



Molina Healthcare
Applies to Medicare and MyCare Ohio Medicare
Prior Authorization Codification List
Effective 02/01/2018

-Important Notices-

All Non-Par Providers require authorization regardless of services or codes. Any exceptions included in this document apply to PAR Providers only.
 These codes are for Out-Patient services only.

All In-Patient admits/svcs. require PA, including: Elective, Acute Hospital, Skilled Nursing Facilities (SNF), Rehabilitation, and Long Term Acute Care (LTAC) Facilities.

No PA required for office visits or office-based procedures at Participating Network Providers.

Office Visits to Network Specialists may Require a Referral From a Participating Primary Care Provider.

Some services listed may not be covered by CMS or your local State Regulatory Agency.

The absence of a code from this list should not be used to determine whether a service is covered or not by your regulatory agency.

Refer to your regulatory agency for benefit coverage and non-covered codes.

Prior Authorization is not a guarantee of payment for services. Payment is made in accordance with a determination of the member's eligibility on the date(s) of service, benefit limitations or exclusions and other applicable standards during the claim review, including the terms of any applicable provider agreement.

For Medicare Hearing Supplemental benefit: Contact AVESIS at 1 (800) 327-4662

Behavioral Health, Mental Health, Alcohol & Chemical Dependency Services
Inpatient, Partial Hospitalization, Electroconvulsive Therapy (ECT)

0901	2106	90870
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Cosmetic, Plastic & Reconstructive Procedures [In Any Setting]

11900	15780	15783	15821	15832	15835	15838	19300	19324	19330	19355	30462	67908
11901	15781	15793	15822	15834	15836	15839	19316	19325	19342	19396	67904	
11920	15782	15820	15823	15833	15837	15847	19318	19328	19350	30460	67906	



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Applies to Medicare and MyCare Ohio Medicare
Prior Authorization Codification List
Effective 02/01/2018

Durable Medical Equipment (DME)

For Medicare hearing supplemental benefit, contact AVESIS at 800-327-4662

A7025	E0294	E0373	E0762	E0988	E1030	E1237	E2291	E2327	E2369	E2508	E2616	E2631	K0807	K0827	K0843	K0860	K0884
A9900	E0295	E0462	E0764	E1002	E1035	E1238	E2292	E2328	E2370	E2510	E2617	K0008	K0808	K0828	K0848	K0861	K0885
A9901	E0296	E0465	E0766	E1003	E1036	E1296	E2293	E2329	E2373	E2511	E2620	K0009	K0813	K0829	K0849	K0862	K0886
E0194	E0297	E0466	E0782	E1004	E1161	E1298	E2294	E2330	E2374	E2605	E2621	K0010	K0814	K0830	K0850	K0863	K0890
E0255	E0300	E0483	E0783	E1005	E1225	E1310	E2295	E2340	E2375	E2606	E2622	K0011	K0815	K0831	K0851	K0864	K0891
E0256	E0301	E0691	E0784	E1006	E1226	E1399	E2310	E2341	E2376	E2607	E2623	K0012	K0816	K0835	K0852	K0868	K0900
E0260	E0302	E0692	E0785	E1007	E1227	E1700	E2311	E2342	E2377	E2608	E2624	K0014	K0820	K0836	K0853	K0869	V2530
E0261	E0303	E0693	E0786	E1008	E1230	E2201	E2312	E2343	E2378	E2609	E2625	K0108	K0821	K0837	K0854	K0870	V2531
E0265	E0304	E0694	E0849	E1010	E1232	E2202	E2313	E2351	E2397	E2611	E2626	K0606	K0822	K0838	K0855	K0871	
E0266	E0328	E0747	E0855	E1012	E1233	E2203	E2321	E2361	E2500	E2612	E2627	K0800	K0823	K0839	K0856	K0877	
E0277	E0329	E0748	E0983	E1014	E1234	E2204	E2322	E2366	E2502	E2613	E2628	K0801	K0824	K0840	K0857	K0878	
E0292	E0371	E0749	E0984	E1020	E1235	E2227	E2325	E2367	E2504	E2614	E2629	K0802	K0825	K0841	K0858	K0879	
E0293	E0372	E0760	E0986	E1029	E1236	E2228	E2326	E2368	E2506	E2615	E2630	K0806	K0826	K0842	K0859	K0880	

Experimental/Investigational

0051T	0100T	0165T	0198T	0214T	0234T	0267T	0295T	0308T	0340T	0358T	0371T	0403T	0416T	0429T	0437T	Q4164
0052T	0101T	0174T	0200T	0215T	0235T	0268T	0296T	0309T	0342T	0359T	0372T	0404T	0417T	0430T	0441T	Q4165
0053T	0102T	0175T	0201T	0220T	0236T	0269T	0297T	0310T	0347T	0360T	0373T	0405T	0418T	0431T	0445T	0469T
0054T	0106T	0178T	0202T	0221T	0237T	0270T	0298T	0312T	0348T	0361T	0374T	0406T	0419T	0432T	0440T	0470T
0055T	0107T	0179T	0205T	0222T	0238T	0271T	0299T	0313T	0349T	0362T	0394T	0407T	0420T	0433T	82016	0471T
0058T	0108T	0180T	0206T	0228T	0249T	0272T	0300T	0314T	0350T	0363T	0395T	0408T	0421T	0434T	82017	0472T
0071T	0109T	0184T	0207T	0229T	0253T	0273T	0301T	0315T	0351T	0364T	0396T	0409T	0422T	0435T	83987	0473T
0072T	0110T	0188T	0208T	0216T	0254T	0274T	0302T	0316T	0352T	0365T	0397T	0410T	0423T	0438T	84145	0474T
0075T	0111T	0189T	0209T	0217T	0255T	0275T	0303T	0317T	0353T	0366T	0398T	0411T	0424T	0439T	86316	0475T
0076T	0126T	0190T	0210T	0218T	0263T	0278T	0304T	0335T	0354T	0367T	0399T	0412T	0425T	0442T	86343	0476T



Molina Healthcare
Applies to Medicare and MyCare Ohio Medicare
Prior Authorization Codification List
Effective 02/01/2018

Experimental/Investigational Continued

0085T	0159T	0191T	0211T	0219T	0264T	0290T	0305T	0337T	0355T	0368T	0400T	0413T	0426T	0443T	Q4161	0477T
0095T	0163T	0195T	0212T	0230T	0265T	0293T	0306T	0338T	0356T	0369T	0401T	0414T	0427T	0444T	Q4162	0478T
0098T	0164T	0196T	0213T	0231T	0266T	0294T	0307T	0339T	0357T	0370T	0402T	0415T	0428T	0436T	Q4163	

Genetic Counseling & Testing

Except for Prenatal diagnosis of congenital disorders of the unborn child through amniocentesis and genetic test screening of newborns mandated by State regulations.

0004M	0008U	0016U	81212	81219	81229	81287	81300	81323	81403	81412	81422	81433	81440	81470	81535	84999	88374
0006M	0009U	0017U	81213	81222	81235	81291	81311	81324	81404	81413	81425	81434	81442	81471	81536	86152	88377
0007M	0010U	81162	81214	81223	81246	81292	81313	81325	81405	81414	81426	81435	81445	81493	81538	86153	G9143
0008M	0011U	81201	81215	81225	81265	81294	81314	81355	81406	81415	81427	81436	81450	81504	81540	88261	
0009M	0012U	81203	81216	81226	81266	81295	81317	81400	81408	81416	81430	81437	81455	81507	81545	88271	
0004U	0013U	81210	81217	81227	81272	81297	81319	81401	81410	81417	81431	81438	81460	81519	81595	88369	
0005U	0014U	81211	81218	81228	81273	81298	81321	81402	81411	81420	81432	81439	81465	81528	83006	88373	

84999: Including Oncotype Dx

Home Health Care Services

PA required for all home health services after initial evaluation plus two (2) visits per calendar year.

042X	044X	056X	G0151	G0153	G0156	G0158	G0160	G0162	G0300	G0494	G0496
043X	055X	057X	G0152	G0155	G0157	G0159	G0161	G0299	G0493	G0495	



Hyperbaric Therapy

G0277	99813
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Imaging- Advanced & Specialty

C8900	C8911	C8935	70486	70544	71250	72128	72149	72197	73223	73723	74182	75563	77058	78466	78607
C8901	C8912	C8936	70487	70545	71260	72129	72156	72198	73225	73725	74183	75565	77059	78468	78608
C8902	C8913	G0288	70488	70546	71270	72130	72157	73200	73700	74150	74185	75571	77084	78469	78609
C8903	C8914	G0297	70490	70547	71275	72131	72158	73201	73701	74160	74261	75572	78205	78472	78647
C8904	C8918	70336	70491	70548	71550	72132	72159	73202	73702	74170	74262	75573	78206	78473	78710
C8905	C8919	70450	70492	70549	71551	72133	72191	73206	73706	74174	74263	75574	78320	78481	78811
C8906	C8920	70460	70496	70551	71552	72141	72192	73218	73718	74175	74712	75635	78451	78483	78812
C8907	C8931	70470	70498	70552	71555	72142	72193	73219	73719	74176	74713	76376	78452	78491	78813
C8908	C8932	70480	70540	70553	72125	72146	72194	73220	73720	74177	75557	76377	78453	78492	78814
C8909	C8933	70481	70542	70554	72126	72147	72195	73221	73721	74178	75559	76497	78454	78494	78815
C8910	C8934	70482	70543	70555	72127	72148	72196	73222	73722	74181	75561	76498	78459	78496	78816

In-Patient Admissions

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

Neuropsychological & Psychological Tests (in any setting)

95950	95951	95953	95956	95957	96101	96102	96103	96116	96118	96119	96120	96125
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Non-PAR Offices/Providers/Facilities

PA required for Non-Par Office Visits, Surgical Procedures, Labs, Diagnostic Studies, In-patient stays, except for:

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

Occupational Therapy

PA required after therapy benefit cap has been reached.

97110	97112
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Out-Patient (OP) Hospital/Ambulatory Surgery Center (ASC) Procedures

10040	21240	22534	22844	27442	28120	28280	28725	29884	36460	43644	49906	58323	58940	63005	63090	95911	
15786	21242	22548	22845	27443	28122	28285	28730	29885	36468	43645	50590	58345	58943	63011	63091	95912	
15787	21243	22551	22846	27445	28124	28286	28735	29886	36470	43647	52441	58350	58950	63012	63101	95913	
15819	21270	22552	22847	27446	28126	28288	28737	29887	36471	43648	52442	58356	58951	63015	63102	96567	
15830	21280	22554	22848	27447	28130	28289	28740	29888	36475	43653	52649	58540	58952	63016	63103	96570	
17004	21282	22556	22849	27486	28140	28291	28750	29889	36476	43770	53850	58541	58953	63017	64553	96571	
17360	21295	22558	22850	27487	28150	28292	28755	29891	36478	43771	53852	58542	58954	63020	64568	96900	
20930	21296	22585	22852	28005	28153	28295	28760	29892	36479	43772	54401	58543	58956	63030	64569	96902	
21073	22100	22586	22855	28008	28160	28296	28890	29893	36514	43773	54405	58544	58957	63035	64570	96904	
21120	22101	22590	22856	28010	28171	28297	28341	29894	37191	43774	57288	58545	58958	63040	64590	96910	
21121	22102	22595	22857	28011	28173	28298	29806	29895	37243	43775	57289	58546	58970	63042	64595	96912	
21122	22103	22600	22861	28035	28175	28299	29807	29897	37700	43842	58150	58548	58974	63043	65771	96913	
21123	22110	22610	22862	28060	28200	28300	29819	29898	37718	43843	58152	58550	58976	63044	65772	96920	



Molina Healthcare
Applies to Medicare and MyCare Ohio Medicare
Prior Authorization Codification List
Effective 02/01/2018

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

21125	22112	22612	22864	28062	28202	28302	29820	29899	37722	43845	58180	58552	59070	63045	65775	96921
21127	22114	22614	22865	28080	28208	28304	29821	29914	37735	43846	58200	58553	59072	63046	67900	96922
21137	22116	22630	22867	28090	28210	28305	29822	29915	37760	43847	58210	58554	59074	63047	67901	96931
21138	22206	22632	22868	28092	28220	28306	29823	29916	37761	43848	58240	58570	59076	63048	67902	96932
21139	22207	22633	22869	28100	28222	28307	29824	30465	37765	43881	58260	58571	61863	63050	67903	96933
21141	22208	22634	22870	28102	28225	28308	29825	30520	37766	43882	58262	58572	61864	63051	67909	96934
21142	22210	22800	23412	28103	28226	28309	29826	30540	37780	43886	58263	58573	61867	63055	67950	96935
21143	22212	22802	25447	28104	28230	28310	29827	30545	37785	43887	58267	58660	61868	63056	69714	96936
21145	22214	22804	26499	28106	28232	28312	29828	31295	38204	43888	58270	58661	61885	63057	69715	C2616
21146	22216	22808	27120	28107	28234	28313	29873	31296	38207	47380	58275	58662	61886	63064	69717	C9734
21147	22220	22810	27122	28108	28238	28315	29874	31297	38208	47381	58280	58672	62324	63066	69718	C9739
21150	22222	22812	27125	28110	28240	28320	29875	31660	38209	47382	58285	58673	62325	63075	69930	C9740
21151	22224	22818	27130	28111	28250	28322	29876	31661	38210	47605	58290	58700	62326	63076	63082	C9746
21154	22226	22819	27132	28112	28260	28340	29877	32491	38211	47610	58291	58720	62327	63077	63085	C9747
21155	22505	22830	27134	28113	28261	28344	29879	33251	38212	47612	58292	58740	62369	63078	90867	
21159	22526	22840	27137	28114	28262	28345	29880	33254	38213	47620	58293	58750	62370	63081	90868	
21160	22527	22841	27138	28116	28264	28360	29881	33261	38214	49255	58294	58752	62380	63086	90869	
21172	22532	22842	27440	28118	28270	28705	29882	33265	38215	49904	58321	58760	63001	63087	93229	
21175	22533	22843	27441	28119	28272	28715	29883	33266	38232	49905	58322	58770	63003	63088	95909	

Pain Management Procedures

Acupuncture is not a Medicare covered benefit

27096	62320	62350	62362	63655	63664	64462	64483	64488	64492	64600	64636
27279	62321	62351	62367	63661	63685	64463	64484	64489	64493	64633	64640



Pain Management Procedures Continued

Acupuncture is not a Medicare covered benefit

62263	62322	62360	62368	63662	63688	64479	64486	64490	64494	64634	77003
62264	62323	62361	63650	63663	64461	64480	64487	64491	64495	64635	G0260

Physical Therapy

PA required after therapy benefit cap has been reached.

97110	97112
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Prosthetics & Orthotics

L0480	L0622	L1000	L1700	L1840	L1907	L1970	L2020	L2050	L2126	L7259
L0482	L0637	L1005	L1710	L1844	L1920	L1980	L2030	L2060	L2128	L8614
L0484	L0640	L1110	L1720	L1846	L1940	L1990	L2034	L2080	L2232	
L0486	L0650	L1640	L1730	L1860	L1945	L2000	L2036	L2090	L2800	
L0452	L0700	L1680	L1755	L1900	L1950	L2005	L2037	L2106	L4631	
L5886	L0710	L1685	L1834	L1904	L1960	L2010	L2038	L2108	L6026	

Radiation Therapy & Radio Surgery

77520	77522	77523	77525	G0339	G0340	G6015	G6016	G6017	Q9950
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Sleep Studies

95800	95801	95803	95805	95806	95807	95808	95810	95811
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Speech Therapy

PA required after initial evaluation plus six (6) visits for office & outpatient settings.

92507	92508
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Specialty Pharmacy Drugs

90281	J0180	J0587	J0894	J1566	J1786	J2503	J3315	J7192	J7323	J9019	J9130	J9263	J9330	J9371
90283	J0202	J0588	J0895	J1568	J1826	J2504	J3355	J7193	J7324	J9025	J9205	J9264	J9340	J9370
90284	J0205	J0592	J0897	J1569	J1830	J2505	J3357	J7194	J7325	J9027	J9206	J9265	J9351	J9390
90378	J0207	J0594	J1230	J1570	J1833	J2507	J3380	J7195	J7326	J9032	J9207	J9266	J9352	J9395
A9542	J0220	J0596	J1290	J1571	J1930	J2562	J3385	J7196	J7327	J9033	J9208	J9267	J9354	J9400
A9543	J0221	J0597	J1300	J1572	J1931	J2597	J3396	J7197	J7328	J9034	J9209	J9268	J9355	J9600
C9132	J0256	J0598	J1322	J1573	J1942	J2724	J3489	J7198	J7330	J9035*	J9211	J9271	J9357	J9999
C9140	J0257	J0637	J1324	J1575	J1950	J2778	J3490	J7199	J7340	J9039	J9213	J9280	J9360	Q0138
C9257*	J0287	J0638	J1325	J1595	J1955	J2783	J3590	J7200	J7504	J9040	J9214	J9293	J9295	Q0139
C9293	J0289	J0640	J1438	J1599	J2020	J2786	J7175	J7201	J7511	J9041	J9215	J9216	J9299	Q2043
C9399	J0364	J0641	J1439	J1602	J2170	J2793	J7178	J7202	J7527	J9042	J9150	J9217	J9301	Q2050
C9483	J0401	J0695	J1442	J1640	J2182	J2796	J7179	J7205	J7639	J9043	J9160	J9218	J9302	Q3027
C9485	J0480	J0714	J1447	J1645	J2248	J2820	J7180	J7207	J7682	J9045	J9171	J9219	J9303	Q3028



Specialty Pharmacy Drugs Continued

C9486	J0485	J0717	J1453	J1650	J2315	J2840	J7181	J7209	J7686	J9047	J9178	J9225	J9305	Q4074
C9488	J0490	J0725	J1458	J1652	J2323	J2860	J7182	J7308	J7999	J9050	J9179	J9226	J9306	Q5101
C9491	J0570	J0775	J1459	J1675	J2353	J2916	J7183	J7309	J8520	J9055	J9181	J9228	J9307	Q5102
C9490	J0571	J0800	J1460	J1725	J2354	J2941	J7185	J7310	J8521	J9060	J9185	J9230	J9308	Q9985
C9492	J0572	J0850	J1556	J1740	J2357	J3060	J7186	J7311	J8655	J9065	J9145	J9245	J9310	Q9986
C9493	J0573	J0875	J1557	J1743	J2425	J3090	J7187	J7312	J8670	J9070	J9176	J9250	J8499	Q9989
C9494	J0574	J0878	J1559	J1744	J2426	J3110	J7188	J7313	J8700	J9098	J9190	J9260	J9315	
J0129	J0575	J0881	J1560	J1745	J2430	J3145	J7189	J7316	J9000	J9100	J9200	J9261	J9325	
J0135	J0585	J0885	J1561	J1750	J2469	J3262	J7190	J7320	J9015	J9120	J9201	J9262	J9352	
J0178	J0586	J0888	J1562	J1756	J2502	J3285	J7191	J7321	J9017	J9155	J9202	J9328	J9354	

*** C9257 & J9035: No PA required when used with ocular Dx.**

Transplant Services (Including Solid Organ and Bone Marrow)
Corneal transplants do not require PA

38205	38240	38243	44721	47140	47143	47146	50320	50327	50340	50370	48551	48556
38206	38241	44715	47133	47141	47144	47147	50323	50328	50360	50380	48552	
38230	38242	44720	47135	47142	47145	50300	50325	50329	50365	48550	48554	

Transportation Services

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

A0430	A0431	A0999
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Prior Authorization Codification List
Effective 02/01/2018

Unlisted/Miscellaneous Codes

****Code 90999 Does not require PA***