



Applies to Medicaid, MyCare Ohio Medicaid Prior Authorization Codification List

Effective: 4/1/2020

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

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 90791> 96113- H0001~ H0017 H0035 H2013 H2016 H2019* H2036^ S5111 T1026*+ T2013*
 0912 1002 90868 90792> G0396 H0012 H0031* H0046 H2014* H2017* H2020 S0201 T1023* T1027* T2040*
 0913 2106 90869 96112- G0397 H0015***< H0032* H2012* H2015 H2018 H2034^ S5150# T1025* T1028*

PA required regardless of Dx.

- 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].

> No PA required if PAR, 1 encounter per person, per calendar year, per code, per billing provider. Prior auth once limit is reached.

^ PA required for stay greater than 30 days, up to 30 consecutive days without PA, PA must support medical necessity of continued stay. Applies to first 2 stays; any stays after subject to full PA.

~ PA once limit is reached. 2 hours/8 units per patient, per calendar year, per billing provider. Does not count toward ASAM level of care benefit.

+ 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 E0694 E0983 E1028 E1237 E2293 E2330 E2376 E2608 E2626 K0606 K0824 K0842 K0861 K0890 Q4193 V5172
 A7025 E0277 E0372 E0747 E0984 E1029 E1238 E2294 E2340 E2377 E2609 E2627 K0800 K0825 K0843 K0862 K0891 Q4194 V5181
 A9274 E0292 E0373 E0748 E0986 E1030 E1296 E2295 E2341 E2378 E2611 E2628 K0801 K0826 K0848 K0863 K0900 Q4198 V5211
 A9276 E0293 E0447 E0749 E0988 E1035 E1298 E2300 E2342 E2397 E2612 E2629 K0802 K0827 K0849 K0864 L3761 Q4200 V5212
 A9277 E0294 E0462 E0760 E1002 E1036 E1310 E2310 E2343 E2402 E2613 E2630 K0806 K0828 K0850 K0868 L7700 Q4201 V5213
 A9278 E0295 E0465 E0762 E1003 E1161 E1399 E2311 E2351 E2500 E2614 E2631 K0807 K0829 K0851 K0869 L8625 Q4202 V5214
 A9900 E0296 E0466 E0764 E1004 E1225 E1700 E2312 E2361 E2502 E2615 K0008 K0808 K0830 K0852 K0870 L8694 Q4203 V5215
 A9901 E0297 E0467 E0766 E1005 E1226 E2201 E2313 E2366 E2504 E2616 K0009 K0813 K0831 K0853 K0871 Q4183 Q4204 V5221
 C2624 E0300 E0481 E0782 E1006 E1227 E2202 E2321 E2367 E2506 E2617 K0010 K0814 K0835 K0854 K0877 Q4184 S1034
 E0194 E0301 E0483 E0783 E1007 E1230 E2203 E2322 E2368 E2508 E2620 K0011 K0815 K0836 K0855 K0878 Q4185 S1035
 E0255 E0302 E0641 E0784 E1008 E1232 E2204 E2325 E2369 E2510 E2621 K0012 K0816 K0837 K0856 K0879 Q4186 S1036
 E0256 E0303 E0652 E0785 E1010 E1233 E2227 E2326 E2370 E2511 E2622 K0014 K0820 K0838 K0857 K0880 Q4187 S1037
 E0260 E0304 E0691 E0786 E1012 E1234 E2228 E2327 E2373 E2605 E2623 K0108 K0821 K0839 K0858 K0884 Q4188 V2530
 E0261 E0328 E0692 E0849 E1014 E1235 E2291 E2328 E2374 E2606 E2624 K0553 K0822 K0840 K0859 K0885 Q4190 V2531
 E0265 E0329 E0693 E0855 E1020 E1236 E2292 E2329 E2375 E2607 E2625 K0554 K0823 K0841 K0860 K0886 Q4191 V5171

Experimental/Investigational

22899 86343 0075T 0126T 0209T 0228T 0267T 0298T 0339T 0373T 0410T 0424T 0439T 0473T 0488T 0502T 0516T 0530T C9753
 31299 93264 0076T 0163T 0210T 0229T 0268T 0312T 0342T 0394T 0411T 0425T 0440T 0474T 0489T 0503T 0517T 0531T C9754
 33440 93998 0085T 0164T 0211T 0230T 0269T 0313T 0347T 0395T 0412T 0426T 0441T 0475T 0490T 0504T 0518T 0532T C9755
 33866 95836 0095T 0165T 0212T 0231T 0270T 0314T 0348T 0396T 0413T 0427T 0442T 0476T 0491T 0505T 0519T 0533T L8608
 34717 95976 0098T 0174T 0213T 0234T 0271T 0315T 0349T 0397T 0414T 0428T 0443T 0477T 0492T 0506T 0520T 0534T Q4161
 34718 95977 0100T 0175T 0214T 0235T 0272T 0316T 0350T 0398T 0415T 0429T 0444T 0478T 0493T 0507T 0521T 0535T Q4162

46948	95983	0101T	0184T	0215T	0236T	0273T	0317T	0351T	0400T	0416T	0430T	0445T	0479T	0494T	0508T	0522T	0536T	Q4163
67299	99499	0102T	0191T	0216T	0237T	0274T	0329T	0352T	0401T	0417T	0431T	0446T	0480T	0495T	0509T	0523T	0541T	Q4164
81503	0042T	0106T	0198T	0217T	0238T	0275T	0330T	0353T	0402T	0418T	0432T	0447T	0481T	0496T	0510T	0524T	0542T	Q4165
82016	0054T	0107T	0200T	0218T	0253T	0278T	0331T	0354T	0403T	0419T	0433T	0448T	0483T	0497T	0511T	0525T	A4563	Q4189
82017	0055T	0108T	0201T	0219T	0263T	0290T	0332T	0355T	0404T	0420T	0434T	0469T	0484T	0498T	0512T	0526T	C1823	Q4192
83987	0058T	0109T	0202T	0220T	0264T	0295T	0333T	0356T	0405T	0421T	0435T	0470T	0485T	0499T	0513T	0527T	C8937	Q4195
84145	0071T	0110T	0207T	0221T	0265T	0296T	0335T	0358T	0408T	0422T	0436T	0471T	0486T	0500T	0514T	0528T	C9751	Q4196
86316	0072T	0111T	0208T	0222T	0266T	0297T	0338T	0362T	0409T	0423T	0437T	0472T	0487T	0501T	0515T	0529T	C9752	Q4197

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.

81105	81110	81161	81177	81182	81204	81234	81243	81266	81284	81312	81333	81420	88261	88377	0011U	0049U
81106	81111	81171	81178	81183	81210	81235	81244	81271	81285	81314	81334	81507	88271	0009M	0016U	0058U
81107	81112	81172	81179	81184	81218	81236	81246	81272	81287	81320	81343	83006	88369	0008U	0017U	0059U
81108	81120	81175	81180	81187	81219	81237	81247	81273	81305	81324	81344	86152	88373	0009U	0027U	S3722
81109	81121	81176	81181	81188	81233	81239	81265	81274	81311	81329	81345	86153	88374	0010U	0046U	

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	J0121	J0517	J0695	J1301	J1566	J1745	J2326	J2797	J3357	J7186	J7210	J7330	J9023	J9120	J9207	J9267	J9325	Q3028
90283	J0129	J0565	J0714	J1303	J1568	J1746	J2350	J2820	J3358	J7187	J7211	J7331	J9025	J9130	J9208	J9268	J9328	Q4074
90284	J0135	J0567	J0717	J1322	J1569	J1750	J2353	J2840	J3380	J7188	J7308	J7332	J9027	J9145	J9210	J9269	J9330	Q5101
90378	J0178	J0570	J0725	J1324	J1570	J1756	J2354	J2860	J3385	J7189	J7309	J7340	J9032	J9150	J9211	J9271	J9340	Q5103
A9542	J0180	J0584	J0775	J1325	J1571	J1786	J2357	J2916	J3396	J7190	J7310	J7401	J9033	J9153	J9214	J9280	J9351	Q5104
A9543	J0185	J0585	J0800	J1428	J1572	J1826	J2425	J2941	J3397	J7191	J7311	J7504	J9034	J9155	J9215	J9285	J9352	Q5108
A9590	J0202	J0586	J0841	J1438	J1573	J1830	J2469	J3031	J3398	J7192	J7312	J7511	J9035^	J9160	J9216	J9293	J9354	Q5109
A9606	J0205	J0587	J0850	J1439	J1575	J1833	J2502	J3060	J3489	J7193	J7313	J7527	J9039	J9171	J9217	J9295	J9355	Q5110
B4105	J0207	J0588	J0875	J1442	J1595	J1930	J2503	J3090	J3490	J7194	J7314	J7639	J9040	J9173	J9218	J9299	J9357	Q5111
C9035	J0220	J0593	J0878	J1447	J1599	J1931	J2504	J3095	J3590	J7195	J7316	J7682	J9041	J9176	J9219	J9301	J9360	Q5117
C9036	J0221	J0594	J0881	J1453	J1602	J1943	J2505	J3110	J3591	J7196	J7318	J7686	J9042	J9178	J9225	J9302	J9371	Q5118
C9037	J0222	J0596	J0885	J1458	J1627	J1950	J2507	J3111	J7170	J7197	J7320	J8520	J9043	J9179	J9226	J9303	J9390	Q9991*
C9038	J0256	J0597	J0888	J1459	J1628	J1955	J2562	J3145	J7175	J7198	J7321	J8521	J9044	J9185	J9228	J9305	J9395	Q9992*
C9039	J0257	J0598	J0894	J1460	J1640	J2020	J2597	J3240	J7177	J7199	J7322	J8655	J9045	J9190	J9229	J9306	J9400	S0073
C9130	J0287	J0599	J0895	J1555	J1645	J2062	J2724	J3245	J7178	J7200	J7323	J8670	J9047	J9200	J9230	J9307	J9600	S0122
C9131	J0289	J0604	J0897	J1556	J1650	J2170	J2778	J3262	J7179	J7201	J7324	J8700	J9050	J9201	J9245	J9308	J9999	S0126
C9132	J0291	J0606	J1095	J1557	J1652	J2182	J2783	J3285	J7180	J7202	J7325	J9000	J9055	J9202	J9261	J9310	Q0138	S0128
C9257^	J0364	J0637	J1096	J1559	J1675	J2186	J2786	J3304	J7181	J7203	J7326	J9015	J9057	J9203	J9262	J9311	Q0139	S0132
C9293	J0480	J0638	J1230	J1560	J1740	J2248	J2787	J3315	J7182	J7205	J7327	J9017	J9065	J9204	J9263	J9312	Q2043	S0145
C9399	J0485	J0640	J1290	J1561	J1743	J2315	J2793	J3316	J7183	J7207	J7328	J9019	J9070	J9205	J9264	J9313	Q2050	S0148
C9488	J0490	J0641	J1300	J1562	J1744	J2323	J2796	J3355	J7185	J7209	J7329	J9022	J9098	J9206	J9266	J9315	Q3027	S0157

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

* Healthcare Administered Drug- PA required in the ambulatory surgical setting.

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	T2043*
G0152	G0155*	G0157	G0159	G0161	G0299*	G0490	G0494	G0496	S9123	S9128	S9131	S5135	S9470	T1000	T1003**	T1019***	T1030	T2042*	

*Excluding Hospice.

**Contact Molina Care Manager or Waiver Service Coordinator for waiver services.

Hyperbaric Therapy

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

G0288	76391
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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)

95700	95703	95706	95709	95712	95715	95718	95721	95724	95950	95957	96116*	96130*	96133*	96138*	97151	97154	97157
95701	95704	95707	95710	95713	95716	95719	95722	95725	95953	96112*	96121*	96131*	96136*	96139*	97152	97155	97158
95702	95705	95708	95711	95714	95717	95720	95723	95726	95956	96113*	96125	96132*	96137*	96146*	97153	97156	

*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 (only applies to providers certified by Ohio MHAS).

Occupational Therapy

Medicaid: PA required after 30 dates of service.

97110	97112	97763
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Outpatient (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	A9513
17360	21243	22534	22844	27438	28113	28250	28315	29828	30540	33263	37243	43772	53850	58322	58752	62380	63078	69715	C2616
19294	21270	22548	22846	27440	28114	28260	28320	29873	30545	33264	37700	43773	53852	58323	58760	63001	63081	69717	C9734
20930	21280	22551	22847	27441	28116	28261	28322	29874	31253	33270	37718	43774	53854	58345	58770	63003	63082	69718	C9738

20939	21282	22552	22848	27442	28118	28262	28340	29875	31257	33251	37722	43775	54401	58350	58940	63005	63085	69930	C9739
21073	21295	22554	22849	27443	28119	28264	28341	29876	31259	33254	37735	43842	54405	58356	58943	63011	63086	90867	C9740
21120	21296	22556	22850	27445	28120	28270	28344	29877	31295	33261	37760	43843	55874	58540	58950	63012	63087	90868	C9746
21121	22100	22558	22852	27446	28122	28272	28345	29879	31296	33265	37761	43845	55970	58541	58951	63015	63088	90869	C9747
21122	22101	22585	22855	27447	28124	28280	28360	29880	31297	33266	37765	43846	55980	58542	58952	63016	63090	95249	C9748
21123	22102	22586	22856	27486	28126	28285	28705	29881	31298	33289	37766	43847	57288	58543	58953	63017	63091	93229	S2095
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	

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).

Physical Therapy

Medicaid: PA required after 30 dates of service.

97110	97112	97763
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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

Radiation Therapy & Radio Surgery

G6017

Sleep Studies

95803

Speech Therapy

Medicaid: PA required after 30 dates of service.

92507	92508
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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	27299	38589	44799	50549	60699	76498	78999	80329**	80344**	80359**	80374**	87799	92700	A0999	E0770	J8498	L8039	Q4100
15999	27599	38999	44899	50949	64999	76499	79999	80330**	80345**	80360**	80375**	87899	93799	A4421	E1399	J8499	L8499	S0590
17999	27899	39499	44979	51999	66999	76999	80299	80331**	80346**	80361**	80376**	87999	94799	A4641	E1699	J8597	L8698	S3870
19499	28899	39599	45399	53899	67299	77299	80305*	80332**	80347**	80362**	80377**	88099	95199	A4649	G0480**	J8999	L8699	S8189
20999	29999	40799	45499	54699	67399	77399	80306*	80333**	80348**	80363**	81099	88199	95999	A4913	G0481**	J9999	L8701	S8930
21089	30999	40899	45999	55559	67599	77499	80307*	80334**	80349**	80364**	81479	88299	96379	A6261	G0482**	K0812	L8702	S9110
21299	31299	41599	46999	55899	67999	77799	80320**	80335**	80350**	80365**	81599	88399	96549	A6262	G0483**	K0898	P9603	T1999
21499	31599	42299	47379	58578	68399	78099	80321**	80336**	80351**	80366**	83992**	88749	96999	A9698	G0501	K0899	P9604	T2025
21899	31899	42699	47399	58579	68899	78199	80322**	80337**	80352**	80367**	84999	89240	97039	A9699	G0659**	L0999	Q0507	V2199
22899	32999	42999	47579	58679	69399	78299	80323**	80338**	80353**	80368**	85999	89398	97139	A9900	G9012	L1499	Q0508	V2797
22999	33999	43289	47999	58999	69799	78399	80324**	80339**	80354**	80369**	86486	90399	97799	A9999	H0046	L2999	Q0509	V2799
23929	36299	43499	48999	59897	69949	78499	80325**	80340**	80355**	80370**	86849	90749	99199	B9999	J7599	L3649	Q2039	V5298
24999	37501	43659	49329	59898	69979	78599	80326**	80341**	80356**	80371**	86999	90899	99429	C2698	J7699	L3999	Q4050	V5299
25999	37799	43999	49659	59899	76496	78699	80327**	80342**	80357**	80372**	87797	91299	99499	C2699	J7799	L5999	Q4051	
26989	38129	44238	49999	60659	76497	78799	80328**	80343**	80358**	80373**	87798	92499	99600	E0769	J7999	L7499	Q4082	

*30 presumptive Urine Drug Screenings (UDS) per calendar year permitted without PA; UDS after 30 per calendar year require PA.

**12 definitive UDS per calendar year permitted without PA; UDS after 12 per calendar year require PA.

eviCore

All codes found in this section must be sent to eviCore for processing.

Advanced Imaging and Special Tests/Radiology

70336	70543	71551	72149	73218	73725	74713	76770	77022	78075	78258	78456	78645	78811	93315	93458	93923	0502T	C8906	G0219
70450	70544	71552	72156	73219	74150	75571	76775	77046	78102	78261	78457	78650	78812	93316	93459	93924	0503T	C8908	G0235
70460	70545	71555	72157	73220	74160	75635	76776	77047	78103	78262	78458	78660	78813	93317	93460	93925	0504T	C8909	G0252
70470	70546	72125	72158	73221	74170	76376	76800	77048	78104	78264	78579	78700	78814	93320	93461	93926	C8921	C8910	G0297
70480	70547	72126	72159	73222	74174	76377	76830	77049	78140	78265	78580	78701	78815	93321	93462	93930	C8922	C8911	S8037
70481	70548	72127	72191	73223	74175	76380	76831	77078	78185	78266	78582	78707	78816	93325	93530	93931	C8923	C8912	S8042
70482	70549	72128	72192	73225	74176	76390	76856	77084	78195	78278	78597	78708	78830	93350	93531	93970	C8924	C8913	S8085
70486	70551	72129	72193	73700	74177	76497	76857	78012	78201	78290	78598	78709	78831	93351	93532	93971	C8925	C8914	S8092
70487	70552	72130	72194	73701	74178	76498	76870	78013	78202	78291	78600	78725	78832	93352	93533	93975	C8926	C8918	
70488	70553	72131	72195	73702	74181	76506	76872	78014	78206	78300	78601	78730	93303	93356	93880	93976	C8928	C8919	
70490	70554	72132	72196	73706	74182	76536	76881	78015	78215	78305	78605	78740	93304	93451	93882	93978	C8929	C8920	
70491	70555	72133	72197	73718	74183	76604	76882	78016	78216	78306	78606	78761	93306	93452	93886	93979	C8930	C8931	
70492	71250	72141	72198	73719	74185	76641	76885	78018	78226	78315	78608	78800	93307	93453	93888	93980	C8900	C8932	
70496	71260	72142	73200	73720	74261	76642	76886	78020	78227	78414	78609	78801	93308	93454	93890	93981	C8901	C8933	
70498	71270	72146	73201	73721	74262	76700	76970	78070	78230	78428	78610	78802	93312	93455	93892	93990	C8902	C8934	
70540	71275	72147	73202	73722	74263	76705	76975	78071	78231	78434	78630	78803	93313	93456	93893	0042T	C8903	C8935	
70542	71550	72148	73206	73723	74712	76706	77021	78072	78232	78445	78635	78804	93314	93457	93922	0501T	C8905	C8936	

Cardiac Imaging and Special Tests

75557	75565	75574	78451	78459	78472	78491	78499	93307	93314	93320	93351	93453	93457	93461	93532	0332T	0503T	C8923	C8928
75559	75571	78414	78452	78466	78473	78492	93303	93308	93315	93321	93352	93454	93458	93462	93533	0439T	0504T	C8924	C8929
75561	75572	78428	78453	78468	78481	78494	93304	93312	93316	93325	93451	93455	93459	93530	93356	0501T	C8921	C8925	C8930
75563	75573	78434	78454	78469	78483	78496	93306	93313	93317	93350	93452	93456	93460	93531	0331T	0502T	C8922	C8926	

Laboratory Services

81162	81190	81225	81252	81292	81304	81325	81362	81408	81426	81439	81471	81522	81552	0007M	0029U	0050U	0073U	0160U	S3850
81163	81201	81226	81253	81293	81306	81326	81363	81410	81427	81440	81479	81525	81595	0011M	0030U	0053U	0074U	0161U	S3852
81164	81202	81227	81257	81294	81307	81327	81364	81411	81430	81442	81490	81535	81596	0012M	0031U	0055U	0075U	0162U	S3854
81165	81203	81228	81258	81295	81308	81328	81400	81412	81431	81443	81493	81536	81599	0012U	0032U	0056U	0076U	G9143	S3861

81166	81212	81229	81259	81296	81313	81335	81401	81413	81432	81445	81500	81538	84999	0013M	0033U	0057U	0078U	S3800	S3865
81167	81215	81230	81269	81297	81317	81336	81402	81414	81433	81448	81503	81539	0001U	0013U	0034U	0060U	0079U	S3840	S3866
81173	81216	81231	81277	81298	81318	81337	81403	81415	81434	81450	81504	81540	0002M	0014U	0036U	0067U	0153U	S3841	S3870
81174	81217	81232	81283	81299	81319	81346	81404	81416	81435	81455	81518	81541	0003M	0018U	0037U	0069U	0156U	S3842	
81185	81221	81238	81286	81300	81321	81350	81405	81417	81436	81460	81519	81542	0004M	0019U	0045U	0070U	0157U	S3844	
81186	81222	81248	81289	81302	81322	81355	81406	81422	81437	81465	81520	81545	0005U	0022U	0047U	0071U	0158U	S3845	
81189	81223	81249	81291	81303	81323	81361	81407	81425	81438	81470	81521	81551	0006M	0026U	0048U	0072U	0159U	S3846	

Radiation Therapy & Radio Surgery

77014	77373	77387	77407	77424	77522	77600	77615	77761	77767	77771	79005	A9543	G0339	G6002	G6005	G6008	G6011	G6014
77371	77385	77401	77412	77425	77523	77605	77620	77762	77768	77772	79101	C9408	G0340	G6003	G6006	G6009	G6012	G6015
77372	77386	77402	77423	77520	77525	77610	77750	77763	77770	77778	79403	C9726	G6001	G6004	G6007	G6010	G6013	G6016

Sleep Services

95782	95800	95805	95807	95810	A4604	A7028	A7030	A7032	A7034	A7036	A7038	A7044	A7046	E0471	E0562	G0398	G0400
95783	95801	95806	95808	95811	A7027	A7029	A7031	A7033	A7035	A7037	A7039	A7045	E0470	E0561	E0601	G0399	

Ultrasound

76506	76641	76705	76775	76830	76857	76881	76886	93880	93888	93893	93924	93930	93971	93978	93981
76536	76642	76706	76776	76831	76870	76882	76970	93882	93890	93922	93925	93931	93975	93979	93990
76604	76700	76770	76800	76856	76872	76885	76975	93886	93892	93923	93926	93970	93976	93980	93998