



**- 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/services require Prior Authorization (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.**

**No PA required for emergency services.**

**Office visits to Network Specialists require a referral from a participating Primary Care Provider. Some services listed may not be covered by the Centers for Medicare and Medicaid (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.**

**PA is not a guarantee of payment for services. Payment is made in accordance with a determination of the member's eligibility on the date(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.**

***To search this document, use [Ctrl + F] keys, enter Service or Code in Navigation pane; press Enter***

***Legend:***

<b><i>PA: Prior Authorization</i></b>	<b><i>PAR: Participating Provider</i></b>	<b><i>Non-PAR: Non-Participating Provider</i></b>
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**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	15833	15836	15839	19316	19325	19342	19396	67904	
11920	15782	15820	15823	15834	15837	15847	19318	19328	19350	30460	67906	

**Durable Medical Equipment (DME)**

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

A7025	E0293	E0373	E0764	E1003	E1161	E1310	E2310	E2342	E2378	E2611	E2627	K0801	K0825	K0842	K0860	K0885
A9900	E0294	E0462	E0766	E1004	E1225	E1399	E2311	E2343	E2397	E2612	E2628	K0802	K0826	K0843	K0861	K0886
A9901	E0295	E0465	E0782	E1005	E1226	E1700	E2312	E2351	E2500	E2613	E2629	K0806	K0827	K0848	K0862	K0890
C2624	E0296	E0466	E0783	E1006	E1227	E2201	E2313	E2361	E2502	E2614	E2630	K0807	K0828	K0849	K0863	K0891
C9741	E0297	E0483	E0784	E1007	E1230	E2202	E2321	E2366	E2504	E2615	E2631	K0808	K0829	K0850	K0864	K0900
E0194	E0300	E0691	E0785	E1008	E1232	E2203	E2322	E2367	E2506	E2616	K0008	K0813	K0830	K0851	K0868	K0903
E0255	E0301	E0692	E0786	E1010	E1233	E2204	E2325	E2368	E2508	E2617	K0009	K0814	K0831	K0852	K0869	L3761
E0256	E0302	E0693	E0849	E1012	E1234	E2227	E2326	E2369	E2510	E2620	K0010	K0815	K0835	K0853	K0870	L7700
E0260	E0303	E0694	E0855	E1014	E1235	E2228	E2327	E2370	E2511	E2621	K0011	K0816	K0836	K0854	K0871	L8625
E0261	E0304	E0747	E0983	E1020	E1236	E2291	E2328	E2373	E2605	E2622	K0012	K0820	K0837	K0855	K0877	L8694
E0265	E0328	E0748	E0984	E1029	E1237	E2292	E2329	E2374	E2606	E2623	K0014	K0821	K0838	K0856	K0878	V2530
E0266	E0329	E0749	E0986	E1030	E1238	E2293	E2330	E2375	E2607	E2624	K0108	K0822	K0839	K0857	K0879	V2531
E0277	E0371	E0760	E0988	E1035	E1296	E2294	E2340	E2376	E2608	E2625	K0606	K0823	K0840	K0858	K0880	
E0292	E0372	E0762	E1002	E1036	E1298	E2295	E2341	E2377	E2609	E2626	K0800	K0824	K0841	K0859	K0884	



**Molina Healthcare**  
**Applies to Medicare and MyCare Ohio Medicare**  
**Prior Authorization Codification List**  
**Effective 10/01/2018**

**Experimental/Investigational**

0054T	0108T	0190T	0212T	0234T	0270T	0307T	0350T	0365T	0399T	0414T	0429T	0445T	0483T	0499T	82016
0055T	0109T	0191T	0213T	0235T	0271T	0312T	0351T	0366T	0400T	0415T	0430T	0469T	0485T	0500T	82017
0058T	0110T	0195T	0214T	0236T	0272T	0313T	0352T	0367T	0401T	0416T	0431T	0470T	0486T	0501T	83987
0071T	0111T	0196T	0215T	0237T	0273T	0314T	0353T	0368T	0402T	0417T	0432T	0471T	0487T	0502T	84145
0072T	0126T	0198T	0220T	0238T	0274T	0315T	0354T	0369T	0403T	0418T	0433T	0472T	0488T	0503T	Q4164
0075T	0159T	0200T	0221T	0249T	0275T	0316T	0355T	0370T	0404T	0419T	0434T	0473T	0489T	0504T	Q4165
0076T	0163T	0201T	0222T	0253T	0278T	0317T	0356T	0371T	0405T	0420T	0435T	0474T	0490T	0505T	
0085T	0164T	0202T	0228T	0254T	0290T	0335T	0357T	0372T	0406T	0421T	0436T	0475T	0491T	0506T	
0095T	0165T	0205T	0229T	0263T	0293T	0337T	0358T	0373T	0407T	0422T	0437T	0476T	0492T	0507T	
0098T	0174T	0206T	0216T	0264T	0294T	0338T	0359T	0374T	0408T	0423T	0439T	0477T	0493T	0508T	
0100T	0175T	0207T	0217T	0265T	0295T	0339T	0360T	0394T	0409T	0424T	0440T	0478T	0494T	86316	
0101T	0179T	0208T	0218T	0266T	0296T	0342T	0361T	0395T	0410T	0425T	0441T	0479T	0495T	86343	
0102T	0184T	0209T	0219T	0267T	0297T	0347T	0362T	0396T	0411T	0426T	0442T	0480T	0496T	Q4161	
0106T	0188T	0210T	0230T	0268T	0298T	0348T	0363T	0397T	0412T	0427T	0443T	0481T	0497T	Q4162	
0107T	0189T	0211T	0231T	0269T	0306T	0349T	0364T	0398T	0413T	0428T	0444T	0482T	0498T	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	0013U	0032U	81112	81212	81225	81246	81273	81311	81334	81402	81413	81430	81440	81493	81541	88271
0006M	0014U	0033U	81120	81213	81226	81247	81283	81313	81335	81403	81414	81431	81442	81504	81545	88369
0007M	0016U	0034U	81121	81214	81227	81248	81287	81314	81346	81404	81415	81432	81445	81507	81551	88373
0009M	0017U	81105	81162	81215	81228	81249	81291	81317	81355	81405	81416	81433	81448	81519	81595	88374



**Genetic Counseling & Testing Continued**

0005U	0026U	81106	81175	81216	81229	81258	81292	81319	81361	81406	81417	81434	81450	81520	83006	88377
0008U	0027U	81107	81176	81217	81230	81259	81294	81321	81362	81407	81420	81435	81455	81521	84999	G9143
0009U	0028U	81108	81201	81218	81231	81265	81295	81323	81363	81408	81422	81436	81460	81535	86008	
0010U	0029U	81109	81203	81219	81232	81266	81297	81324	81364	81410	81425	81437	81465	81536	86152	
0011U	0030U	81110	81210	81222	81235	81269	81298	81325	81400	81411	81426	81438	81470	81538	86153	
0012U	0031U	81111	81211	81223	81238	81272	81300	81328	81401	81412	81427	81439	81471	81540	88261	

**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**

99813	G0277	Q4176	Q4177	Q4178	Q4179	Q4180	Q4181	Q4182
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**Imaging- Advanced & Specialty**

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

**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*



**Molina Healthcare**  
**Applies to Medicare and MyCare Ohio Medicare**  
**Prior Authorization Codification List**  
**Effective 10/01/2018**

**Occupational Therapy**

**PA required after therapy benefit cap has been reached.**

97110	97112	97763
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**Out-Patient (OP) Hospital/Ambulatory Surgery Center (ASC) Procedures**

10040	21175	22551	22849	28008	28175	28304	29824	30545	37243	43843	58180	58570	61867	63064	69718	C9738
15730	21240	22552	22850	28010	28200	28305	29825	31253	37700	43845	58200	58571	61868	63066	69930	C9739
15733	21242	22554	22852	28011	28202	28306	29826	31257	37718	43846	58210	58572	61885	63075	63082	C9740
15786	21243	22556	22855	28035	28208	28307	29827	31259	37722	43847	58240	58573	61886	63076	63085	C9746
15787	21270	22558	22856	28060	28210	28308	29828	31295	37735	43848	58260	58660	62324	63077	90867	C9747
15819	21280	22585	22857	28062	28220	28309	29873	31296	37760	43881	58262	58661	62325	63078	90868	C9748
15830	21282	22586	22861	28080	28222	28310	29874	31297	37761	43882	58263	58662	62326	63081	90869	K0903
17004	21295	22590	22862	28090	28225	28312	29875	31298	37765	43886	58267	58672	62327	63086	93229	
17360	21296	22595	22864	28092	28226	28313	29876	31660	37766	43887	58270	58673	62369	63087	95249	
19294	22100	22600	22865	28100	28230	28315	29877	31661	37780	43888	58275	58700	62370	63088	95909	
20930	22101	22610	22867	28102	28232	28320	29879	32491	37785	47380	58280	58720	62380	63090	95911	
20939	22102	22612	22868	28103	28234	28322	29880	32994	38204	47381	58285	58740	63001	63091	95912	
21073	22103	22614	22869	28104	28238	28340	29881	33251	38207	47382	58290	58750	63003	63101	95913	
21120	22110	22630	22870	28106	28240	28341	29882	33254	38208	47605	58291	58752	63005	63102	96567	
21121	22112	22632	23412	28107	28250	28344	29883	33261	38209	47610	58292	58760	63011	63103	96570	
21122	22114	22633	25447	28108	28260	28345	29884	33265	38210	47612	58293	58770	63012	64553	96571	
21123	22116	22634	26499	28110	28261	28360	29885	33266	38211	47620	58294	58940	63015	64568	96573	
21125	22206	22800	27120	28111	28262	28705	29886	34713	38212	49255	58321	58943	63016	64569	96574	



**Molina Healthcare**  
**Applies to Medicare and MyCare Ohio Medicare**  
**Prior Authorization Codification List**  
**Effective 10/01/2018**

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

21127	22207	22802	27122	28112	28264	28715	29887	34714	38213	49904	58322	58950	63017	64570	96900	
21137	22208	22804	27125	28113	28270	28725	29888	34715	38214	49905	58323	58951	63020	64590	96902	
21138	22210	22808	27130	28114	28272	28730	29889	34716	38215	49906	58345	58952	63030	64595	96904	
21139	22212	22810	27132	28116	28280	28735	29891	36460	38232	50590	58350	58953	63035	64912	96910	
21141	22214	22812	27134	28118	28285	28737	29892	36465	38573	52441	58356	58954	63040	64913	96912	
21142	22216	22818	27137	28119	28286	28740	29893	36466	43644	52442	58540	58956	63042	65771	96913	
21143	22220	22819	27138	28120	28288	28750	29894	36468	43645	52649	58541	58957	63043	65772	96920	
21145	22222	22830	27440	28122	28289	28755	29895	36470	43647	53850	58542	58958	63044	65775	96921	
21146	22224	22840	27441	28124	28291	28760	29897	36471	43648	53852	58543	58970	63045	67900	96922	
21147	22226	22841	27442	28126	28292	28890	29898	36475	43653	54401	58544	58974	63046	67901	96931	
21150	22505	22842	27443	28130	28295	29806	29899	36476	43770	54405	58545	58976	63047	67902	96932	
21151	22526	22843	27445	28140	28296	29807	29914	36478	43771	55874	58546	59070	63048	67903	96933	
21154	22527	22844	27446	28150	28297	29819	29915	36479	43772	55875	58548	59072	63050	67909	96934	
21155	22532	22845	27447	28153	28298	29820	29916	36482	43773	57288	58550	59074	63051	67950	96935	
21159	22533	22846	27486	28160	28299	29821	30465	36483	43774	57289	58552	59076	63055	69714	96936	
21160	22534	22847	27487	28171	28300	29822	30520	36514	43775	58150	58553	61863	63056	69715	C2616	
21172	22548	22848	28005	28173	28302	29823	30540	37191	43842	58152	58554	61864	63057	69717	C9734	

**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
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	97763
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**Prosthetics & Orthotics**

L0480	L0637	L1005	L1710	L1844	L1920	L1980	L2030	L2060	L2128	L7259
L0482	L0640	L1110	L1720	L1846	L1940	L1990	L2034	L2080	L2232	L8614
L0484	L0650	L1640	L1730	L1860	L1945	L2000	L2036	L2090	L2800	
L0486	L0700	L1680	L1755	L1900	L1950	L2005	L2037	L2106	L4631	
L0452	L0710	L1685	L1834	L1904	L1960	L2010	L2038	L2108	L5886	
L0622	L1000	L1700	L1840	L1907	L1970	L2020	L2050	L2126	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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**Home Sleep Studies [POS 12] Do Not Require PA**





**Molina Healthcare**  
**Applies to Medicare and MyCare Ohio Medicare**  
**Prior Authorization Codification List**  
**Effective 10/01/2018**

**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	J0205	J0637	J1325	J1575	J1950	J2778	J3490	J7200	J7330	J9033	J9176	J9226	J9308	Q2043
90283	J0207	J0638	J1428	J1595	J1955	J2783	J3590	J7201	J7340	J9034	J9178	J9228	J9310	Q2050
90284	J0220	J0640	J1438	J1599	J2020	J2786	J7175	J7202	J7504	J9035*	J9179	J9230	J9315	Q3027
90378	J0221	J0641	J1439	J1602	J2170	J2793	J7178	J7205	J7511	J9039	J9181	J9245	J9325	Q3028
A9542	J0256	J0695	J1442	J1627	J2182	J2796	J7179	J7207	J7527	J9040	J9185	J9261	J9328	Q4074
A9543	J0257	J0714	J1447	J1640	J2248	J2820	J7180	J7209	J7639	J9041	J9190	J9262	J9330	Q5101
C9016	J0287	J0717	J1453	J1645	J2315	J2840	J7181	J7210	J7682	J9042	J9200	J9263	J9340	Q5103
C9024	J0289	J0725	J1458	J1650	J2323	J2860	J7182	J7211	J7686	J9043	J9201	J9264	J9351	Q5104
C9028	J0364	J0775	J1459	J1652	J2326	J2916	J7183	J7308	J7999	J9045	J9202	J9266	J9352	Q9991
C9029	J0480	J0800	J1460	J1675	J2350	J2941	J7185	J7309	J8499	J9047	J9203	J9267	J9354	Q9992
C9132	J0485	J0850	J1555	J1726	J2353	J3060	J7186	J7310	J8520	J9050	J9205	J9268	J9355	Q9995
C9140	J0490	J0875	J1556	J1729	J2354	J3090	J7187	J7311	J8521	J9055	J9206	J9271	J9357	
C9257*	J0565	J0878	J1557	J1740	J2357	J3110	J7188	J7312	J8655	J9060	J9207	J9276	J9360	
C9293	J0570	J0881	J1559	J1743	J2425	J3145	J7189	J7313	J8670	J9065	J9208	J9280	J9370	
C9399	J0585	J0885	J1560	J1744	J2430	J3262	J7190	J7316	J8700	J9070	J9209	J9285	J9371	
C9463	J0586	J0888	J1561	J1745	J2469	J3285	J7191	J7320	J9000	J9098	J9211	J9293	J9390	
C9488	J0587	J0894	J1562	J1750	J2502	J3315	J7192	J7321	J9015	J9100	J9213	J9295	J9395	
C9492	J0588	J0895	J1566	J1756	J2503	J3355	J7193	J7322	J9017	J9120	J9214	J9299	J9400	



**Specialty Pharmacy Drugs Continued**

C9493	J0594	J0897	J1568	J1786	J2504	J3357	J7194	J7323	J9019	J9130	J9215	J9301	J9600	
J0129	J0596	J1230	J1569	J1826	J2505	J3358	J7195	J7324	J9022	J9145	J9216	J9302	J9999	
J0135	J0597	J1290	J1570	J1830	J2507	J3380	J7196	J7325	J9023	J9150	J9217	J9303	Q0138	
J0178	J0598	J1300	J1571	J1833	J2562	J3385	J7197	J7326	J9025	J9155	J9218	J9305	Q0139	
J0180	J0604	J1322	J1572	J1930	J2597	J3396	J7198	J7327	J9027	J9160	J9219	J9306	Q2040	
J0202	J0606	J1324	J1573	J1931	J2724	J3489	J7199	J7328	J9032	J9171	J9225	J9307	Q2041	

**\* 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	48551	48556	50323	50328	50360	50380	
38206	38241	44715	47133	47141	47144	47147	48552	50300	50325	50329	50365		
38230	38242	44720	47135	47142	47145	48550	48554	50320	50327	50340	50370		

**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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**Molina Healthcare**  
**Applies to Medicare and MyCare Ohio Medicare**  
**Prior Authorization Codification List**  
**Effective 10/01/2018**

**Unlisted/Miscellaneous Codes**

**Molina Healthcare requires PA, as well as medical necessity documentation and rationale be submitted with the PA request for all Unlisted/Miscellaneous codes.**

01999	25999	36299	42699	46999	54699	66999	76498	78699	87797	90749	97139	A6262	G0235	J8999	L8499	S3870
15999	26989	37501	42999	47379	55559	67299	76499	78799	87798	90899	97799	A9698	G0501	J9999	L8699	S8189
17999	27299	37799	43289	47399	55899	67399	76999	78999	87799	91299	99199	A9699	G9012	K0812	P9603	S9110
19499	27599	38129	43499	47579	58578	67599	77299	79999	87899	92499	99429	A9900	H0046	K0898	P9604	T1999
20999	27899	38589	43659	47999	58579	67999	77399	80299	87999	92700	99499	A9999	J3490	K0899	Q2039	T2025
21089	28899	38999	43999	48999	58679	68399	77499	81099	88099	93799	99600	B9998	J3590	L0999	Q4050	T5999
21299	29999	39499	44238	49329	58999	68899	77799	81479	88199	94799	A0999	B9999	J7599	L1499	Q4051	V2199
21499	30999	39599	44799	49659	59897	69399	78099	81599	88299	95199	A0469	C2698	J7699	L2999	Q4082	V2797
21899	31299	40799	44899	49999	59898	69799	78199	84999	88399	95999	A4421	C2699	J7799	L3649	Q4100	V2799
22899	31599	40899	44979	50549	59899	69949	78299	85999	88749	96379	A4641	E0769	J7999	L3999	Q0507	V5298
22999	31899	41599	45399	50949	60659	69979	78399	86486	89240	96549	A4649	E0770	J8498	L5999	Q0508	V5299
23929	32999	41899	45499	51999	60699	76496	78499	86849	89398	96999	A4913	E1399	J8499	L7499	Q0509	
24999	33999	42299	45999	53899	64999	76497	78599	86999	90399	97039	A6261	E1699	J8597	L8039	S0590	

**\*PA NOT Required for Codes 29799, 93998 & 90999**