



Applies to Medicaid, MyCare Ohio Medicaid
Prior Authorization Codification List

Effective: 10-1-19

Important Notices

These codes are for outpatient services only. All inpatient services require Prior Authorization (PA). □

Any exceptions included in this prior auth code matrix applies to PAR providers only

All non par providers require authorization regardless of services or codes.

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 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.

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 Surgical Center (ASC) or inpatient stay, Local Health Department (LHD) Services, and other services based on State requirements.

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 claim review, including the terms of any applicable provider agreement. For additional information on a member's grace period status, please contact Molina Healthcare.

All Long Term Services and Support Codes Require PA regardless of the code(s).

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

Legend:

PA: Prior Authorization | PAR: Participating Provider | Non-PAR: Non-Participating Provider

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 Clinical 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 these codes.

58940 58941 58950 58951 58952 59840 59841 59850 59851 59852 59855 59856 59857 59866



Applies to Medicaid, MyCare Ohio Medicaid Prior Authorization Codification List

Effective: 10-1-19

Behavioral Health, Mental Health, Alcohol & Chemical Dependency Services

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	1001	90867	96112-	H0015***<	H0032*	H2012*	H2015	H2018	S0201	T1023*	T1027*	T2040*
0912	1002	90868	96113-	H0017	H0035	H2013	H2016	H2019*	S5150#	T1025*	T1028*	
0913	2106	90869	H0012	H0031*	H0046	H2014*	H2017*	H2020	S5111	T1026*+	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 and 299.00, 299.01, 299.10, 299.11, 299.80, 299.81, 299.90, 299.91]

+ PA required after 1 each per billing provider per patient per year. Cannot be billed by biller type 95

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

A5514	E0266	E0371	E0747	E0984	E1029	E1238	E2294	E2340	E2377	E2611	E2628	K0801	K0826	K0848	K0863	K0900	Q4198	V5211
A7025	E0277	E0372	E0748	E0986	E1030	E1296	E2295	E2341	E2378	E2612	E2629	K0802	K0827	K0849	K0864	L3761	Q4200	V5212
A9274	E0292	E0373	E0749	E0988	E1035	E1298	E2300	E2342	E2397	E2613	E2630	K0806	K0828	K0850	K0868	L7700	Q4201	V5213
A9276	E0293	E0447	E0760	E1002	E1036	E1310	E2310	E2343	E2500	E2614	E2631	K0807	K0829	K0851	K0869	L8625	Q4202	V5214
A9277	E0294	E0462	E0762	E1003	E1161	E1399	E2311	E2351	E2502	E2615	K0008	K0808	K0830	K0852	K0870	L8694	Q4203	V5215
A9278	E0295	E0465	E0764	E1004	E1225	E1700	E2312	E2361	E2504	E2616	K0009	K0813	K0831	K0853	K0871	Q4183	Q4204	V5221
A9900	E0296	E0466	E0766	E1005	E1226	E2201	E2313	E2366	E2506	E2617	K0010	K0814	K0835	K0854	K0877	Q4184	S1034	
A9901	E0297	E0467	E0782	E1006	E1227	E2202	E2321	E2367	E2508	E2620	K0011	K0815	K0836	K0855	K0878	Q4185	S1035	
C2624	E0300	E0481	E0783	E1007	E1230	E2203	E2322	E2368	E2510	E2621	K0012	K0816	K0837	K0856	K0879	Q4186	S1036	
E0194	E0301	E0483	E0784	E1008	E1232	E2204	E2325	E2369	E2511	E2622	K0014	K0820	K0838	K0857	K0880	Q4187	S1037	
E0255	E0302	E0652	E0785	E1010	E1233	E2227	E2326	E2370	E2605	E2623	K0108	K0821	K0839	K0858	K0884	Q4188	V2530	
E0256	E0303	E0691	E0786	E1012	E1234	E2228	E2327	E2373	E2606	E2624	K0553	K0822	K0840	K0859	K0885	Q4190	V2531	
E0260	E0304	E0692	E0849	E1014	E1235	E2291	E2328	E2374	E2607	E2625	K0554	K0823	K0841	K0860	K0886	Q4191	V5171	
E0261	E0328	E0693	E0855	E1020	E1236	E2292	E2329	E2375	E2608	E2626	K0606	K0824	K0842	K0861	K0890	Q4193	V5172	
E0265	E0329	E0694	E0983	E1028	E1237	E2293	E2330	E2376	E2609	E2627	K0800	K0825	K0843	K0862	K0891	Q4194	V5181	

Experimental/Investigational

22899	95983	0107T	0205T	0222T	0267T	0314T	0351T	0401T	0420T	0437T	0475T	0492T	0509T	0526T	C9752
31299	99499	0108T	0206T	0228T	0268T	0315T	0352T	0402T	0421T	0439T	0476T	0493T	0510T	0527T	C9753
33440	0042T	0109T	0207T	0229T	0269T	0316T	0353T	0403T	0422T	0440T	0477T	0494T	0511T	0528T	C9754
33866	0054T	0110T	0208T	0230T	0270T	0317T	0354T	0404T	0423T	0441T	0478T	0495T	0512T	0529T	C9755
67299	0055T	0111T	0209T	0231T	0271T	0329T	0355T	0405T	0424T	0442T	0479T	0496T	0513T	0530T	L8608
81503	0058T	0126T	0210T	0234T	0272T	0330T	0356T	0408T	0425T	0443T	0480T	0497T	0514T	0531T	Q4161
82016	0071T	0163T	0211T	0235T	0273T	0331T	0357T	0409T	0426T	0444T	0481T	0498T	0515T	0532T	Q4162
82017	0072T	0164T	0212T	0236T	0274T	0332T	0358T	0410T	0427T	0445T	0482T	0499T	0516T	0533T	Q4163
83987	0075T	0165T	0213T	0237T	0275T	0333T	0362T	0411T	0428T	0446T	0483T	0500T	0517T	0534T	Q4164
84145	0076T	0174T	0214T	0238T	0278T	0335T	0373T	0412T	0429T	0447T	0484T	0501T	0518T	0535T	Q4165
86316	0085T	0175T	0215T	0249T	0290T	0338T	0394T	0413T	0430T	0448T	0485T	0502T	0519T	0536T	Q4189
86343	0095T	0184T	0216T	0253T	0295T	0339T	0395T	0414T	0431T	0469T	0486T	0503T	0520T	0541T	Q4192
93264	0098T	0191T	0217T	0254T	0296T	0342T	0396T	0415T	0432T	0470T	0487T	0504T	0521T	0542T	Q4195



Applies to Medicaid, MyCare Ohio Medicaid
Prior Authorization Codification List

Effective: 10-1-19

93998	0100T	0198T	0218T	0263T	0297T	0347T	0397T	0416T	0433T	0471T	0488T	0505T	0522T	A4563	Q4196
95836	0101T	0200T	0219T	0264T	0298T	0348T	0398T	0417T	0434T	0472T	0489T	0506T	0523T	C1823	Q4197
95976	0102T	0201T	0220T	0265T	0312T	0349T	0399T	0418T	0435T	0473T	0490T	0507T	0524T	C8937	
95977	0106T	0202T	0221T	0266T	0313T	0350T	0400T	0419T	0436T	0474T	0491T	0508T	0525T	C9751	

Genetic Counseling & Testing

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

53854	81167	81187	81225	81246	81287	81320	81361	81414	81438	81519	86153	0013U	0048U	S3854	
81105	81171	81188	81226	81247	81289	81321	81362	81415	81439	81520	88261	0014U	0049U	S3861	
81106	81172	81189	81227	81248	81291	81323	81363	81416	81440	81521	88271	0016U	0050U	S3865	
81107	81173	81190	81228	81249	81292	81324	81364	81417	81442	81525	88369	0017U	0053U	S3866	
81108	81174	81201	81229	81258	81294	81325	81400	81420	81443	81528	88373	0022U	0055U	S3870	
81109	81175	81203	81230	81259	81295	81328	81401	81422	81445	81535	88374	0026U	0056U		
81110	81176	81204	81231	81265	81297	81329	81402	81425	81448	81536	88377	0027U	0057U		
81111	81177	81210	81232	81266	81298	81333	81403	81426	81450	81538	0004M	0029U	0058U		
81112	81178	81212	81233	81269	81300	81334	81404	81427	81455	81540	0006M	0030U	0059U		
81120	81179	81215	81234	81271	81305	81335	81405	81430	81460	81541	0007M	0031U	0060U		
81121	81180	81216	81235	81272	81306	81336	81406	81431	81465	81545	0009M	0032U	G9143		
81161	81181	81217	81236	81273	81311	81337	81407	81432	81470	81551	0005U	0033U	S3722		
81162	81182	81218	81237	81274	81312	81343	81408	81433	81471	81595	0008U	0034U	S3800		
81163	81183	81219	81238	81283	81313	81344	81410	81434	81493	81596	0009U	0037U	S3840		
81164	81184	81221	81239	81284	81314	81345	81411	81435	81504	83006	0010U	0045U	S3841		
81165	81185	81222	81243	81285	81317	81346	81412	81436	81507	84999*	0011U	0046U	S3842		
81166	81186	81223	81244	81286	81319	81355	81413	81437	81518	86152	0012U	0047U	S3852		

*Code 84999: Including Oncotype Dx

Healthcare Administered Drugs

Pharmacy Drug Coverage

Newly FDA approved medications such as “buy-and-bill” drugs are considered non-formulary and subject to non-formulary policies and other non-formulary utilization criteria until a coverage decision is rendered by the Molina Pharmacy and Therapeutics Committee. “Buy-and-bill” drugs are pharmaceuticals which a provider purchases and administers, and for which the provider submits a claim to Molina Healthcare for reimbursement. Many self-administered and office-administered injectable products require Prior Authorization (PA). In some cases they will be made available through Molina Healthcare’s vendor, Caremark Specialty Pharmacy. Molina’s pharmacy vendor will coordinate with MHC and ship the prescription directly to your office or the member’s home. All packages are individually marked for each member, and refrigerated drugs are shipped in insulated packages with frozen gel packs. The service also offers the additional convenience of enclosing needed ancillary supplies (needles, syringes and alcohol swabs) with each prescription at no charge. Please contact your Provider Relations Representative with any further questions about the program.

90281	C9488	J0490	J0641	J1300	J1561	J1743	J2315	J2793	J3316	J7183	J7207	J7328	J9025	J9130	J9208	J9268	J9328	Q4074
90283	J0121	J0517	J0695	J1301	J1562	J1744	J2323	J2796	J3355	J7185	J7209	J7329	J9027	J9145	J9210	J9269	J9330	Q5101
90284	J0129	J0565	J0714	J1303	J1566	J1745	J2326	J2797	J3357	J7186	J7210	J7330	J9032	J9150	J9211	J9271	J9340	Q5103
90378	J0135	J0567	J0717	J1322	J1568	J1746	J2350	J2820	J3358	J7187	J7211	J7340	J9033	J9153	J9214	J9280	J9351^^	Q5104
A9513	J0178	J0570	J0725	J1324	J1569	J1750	J2353	J2840	J3380	J7188	J7308	J7504	J9034	J9155	J9215	J9285	J9352	Q5107
A9542	J0180	J0584	J0775	J1325	J1570	J1756	J2354	J2860	J3385	J7189	J7309	J7511	J9035^	J9160	J9216	J9293	J9354	Q5108
A9543	J0185	J0585	J0800	J1428	J1571	J1786	J2357	J2916	J3396	J7190	J7310	J7527	J9039	J9171	J9217	J9295	J9355	Q5109
B4105	J0202	J0586	J0841	J1438	J1572	J1826	J2425	J2941	J3397	J7191	J7311	J7639	J9040	J9173	J9218	J9299	J9357	Q5110
C9035	J0205	J0587	J0850	J1439	J1573	J1830	J2469	J3031	J3398	J7192	J7312	J7682	J9041	J9176	J9219	J9301	J9360	Q5111
C9036	J0207	J0588	J0875	J1442	J1575	J1833	J2502	J3060	J3489	J7193	J7313	J7686	J9042	J9178	J9225	J9302	J9371	Q5117
C9037	J0220	J0593	J0878	J1447	J1595	J1930	J2503	J3090	J3490	J7194	J7314	J8520	J9043	J9179	J9226	J9303	J9390	Q9991*
C9038	J0221	J0594	J0881	J1453	J1599	J1931	J2504	J3095	J3590	J7195	J7316	J8521	J9044	J9185	J9228	J9305	J9395	Q9992*
C9039	J0222	J0596	J0885	J1454	J1602	J1943	J2505	J3110	J3591	J7196	J7318	J8655	J9045	J9190	J9229	J9306	J9400	S0073
C9130**	J0256	J0597	J0888	J1458	J1627	J1950	J2507	J3111	J7170	J7197	J7320	J8670	J9047	J9200	J9230	J9307	J9600	S0122
C9131**	J0257	J0598	J0894	J1459	J1628	J1955	J2562	J3145	J7175	J7198	J7321	J8700	J9050	J9201	J9245	J9308	J9999	S0126
C9132	J0287	J0599	J0895	J1460	J1640	J2020	J2597	J3240	J7177	J7199	J7322	J9000	J9055	J9202	J9261	J9310	Q0138	S0128
C9257^	J0289	J0604	J0897	J1555	J1645	J2062	J2724	J3245	J7178	J7200	J7323	J9015	J9057	J9203	J9262	J9311	Q0139	S0132
C9293	J0291	J0606	J1095	J1556	J1650	J2170	J2778	J3262	J7179	J7201	J7324	J9017	J9065	J9204	J9263	J9312	Q2043	S0145
C9399	J0364	J0637	J1096	J1557	J1652	J2182	J2783	J3285	J7180	J7202	J7325	J9019	J9070	J9205	J9264	J9313	Q2050	S0148
C9407	J0480	J0638	J1230	J1559	J1675	J2186	J2786	J3304	J7181	J7203	J7326	J9022	J9098	J9206	J9266	J9315	Q3027	S0157
C9408	J0485	J0640	J1290	J1560	J1740	J2248	J2787	J3315	J7182	J7205	J7327	J9023	J9120	J9207	J9267	J9325	Q3028	

^J9035: No PA required when associated with ocular Dx's. (See Dx Codes tab for related ICD9 & ICD10 Codes). Not indicated for ocular conditions, use C5257.

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



Applies to Medicaid, MyCare Ohio Medicaid
Prior Authorization Codification List

Effective: 10-1-19

** Medicaid only

^^PA Required for Marketplace only

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	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															

Home Health Care Services

PA required for all home health services after initial evaluation plus six (6) visits per calendar year. The visits are for a combination of services, not per discipline.

This benefit is the member's benefit per calendar year, not per provider or each start of care.

G0151	G0153	G0156	G0158	G0160	G0162	G0300	G0493	G0495	S9122	S9124	S9129	S5130	S5151	S9977	T1002**	T1005	T1022	T1031
G0152	G0155*	G0157	G0159	G0161	G0299*	G0490	G0494	G0496	S9123	S9128	S9131	S5135	S9470	T1000	T1003**	T1019***	T1030	

*Excluding Hospice

**PA Required for Marketplace only

**Contact Molina Case Manager or Waiver Service Coordinator for waiver services

Hyperbaric Therapy

99183	G0277	Q4176	Q4177	Q4178	Q4179	Q4180	Q4181	Q4182
-------	-------	-------	-------	-------	-------	-------	-------	-------

Imaging – Advanced & Specialty

C8900	C8912	C8936	70460	70496	70551	71552	72141	72192	73218	73718	74175	74712	75635	77049	78468	78608
C8901	C8913	G0219	70470	70498	70552	71555	72142	72193	73219	73719	74176	74713	76376	77084	78469	78609
C8902	C8914	G0235	70480	70540	70553	72125	72146	72194	73220	73720	74177	75557	76377	78205	78472	78647
C8903	C8918	G0252	70481	70542	70554	72126	72147	72195	73221	73721	74178	75559	76380	78206	78473	78710
C8903	C8919	G0288	70482	70543	70555	72127	72148	72196	73222	73722	74181	75561	76390	78320	78481	78811
C8905	C8920	G0296	70486	70544	71250	72128	72149	72197	73223	73723	74182	75563	76391	78451	78483	78812
C8906	C8931	G0297	70487	70545	71260	72129	72156	72198	73225	73725	74183	75565	76497	78452	78491	78813
C8908	C8932	S8042	70488	70546	71270	72130	72157	73200	73700	74150	74185	75571	76498	78453	78492	78814
C8909	C8933	S8080	70490	70547	71275	72131	72158	73201	73701	74160	74261	75572	77046	78454	78494	78815
C8910	C8934	70336	70491	70548	71550	72132	72159	73202	73702	74170	74262	75573	77047	78459	78496	78816
C8911	C8935	70450	70492	70549	71551	72133	72191	73206	73706	74174	74263	75574	77048	78466	78607	

Inpatient Admissions

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

Long Term Services & Support [LTSS]

All LTSS Codes/Services Require Prior Authorization regardless of code(s).

Neuropsychological & Psychological Tests (in any setting)

95950	95953	95957	96113*	96121*	96130*	96132*	96136*	96138*	96146*	97152	97154	97156	97158
95951	95956	96112*	96116*	96125	96131*	96133*	96137*	96139*	97151	97153	97155	97157	

*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.



Applies to Medicaid, MyCare Ohio Medicaid
Prior Authorization Codification List

Effective: 10-1-19

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

Occupational Therapy

Medicaid: PA required after 30 dates of service.

97110 97112 97763

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

10040	21154	22222	22812	27120	28103	28222	28305	29820	29897	33227	36475	38573	49255	58280	58661	61867	63055	65775	96922
15730	21155	22224	22818	27122	28104	28225	28306	29821	29898	33228	36476	43644	49904	58285	58662	61868	63056	67900	96931
15733	21159	22226	22819	27125	28106	28226	28307	29822	29899	33229	36478	43645	49905	58290	58672	61885	63057	67901	96932
15786	21160	22505	22830	27130	28107	28230	28308	29823	29914	33230	36479	43647	49906	58291	58673	61886	63064	67902	96933
15787	21172	22526	22840	27132	28108	28232	28309	29824	29915	33231	36482	43648	50590*	58292	58700	62324	63066	67903	96934
15819	21175	22527	22841	27134	28110	28234	28310	29825	29916	33240	36483	43653	52441	58293	58720	62325	63075	67909	96935
15830	21240	22532	22842	27137	28111	28238	28312	29826	30465	33249	36514	43770	52442	58294	58740	62326	63076	67950	96936
17004	21242	22533	22843	27138	28112	28240	28313	29827	30520	33262	37191	43771	52649	58321	58750	62327	63077	69714	C2616
17360	21243	22534	22844	27438	28113	28250	28315	29828	30540	33263	37243	43772	53850	58322	58752	62380	63078	69715	C9734
19294	21270	22548	22846	27440	28114	28260	28320	29873	30545	33264	37700	43773	53852	58323	58760	63001	63081	69717	C9738
20930	21280	22551	22847	27441	28116	28261	28322	29874	31253	33270	37718	43774	53854	58345	58770	63003	63082	69718	C9739
20939	21282	22552	22848	27442	28118	28262	28340	29875	31257	33251	37722	43775	54401	58350	58940	63005	63085	69930	C9740
21073	21295	22554	22849	27443	28119	28264	28341	29876	31259	33254	37735	43842	54405	58356	58943	63011	63086	90867	C9746
21120	21296	22556	22850	27445	28120	28270	28344	29877	31295	33261	37760	43843	55874	58540	58950	63012	63087	90868	C9747
21121	22100	22558	22852	27446	28122	28272	28345	29879	31296	33265	37761	43845	55970*	58541	58951	63015	63088	90869	C9748
21122	22101	22585	22855	27447	28124	28280	28360	29880	31297	33266	37765	43846	55980*	58542	58952	63016	63090	95249	S2095
21123	22102	22586	22856	27486	28126	28285	28705	29881	31298	33289	37766	43847	57288	58543	58953	63017	63091	93229	
21125	22103	22590	22857	27487	28130	28286	28715	29882	31660	33274	37780	43848	57289	58544	58954	63020	63101	96567	
21127	22110	22595	22861	28005	28140	28288	28725	29883	31661	33275	37785	43881	58150	58545	58956	63030	63102	96570	
21137	22112	22600	22862	28008	28150	28289	28730	29884	32491	33979	38204	43882	58180	58546	58957	63035	63103	96571	
21138	22114	22610	22864	28010	28153	28291	28735	29885	32994	34713	38207	43886	58152	58548	58958	63040	64553	96573	
21139	22116	22612	22865	28011	28160	28292	28737	29886	33206	34714	38208	43887	58200	58550	58970	63042	64568	96574	
21141	22206	22630	22867	28035	28171	28295	28740	29887	33207	34715	38209	43888	58210	58552	58974	63043	64569	96900	
21142	22207	22632	22868	28060	28173	28296	28750	29888	33208	34716	38210	47380	58240	58553	58976	63044	64570	96902	
21143	22208	22633	22869	28062	28175	28297	28755	29889	33212	36460	38211	47381	58260	58554	59070	63045	64590	96904	
21145	22210	22800	22870	28080	28200	28298	28760	29891	33213	36465	38212	47382	58262	58570	59072	63046	64595	96910	
21146	22212	22802	23412	28090	28202	28299	28890	29892	33214	36466	38213	47605	58263	58571	59074	63047	64912	96912	
21147	22214	22804	23470	28092	28208	28300	29806	29893	33221	36468	38214	47610	58267	58572	59076	63048	64913	96913	
21150	22216	22808	25447	28100	28210	28302	29807	29894	33224	36470	38215	47612	58270	58573	61863	63050	65771	96920	
21151	22220	22810	26499	28102	28220	28304	29819	29895	33225	36471	38232	47620	58275	58660	61864	63051	65772	96921	

*PA Required for Marketplace

Pain Management Procedures

27096	62264	62322	62323	62362	63650	63662	63685	64461	64479	64484	64488	64491	64494	64633	64636	97810*	97814*
27279	62320	62350	62360	62367	63655	63663	63688	64462	64480	64486	64489	64492	64495	64634	64640	97811*	G0260
62263	62321	62351	62361	62368	63661	63664	64450	64463	64483	64487	64490	64493	64600	64635	77003	97813*	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.

97110 97112 97763

Prosthetics & Orthotics

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



Applies to Medicaid, MyCare Ohio Medicaid
Prior Authorization Codification List

Effective: 10-1-19

Radiation Therapy & Radio Surgery

77520 77522 77523 77525 G0339 G0340 G6015 G6016 G6017 Q9950

Sleep Studies

95800^ 95801** 95803** 95805 95806** 95807 95808 95810* 95811*

^Home Sleep Studies non-covered

*Non-covered if done in POS 12

**PA Required for Marketplace only, Non-covered for Medicaid

Speech Therapy

Medicaid: PA required after 30 dates of service.

92507 92508

Transplant Services (Including Solid Organ and Bone Marrow)

Corneal Transplants do not require PA.

0537T	0540T	38230	38242	44720	47135	47142	47145	48160	48552	50300	50325	50329	50365	S2053	S2060	S2107	S2150	Q2042
0538T	38205	38240	38243	44721	47140	47143	47146	48550	48554	50320	50327	50340	50370	S2054	S2061	S2140	S2152	
0539T	38206	38241	44715	47133	47141	47144	47147	48551	48556	50323	50328	50360	50380	S2055	S2065	S2142	Q2041	

Transportation Services

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

A0430 A0431 A0999 S9960 S9961

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	26989	37799	43659	48999	58999	69399	78199	80321**	80335**	80349**	80363**	80377**	87999	93799	A0999	E0769	J7999	L7499	Q4082
15999	27299	38129	43999	49329	59897	69799	78299	80322**	80336**	80350**	80364**	81099	88099	94799	A4421	E0770	J8498	L8039	Q4100
17999	27599	38589	44238	49659	59898	69949	78399	80323**	80337**	80351**	80365**	81479	88199	95199	A4641	E1399	J8499	L8499	S0590
19499	27899	38999	44799	49999	59899	69979	78499	80324**	80338**	80352**	80366**	81599	88299	95999	A4649	E1699	J8597	L8698	S3870
20999	28899	39499	44899	50549	60659	76496	78599	80325**	80339**	80353**	80367**	83992**	88399	96379	A4913	G0480**	J8999	L8699	S8189
21089	29999	39599	44979	50949	60699	76497	78699	80326**	80340**	80354**	80368**	84999	88749	96549	A6261	G0481**	J9999	L8701	S8930
21299	30999	40799	45399	51999	64999	76498	78799	80327**	80341**	80355**	80369**	85999	89240	96999	A6262	G0482**	K0812	L8702	S9110
21499	31299	40899	45499	53899	66999	76499	78999	80328**	80342**	80356**	80370**	86486	89398	97039	A9698	G0483**	K0898	P9603	T1999
21899	31599	41599	45999	54699	67299	76999	79999	80329**	80343**	80357**	80371**	86849	90399	97139	A9699	G0501	K0899	P9604	T2025
22899	31899	42299	46999	55559	67399	77299	80299	80330**	80344**	80358**	80372**	86999	90749	97799	A9900	G0659**	L0999	Q0507	T5999
22999	32999	42699	47379	55899	67599	77399	80305*	80331**	80345**	80359**	80373**	87797	90899	99199	A9999	G9012	L1499	Q0508	V2199