



Molina Healthcare
Applies to Medicaid, MyCare Ohio Medicaid, and Marketplace
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- IMPORTANT NOTICES -

These codes are for outpatient services only. All inpatient services require PA.

All codes listed require PA unless there is a plan-specific exception.*

Office visits; office-based surgical procedures at PAR/Network Providers do not require PA.

Referrals to PAR/Network Specialists do not require PA.

Some services listed may not be covered by CMS or your local State Medicaid or Marketplace agency. Likewise, the absence of a code from this list should not be used to determine whether a service is or is not covered by your regulatory agency.

This document should be not be utilized to make benefit coverage determinations. Please refer to your regulatory agency for benefit coverage and specific non-covered codes.

PA is not a guarantee of payment for services. Payment is made in accordance with a determination of the member’s eligibility on the date of service (for Molina Marketplace members, this includes grace period status), benefit limitations/exclusions and other applicable standards during the claim review, including the terms of any applicable provider agreement. For additional information on a member’s grace period status, please contact Molina Healthcare.

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

Legend:

<p><i>PA: Prior Authorization</i> <i>IP: Inpatient</i> <i>OP: Outpatient</i></p>	<p><i>LOB: Line of Business</i> <i>PAR: Participating Provider</i> <i>Non-PAR: Non-Participating Provider</i></p>	<p><i>Y: Auth Required</i> <i>N: No PA Required</i> <i>NC: Not a covered code</i></p>
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To validate coverage by site of service, please reference the appropriate appendices below. Services not designated as a covered service in the applicable appendix, based on the location and type of service, are not reimbursable in accordance with Ohio Administrative Code (OAC) rules, unless PA is obtained. PA is always required for non-covered or non-grouper surgical codes (codes not listed in the appendices designated for the site of service).

Site of Service	Appendix	OAC
Physician services	Appendix DD	5160-1-60
Provider-administered pharmaceuticals		5160-4-12
Ambulatory Surgical Centers	EAPG CPT and HCPCS list	5160-2-75
Outpatient hospital surgical services	EAPG CPT and HCPCS list	5160-2-75
Outpatient hospital clinic services	EAPG CPT and HCPCS list	5160-2-75
Hospital emergency room visits	EAPG CPT and HCPCS list	5160-2-75
Outpatient hospital ancillary services	EAPG CPT and HCPCS list	5160-2-75
Outpatient hospital radiology services	EAPG CPT and HCPCS list	5160-2-75
Outpatient hospital laboratory services	EAPG CPT and HCPCS list	5160-2-75



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Behavioral Health, Mental Health, Alcohol & Chemical Dependency Services (Medicaid Only)
Inpatient, Residential Treatment, Partial Hospitalization, Electroconvulsive Therapy (ECT), Applied Behavior Analysis (ABA) for tx of Autism Spectrum Disorder (ASD), and *Transitional Substance Abuse Residential Treatment (*For Marketplace Members only) SUD Partial Hospitalization (20 or more hours per week)

0901	1002	96101-	90870	H0017	H0040	H2014^	H2032^	S5150^#	T1026^~	T2040^
0912	2106	96111-	G0396~**	H0031^	H0046	H2015	H2034=	S5111	T1027^	
0913	90791*	96116-	G0397~**	H0032^	H2013	H2016	H2036=**	T1023^	T1028^	
1001	90792*	96118{	H0001>	H0035	H0036**	H2018	S0201	T1025^	T2013^	

^PA required for all plans only when submitted with Autism Dx. [ICD10: F84.0, F84.2, F84.3, F84.4, F84.5, F84.8 or F84.9]
 ~PA required after 1 each per billing provider per patient per year. Cannot be billed by biller type 95
 #PA required regardless of Dx. (Marketplace and Medicaid)
 *PA required after allowed 1 encounter per calendar year per billing provider
 >PA after 2 hours (8 units) per patient per calendar year. Does not count toward ASAM LOC benefit limit
 +PA required after 24 hours (96 units) combined per calendar year per patient
 =PA required to support medical necessity of continued stay after first 30 consecutive days without PA. Applies to first 2 stays only. After that all stays require PA
 -PA required after 12 hours reached per patient per calendar year
 { PA required after 8 hours reached per patient per calendar year
 ** Includes Marketplace



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Cosmetic, Plastic & Reconstructive Procedures [In Any Setting]

11900*	15776	15783	15793	15823	15828	15834	15838	15877	19300*	19325*	19342*	30400	30435	67904
11901*	15780	15788	15820	15824	15829	15835	15839	15878	19316*	19328*	19350*	30410	30450	67906
11920*	15781	15789	15821	15825	15832	15836	15847	15879	19318*	19330*	19355*	30420	30460	67908
15775	15782	15792	15822	15826	15833	15837	15876	17380	19324*	19340*	19396*	30430	30462	69300

PA required, except with breast CA Dx. [ICD10 codes: C50.011, C50.012, C50.019, C50.021, C50.022, C50.029, C50.111, C50.112, C50.119, C50.121, C50.122, C50.129, C50.211, C50.212, C50.219, C50.221, C50.222, C50.229, C50.311, C50.312, C50.319, C50.321, C50.322, C50.329, C50.411, C50.412, C50.419, C50.421, C50.422, C50.429, C50.511, C50.512, C50.519, C50.521, C50.522, C50.529, C50.611, C50.612, C50.619, C50.621, C50.622, C50.629, C50.811, C50.812, C50.819, C50.821, C50.822, C50.829, C50.911, C50.912, C50.919, C50.921, C50.922, C50.929, D05.00, D05.01, D05.02, D05.10, D05.11, D05.12, D05.80, D05.81, D05.82, D05.90, D05.91, D05.92]

Durable Medical Equipment (DME)

A7025	E0293	E0371	E0747	E0849	E1008	E1227	E1399	E2295	E2330	E2373	E2510	E2616	E2630	K0802	K0824	K0839	K0855	K0870	S1034
A9900	E0294	E0372	E0748	E0855	E1010	E1230	E1700	E2310	E2340	E2374	E2511	E2617	E2631	K0806	K0825	K0840	K0856	K0871	S1035
A9901	E0295	E0373	E0749	E0983	E1012	E1232	E2201	E2311	E2341	E2375	E2605	E2620	K0008	K0807	K0826	K0841	K0857	K0877	S1036
E0194	E0296	E0462	E0760	E0984	E1014	E1233	E2202	E2312	E2342	E2376	E2606	E2621	K0009	K0808	K0827	K0842	K0858	K0878	S1037
E0255	E0297	E0465	E0762	E0986	E1020	E1234	E2203	E2313	E2343	E2377	E2607	E2622	K0010	K0813	K0828	K0843	K0859	K0879	V2530
E0256	E0300	E0466	E0764	E0988	E1029	E1235	E2204	E2321	E2351	E2378	E2608	E2623	K0011	K0814	K0829	K0848	K0860	K0880	V2531
E0260	E0301	E0481	E0766	E1002	E1030	E1236	E2227	E2322	E2361	E2397	E2609	E2624	K0012	K0815	K0830	K0849	K0861	K0884	
E0261	E0302	E0483	E0782	E1003	E1035	E1237	E2228	E2325	E2366	E2500	E2611	E2625	K0014	K0816	K0831	K0850	K0862	K0885	
E0265	E0303	E0691	E0783	E1004	E1036	E1238	E2291	E2326	E2367	E2502	E2612	E2626	K0108	K0820	K0835	K0851	K0863	K0886	
E0266	E0304	E0692	E0784	E1005	E1161	E1296	E2292	E2327	E2368	E2504	E2613	E2627	K0606	K0821	K0836	K0852	K0864	K0890	
E0277	E0328	E0693	E0785	E1006	E1225	E1298	E2293	E2328	E2369	E2506	E2614	E2628	K0800	K0822	K0837	K0853	K0868	K0891	
E0292	E0329	E0694	E0786	E1007	E1226	E1310	E2294	E2329	E2370	E2508	E2615	E2629	K0801	K0823	K0838	K0854	K0869	K0900	



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Experimental/Investigational

0042T	0085T	0111T	0184T	0205T	0220T	0234T	0265T	0278T	0302T	0314T	0338T	0355T	0367T	0398T	0410T	0422T	0434T	82016
0051T	0095T	0126T	0188T	0206T	0221T	0235T	0266T	0290T	0303T	0315T	0339T	0356T	0368T	0399T	0411T	0423T	0435T	82017
0052T	0098T	0159T	0189T	0207T	0222T	0236T	0267T	0293T	0304T	0316T	0340T	0357T	0369T	0400T	0412T	0424T	0436T	83987
0053T	0100T	0163T	0190T	0208T	0228T	0237T	0268T	0294T	0305T	0317T	0342T	0358T	0370T	0401T	0413T	0425T	0437T	84145
0054T	0101T	0164T	0191T	0209T	0229T	0238T	0269T	0295T	0306T	0329T	0347T	0359T	0371T	0402T	0414T	0426T	0438T	86316
0055T	0102T	0165T	0195T	0210T	0216T	0249T	0270T	0296T	0307T	0330T	0348T	0360T	0372T	0403T	0415T	0427T	0439T	86343
0058T	0106T	0174T	0196T	0211T	0217T	0253T	0271T	0297T	0308T	0331T	0349T	0361T	0373T	0404T	0416T	0428T	0440T	Q4161
0071T	0107T	0175T	0198T	0212T	0218T	0254T	0272T	0298T	0309T	0332T	0350T	0362T	0374T	0405T	0417T	0429T	0441T	Q4162
0072T	0108T	0178T	0200T	0213T	0219T	0255T	0273T	0299T	0310T	0333T	0351T	0363T	0394	0406T	0418T	0430T	0442T	Q4163
0075T	0109T	0179T	0201T	0214T	0230T	0263T	0274T	0300T	0312T	0335T	0352T	0364T	0395T	0407T	0419T	0431T	0443T	Q4164
0076T	0110T	0180T	0202T	0215T	0231T	0264T	0275T	0301T	0313T	0337T	0353	0365T	0396T	0408T	0420T	0432T	0444T	Q4165
0469T	0470T	0472T	0471T	0472T	0473T	0474T	0475T	0476T	0477T	0478T	0354T	0366T	0397T	0409T	0421T	0433T	0445T	

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	0011U	81201	81216	81227	81273	81300	81324	81405	81415	81430	81438	81465	81535	86152	G9143	S3861
0006M	0012U	81203	81217	81228	81287	81311	81325	81406	81416	81431	81439	81470	81536	86153	S3722	S3865
0007M	0013U	81210	81218	81229	81291	81313	81355	81408	81417	81432	81440	81471	81538	88261	S3800	S3866
0008M	0014U	81211	81219	81235	81292	81314	81400	81410	81420	81433	81442	81493	81540	88271	S3840	S3870
0009M	0015U	81212	81222	81246	81294	81317	81401	81411	81422	81434	81445	81504	81545	88369	S3841	
0008U	0016U	81213	81223	81265	81295	81319	81402	81412	81425	81435	81450	81507	81595	88373	S3842	



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Genetic Counseling & Testing Continued

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0009U	0017U	81214	81225	81266	81297	81321	81403	81413	81426	81436	81455	81519	83006	88374	S3852	
0010U	81162	81215	81226	81272	81298	81323	81404	81414	81427	81437	81460	81528	84999	88377	S3854	

Code 84999: Including Oncotype Dx

Home Health Care Services

PA required for all home health services after initial evaluation plus six (6) visits per calendar year, .

G0151	G0153	G0156	G0158	G0160	G0162	G0494	G0300	S9122	S9124	S9129	S9131	S5151	S9977	T1002	T1003	T1005	T1030
G0152	G0155	G0157	G0159	G0161	G0493	G0299	G0490	S9123	S9128	S5130	S5135	S9470	T1000	G0495	G0496	T1022	T1031

Hyperbaric Therapy

G0277	99183
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Imaging – Advanced & Specialty

C8900	C8909	C8932	70450	70491	70547	71270	72129	72149	72196	73221	73720	74176	74712	75574	77084	78468	78607	78816
C8901	C8910	C8933	70460	70492	70548	71275	72130	72156	72197	73222	73721	74177	74713	75635	78205	78469	78608	
C8902	C8911	C8934	70470	70496	70549	71550	72131	72157	72198	73223	73722	74178	75557	76376	78206	78472	78609	
C8903	C8912	C8935	70480	70498	70551	71551	72132	72158	73200	73225	73723	74181	75559	76377	78320	78473	78647	



Imaging – Advanced & Specialty Continued

C8904	C8913	C8936	70481	70540	70552	71552	72133	72159	73201	73700	73725	74182	75561	76380	78451	78481	78710	
C8905	C8914	G0288	70482	70542	70553	71555	72141	72191	73202	73701	74150	74183	75563	76390	78452	78483	78811	
C8906	C8918	G0297	70486	70543	70554	72125	72142	72192	73206	73702	74160	74185	75565	76497	78453	78491	78812	
C8907	C8919	S8042	70487	70544	70555	72126	72146	72193	73218	73706	74170	74261	75571	76498	78454	78492	78813	
C8908	C8920	S8080	70488	70545	71250	72127	72147	72194	73219	73718	74174	74262	75572	77058	78459	78494	78814	
G0296	C8931	70336	70490	70546	71260	72128	72148	72195	73220	73719	74175	74263	75573	77059	78466	78496	78815	

Inpatient Admissions

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

Long Term Services & Support

PA is required for **ALL** LTSS Services

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 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 inpatient stay*
- *Local Health Department (LHD) services*
- *Other services based on state requirements*

Occupational Therapy

Medicaid: PA required after 30 dates of service. Marketplace: Benefit limit of 24 visits per year.

97110	97112
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Outpatient (OP) Hospital/Ambulatory Surgery Center (ASC) Procedure

10040	21172	22526	22819	27125	28107	28230	28308	29823	29914	37722	43842	54405	58540	58270	58573	61885	63055	67901	96934
15786	21175	22527	22830	27130	28108	28232	28309	29824	29915	37735	43843	55970*	58541	58275	58673	61886	63056	67902	96935
15787	21240	22532	22840	27132	28110	28234	28310	29825	29916	37760	43845	55980*	58542	58280	58700	62324	63057	67903	96936
15819	21242	22533	22841	27134	28111	28238	28312	29826	30465	37761	43846	57288	58543	58285	58720	62325	63064	67909	C9739
15830	21243	22534	22842	27137	28112	28240	28313	29827	30520	37765	43847	57289	58544	58290	58740	62326	63066	67950	C9740
17004	21270	22548	22843	27138	28113	28250	28315	29828	30540	37766	43848	58150	58545	58291	58750	62327	63075	69714	S2095
17360	21280	22551	22844	27440	28114	28260	28320	29873	30545	37780	43881	58152	58546	58292	58752	62369	63076	69715	C6216
20930	21282	22552	22845	27441	28116	28261	28322	29874	31295	37785	43882	58180	58548	58293	58760	62370	63077	69717	C9734
21073	21295	22554	22846	27442	28118	28262	28340	29875	31296	38204	43886	58200	58550	58294	58770	62380	63078	69718	C9746
21120	21296	22556	22847	27443	28119	28264	28344	29876	31297	38207	43887	58210	58552	58321	58940	63001	63081	69930	C9747
21121	22100	22558	22848	27445	28120	28270	28345	29877	31660	38208	43888	58240	58553	58322	58943	63003	63082	90867	



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Outpatient (OP) Hospital/Ambulatory Surgery Center (ASC) Procedure Continued

21122	22101	22585	22849	27446	28122	28272	28360	29879	31661	38209	47380	58260	58554	58323	58950	63005	63085	90868	
21123	22102	22586	22850	27447	28124	28280	28705	29880	32491	38210	47381	58262	58570	58345	58951	63011	63086	90869	
21125	22103	22590	22852	27486	28126	28285	28715	29881	33251	38211	47382	58263	58571	58350	58952	63012	63087	93229	
21127	22110	22595	22855	27487	28130	28286	28725	29882	33254	38212	47605	58267	58572	58356	58953	63015	63088	95913	
21137	22112	22600	22856	28005	28140	28288	28730	29883	33261	38213	47610	58270	58573	58540	58954	63016	63090	96567	
21138	22114	22610	22857	28008	28150	28289	28735	29884	33265	38214	47612	58275	58660	58541	58956	63017	63091	96570	
21139	22116	22612	22861	28010	28153	28291	28737	29885	33266	38215	47620	58280	58661	58542	58957	63020	63101	96571	
21141	22206	22614	22862	28011	28160	28292	28740	29886	36460	38232	37243	58285	58662	58543	58958	63030	63102	96900	
21142	22207	22630	22864	28035	28171	28295	28750	29887	36468	43644	49255	58290	58672	58544	58970	63035	63103	96902	
21143	22208	22632	22865	28060	28173	28296	28755	29888	36470	43645	49904	58291	58150	58545	58974	63040	64553	96904	
21145	22210	22633	22867	28062	28175	28297	28760	29889	36471	43647	49905	58292	58152	58546	58976	63042	64568	96910	
21146	22212	22634	22868	28080	28200	28298	28890	29891	36475	43648	49906	58293	58180	58548	59070	63043	64569	96912	
21147	22214	22800	22869	28090	28202	28299	28341	29892	36476	43653	50590	58294	58200	58550	59072	63044	64570	96913	
21150	22216	22802	22870	28092	28208	28300	29806	29893	36478	43770	52441	58321	58210	58552	59074	63045	64590	96920	
21151	22220	22804	23412	28100	28210	28302	29807	29894	36479	43771	52442	58322	58240	58553	59076	63046	64595	96921	
21154	22222	22808	25447	28102	28220	28304	29819	29895	36514	43772	52649	58323	58260	58554	61863	63047	65771	96922	
21155	22224	22810	26499	28103	28222	28305	29820	29897	37191	43773	53850	58345	58262	58570	61864	63048	65772	96931	
21159	22226	22812	27120	28104	28225	28306	29821	29898	37700	43774	53852	58350	58263	58571	61867	63050	65775	96932	
21160	22505	22818	27122	28106	28226	28307	29822	29899	37718	43775	54401	58356	58267	58572	61868	63051	67900	96933	

PA Required for Marketplace*



Pain Management Procedures

27096	62264	62322	62351	62362	63650	63662	63685	64462	64480	64486	64491	64489	64495	64634	64640	97811*	G0260
27279	62320	62323	62360	62367	63655	63663	63688	64463	64483	64487	64492	64493	64600	64635	77003	97813*	
62263	62321	62350	62361	62368	63661	63664	64461	64479	64484	64490	64488	64494	64633	64636	97810*	97814	

*PA at the 31st visit per calendar year

Physical Therapy

Medicaid: PA required after 30 dates of service. Marketplace: Benefit limit of 24 visits per year

97110	97112
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Prosthetics & Orthotics

L0480	L0452	L0650	L1005	L1685	L1730	L1844	L1904	L1945	L1980	L2010	L2036	L2060	L2108	L2800	L7259
L0482	L0622	L0700	L1110	L1700	L1755	L1846	L1907	L1950	L1990	L2020	L2037	L2080	L2126	L4631	L8614
L0484	L0637	L0710	L1640	L1710	L1834	L1860	L1920	L1960	L2000	L2030	L2038	L2090	L2128	L5856	L8692
L0486	L0640	L1000	L1680	L1720	L1840	L1900	L1940	L1970	L2005	L2034	L2050	L2106	L2232	L6026	S1040

Radiation Therapy & Radio Surgery

77520	77522	77523	77525	G0399	G0340	G6015	G6016	G6017	Q9950
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Sleep Studies

95800*	95801	95803	95805	95806	95807	95808	95810	95811
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PA Required for Marketplace Only*

Specialty Pharmacy Drugs

90281	J0178	J0585	J0881	J1559	J1743	J2357	J2941	J7181	J7207	J7639	J9041	J9185	J9230	J9307	Q0139
90283	J0180	J0586	J0885	J1560	J1744	J2425	J3060	J7182	J7209	J7682	J9042	J9176	J9245	J9308	Q2043
90284	J0202	J0587	J0888	J1561	J1745	J2426*	J3090	J7183	J7308	J7686	J9043	J9190	J9250	J9310	Q2050
90378	J0205	J0588	J0894	J1562	J1750	J2430	J3095	J7185	J7309	J7999	J9045	J9200	J9260	J9315	Q3027
A9542	J0207	J0592	J0895	J1566	J1756	J2469	J3110	J7186	J7310	J8499	J9047	J9201	J9261	J9325	Q3028
A9543	J0220	J0594	J0897	J1568	J1786	J2502	J3145	J7187	J7311	J8520	J9050	J9202	J9262	J9328	Q4074
C9132	J0221	J0596	J1230	J1569	J1826	J2503	J3240	J7188	J7312	J8521	J9055	J9205	J9263	J9330	Q5101
C9140	J0256	J0597	J1290	J1570	J1830	J2504	J3262	J7189	J7313	J8655	J9060	J9206	J9264	J9340	Q5102
C9257*	J0257	J0598	J1300	J1571	J1833	J2505	J3285	J7190	J7316	J8670	J9065	J9207	J9265	J9351	Q9985
C9293	J0287	J0637	J1322	J1572	J1930	J2507	J3315	J7191	J7320	J8700	J9070	J9208	J9266	J9352	Q9986
C9399	J0289	J0638	J1324	J1573	J1931	J2562	J3355	J7192	J7321	J9000	J9098	J9209	J9267	J9354	Q9989
C9483	J0364	J0640	J1325	J1575	J1942	J2597	J3357	J7193	J7323	J9015	J9100	J9211	J9268	J9355	S0073
C9485	J0401	J0641	J1438	J1595	J1950	J2724	J3380	J7194	J7324	J9017	J9120	J9213	J9271	J9357	S0122
C9486	J0480	J0695	J1439	J1599	J1955	J2778	J3385	J7195	J7325	J9019	J9130	J9214	J9280	J9360	S0126
C9488	J0485	J0714	J1442	J1602	J2020	J2783	J3396	J7196	J7326	J9025	J9145	J9215	J9293	J9371	S0128
C9490	J0490	J0717	J1447	J1640	J2170	J2786	J3489	J7197	J7327	J9027	J9150	J9216	J9295	J9370	S0132
C9491	J0570	J0725	J1453	J1645	J2182	J2793	J3490	J7198	J7328	J9032	J9155	J9217	J9299	J9390	S0157
C9492	J0571	J0775	J1458	J1650	J2248	J2796	J3590	J7199	J7330	J9033	J9160	J9218	J9301	J9395	



Molina Healthcare
Applies to Medicaid, MyCare Ohio Medicaid, and Marketplace
Prior Authorization Codification List
Effective 2/01/2018

Specialty Pharmacy Drugs Continued

C9493	J0572	J0800	J1459	J1652	J2315*	J2820	J7175	J7200	J7340	J9034	J9171	J9219	J9302	J9400	
C9494	J0573	J0850	J1460	J1675	J2323	J2840	J7178	J7201	J7504	J9035*	J9178	J9225	J9303	J9600	
J0129	J0574	J0875	J1556	J1725	J2353	J2860	J7179	J7202	J7511	J9039	J9179	J9226	J9305	J9999	
J0135	J0575	J0878	J1557	J1740	J2354	J2916	J7180	J7205	J7527	J9040	J9181	J9228	J9306	Q0138	

C9257 & J9035: No PA required when used with ocular diagnosis: IDC 10
 B39.4, B39.5, B39.9,

E08.311, E08.319, E08.3211, E08.3212, E08.3213, E08.3219, E08.3311, E08.3312, E08.3313, E08.3319, E08.3411, E08.3412, E08.3413, E08.3419, E08.349, E08.3492, E08.3493, E08.3499, E08.3511, E08.3512, E08.3513, E08.3519, E08.3521, E08.3522, E08.3523, E08.3529, E08.3531, E08.3532, E08.3533, E08.3539, E08.3541, E08.3542, E08.3543, E08.3549, E08.3551, E08.3552, E08.3553, E08.3559, E08.3591, E08.3592, E08.3593, E08.3599, E09.311, E09.319, E09.3211, E09.3212, E09.3213, E09.3219, E09.3311, E09.3312, E09.3313, E09.3319, E09.3411, E09.3412, E09.3413, E09.3419, E09.3491, E09.3492, E09.3493, E09.3499, E09.3511, E09.3512, E09.3513, E09.3519, E09.3521, E09.3522, E09.3523, E09.3529, E09.3531, E09.3532, E09.3533, E09.3539, E09.3541, E09.3542, E09.3543, E09.3549, E09.3551, E09.3552, E09.3553, E09.3559, E09.3591, E09.3592, E09.3593, E09.3599, E10.311, E10.319, E10.3211, E10.3212, E10.3213, E10.3219, E10.3311, E10.3312, E10.3313, E10.3319, E10.3411, E10.3412, E10.3413, E10.3419, E10.3491, E10.3492, E10.3493, E10.3499, E10.3511, E10.3512, E10.3513, E10.3519, E10.3521, E10.3522, E10.3523, E10.3529, E10.3531, E10.3532, E10.3533, E10.3539, E10.3541, E10.3542, E10.3543, E10.3549, E10.3551, E10.3552, E10.3553, E10.3559, E10.3591, E10.3592, E10.3593, E10.3599, E11.311, E11.319, E11.3211, E11.3212, E11.3213, E11.3219, E11.3311, E11.3312, E11.3313, E11.3319, E11.3391, E11.3392, E11.3393, E11.3399, E11.3411, E11.3412, E11.3413, E11.3419, E11.3491, E11.3492, E11.3493, E11.3499, E11.3511, E11.3512, E11.3513, E11.3519, E11.3521, E11.3522, E11.3523, E11.3529, E11.3531, E11.3532, E11.3533, E11.3539, E11.3541, E11.3542, E11.3543, E11.3549, E11.3551, E11.3552, E11.3553, E11.3559, E11.3591, E11.3592, E11.3593, E11.3599, E13.311, E13.319, E13.3211, E13.3212, E13.3213, E13.3219, E13.3311, E13.3312, E13.3313, E13.3319, E13.3411, E13.3412, E13.3413, E13.3419, E13.3491, E13.3492, E13.3493, E13.3499, E13.3511, E13.3512, E13.3513, E13.3519, E13.3521, E13.3522, E13.3523, E13.3529, E13.3531, E13.3532, E13.3533, E13.3539, E13.3541, E13.3542, E13.3543, E13.3549, E13.3551, E13.3552, E13.3553, E13.3559,

H21.1X1, H21.1X2, H21.1X3, H21.1X9, H32, H34.8110, H34.8111, H34.8112, H34.8120, H34.8121, H34.8122, H34.8130, H34.8131, H34.8132, H34.8190, H34.8191, H34.8192, H34.821, H34.822, H34.823, H34.829, H34.8310, H34.8311, H34.8312, H34.8320, H34.8321, H34.8322, H34.8330, H34.8331, H34.8332, H34.8390, H34.8391, H34.8392, H34.9, H35.00, H35.011, H35.012, H35.013, H35.019, H35.021, H35.022, H35.023, H35.029, H35.031, H35.032, H35.033, H35.039, H35.041, H35.042, H35.043, H35.049, H35.051, H35.052, H35.053, H35.059, H35.061, H35.062, H35.063, H35.069, H35.071, H35.072, H35.073, H35.079, H35.09, H35.141, H35.142, H35.143, H35.149, H35.151, H35.152, H35.153, H35.159, H35.161, H35.162, H35.163, H35.169, H35.20, H35.21, H35.22, H35.23, H35.3210, H35.3211, H35.3212, H35.3213, H35.3220, H35.3221, H35.3222, H35.3223, H35.3230, H35.3231, H35.3232, H35.3233, H35.3290, H35.3291, H35.3292, H35.3293, H35.33, H35.351, H35.352, H35.353, H35.359, H35.81, H35.82, H40.50X0, H40.50X1, H40.50X2, H40.50X3, H40.50X4, H40.51X0, H40.51X1, H40.51X2, H40.51X3, H40.51X4, H40.52X0, H40.52X1, H40.52X2, H40.52X3, H40.52X4, H40.53X0, H40.53X1, H40.53X2, H40.53X3, H40.53X4, H40.89, H44.20, H44.21, H44.22, H44.23

***PA Required for Marketplace Only**



Speech Therapy

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

92507	92508
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Transplant Services (Including Solid Organ and Bone Marrow)

Corneal Transplants do not require PA.

38205	38240	38243	44721	47140	47143	47146	48550	48554	50320	50327	50340	50370	S2054	S2061	S2142
38206	38241	44715	47133	47141	47144	47147	48551	48556	50323	50328	50360	50380	S2055	S2065	S2150
38230	38242	44720	47135	47142	47145	48160	48552	50300	50325	50329	50365	S2053	S2060	S2140	S2152

Transportation Services

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

A0430	A0431	A0999	S9960	S9961
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Unlisted/Miscellaneous Codes

Molina Healthcare requires medical necessity documentation and rationale be submitted with the PA request for All Unlisted/Miscellaneous codes EXCEPT:

90999



Molina Healthcare
Applies to Medicaid, MyCare Ohio Medicaid, and Marketplace
Prior Authorization Codification List
Effective 2/01/2018

Abortion Services

Submit clinical information supporting use of these codes.

58940	58941	58950	58951	58952	59840	59841	59850	59851	59852	59855	59856	59857	59866*
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*PA Required for Marketplace only**