



Applies to Marketplace
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 96112- G0397 H0015***< H0032* H0046 H2014* H2017* H2020 S0201 T1023* T1027* T2040*
 0912 1002 90868 96113- H0001 H0017 H0035 H2012* H2015 H2018 H2034 S5150# T1025* T1028*
 0913 2106 90869 G0396 H0012 H0031* H0040 H2013 H2016 H2019* H2036 S5111 T1026*+ T2013*

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].

+ 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 E0261 E0304 E0652 E0784 E1007 E1227 E2201 E2312 E2351 E2500 E2613 E2629 K0801 K0825 K0842 K0860 K0885 Q4188 S1037
 A7025 E0265 E0328 E0691 E0785 E1008 E1230 E2202 E2313 E2361 E2502 E2614 E2630 K0802 K0826 K0843 K0861 K0886 Q4190 V2530
 A9274 E0266 E0329 E0692 E0786 E1010 E1232 E2203 E2321 E2366 E2504 E2615 E2631 K0806 K0827 K0848 K0862 K0890 Q4191 V2531
 A9276 E0277 E0371 E0693 E0849 E1012 E1233 E2204 E2322 E2367 E2506 E2616 K0008 K0807 K0828 K0849 K0863 K0891 Q4193 V5171
 A9277 E0292 E0372 E0694 E0855 E1014 E1234 E2227 E2325 E2368 E2508 E2617 K0009 K0808 K0829 K0850 K0864 K0900 Q4194 V5172
 A9278 E0293 E0373 E0747 E0983 E1020 E1235 E2228 E2326 E2369 E2510 E2620 K0010 K0813 K0830 K0851 K0868 L3761 Q4198 V5181
 A9900 E0294 E0447 E0748 E0984 E1028 E1236 E2291 E2327 E2370 E2511 E2621 K0011 K0814 K0831 K0852 K0869 L7700 Q4200 V5211
 A9901 E0295 E0462 E0749 E0986 E1029 E1237 E2292 E2328 E2373 E2605 E2622 K0012 K0815 K0835 K0853 K0870 L8625 Q4201 V5212
 C2624 E0296 E0465 E0760 E0988 E1030 E1238 E2293 E2329 E2374 E2606 E2623 K0014 K0816 K0836 K0854 K0871 L8694 Q4202 V5213
 E0194 E0297 E0466 E0762 E1002 E1035 E1296 E2294 E2330 E2375 E2607 E2624 K0108 K0820 K0837 K0855 K0877 Q4183 Q4203 V5214
 E2402 E0300 E0467 E0764 E1003 E1036 E1298 E2295 E2340 E2376 E2608 E2625 K0553 K0821 K0838 K0856 K0878 Q4184 Q4204 V5215
 E0255 E0301 E0481 E0766 E1004 E1161 E1310 E2300 E2341 E2377 E2609 E2626 K0554 K0822 K0839 K0857 K0879 Q4185 S1034 V5221
 E0256 E0302 E0483 E0782 E1005 E1225 E1399 E2310 E2342 E2378 E2611 E2627 K0606 K0823 K0840 K0858 K0880 Q4186 S1035
 E0260 E0303 E0641 E0783 E1006 E1226 E1700 E2311 E2343 E2397 E2612 E2628 K0800 K0824 K0841 K0859 K0884 Q4187 S1036

Experimental/Investigational

22899 86343 0076T 0126T 0208T 0221T 0264T 0290T 0333T 0355T 0403T 0418T 0431T 0446T 0479T 0493T 0506T 0519T 0532T C9754
 31299 93264 0085T 0163T 0209T 0222T 0265T 0295T 0335T 0356T 0404T 0419T 0432T 0447T 0480T 0494T 0507T 0520T 0533T C9755
 33440 95836 0095T 0164T 0210T 0228T 0266T 0296T 0338T 0358T 0405T 0420T 0433T 0448T 0481T 0495T 0508T 0521T 0534T L8608
 33866 95976 0098T 0165T 0211T 0229T 0267T 0297T 0339T 0362T 0408T 0421T 0434T 0469T 0483T 0496T 0509T 0522T 0535T Q4161
 34717 95977 0100T 0174T 0212T 0230T 0268T 0298T 0342T 0373T 0409T 0422T 0435T 0470T 0484T 0497T 0510T 0523T 0536T Q4162
 34718 95983 0101T 0175T 0213T 0231T 0269T 0312T 0347T 0394T 0410T 0423T 0436T 0471T 0485T 0498T 0511T 0524T 0541T Q4163
 46948 99499 0102T 0184T 0214T 0234T 0270T 0313T 0348T 0395T 0411T 0424T 0437T 0472T 0486T 0499T 0512T 0525T 0542T Q4164
 67299 0054T 0106T 0191T 0215T 0235T 0271T 0314T 0349T 0396T 0412T 0425T 0440T 0473T 0487T 0500T 0513T 0526T A4563 Q4165
 82016 0055T 0107T 0198T 0216T 0236T 0272T 0315T 0350T 0397T 0413T 0426T 0441T 0474T 0488T 0501T 0514T 0527T C1823 Q4189
 82017 0058T 0108T 0200T 0217T 0237T 0273T 0316T 0351T 0398T 0414T 0427T 0442T 0475T 0489T 0502T 0515T 0528T C8937 Q4192
 83987 0071T 0109T 0201T 0218T 0238T 0274T 0317T 0352T 0400T 0415T 0428T 0443T 0476T 0490T 0503T 0516T 0529T C9751 Q4195

84145	0072T	0110T	0202T	0219T	0253T	0275T	0329T	0353T	0401T	0416T	0429T	0444T	0477T	0491T	0504T	0517T	0530T	C9752	Q4196
86316	0075T	0111T	0207T	0220T	0263T	0278T	0330T	0354T	0402T	0417T	0430T	0445T	0478T	0492T	0505T	0518T	0531T	C9753	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	J0178	J0570	J0725	J1324	J1569	J1750	J2353	J2840	J3380	J7188	J7308	J7332	J9027	J9145	J9210	J9269	J9330	Q5101
90283	J0180	J0584	J0775	J1325	J1570	J1756	J2354	J2860	J3385	J7189	J7309	J7340	J9032	J9150	J9211	J9271	J9340	Q5103
90284	J0185	J0585	J0800	J1428	J1571	J1786	J2357	J2916	J3396	J7190	J7310	J7401	J9033	J9153	J9214	J9280	J9351	Q5104
90378	J0202	J0586	J0841	J1438	J1572	J1826	J2425	J2941	J3397	J7191	J7311	J7504	J9034	J9155	J9215	J9285	J9352	Q5107
A9542	J0205	J0587	J0850	J1439	J1573	J1830	J2469	J3031	J3398	J7192	J7312	J7511	J9035^	J9160	J9216	J9293	J9354	Q5108
B4105	J0207	J0588	J0875	J1442	J1575	J1833	J2502	J3060	J3489	J7193	J7313	J7527	J9039	J9171	J9217	J9295	J9355	Q5109
C9035	J0220	J0593	J0878	J1447	J1595	J1930	J2503	J3090	J3490	J7194	J7314	J7639	J9040	J9173	J9218	J9299	J9357	Q5110
C9036	J0221	J0594	J0881	J1453	J1599	J1931	J2504	J3095	J3590	J7195	J7316	J7682	J9041	J9176	J9219	J9301	J9360	Q5111
C9037	J0222	J0596	J0885	J1454	J1602	J1943	J2505	J3110	J3591	J7196	J7318	J7686	J9042	J9178	J9225	J9302	J9371	Q5117
C9038	J0256	J0597	J0888	J1458	J1627	J1950	J2507	J3111	J7170	J7197	J7320	J8520	J9043	J9179	J9226	J9303	J9390	Q5118
C9039	J0257	J0598	J0894	J1459	J1628	J1955	J2562	J3145	J7175	J7198	J7321	J8521	J9044	J9185	J9228	J9305	J9395	Q9991
C9044	J0287	J0599	J0895	J1460	J1640	J2020	J2597	J3240	J7177	J7199	J7322	J8655	J9045	J9190	J9229	J9306	J9400	Q9992
C9130	J0289	J0604	J0897	J1555	J1645	J2062	J2724	J3245	J7178	J7200	J7323	J8670	J9047	J9200	J9230	J9307	J9600	S0073
C9131	J0291	J0606	J1095	J1556	J1650	J2170	J2778	J3262	J7179	J7201	J7324	J8700	J9050	J9201	J9245	J9308	J9999	S0122
C9132	J0364	J0637	J1096	J1557	J1652	J2182	J2783	J3285	J7180	J7202	J7325	J9000	J9055	J9202	J9261	J9310	Q0138	S0126
C9257^	J0480	J0638	J1230	J1559	J1675	J2186	J2786	J3304	J7181	J7203	J7326	J9015	J9057	J9203	J9262	J9311	Q0139	S0128
C9293	J0485	J0640	J1290	J1560	J1740	J2248	J2787	J3315	J7182	J7205	J7327	J9017	J9065	J9204	J9263	J9312	Q2043	S0132
C9399	J0490	J0641	J1300	J1561	J1743	J2315	J2793	J3316	J7183	J7207	J7328	J9019	J9070	J9205	J9264	J9313	Q2050	S0145
J0121	J0517	J0695	J1301	J1562	J1744	J2323	J2796	J3355	J7185	J7209	J7329	J9022	J9098	J9206	J9266	J9315	Q3027	S0148
J0129	J0565	J0714	J1303	J1566	J1745	J2326	J2797	J3357	J7186	J7210	J7330	J9023	J9120	J9207	J9267	J9325	Q3028	S0157
J0135	J0567	J0717	J1322	J1568	J1746	J2350	J2820	J3358	J7187	J7211	J7331	J9025	J9130	J9208	J9268	J9328	Q4074	

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

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 T2043* T1031
G0152 G0155* G0157 G0159 G0161 G0299* G0490 G0494 G0496 S9123 S9128 S9131 S5135 S9470 T1000 T1003 T1019 T2042* T1030
*Excluding Hospice

Hyperbaric Therapy

99183 G0277 Q4176 Q4177 Q4178 Q4179 Q4180 Q4181 Q4182

Imaging – Advanced & Specialty

G0288 S8080 76391

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

Marketplace: Authorization required after benefit limit is reached, please refer to member handbook.

97110 97112 97763

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

10040 21154 22222 22808 23470 28092 28208 28300 29806 29893 33221 36468 38214 47610 58267 58572 59076 63046 64595 96900
15730 21155 22224 22810 25447 28100 28210 28302 29807 29894 33224 36470 38215 47612 58270 58573 61863 63047 64912 96902
15733 21159 22226 22812 26499 28102 28220 28304 29819 29895 33225 36471 38232 47620 58275 58660 61864 63048 64913 96904
15786 21160 22505 22818 27120 28103 28222 28305 29820 29897 33227 36475 38573 49255 58280 58661 61867 63050 65771 96910
15787 21172 22526 22819 27122 28104 28225 28306 29821 29898 33228 36476 43644 49904 58285 58662 61868 63051 65772 96912
15819 21175 22527 22830 27125 28106 28226 28307 29822 29899 33229 36478 43645 49905 58290 58672 61885 63055 65775 96913
15830 21240 22532 22840 27130 28107 28230 28308 29823 29914 33230 36479 43647 49906 58291 58673 61886 63056 67900 96920
17004 21242 22533 22841 27132 28108 28232 28309 29824 29915 33231 36482 43648 50590* 58292 58700 62324 63057 67901 96921
17360 21243 22534 22842 27134 28110 28234 28310 29825 29916 33240 36483 43653 52441 58293 58720 62325 63064 67902 96922
19294 21270 22548 22843 27137 28111 28238 28312 29826 30465 33249 36514 43770 52442 58294 58740 62326 63066 67903 96931
20930 21280 22551 22844 27138 28112 28240 28313 29827 30520 33262 37191 43771 52649 58321 58750 62327 63075 67909 96932
20939 21282 22552 22845 27438 28113 28250 28315 29828 30540 33263 37243 43772 53850 58322 58752 62369 63076 67950 96933
21073 21295 22554 22846 27440 28114 28260 28320 29873 30545 33264 37700 43773 53852 58323 58760 62370 63077 69714 96934
21120 21296 22556 22847 27441 28116 28261 28322 29874 31253 33270 37718 43774 53854 58345 58770 62380 63078 69715 96935
21121 22100 22558 22848 27442 28118 28262 28340 29875 31257 33251 37722 43775 54401 58350 58940 63001 63081 69717 96936
21122 22101 22585 22849 27443 28119 28264 28341 29876 31259 33254 37735 43842 54405 58356 58943 63003 63082 69718 A9513
21123 22102 22586 22850 27445 28120 28270 28344 29877 31295 33261 37760 43843 55874 58540 58950 63005 63085 69930 A9590
21125 22103 22590 22852 27446 28122 28272 28345 29879 31296 33265 37761 43845 55970 58541 58951 63011 63086 90791 C2616
21127 22110 22595 22855 27447 28124 28280 28360 29880 31297 33266 37765 43846 55980 58542 58952 63012 63087 90792 C9734
21137 22112 22600 22856 27486 28126 28285 28705 29881 31298 33289 37766 43847 57288 58543 58953 63015 63088 90870 C9738

21138	22114	22610	22857	27487	28130	28286	28715	29882	31660	33274	37780	43848	57289	58544	58954	63016	63090	90867	C9739
21139	22116	22612	22861	28005	28140	28288	28725	29883	31661	33275	37785	43881	58150	58545	58956	63017	63091	90868	C9740
21141	22206	22630	22862	28008	28150	28289	28730	29884	32491	33979	38204	43882	58180	58546	58957	63020	63101	90869	C9746
21142	22207	22632	22864	28010	28153	28291	28735	29885	32994	34713	38207	43886	58152	58548	58958	63030	63102	95249	C9747
21143	22208	22633	22865	28011	28160	28292	28737	29886	33206	34714	38208	43887	58200	58550	58970	63035	63103	93229	C9748
21145	22210	22614	22867	28035	28171	28295	28740	29887	33207	34715	38209	43888	58210	58552	58974	63040	64553	96567	S2095
21146	22212	22634	22868	28060	28173	28296	28750	29888	33208	34716	38210	47380	58240	58553	58976	63042	64568	96570	
21147	22214	22800	22869	28062	28175	28297	28755	29889	33212	36460	38211	47381	58260	58554	59070	63043	64569	96571	
21150	22216	22802	22870	28080	28200	28298	28760	29891	33213	36465	38212	47382	58262	58570	59072	63044	64570	96573	
21151	22220	22804	23412	28090	28202	28299	28890	29892	33214	36466	38213	47605	58263	58571	59074	63045	64590	96574	

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

Marketplace: Authorization required after benefit limit is reached, please refer to member handbook.

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

Marketplace; Authorization required after benefit limit is reached, please refer to member handbook.

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
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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	23929	31599	39599	44238	47999	55899	66999	76496	78599	86999	89240	95999	A0999	B9999	J7699	L0999	L8701	Q4100	V5299
15999	24999	31899	40799	44799	48999	58578	67299	76499	78699	87797	89398	96379	A4421	C2698	J7799	L1499	L8702	S0590	
17999	25999	32999	40899	44899	49329	58579	67399	76999	78799	87798	90399	96549	A4641	C2699	J7999	L2999	P9603	S8189	
19499	26989	33999	41599	44979	49659	58679	67599	77299	78999	87799	90749	96999	A4649	E0769	J8498	L3649	P9604	S8930	

20999	27299	36299	42299	45399	49999	58999	67999	77399	79999	87899	90899	97039	A4913	E0770	J8499	L3999	Q0507	S9110
21089	27599	37501	42699	45499	50549	59897	68399	77499	80299	87999	91299	97139	A6261	E1399	J8597	L5999	Q0508	T1999
21299	27899	37799	42999	45999	50949	59898	68899	77799	81099	88099	92499	97799	A6262	E1699	J8999	L7499	Q0509	T2025
21499	28899	38129	43289	46999	51999	59899	69399	78099	84999	88199	92700	99199	A9698	G0501	J9999	L8039	Q2039	V2199
21899	29999	38589	43499	47379	53899	60659	69799	78199	85999	88299	93799	99429	A9699	G9012	K0812	L8499	Q4050	V2797
22899	30999	38999	43659	47399	54699	60699	69949	78299	86486	88399	94799	99499	A9900	H0046	K0898	L8698	Q4051	V2799
22999	31299	39499	43999	47579	55559	64999	69979	78399	86849	88749	95199	99600	A9999	J7599	K0899	L8699	Q4082	V5298

eviCore

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

Advanced Imaging and Special Tests

70336	70492	70551	71555	72146	72195	73222	73723	74183	76390	78013	78104	78231	78305	78600	78700	78803	C8900	C8914	G0252
70450	70496	70552	72125	72147	72196	73223	73725	74185	76497	78014	78140	78232	78306	78601	78701	78804	C8901	C8918	G0297
70460	70498	70553	72126	72148	72197	73225	74150	74261	76498	78015	78185	78258	78315	78605	78707	78811	C8902	C8919	S8037
70470	70540	70554	72127	72149	72198	73700	74160	74262	77021	78016	78195	78261	78445	78606	78708	78812	C8903	C8920	S8042
70480	70542	70555	72128	72156	73200	73701	74170	74263	77022	78018	78201	78262	78456	78608	78709	78813	C8905	C8931	S8085
70481	70543	71250	72129	72157	73201	73702	74174	74712	77046	78020	78202	78264	78457	78609	78725	78814	C8906	C8932	S8092
70482	70544	71260	72130	72158	73202	73706	74175	74713	77047	78070	78206	78265	78458	78610	78730	78815	C8908	C8933	
70486	70545	71270	72131	72159	73206	73718	74176	75571	77048	78071	78215	78266	78579	78630	78740	78816	C8909	C8934	
70487	70546	71275	72132	72191	73218	73719	74177	75635	77049	78072	78216	78278	78580	78635	78761	78830	C8910	C8935	
70488	70547	71550	72133	72192	73219	73720	74178	76376	77078	78075	78226	78290	78582	78645	78800	78831	C8911	C8936	
70490	70548	71551	72141	72193	73220	73721	74181	76377	77084	78102	78227	78291	78597	78650	78801	78832	C8912	G0219	
70491	70549	71552	72142	72194	73221	73722	74182	76380	78012	78103	78230	78300	78598	78660	78802	0042T	C8913	G0235	

Cardiac Imaging and Special Test

75557	75565	75574	78451	78459	78472	78491	78499	93307	93314	93320	93351	93452	93456	93460	93531	0332T	0503T	C8923	C8928
75559	75571	78414	78452	78466	78473	78492	93303	93308	93315	93321	93352	93453	93457	93461	93532	0439T	0504T	C8924	C8929
75561	75572	78428	78453	78468	78481	78494	93304	93312	93316	93325	93451	93454	93458	93462	93533	0501T	C8921	C8925	C8930
75563	75573	78434	78454	78469	78483	78496	93306	93313	93317	93350	93356	93455	93459	93530	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	77412	77425	77523	77605	77620	77762	77768	77772	79403	G0339	G6002	G6005	G6008	G6011	G6014	
77371	77385	77401	77423	77520	77525	77610	77750	77763	77770	77778	A9543	G0340	G6003	G6006	G6009	G6012	G6015	
77372	77386	77402	77424	77522	77600	77615	77761	77767	77771	79101	A9606	G6001	G6004	G6007	G6010	G6013	G6016	

Sleep Services

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

*No PA if done in home.

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
