



Molina Healthcare
Applies to Medicaid, MyCare Ohio Medicaid, and Marketplace
Prior Authorization Codification List
Effective 04/01/2019

- IMPORTANT NOTICES -

**These codes are for outpatient services only. All inpatient services require Prior Authorization (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 the Centers for Medicare & Medicaid Services (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 limitations and coverage determinations. Please refer to your regulatory agency for benefit limitations/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:

<i>PA: Prior Authorization</i>	<i>PAR: Participating Provider</i>	<i>Non-PAR: Non-Participating Provider</i>
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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

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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Behavioral Health, Mental Health, Alcohol & Chemical Dependency Services (Medicaid Only)
*Inpatient, Residential Treatment, Partial Hospitalization, Electroconvulsive Therapy (ECT), Applied Behavior Analysis (ABA) for treatment 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	90869	96118{	96133-	97153	H0015***<	H0040	H2016	S5111	T1026^+	T2040^
0912	2106	96112-	96121-	96136-	97154	H0017	H0046	H2018	S5150#	T1027^	
0913	90867	96113-	96131-	96137-	97156	H0031^	H2013	H2032^	T1023^	T1028^	
1001	90868	96116-	96132-	97151	97157	H0035	H2015	S0201	T1025^	T2013^	

PA required regardless of Dx. (Marketplace and Medicaid)

- PA not required by CBHC agencies certified by Ohio MHAS for up to 20 hours per calendar year, additional visits/hours and all other provider types PA required

*** H0015 + modifier TG requires PA due to OAC Community Behavioral Health Services rule for MMP

< H0015 + Rev codes 912-913 & modifier HE require PA due to OAC Hospital services rule for MMP

^ 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 after 8 hours reached per patient per calendar year

MMP: Code + modifier TG requires PA due to OAC Community Behavioral Health Services rule for MMP (Code + Rev codes 912-913 & modifier HE require PA)



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	E0277	E0371	E0749	E0986	E1030	E1238	E2293	E2330	E2375	E2607	E2624	K0108	K0820	K0837	K0855	K0877	S1034
A9276	E0292	E0372	E0760	E0988	E1035	E1296	E2294	E2340	E2376	E2608	E2625	K0553	K0821	K0838	K0856	K0878	S1035
A9277	E0293	E0373	E0762	E1002	E1036	E1298	E2295	E2341	E2377	E2609	E2626	K0554	K0822	K0839	K0857	K0879	S1036
A9278	E0294	E0462	E0764	E1003	E1161	E1310	E2310	E2342	E2378	E2611	E2627	K0606	K0823	K0840	K0858	K0880	S1037
A9900	E0295	E0465	E0766	E1004	E1225	E1399	E2311	E2343	E2397	E2612	E2628	K0800	K0824	K0841	K0859	K0884	V2530
A9901	E0296	E0466	E0782	E1005	E1226	E1700	E2312	E2351	E2500	E2613	E2629	K0801	K0825	K0842	K0860	K0885	V2531
C2624	E0297	E0481	E0783	E1006	E1227	E2201	E2313	E2361	E2502	E2614	E2630	K0802	K0826	K0843	K0861	K0886	
E0194	E0300	E0483	E0784	E1007	E1230	E2202	E2321	E2366	E2504	E2615	E2631	K0806	K0827	K0848	K0862	K0890	
E0255	E0301	E0691	E0785	E1008	E1232	E2203	E2322	E2367	E2506	E2616	K0008	K0807	K0828	K0849	K0863	K0891	
E0256	E0302	E0692	E0786	E1010	E1233	E2204	E2325	E2368	E2508	E2617	K0009	K0808	K0829	K0850	K0864	K0900	



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Durable Medical Equipment (DME) Continued

E0260	E0303	E0693	E0849	E1012	E1234	E2227	E2326	E2369	E2510	E2620	K0010	K0813	K0830	K0851	K0868	L3761	
E0261	E0304	E0694	E0855	E1014	E1235	E2228	E2327	E2370	E2511	E2621	K0011	K0814	K0831	K0852	K0869	L7700	
E0265	E0328	E0747	E0983	E1020	E1236	E2291	E2328	E2373	E2605	E2622	K0012	K0815	K0835	K0853	K0870	L8625	
E0266	E0329	E0748	E0984	E1029	E1237	E2292	E2329	E2374	E2606	E2623	K0014	K0816	K0836	K0854	K0871	L8694	

Experimental/Investigational

0042T	0106T	0198T	0215T	0236T	0271T	0315T	0349T	0396T	0412T	0426T	0441T	0478T	0492T	0506T	0520T	0534T	86316
0054T	0107T	0200T	0216T	0237T	0272T	0316T	0350T	0397T	0413T	0427T	0442T	0479T	0493T	0507T	0521T	0535T	86343
0055T	0108T	0201T	0217T	0238T	0273T	0317T	0351T	0398T	0414T	0428T	0443T	0480T	0494T	0508T	0522T	0536T	97156
0058T	0109T	0202T	0218T	0249T	0274T	0329T	0352T	0399T	0415T	0429T	0444T	0481T	0495T	0509T	0523T	0537T	Q4161
0071T	0110T	0205T	0219T	0253T	0275T	0330T	0353T	0400T	0416T	0430T	0445T	0482T	0496T	0510T	0524T	0538T	Q4162
0072T	0111T	0206T	0220T	0254T	0278T	0331T	0354T	0401T	0417T	0431T	0469T	0483T	0497T	0511T	0525T	0539T	Q4163
0075T	0126T	0207T	0221T	0263T	0290T	0332T	0355T	0402T	0418T	0432T	0470T	0484T	0498T	0512T	0526T	0540T	Q4164
0076T	0163T	0208T	0222T	0264T	0295T	0333T	0356T	0403T	0419T	0433T	0471T	0485T	0499T	0513T	0527T	0541T	Q4165
0085T	0164T	0209T	0228T	0265T	0296T	0335T	0357T	0404T	0420T	0434T	0472T	0486T	0500T	0514T	0528T	0542T	
0095T	0165T	0210T	0229T	0266T	0297T	0338T	0358T	0405T	0421T	0435T	0473T	0487T	0501T	0515T	0529T	81503	
0098T	0174T	0211T	0230T	0267T	0298T	0339T	0362T	0408T	0422T	0436T	0474T	0488T	0502T	0516T	0530T	82016	
0100T	0175T	0212T	0231T	0268T	0312T	0342T	0373T	0409T	0423T	0437T	0475T	0489T	0503T	0517T	0531T	82017	
0101T	0184T	0213T	0234T	0269T	0313T	0347T	0394T	0410T	0424T	0439T	0476T	0490T	0504T	0518T	0532T	83987	
0102T	0191T	0214T	0235T	0270T	0314T	0348T	0395T	0411T	0425T	0440T	0477T	0491T	0505T	0519T	0533T	84145	



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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	0017U	0048U	81107	81166	81223	81246	81291	81323	81401	81415	81435	81470	81540	88373	S3870
0005U	0026U	0049U	81108	81175	81225	81247	81292	81324	81402	81416	81436	81471	81541	88374	
0006M	0027U	0050U	81109	81176	81226	81248	81294	81325	81403	81417	81437	81493	81545	88377	
0007M	0029U	0053U	81110	81201	81227	81249	81295	81328	81404	81420	81438	81504	81551	G9143	
0009M	0030U	0055U	81111	81203	81228	81258	81297	81334	81405	81422	81439	81507	81595	S3722	
0008U	0031U	0056U	81112	81210	81229	81259	81298	81335	81406	81425	81440	81519	83006	S3800	
0009U	0032U	0057U	81120	81212	81230	81265	81300	81346	81407	81426	81442	81520	84999	S3840	
0010U	0033U	0058U	81121	81215	81231	81266	81311	81355	81408	81427	81445	81521	86008	S3841	
0011U	0034U	0059U	81161	81216	81232	81269	81313	81361	81410	81430	81448	81525	86152	S3842	
0012U	0037U	0060U	81162	81217	81235	81272	81314	81362	81411	81431	81450	81528	86153	S3852	
0013U	0045U	53854	81163	81218	81238	81273	81317	81363	81412	81432	81455	81535	88261	S3861	
0014U	0046U	81105	81164	81219	81243	81283	81319	81364	81413	81433	81460	81536	88271	S3865	
0016U	0047U	81106	81165	81222	81244	81287	81321	81400	81414	81434	81465	81538	88369	S3866	

Code 84999: Including Oncotype Dx



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Healthcare Administered Drugs

90281	J0205	J0606	J1324	J1575	J2062	J2796	J3489	J7200	J7330	J9041	J9185	J9264	J9354	Q5111
90283	J0207	J0637	J1325	J1595	J2170	J2797	J3490	J7201	J7340	J9042	J9190	J9266	J9355	Q5510
90284	J0220	J0638	J1428	J1599	J2182	J2820	J3590	J7202	J7504	J9043	J9200	J9267	J9357	Q9991*
90378	J0221	J0640	J1438	J1602	J2186	J2840	J7170	J7203	J7511	J9044	J9201	J9268	J9360	Q9992*
A9513	J0256	J0641	J1439	J1627	J2248	J2860	J7175	J7205	J7527	J9045	J9202	J9271	J9370	S0073
A9542	J0257	J0695	J1442	J1640	J2323	J2916	J7177	J7207	J7639	J9047	J9203	J9280	J9371	S0122
A9543	J0287	J0714	J1447	J1645	J2326	J2941	J7178	J7209	J7682	J9050	J9205	J9285	J9390	S0126
B4105	J0289	J0717	J1453	J1650	J2350	J3060	J7179	J7210	J7686	J9055	J9206	J9293	J9395	S0128
C9035	J0364	J0725	J1454	J1652	J2353	J3090	J7180	J7211	J8520	J9057	J9207	J9295	J9400	S0132
C9036	J0480	J0775	J1458	J1675	J2354	J3095	J7181	J7308	J8521	J9060	J9208	J9299	J9600	S0145
C9037	J0485	J0800	J1459	J1729	J2357	J3110	J7182	J7309	J8655	J9065	J9209	J9301	J9999	S0148
C9038	J0490	J0841	J1460	J1740	J2425	J3145	J7183	J7310	J8670	J9070	J9211	J9302	Q0138	S0157
C9039	J0517	J0850	J1555	J1743	J2430	J3240	J7185	J7311	J8700	J9098	J9214	J9303	Q0139	
C9130**	J0565	J0875	J1556	J1744	J2469	J3245	J7186	J7312	J9000	J9100	J9215	J9305	Q2040	
C9131**	J0567	J0878	J1557	J1745	J2502	J3262	J7187	J7313	J9015	J9120	J9216	J9306	Q2041	
C9132	J0570	J0881	J1559	J1746	J2503	J3285	J7188	J7316	J9017	J9130	J9217	J9307	Q2042	
C9293	J0584	J0885	J1560	J1750	J2504	J3304	J7189	J7318	J9019	J9145	J9218	J9308	Q2050	
C9399	J0585	J0888	J1561	J1756	J2505	J3315	J7190	J7320	J9022	J9150	J9219	J9310	Q3027	
C9407	J0586	J0894	J1562	J1786	J2507	J3316	J7191	J7321	J9023	J9153	J9225	J9311	Q3028	
C9408	J0587	J0895	J1628	J1826	J2562	J3355	J7192	J7322	J9025	J9155	J9226	J9312	Q4074	
C9488	J0588	J0897	J1566	J1830	J2597	J3357	J7193	J7323	J9027	J9160	J9228	J9315	Q5101	



Healthcare Administered Drugs Continued

J0129	J0594	J1095	J1568	J1833	J2724	J3358	J7194	J7324	J9032	J9171	J9229	J9325	Q5103	
J0135	J0599	J1230	J1569	J1930	J2778	J3380	J7195	J7325	J9033	J9173	J9230	J9328	Q5104	
J0178	J0596	J1290	J1570	J1931	J2783	J3385	J7196	J7326	J9034	J9176	J9245	J9330	Q5107	
J0180	J0597	J1300	J1571	J1950	J2786	J3396	J7197	J7327	J9035*	J9178	J9261	J9340	Q5108	
J0185	J0598	J1301	J1572	J1955	J2787	J3397	J7198	J7328	J9039	J9179	J9262	J9351	Q5109	
J0202	J0604	J1322	J1573	J2020	J2793	J3398	J7199	J7329	J9040	J9181	J9263	J9352	Q5110	

*** Healthcare Administered Drug- PA required in the ambulatory surgical setting only for Medicaid LOB**

**** Medicaid Only**

J9035: No PA required when used with ocular diagnosis: IDC 10

J1726 Retro Removed

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, E13.3591, E13.3592, E13.3593, E13.3599



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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***

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

****PA Required for Marketplace only***

Hyperbaric Therapy

99183	G0277	Q4176	Q4177	Q4178	Q4179	Q4180	Q4181	Q4182
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Imaging – Advanced & Specialty

70336	70490	70546	71260	72128	72148	72195	73220	73719	74175	74263	75573	77047	78454	78492	78813	C8908	C8931	S8080
70450	70491	70547	71270	72129	72149	72196	73221	73720	74176	74712	75574	77048	78459	78494	78814	C8909	C8932	
70460	70492	70548	71275	72130	72156	72197	73222	73721	74177	74713	75635	77049	78466	78496	78815	C8910	C8933	
70470	70496	70549	71550	72131	72157	72198	73223	73722	74178	75557	76376	77084	78468	78607	78816	C8911	C8934	
70480	70498	70551	71551	72132	72158	73200	73225	73723	74181	75559	76377	78205	78469	78608	C8900	C8912	C8935	
70481	70540	70552	71552	72133	72159	73201	73700	73725	74182	75561	76380	78206	78472	78609	C8901	C8913	C8936	
70482	70542	70553	71555	72141	72191	73202	73701	74150	74183	75563	76390	78320	78473	78647	C8902	C8914	G0288	
70486	70543	70554	72125	72142	72192	73206	73702	74160	74185	75565	76497	78451	78481	78710	C8903	C8918	G0296	
70487	70544	70555	72126	72146	72193	73218	73706	74170	74261	75571	76498	78452	78483	78811	C8905	C8919	G0297	
70488	70545	71250	72127	72147	72194	73219	73718	74174	74262	75572	77046	78453	78491	78812	C8906	C8920	S8042	

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	95953	95957	96110	96113*	96121*	96130*	96132*	96136*	96138*	96146*
95951	95956	96105	96112*	96116*	96127	96131*	96133*	96137*	96139*	96125

**PA not required by CBHC agencies certified by Ohio MHAS for up to 20 hours per calendar year. Additional visits/hours and all other provider types, PA required*

***PA required after 8 hours/encounters per patient per calendar year PA required after 8 hours/encounters per patient per calendar year (only applies to providers certified by Ohio MHAS)*

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	97763
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Outpatient (OP) Hospital/Ambulatory Surgery Center (ASC) Procedure

10040	21160	22527	22846	27442	28120	28280	28715	29884	33206	36466	38215	49255	58291	58180	58552	61863	63055	67901	96934
15730	21172	22532	22847	27443	28122	28285	28725	29885	33207	36468	38232	49904	58292	58200	58553	61864	63056	67902	96935
15733	21175	22533	22848	27445	28124	28286	28730	29886	33208	36470	38573	49905	58293	58210	58554	61867	63057	67903	96936
15819	21240	22534	22849	27446	28126	28288	28735	29887	33212	36471	43644	49906	58294	58240	58570	61868	63064	67909	C2616
15830	21242	22548	22850	27447	28130	28289	28737	29888	33213	36475	43645	50590*	58321	58260	58571	61885	63066	67950	C6216
15786	21243	22551	22852	27486	28140	28291	28740	29889	33214	36476	43647	52441	58322	58262	58572	61886	63075	69714	C9734
15787	21270	22554	22855	27487	28150	28292	28750	29891	33221	36478	43648	52442	58323	58263	58573	62324	63076	69715	C9738
17004	21280	22556	22856	28005	28153	28295	28755	29892	33224	36479	43653	52649	58345	58267	58673	62325	63077	69717	C9739
17360	21282	22558	22857	28008	28160	28296	28760	29893	33225	36482	43770	53850	58350	58270	58700	62326	63078	69718	C9740
19294	21295	22585	22861	28010	28171	28297	28890	29894	33227	36483	43771	53852	58356	58275	58720	62327	63081	69930	C9746
20939	21296	22586	22862	28011	28173	28298	29806	29895	33228	36514	43772	54401	58540	58280	58740	62380	63082	90867	C9747
21073	22100	22590	22864	28035	28175	28299	29807	29897	33229	37191	43773	54405	58541	58285	58750	63001	63085	90868	C9748
21120	22101	22595	22865	28060	28200	28300	29819	29898	33230	37243	43774	55874	58542	58290	58752	63003	63086	90869	S2095
21121	22102	22600	22867	28062	28202	28302	29820	29899	33231	37700	43775	55970*	58543	58291	58760	63005	63087	93229	
21122	22103	22610	22868	28080	28208	28304	29821	29914	33240	37718	43842	55980*	58544	58292	58770	63011	63088	95249	
21123	22110	22612	22869	28090	28210	28305	29822	29915	33249	37722	43843	57288	58545	58293	58940	63012	63090	96567	
21125	22112	22630	22870	28092	28220	28306	29823	29916	33251	37735	43845	57289	58546	58294	58943	63015	63091	96570	



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

21127	22114	22632	23412	28100	28222	28307	29824	30465	33254	37760	43846	58150	58548	58321	58950	63016	63101	96571	
21137	22116	22633	23470	28102	28225	28308	29825	30520	33261	37761	43847	58152	58550	58322	58951	63017	63102	96573	
21138	22206	22800	25447	28103	28226	28309	29826	30540	33262	37765	43848	58180	58552	58323	58952	63020	63103	96574	
21139	22207	22802	26499	28104	28230	28310	29827	30545	33263	37766	43881	58200	58553	58345	58953	63030	64553	96900	
21141	22208	22804	27120	28106	28232	28312	29828	31253	33264	37780	43882	58210	58554	58350	58954	63035	64568	96902	
21142	22210	22808	27122	28107	28234	28313	29873	31257	33265	37785	43886	58240	58570	58356	58956	63040	64569	96904	
21143	22212	22810	27125	28108	28238	28315	29874	31259	33266	38204	43887	58260	58571	58540	58957	63042	64570	96910	
21145	22214	22812	27130	28110	28240	28320	29875	31295	33270	38207	43888	58262	58572	58541	58958	63043	64590	96912	
21146	22216	22818	27132	28111	28250	28322	29876	31296	33289	38208	47380	58263	58573	58542	58970	63044	64595	96913	
21147	22220	22819	27134	28112	28260	28340	29877	31297	34713	38209	47381	58267	58660	58543	58974	63045	64912	96920	
21150	22222	22830	27137	28113	28261	28341	29879	31298	34714	38210	47382	58270	58661	58544	58976	63046	64913	96921	
21151	22224	22840	27138	28114	28262	28344	29880	31660	34715	38211	47605	58275	58662	58545	59070	63047	65771	96922	
21154	22226	22841	27438	28116	28264	28345	29881	31661	34716	38212	47610	58280	58672	58546	59072	63048	65772	96931	
21155	22505	22843	27440	28118	28270	28360	29882	32491	36460	38213	47612	58285	58150	58548	59074	63050	65775	96932	
21159	22526	22844	27441	28119	28272	28705	29883	32994	36465	38214	47620	58290	58152	58550	59076	63051	67900	96933	

***PA Required for Marketplace**



Pain Management Procedures

27096	62320	62350	62362	63661	63685	64463	64484	64491	64493	64633	64640	97813*
27279	62321	62351	62367	63662	63688	64479	64486	64492	64494	64634	77003	97814*
62263	62322	62360	63650	63663	64461	64480	64487	64488	64495	64635	97810*	G0260
62264	62323	62361	63655	63664	64462	64483	64490	64489	64600	64636	97811*	S8930**

***PA at the 31st visit per calendar year. Ohio Department of Medicaid allows up to 30 visits per calendar year for low back or migraines without PA (total of 30 units and not code specific. Once 30 units are met, the codes will hit the PA edit)**

****Marketplace only**

Physical Therapy

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

97110	97112	97763
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Prosthetics & Orthotics

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



Radiation Therapy & Radio Surgery

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

95801*	95803*	95805	95806*	95807	95808
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**PA Required for Marketplace Only, Non-covered for Medicaid*

Speech Therapy

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

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	S2140	S2152
38206	38241	44715	47133	47141	47144	47147	48551	48556	50323	50328	50360	50380	S2055	S2065	S2142	
38230	38242	44720	47135	47142	47145	48160	48552	50300	50325	50329	50365	S2053	S2060	S2107	S2150	



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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 PA, as well as medically necessity documentation and rationale be submitted with the PA request for all Unlisted/Miscellaneous codes.

01999	25999	36299	42999	47379	55559	67299	76499	78799	87798	90899	97799	A9699	G9012	K0898	Q0507	T1999
15999	26989	37501	43289	47399	55899	67399	76999	78999	87799	91299	99199	A9900	H0046	K0899	Q0508	T2025
17999	27299	37799	43499	47579	58578	67599	77299	79999	87899	92499	99429	A9999	L5999	L0999	Q0509	T5999
19499	27599	38129	43659	47999	58579	67999	77399	80299	87999	92700	99499	B9998	J7599	L1499	Q2039	V2199
20999	27899	38589	43999	48999	58679	68399	77499	81099	88099	93799	99600	B9999	J7699	L2999	Q4050	V2797
21089	28899	38999	44238	49329	58999	68899	77799	81479	88199	94799	A0999	C2698	J7799	L3649	Q4051	V2799
21299	29999	39499	44799	49659	59897	69399	78099	81599	88299	95199	A4421	C2699	J7999	L3999	Q4082	V5298
21499	30999	39599	44899	49999	59898	69799	78199	84999	88399	95999	A4641	E0769	J8498	L7499	Q4100	V5299
21899	31299	40799	44979	50549	59899	69949	78299	85999	88749	96379	A4649	E0770	J8499	L8039	S0590	
22899	31599	40899	45399	50949	60659	69979	78399	86486	89240	96549	A4913	E1399	J8597	L8499	S3870	
22999	31899	41599	45499	51999	60699	76496	78499	86849	89398	96999	A6261	E1699	J8999	L8699	S8189	
23929	32999	42299	45999	53899	64999	76497	78599	86999	90399	97039	A6262	G0235	J9999	P9603	S8930	
24999	33999	42699	46999	54699	66999	76498	78699	87797	90749	97139	A9698	G0501	K0812	P9604	S9110	