33523	35226	38212	44127	50236	60225	63306	96367			
21122	26118	27327	28107	31588	33530	35231	38213	44128	50240	60240	63307	96368			
21123	26121	27328	28108	31590	33533	35236	38214	44130	50250	60252	63308	96369			
21125	26123	27329	28110	31595	33534	35241	38215	44139	50280	60254	63600	96370			
21127	26125	27330	28111	31600	33535	35246	38232	44140	50290	60260	63610	96371			
21137	26130	27331	28112	31601	33536	35251	38380	44141	50400	60270	63615	96372			
21138	26135	27332	28113	31605	33542	35256	38381	44143	50405	60271	63700	96373			
21139	26140	27333	28114	31610	33545	35261	38382	44144	50500	61001	63702	96374			
21141	26145	27334	28116	31611	33548	35266	38542	44145	50520	61020	63704	96375			
21142	26170	27335	28118	31612	33572	35271	38550	44146	50525	61070	63706	96376			
21143	26180	27337	28119	31613	33600	35276	38555	44147	50526	61105	63707	96521			

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

**NOTE:** Codes listed in this section do not require authorization when performed in a Par Physician/Provider office or free-standing Diagnostic Center.

MEDICARE / MEDICAID & MKT PLACE													MEDI- CAID ONLY	MEDI- CARE ONLY	MKT PLACE ONLY
21145	26185	27339	28120	31614	33602	35281	38562	44150	50540	61107	63709	96522			
21146	26200	27340	28122	31634	33606	35286	38564	44151	50545	61108	64553	96523			
21147	26205	27345	28124	31647	33608	35301	38570	44155	50546	61322	64568	96567			
21150	26210	27347	28126	31648	33610	35302	38571	44156	50548	61323	64569	96570			
21151	26215	27350	28130	31649	33611	35303	38572	44157	50592	61330	64570	96571			
21154	26230	27355	28140	31651	33612	35304	38700	44158	50593	61514	64590	96900			
21155	26235	27356	28150	31660	33615	35305	38720	44160	50600	61516	64595	96902			
21159	26236	27357	28153	31661	33617	35306	38724	44187	50605	61518	64890	96904			
21160	26250	27358	28160	31750	33619	35311	38740	44188	50610	61519	64891	96910			
21172	26260	27360	28171	31755	33620	35321	38745	44202	50620	61520	64892	96912			
21175	26262	27364	28173	31760	33622	35331	38746	44203	50630	61521	64893	96913			
21240	26341	27365	28175	31766	33641	35341	38747	44204	50650	61522	64895	96920			
21242	26350	27370	28200	31770	33645	35351	38760	44205	50660	61524	64896	96921			
21243	26352	27380	28202	31775	33647	35355	38765	44206	50700	61526	64897	96922			
21270	26356	27381	28208	31780	33660	35361	38770	44207	50715	61530	64898	97005			
21280	26357	27385	28210	31781	33665	35363	38780	44208	50722	61531	64901	97006			
21282	26358	27386	28220	31785	33670	35371	39000	44210	50725	61533	64902	97545			
21295	26370	27390	28222	31786	33675	35372	39010	44211	50728	61534	64905	97546			
21296	26372	27391	28225	31800	33676	35390	39200	44212	50740	61535	64907	97750			
21740	26373	27392	28226	31805	33677	35400	39220	44213	50750	61536	64910	97755			
21742	26390	27393	28230	31820	33681	35450	39400	44227	50760	61537	64911	97802			
21743	26392	27394	28232	31825	33684	35452	39501	44300	50770	61538	65771	97803			
21931	26410	27395	28234	32035	33688	35458	39503	44310	50780	61539	65772	97804			
21932	26412	27396	28238	32036	33690	35460	39540	44312	50782	61540	65775	98960			
22100	26415	27397	28240	32096	33692	35471	39541	44314	50783	61541	67900	98961			
22101	26416	27400	28250	32097	33694	35472	39545	44316	50785	61543	67901	98962			
22102	26418	27403	28260	32098	33697	35475	39560	44320	50800	61544	67902	98966			
22103	26420	27405	28261	32100	33702	35476	39561	44322	50810	61545	67903	98967			
22110	26426	27407	28262	32110	33710	35500	40525	44345	50815	61546	67909	98968			
22112	26428	27409	28264	32120	33720	35501	40527	44346	50820	61548	67911	98969			
22114	26432	27412	28270	32124	33722	35506	40700	44602	50825	61550	67950	99100			
22116	26433	27415	28272	32140	33724	35508	40701	44603	50830	61552	69310	99116			
22206	26434	27416	28280	32141	33726	35509	40702	44604	50840	61556	69320	99135			
22207	26437	27418	28285	32150	33730	35510	40720	44605	50845	61557	69710	99140			
22208	26440	27420	28286	32151	33732	35511	40761	44615	50860	61558	69711	99143			
22210	26442	27422	28288	32160	33735	35512	41120	44620	50900	61559	69714	99144			
22212	26445	27424	28289	32200	33736	35515	41130	44625	50920	61563	69715	99145			
22214	26449	27425	28290	32215	33737	35516	41135	44626	50930	61564	69717	99148			
22216	26450	27427	28292	32220	33750	35518	41140	44640	50940	61566	69718				
22220	26455	27428	28293	32225	33755	35521	41145	44650	51525	61567	69930				
22222	26460	27429	28294	32310	33762	35522	41150	44660	51530	61570	90281				
22224	26471	27430	28296	32320	33764	35523	41153	44661	51550	61571	90283				
22226	26474	27435	28297	32440	33766	35525	41155	44680	51555	61575	90867				
22505	26476	27437	28298	32442	33767	35526	41500	44700	51565	61576	90868				
22526	26477	27438	28299	32445	33768	35531	41512	44800	51570	61580	90869				
22527	26478	27440	28300	32480	33770	35533	41530	44820	51575	61581	90885				
22532	26479	27441	28302	32482	33771	35535	42180	44850	51580	61582	90887				
22533	26480	27442	28304	32484	33774	35536	42182	44900	51585	61583	90889				
22534	26483	27443	28305	32486	33775	35537	42200	45110	51590	61584	91010				
22548	26485	27445	28306	32488	33776	35538	42205	45111	51595	61585	91013				
22551	26489	27446	28307	32491	33777	35539	42210	45112	51596	61586	91020				
22552	26490	27447	28308	32501	33778	35540	42215	45113	51597	61590	91022				
22554	26492	27448	28309	32503	33779	35556	42220	45114	51800	61591	91030				
22556	26494	27450	28310	32504	33780	35558	42225	45116	51820	61592	91034				
22558	26496	27454	28312	32505	33781	35560	42226	45119	51840	61595	91035				
22585	26497	27455	28313	32506	33782	35563	42227	45120	51841		91037				
22586	26498	27457	28315	32507	33783	35565	42235	45121	51865		91038				
22590	26499	27465	28320	32540	33786	35566	42260	45123	51900		91040				
22595	26500	27466	28322	32650	33788	35570	42280	45126	51920						

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

**NOTE:** Codes listed in this section do not require authorization when performed in a Par Physician/Provider office or free-standing Diagnostic Center.

MEDICARE / MEDICAID & MKT PLACE												MEDI-CAID ONLY	MEDI-CARE ONLY	MKT PLACE ONLY		
22600	26502	27468	28340	32651	33800	35571	42281	45130	51925							
22610	26508	27470	28341	32652	33802	35572	42500	45135	51940							
		27472	28344	32653	33803				51960							

### Pain Management Procedures

Except trigger point injections [Acupuncture is not a Medicare covered benefit]

MEDICARE / MEDICAID & MKT PLACE				MEDICAID ONLY		MEDICARE ONLY		MKT PLACE ONLY	
G0260	64494	63685	64493	97810	97813	97810		97810	97813
27096	62367	63688	64495	97811	97814			97811	97814
62310	62368	64479	64600						
62311	63650	64480	64633						
62350	63655	64483	64634						
62351	63661	64484	64635						
62360	63662	64490	64636						
62361	63663	64491	64640						
62362	63664	64492	77003						
64486	64487	64488	64489						

### Physical Therapy

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

MEDICARE / MEDICAID & MKT PLACE				MEDICAID ONLY		MEDICARE ONLY		MKT PLACE ONLY	
97010	97028	97113	97537	S9131		N/A		N/A	
97012	97032	97116	97542						
97014	97033	97124	97760						
97016	97034	97140	97761						
97018	97035	97150	97762						
97022	97036	97530	G0281						
97024	97110	97532	G0283						
97026	97112	97533	G0329						
0420	0421	97535	0423						
0424	0429	0422	29799						

### Pregnancy and Delivery

Notification Only

MEDICARE / MEDICAID & MKT PLACE				MEDICAID ONLY		MEDICARE ONLY		MKT PLACE ONLY	
59400	59510	59610	59620	N/A		N/A		N/A	
59409	59514	59612	59622						
59410	59515	59618							

Prosthetics & Orthotics

MEDICARE / MEDICAID & MKT PLACE										MEDICAID ONLY		MEDICARE ONLY		MKT PLACE ONLY	
E0457	L0700	L2036	L3001	L4100	L5630	L5724	L5990	L6698	L7367	L8692		N/A		N/A	
E1800	L0710	L2037	L3002	L4130	L5631	L5726	L6000	L6703	L7368						
E1801	L1000	L2038	L3003	L4205	L5632	L5728	L6010	L6704	L7400						
E1802	L1005	L2050	L3010	L4210	L5634	L5780	L6020	L6706	L7401						
E1805	L1110	L2060	L3020	L4360	L5636	L5781	L6050	L6707	L7402						
E1806	L1200	L2080	L3030	L4396	L5637	L5782	L6055	L6708	L7403						
E1818	L1210	L2090	L3031	L4631	L5638	L5785	L6100	L6709	L7404						
E1825	L1220	L2106	L3330	L5000	L5639	L5790	L6110	L6711	L7505						
E1840	L1230	L2108	L3671	L5010	L5640	L5795	L6120	L6712	L7900						
E1841	L1300	L2126	L3674	L5020	L5642	L5810	L6130	L6713	L8040						
L0112	L1310	L2128	L3702	L5050	L5643	L5811	L6200	L6714	L8041						
L0113	L1640	L2132	L3720	L5060	L5644	L5812	L6250	L6715	L8042						
L0170	L1650	L2134	L3730	L5100	L5645	L5814	L6350	L6721	L8043						
L0174	L1652	L2136	L3740	L5105	L5646	L5816	L6360	L6722	L8044						
L0180	L1680	L2232	L3760	L5150	L5647	L5818	L6370	L6805	L8045						
L0190	L1685	L2250	L3763	L5160	L5648	L5822	L6400	L6880	L8046						
L0200	L1686	L2280	L3764	L5200	L5649	L5824	L6580	L6881	L8047						
L0454	L1690	L2300	L3765	L5210	L5650	L5826	L6582	L6882	L8400						
L0455	L1700	L2310	L3766	L5220	L5651	L5828	L6584	L6883	L8410						
L0456	L1710	L2320	L3806	L5230	L5652	L5830	L6586	L6884	L8420						
L0457	L1720	L2330	L3807	L5250	L5653	L5840	L6588	L6885	L8430						
L0458	L1730	L2335	L3808	L5270	L5654	L5845	L6590	L6895	L8470						
L0460	L1755	L2340	L3900	L5280	L5655	L5848	L6611	L6900	L8480						
L0462	L1832	L2350	L3901	L5301	L5656	L5855	L6620	L6905	L8500						
L0464	L1834	L2370	L3904	L5312	L5658	L5856	L6621	L6910	L8510						
L0467	L1840	L2380	L3905	L5321	L5661	L5857	L6623	L6915	L8603						
L0466	L1843	L2385	L3906	L5331	L5665	L5858	L6624	L6920	L8604						
L0468	L1844	L2387	L3913	L5341	L5666	L5859	L6625	L6925	L8605						
L0469	L1845	L2390	L3915	L5500	L5670	L5910	L6628	L6930	L8606						
L0470	L1846	L2395	L3919	L5505	L5671	L5920	L6630	L6935	L8614						
L0472	L1847	L2492	L3921	L5510	L5672	L5930	L6637	L6940	L8615						
L0480	L1850	L2500	L3933	L5520	L5673	L5940	L6638	L6945	L8619						
L0482	L1860	L2510	L3935	L5530	L5676	L5950	L6640	L6950	L8627						
L0484	L1900	L2520	L3960	L5535	L5677	L5960	L6642	L6955	L8628						
L0486	L1904	L2525	L3961	L5540	L5679	L5961	L6645	L6960	L8681						
L0488	L1907	L2526	L3962	L5560	L5680	L5962	L6646	L6965	L8689						
L0490	L1910	L2530	L3967	L5570	L5681	L5964	L6647	L6970	L8690						
L0491	L1920	L2540	L3971	L5580	L5682	L5968	L6648	L6975	L8691						
L0492	L1930	L2550	L3973	L5585	L5683	L5970	L6650	L7007	L8693						
L0622	L1932	L2570	L3975	L5590	L5688	L5971	L6677	L7008	S1040						
L0627	L1940	L2580	L3976	L5595	L5695	L5972	L6680	L7009	V2623						
L0631	L1945	L2600	L3977	L5600	L5700	L5973	L6682	L7040	V2625						
L0633	L1950	L2610	L3978	L5610	L5701	L5974	L6684	L7045	L0452						
L0635	L1951	L2620	L4000	L5611	L5703	L5975	L6686	L7170	L6026						
L0636	L1960	L2622	L4010	L5613	L5704	L5976	L6687	L7180	L7259						
L0637	L1970	L2624	L4020	L5614	L5705	L5978	L6688	L7181							
L0638	L1971	L2627	L4030	L5616	L5706	L5979	L6689	L7185							

### Prosthetics & Orthotics

MEDICARE / MEDICAID & MKT PLACE										MEDICAID ONLY	MEDICARE ONLY	MKT PLACE ONLY
L0639	L1980	L2628	L4040	L5617	L5707	L5980	L6690	L7186				
L0640	L1990	L2630	L4045	L5618	L5710	L5981	L6691	L7190				
L0641	L2000	L2640	L4050	L5620	L5711	L5982	L6692	L7191				
L0642	L2005	L2750	L4055	L5622	L5712	L5984	L6693	L7360				
L0643	L2010	L2755	L4060	L5624	L5714	L5985	L6694	L7360				
L0649	L2020	L2768	L4070	L5626	L5716	L5986	L6695	L7362				
L0650	L2030	L2800	L4080	L5628	L5718	L5987	L6696	L7364				
L0651	L2034	L3000	L4090	L5629	L5722	L5988	L6697	L7366				

### Radiation Therapy & Radio Surgery

MEDICARE / MEDICAID & MKT PLACE							MEDICAID ONLY	MEDICARE ONLY	MKT PLACE ONLY
20660	75894	77306	77336	77412	77522	G0340	N/A	N/A	N/A
36260	75896	77307	77338	77417	77523	G6015			
37242	77261	77304	77370	77424	77525	G6016			
37243	77262	77316	77371	77425	77750	G6017			
36245	77263	77317	77372	77427	77776				
61796	77280	77318	77373	77431	77777				
61797	77285	77321	77385	77432	77778				
61798	77290	77331	77387	77435	79445				
61799	77295	77332	77401	77469	96446				
63620	77300	77333	77402	77470	S2095				
63621	77301	77334	77407	77520	G0339				

### Rehabilitation OP Services

*Including Cardiac; Pulmonary and Comprehensive Outpatient Rehab Facility (CORF)-CORF services for Medicare only [Bill type 75X]*

MEDICARE / MEDICAID & MKT PLACE				MEDICAID ONLY	MEDICARE ONLY	MKT PLACE ONLY
77293	93798	G0422	G0423	N/A	N/A	N/A
93797	94669	G0424				

### Sleep Studies

MEDICARE / MEDICAID & MKT PLACE				MEDICAID ONLY	MEDICARE ONLY	MKT PLACE ONLY
95800	95806	95810	G0398	N/A	N/A	N/A
95801	95807	95811	G0399			
95805	95808	95803	G0400			

## Speech Therapy

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

**NOTE:** *Molina of South Carolina requires auth for all visits after initial evaluation*

MEDICARE / MEDICAID & MKT PLACE				MEDICAID ONLY		MEDICARE ONLY	MKT PLACE ONLY	
92507	92609	0440	0444	S9128	S9152	N/A	S9128	S9152
92508	97532	0441	0449					
92526	97533	0442						
92606	97535	0443						

## Specialty Pharmacy Drugs (Injectable)

MEDICARE / MEDICAID & MKT PLACE							MEDICAID ONLY		MEDICARE ONLY		MKT PLACE ONLY	
90284	J0574	J1675	J3110	J7309	J8499	C9136	N/A		N/A		N/A	
90378	J0881	J1743	J3240	J7310	J8530	C9442						
C9025	J0885	J1744	J3262	J7311	J8562	C9443						
C9026	J0890	J1745	J3285	J7312	J8999	C9027						
C9132	J0895	J1786	J3315	J7316	J9019	C9444						
C9399	J0897	J0575	J3357	J7321	J9042	C9446						
C9441	J1290	J0888	J3385	J7323	J9047	Q0515						
C9497	J1300	J1322	J3396	J7324	J9202	Q2028						
J0129	J1324	J1826	J3487	J7325	J9212	Q2043						
J0135	J1325	J1830	J7181	J7326	J9213	Q2050						
J0178	J1438	J1930	J7182	J7330	J9214	Q3027						
J0180	J1442	J1931	J7200	J7500	J9216	Q3028						
J0207	J1446	J1950	J7201	J7502	J9217	Q4074						
J0215	J1458	J2170	J3488	J7504	J9218	Q4101						
J0220	J1459	J2278	J3489	J7505	J9219	Q4139						
J0221	J1460	J2315	J3490	J7327	J9225	Q4145						
J0256	J1556	J2323	J3590	J7336	J9226	Q4149						
J0257	J1557	J2353	J7178	J9267	J9245	S0145						
J0401	J1559	J2354	J7180	J9301	J9262	S0148						
J0480	J1560	J2355	J7183	J7506	J9293	J1725						
J0485	J1561	J2357	J7185	J7507	J9302	J0598						
J0490	J1562	J2426	J7186	J7508	J9306	J9010						
J0585	J1566	J2440	J7187	J7510	J9307	J9035						
J0586	J1568	J2503	J7189	J7513	J9310	J2796						
J0587	J1569	J2505	J7190	J7515	J9315	J7336						
J0588	J1571	J2507	J7191	J7516	J9351	J2212						
J0597	J1572	J2597	J7192	J7517	J9354	S0073						
J0638	J1573	J2778	J7193	J7525	J9371	C9445						
J0717	J1595	J2793	J7194	J7527	J9400	C9453						
J0740	J1599	J2820	J7195	J7639	J9600	C9449						
J0775	J1602	J2940	J7196	J7682	J9228	C9450						
J0800	J1645	J2941	J7197	J7686	C9454	C9451						
J0850	J1650	J3030	J7198		C9455	C9452						
J0572	J1652	J3060	J7199		Q9977	Q9975						
J0573	Q5101				Q9978							



## Transplant Services

Including Solid Organ and Bone Marrow

*Corneal Transplants do not require PA*

MEDICARE / MEDICAID & MKT PLACE				MEDICAID ONLY		MEDICARE ONLY		MKT PLACE ONLY	
32850	38230	47135	48556	48160	S2065	N/A		48160	S2065
32851	38240	47136	50300	S2053	S2140			S2053	S2140
32852	38241	47140	50320	S2054	S2142			S2054	S2142
32853	38242	47141	50323	S2055	S2150			S2055	S2150
32854	38243	47142	50325	S2060	S2152			S2060	S2152
32855	44132	47143	50327	S2061				S2061	
32856	44133	47144	50328						
33930	44135	47145	50329						
33933	44136	47146	50340						
33935	44137	47147	50360						
33940	44715	48550	50365						
33944	44720	48551	50370						
33945	44721	48552	50380						
38205	47133	48554	50547						
38206									

## Transportation Services (Non-Emergent)

*PA required for Non-Emergent Ambulance (air or ground). Emergent transport does not require PA*

MEDICARE / MEDICAID & MKT PLACE				MEDICAID ONLY		MEDICARE ONLY		MKT PLACE ONLY	
A0426	A0428	A0430	A0431	S9960	S9961	N/A		S9960	S9961
A0999									

## Unlisted/Miscellaneous/"T" Codes

*Molina requires standard codes when requesting authorization. Should an unlisted, miscellaneous or T code be used, medical necessity documentation and rationale must be submitted with the PA request.*

MEDICARE / MEDICAID & MKT PLACE					MEDICAID ONLY		MEDICARE ONLY		MKT PLACE ONLY	
0019T	0182T	0233T	0290T	0338T	D0502	D6199	N/A	N/A	D0502	D6199
0042T	0184T	0234T	0291T	0339T	D0999	D6999			D0999	D6999
0051T	0188T	0235T	0292T	0340T	D2999	D7999			D2999	D7999
0052T	0189T	0236T	0293T	0342T	D3999	D8999			D3999	D8999
0053T	0190T	0237T	0294T		D4999	D9630			D4999	D9630
0054T	0191T	0238T	0295T	0347T	D5899	D9999			D5899	D9999
0055T	0195T	0240T	0296T	0348T	D5999	T5999			D5999	T5999
0058T	0196T	0241T	0297T	0349T						
0071T	0198T	0243T	0298T	0350T						

**Unlisted/Miscellaneous/"T" Codes**

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MEDICARE / MEDICAID & MKT PLACE					MEDICAID ONLY	MEDICARE ONLY	MKT PLACE ONLY
0072T	0200T	0244T	0299T	0351T			
0075T	0201T	0249T	0300T	0352T			
0076T	0202T	0253T	0301T	0353T			
0085T	0205T	0254T	0302T	0354T			
0095T	0206T	0255T	0303T	0355T			
0098T	0207T	0262T	0304T	0356T			
0099T	0208T	0263T	0305T	0357T			
0100T	0209T	0264T	0306T	0358T			
0101T	0210T	0265T	0307T	0359T			
0102T	0211T	0266T	0308T	0360T			
0103T	0212T	0267T	0309T	0361T			
0106T	0213T	0268T	0310T	0362T			
0107T	0214T	0269T	0311T	0363T			
0108T	0215T	0270T	0312T	0364T			
0109T	0216T	0271T	0313T	0365T			
0110T	0217T	0272T	0314T	0366T			
0111T	0218T	0273T	0315T	0367T			
0123T	0219T	0274T	0316T	0368T			
0126T	0220T	0275T	0317T	0369T			
0159T	0221T	0278T	0329T	0370T			
0163T	0222T	0281T	0330T	0371T			
0164T	0223T	0282T	78399	0372T			
0165T	0224T	0283T	78499	0373T			
0169T	0225T	0284T	78599	0374T			
0171T	0228T	0285T	78699	V2199			
0172T	0229T	0286T	78799	96379			
0174T	38589	55559	78999	96999			
0175T	38999	55899	79999	97039			
0178T	39499	58578	81099	97139			
0179T	39599	58579	81479	97799			
0180T	0230T	58679	81599	99429			
01999	0231T	58999	0331T	99499			
15999	40799	59897	0332T	99600			
17999	40899	0287T	0333T	V2399			
19105	41599	0288T	85999	V2799			
19499	41899*	0289T	86486	V5299			
20985	42299	59898	86849	A4649			
20999	42699	60659	86999	A4913			
21089	42999	60699	87999	A9999			
21299	43289	64999	88099	B9999			
21499	43499	66999	88199	E0769			
21899	43659	67299	88299	E0770			
22899	43999	67399	88399	E1699			
22999	44238	67599	88749	E2599			
23929	44799	67999	89240	J7599			
24999	44899	68399	89398	K0898			

**Unlisted/Miscellaneous/"T" Codes**

*Molina requires standard codes when requesting authorization. Should an unlisted, miscellaneous or T code be used, medical necessity documentation and rationale must be submitted with the PA request.*

MEDICARE / MEDICAID & MKT PLACE					MEDICAID ONLY		MEDICARE ONLY		MKT PLACE ONLY	
25999	44979	68899	90399	45399						
26989	45499	69399	90749	K0899						
27299	45999	69799	90899	L0999						
27599	46999	69949	90999	L1499						
27899	47379	69979	91299	L2999						
28899	47399	76496	92499	L3649						
29799	47579	76497	92700	L3999						
29999	47999	76498	93799	L5999						
30999	48999	76499	93998	L7499						
31299	49329	76999	94799	L8039						
31599	49659	77299	95199	L8499						
31899	49999	77399	95999	L8699						
32999	50549	77499	0335T	Q0507						
33999	50949	77799	0336T	Q0508						
36299	51999	78099	0337T	Q0509						
37501	53899	78199	0392T							
37799	54699	78299	0393T							
38129			G6021							

\*For New Mexico only: No PA needed for Peds >7 y/o.

**Wound Therapy, including Wound Vacs & Hyperbaric Wound Therapy**

MEDICARE / MEDICAID & MKT PLACE				MEDICAID ONLY		MEDICARE ONLY		MKT PLACE ONLY	
97597	97605	97610	E2402	N/A		N/A		N/A	
97598	97606	99183	G0277						
97602	97607	97608							

**Medicare Exceptions – Non-Covered Codes (NCCs)**

<b>MEDICARE ONLY</b>										
0006M	15825	33362	58321	61642	97014	A4639	Q2052	S3853	77386	0385T
0008M	15826	33364	58322	69710	97026	E0445	S1034	S3861	0375T	0386T
0085T	17380	33365	58323	73225	97811	E0620	S1035	S3865	0376T	0387T
0188T	22526	43842	58970	74263	97813	H2015	S1036	S3866	0377T	0388T
0189T	22527	43843	58974	81257	97814	J2170	S1037	S3870	0378T	0389T
0275T	28890	44132	58976	81324	99429	J3110	S2066	S9960	0379T	0390T
11950	30400	44133	61630	81325		J8499	S2067	S9961	0380T	0391T
11951	30410	44135	61640	81331		L5420	S2068	S8042	0381T	93702
11952	30420	44136	61641	88099		L5430	S3800	45399	0382T	93895
11954	30450	47136		90749		L5790	S3841	77385	0383T	D9219
15824	33361	48554		90869		Q0515			0384T	