



## Applies to Medicaid, MyCare Ohio Medicaid Prior Authorization Codification List

**Effective: 2/13/2021**

### Important Notices about the PA Code List

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.

For 2021, the POS11 "exception" for procedures done in a PAR provider office will no longer be effective. For any code that requires PA, it will require PA in ALL POS (except emergency locations).

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	<a href="#">5160-1-60</a>
Provider-administered pharmaceuticals		<a href="#">5160-4-12</a>
Ambulatory Surgical Centers	<a href="#">EAPG CPT and HCPCS list</a>	<a href="#">5160-2-75</a>
Outpatient Hospital Surgical Services	<a href="#">EAPG CPT and HCPCS list</a>	<a href="#">5160-2-75</a>
Outpatient Hospital Clinical Services	<a href="#">EAPG CPT and HCPCS list</a>	<a href="#">5160-2-75</a>
Hospital Emergency Room Visits	<a href="#">EAPG CPT and HCPCS list</a>	<a href="#">5160-2-75</a>
Outpatient Hospital Ancillary Services	<a href="#">EAPG CPT and HCPCS list</a>	<a href="#">5160-2-75</a>
Outpatient Hospital Radiology Services	<a href="#">EAPG CPT and HCPCS list</a>	<a href="#">5160-2-75</a>
Outpatient Hospital Laboratory Services	<a href="#">EAPG CPT and HCPCS list</a>	<a href="#">5160-2-75</a>

**Abortion Services**

Submit clinical information supporting 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**

Inpatient, Residential Treatment, Partial Hospitalization, Electroconvulsive Therapy (ECT), and \*Transitional Substance Abuse Residential Treatment (\*For Marketplace Members only) SUD partial hospitalization (20 or more hours per week).

0373T	0913	2106	90869	96112-	97154	97157	G0397	H0017	H0038##	H2013	H2020	S0201	S9480
0901	1001	90867	90791>	96113-	97155	97158	H0001~	H0018	H0040	H2016	H2034^	S5111	T2023
0912	1002	90868	90792>	97153	97156	G0396	H0015***<	H0035	H0046	H2018	H2036^	S5150#	

# 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.

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

\* 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.

## Without PA up to 4 hours per day

**Cosmetic, Plastic & Reconstructive Procedures [In Any Setting]**

11920*	15780	15783	15792	15821	15824	15828	15833	15836	15839	15877	17380	19318*	19328*	19350*	30400	30430	30460	67904	69300
15775	15781	15788	15793	15822	15825	15829	15834	15837	15847	15878	19300*	19324*	19330*	19355*	30410	30435	30462	67906	
15776	15782	15789	15820	15823	15826	15832	15835	15838	15876	15879	19316*	19325*	19340*	19396*	30420	30450	30468	67908	

\*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	E0265	E0329	E0657	E0749	E0986	E1030	E1296	E2295	E2341	E2378	E2609	E2627	K0800	K0825	K0843	K0862	K0891	Q4185	S1035
A7025	E0266	E0371	E0667	E0760	E0988	E1035	E1298	E2300	E2342	E2397	E2611	E2628	K0801	K0826	K0848	K0863	K0900	Q4186	S1036
A9274	E0277	E0372	E0668	E0762	E1002	E1036	E1310	E2310	E2343	E2398	E2612	E2629	K0802	K0827	K0849	K0864	K1001	Q4187	S1037
A9276	E0292	E0373	E0670	E0764	E1003	E1161	E1399	E2311	E2351	E2402	E2613	E2630	K0806	K0828	K0850	K0868	K1002	Q4188	V2530
A9277	E0293	E0462	E0671	E0766	E1004	E1225	E1700	E2312	E2361	E2500	E2614	E2631	K0807	K0829	K0851	K0869	K1003	Q4190	V2531
A9278	E0294	E0465	E0672	E0782	E1005	E1226	E2201	E2313	E2366	E2502	E2615	K0008	K0808	K0830	K0852	K0870	K1004	Q4191	V5171
A9900	E0295	E0466	E0673	E0783	E1006	E1227	E2202	E2321	E2367	E2504	E2616	K0009	K0813	K0831	K0853	K0871	L2006	Q4193	V5172
A9901	E0296	E0467	E0675	E0784	E1007	E1230	E2203	E2322	E2368	E2506	E2617	K0010	K0814	K0835	K0854	K0877	L3761	Q4194	V5181
C1839	E0297	E0481	E0676	E0785	E1008	E1232	E2204	E2325	E2369	E2508	E2620	K0011	K0815	K0836	K0855	K0878	L7700	Q4198	V5211
C2624	E0300	E0483	E0691	E0786	E1010	E1233	E2227	E2326	E2370	E2510	E2621	K0012	K0816	K0837	K0856	K0879	L8033	Q4200	V5212
E0194	E0301	E0641	E0692	E0787	E1012	E1234	E2228	E2327	E2373	E2511	E2622	K0014	K0820	K0838	K0857	K0880	L8625	Q4201	V5213
E0255	E0302	E0650	E0693	E0849	E1014	E1235	E2291	E2328	E2374	E2605	E2623	K0108	K0821	K0839	K0858	K0884	L8694	Q4202	V5214
E0256	E0303	E0651	E0694	E0855	E1020	E1236	E2292	E2329	E2375	E2606	E2624	K0553	K0822	K0840	K0859	K0885	Q0480	Q4203	V5215
E0260	E0304	E0652	E0747	E0983	E1028	E1237	E2293	E2330	E2376	E2607	E2625	K0554	K0823	K0841	K0860	K0886	Q4183	Q4204	V5221
E0261	E0328	E0656	E0748	E0984	E1029	E1238	E2294	E2340	E2377	E2608	E2626	K0606	K0824	K0842	K0861	K0890	Q4184	S1034	

**Experimental/Investigational**

22899	95977	0108T	0212T	0236T	0275T	0342T	0398T	0417T	0433T	0472T	0490T	0512T	0529T	0570T	0589T	0609T	0625T	A4563	Q4161
31299	95983	0109T	0213T	0237T	0278T	0347T	0400T	0418T	0434T	0473T	0491T	0514T	0530T	0571T	0590T	0610T	0626T	C1823	Q4162
46948	99499	0110T	0214T	0238T	0312T	0348T	0401T	0419T	0435T	0474T	0493T	0515T	0532T	0572T	0594T	0611T	0627T	C1824	Q4163
67299	0042T	0111T	0215T	0253T	0313T	0349T	0402T	0420T	0436T	0475T	0494T	0516T	0533T	0573T	0596T	0612T	0628T	C2596	Q4164

81503	0054T	0126T	0216T	0263T	0314T	0350T	0403T	0421T	0437T	0476T	0495T	0517T	0534T	0574T	0597T	0613T	0629T	C8937	Q4165
82016	0055T	0184T	0217T	0264T	0315T	0351T	0404T	0422T	0440T	0477T	0497T	0518T	0535T	0575T	0598T	0614T	0630T	C9751	Q4189
82017	0058T	0191T	0218T	0265T	0316T	0352T	0405T	0423T	0441T	0478T	0498T	0519T	0536T	0576T	0599T	0615T	0631T	C9752	Q4192
83987	0071T	0198T	0219T	0266T	0317T	0353T	0408T	0424T	0442T	0479T	0499T	0520T	0541T	0577T	0600T	0616T	0632T	C9753	Q4195
84145	0072T	0200T	0220T	0267T	0329T	0354T	0409T	0425T	0443T	0481T	0500T	0521T	0542T	0578T	0601T	0617T	0639T	C9758	Q4196
86316	0075T	0201T	0221T	0268T	0330T	0355T	0410T	0426T	0444T	0483T	0505T	0522T	0563T	0579T	0602T	0618T	0206U	K1006	Q4197
86343	0085T	0202T	0228T	0269T	0331T	0356T	0411T	0427T	0445T	0484T	0506T	0523T	0564T	0580T	0603T	0619T	0207U	K1007	
93264	0100T	0207T	0229T	0270T	0332T	0358T	0412T	0428T	0446T	0485T	0507T	0524T	0565T	0581T	0604T	0620T	0210U	K1008	
93895	0101T	0208T	0230T	0271T	0333T	0394T	0413T	0429T	0447T	0486T	0508T	0525T	0566T	0582T	0605T	0621T	0219U	K1009	
95803	0102T	0209T	0231T	0272T	0335T	0395T	0414T	0430T	0448T	0487T	0509T	0526T	0567T	0583T	0606T	0622T	0221U	K1011	
95836	0106T	0210T	0234T	0273T	0338T	0396T	0415T	0431T	0469T	0488T	0510T	0527T	0568T	0587T	0607T	0623T	0222U	K1012	
95976	0107T	0211T	0235T	0274T	0339T	0397T	0416T	0432T	0470T	0489T	0511T	0528T	0569T	0588T	0608T	0624T	0227U	L8608	

### 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.

80145	81107	81161	81179	81191	81233	81246	81278	81320	81344	81507	88373	0011U	0102U	0145U	0154U	0182U	0190U	0198U	
80187	81108	81168	81180	81192	81234	81247	81279	81324	81345	83006	88374	0016U	0103U	0146U	0155U	0183U	0191U	0199U	
80230	81109	81171	81181	81193	81235	81265	81284	81329	81347	86152	88377	0017U	0139U	0147U	0174U	0184U	0192U	0200U	
80235	81110	81172	81182	81194	81236	81266	81285	81333	81348	86153	0014M	0027U	0140U	0148U	0176U	0185U	0193U	0201U	
80280	81111	81175	81183	81204	81237	81271	81305	81334	81352	87563	0015M	0046U	0141U	0149U	0177U	0186U	0194U		
80285	81112	81176	81184	81210	81239	81272	81309	81338	81357	88261	0008U	0049U	0142U	0150U	0178U	0187U	0195U		
81105	81120	81177	81187	81218	81243	81273	81312	81339	81360	88271	0009U	0058U	0143U	0151U	0180U	0188U	0196U		
81106	81121	81178	81188	81219	81244	81274	81314	81343	81420	88369	0010U	0059U	0144U	0152U	0181U	0189U	0197U		

### 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 (MHC) 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 Team with any further questions about the program.

90281	C9058	J0256	J0596	J0875	J1439	J1573	J1930	J2503	J3032	J3396	J7190	J7309	J7332	J9032	J9176	J9269	J9354	Q5116	
90283	C9064	J0257	J0597	J0878	J1442	J1575	J1931	J2504	J3060	J3397	J7191	J7310	J7336	J9033	J9179	J9271	J9355	Q5117	
90284	C9065	J0285	J0598	J0881	J1447	J1595	J1943	J2505	J3090	J3398	J7192	J7311	J7340	J9034	J9203	J9285	J9371	Q5118	
90291	C9066	J0287	J0599	J0885	J1454	J1599	J1950	J2507	J3095	J3490	J7193	J7312	J7351	J9035^	J9204	J9295	J9400	Q9991*	
90371	C9132	J0289	J0604	J0888	J1458	J1602	J1955	J2562	J3110	J3590	J7194	J7313	J7401	J9039	J9205	J9299	J9600	Q9992*	
90378	C9293	J0291	J0606	J0895	J1459	J1627	J2020	J2597	J3111	J3591	J7195	J7314	J7504	J9041	J9207	J9301	J9999	S0073	
A9542	C9399	J0364	J0637	J0897	J1460	J1628	J2062	J2724	J3145	J7170	J7196	J7316	J7511	J9042	J9210	J9302	Q0138	S0122	
A9543	C9488	J0480	J0638	J1095	J1555	J1632	J2170	J2770	J3240	J7175	J7197	J7318	J7527	J9043	J9214	J9303	Q0139	S0126	
A9590	J0121	J0485	J0641	J1096	J1556	J1640	J2182	J2778	J3241	J7177	J7198	J7320	J7639	J9044	J9215	J9304	Q2043	S0128	
A9604	J0122	J0490	J0642	J1230	J1557	J1645	J2186	J2783	J3245	J7178	J7199	J7321	J7682	J9047	J9216	J9305	Q2050	S0132	
A9606	J0129	J0517	J0695	J1290	J1559	J1652	J2248	J2786	J3262	J7179	J7200	J7322	J7686	J9055	J9218	J9306	Q3027	S0145	
B4105	J0135	J0565	J0712	J1300	J1560	J1740	J2323	J2787	J3285	J7180	J7201	J7323	J8520	J9057	J9219	J9307	Q3028	S0148	
B4187	J0178	J0567	J0714	J1301	J1561	J1743	J2326	J2793	J3304	J7181	J7202	J7324	J8521	J9098	J9225	J9308	Q4074	S0157	
C9035	J0179	J0570	J0717	J1303	J1562	J1744	J2350	J2796	J3315	J7182	J7203	J7325	J8655	J9099	J9226	J9309	Q5103		
C9036	J0180	J0584	J0725	J1322	J1566	J1745	J2353	J2797	J3316	J7183	J7205	J7326	J8670	J9119	J9227	J9311	Q5104		
C9038	J0202	J0585	J0775	J1324	J1568	J1746	J2354	J2820	J3355	J7185	J7207	J7327	J8700	J9145	J9228	J9312	Q5105		
C9039	J0205	J0586	J0791	J1325	J1569	J1786	J2357	J2840	J3357	J7186	J7209	J7328	J9015	J9153	J9229	J9313	Q5106		
C9053	J0220	J0587	J0800	J1428	J1570	J1826	J2407	J2860	J3358	J7187	J7210	J7329	J9019	J9155	J9262	J9315	Q5108		
C9054	J0221	J0588	J0841	J1437	J1571	J1830	J2425	J2941	J3380	J7188	J7211	J7330	J9022	J9160	J9264	J9325	Q5109		
C9056	J0222	J0593	J0850	J1438	J1572	J1833	J2502	J3031	J3385	J7189	J7308	J7331	J9023	J9173	J9266	J9352	Q5111		

\* 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.

#### Diagnosis Codes:

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	E13.3611	E13.3612	E13.3613
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	G0155*	G0158	G0161	G0300	G0494	S5116	S9124	S9131	S5151	T1000	T1005	T1030	T2043*
G0152	G0156	G0159	G0162	G0490	G0495	S9122	S9128	S5130	S9470	T1002**	T1019**	T1031	
G0153	G0157	G0160	G0299*	G0493	G0496	S9123	S9129	S5135	S9977	T1003**	T1022	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	Q4249	Q4250	Q4254	Q4255
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### Imaging and Special Tests

93241	93242	93243	93244	93245	93246	93247	93248
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### Inpatient Admissions

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

### Neuropsychological & Psychological Tests (in any setting)

95700	95702	95704	95709	95711	95713	95715	95718	95720	95722	95724	95726	96112*	96116*	96125	96131*	96133*	96137*	96139
95701	95703	95708	95710	95712	95714	95716	95719	95721	95723	95725	95957	96113*	96121*	96130*	96132*	96136*	96138	96146

\*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.

NOTE: 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	21159	22534	22856	26499	27446	28124	28286	28735	29877	31298	36465	37765	43848	58152	58552	59070	63050	69715	96936
15730	21160	22548	22857	27120	27447	28126	28288	28737	29879	31660	36466	37766	43881	58200	58553	59072	63051	69717	0095T
15769	21172	22551	22858	27122	27486	28130	28289	28740	29880	31661	36468	37780	43882	58210	58554	59074	63055	69718	0098T
15771	21175	22552	22861	27125	27487	28140	28291	28750	29881	32994	36470	37785	43886	58240	58570	59076	63056	69930	0295T
15773	21240	22554	22862	27130	27570	28150	28292	28755	29882	33206	36471	38204	43887	58260	58571	61863	63057	90867	0296T
15786	21242	22556	22864	27132	28005	28153	28295	28760	29883	33207	36473	38207	43888	58262	58572	61867	63064	90868	0297T
15819	21243	22558	22865	27134	28008	28160	28296	28890	29884	33210	36475	38208	47380	58263	58573	61885	63075	90869	0298T
15830	21270	22585	22867	27137	28010	28171	28297	29805	29885	33211	36476	38209	47381	58267	58660	61886	63076	93025	A9513
17004	21280	22586	22868	27138	28011	28173	28298	29860	29886	33212	36478	38210	47382	58270	58661	62324	63077	93229	C9734
17360	21282	22590	22869	27332	28035	28175	28299	29861	29887	33213	36479	38211	47605	58275	58662	62325	63081	93580	C9738
20560	21295	22595	22870	27333	28060	28200	28300	29862	29888	33214	36482	38212	47610	58280	58672	62326	63085	93581	C9739
20561	21296	22600	23120	27403	28062	28202	28302	29863	29889	33215	36483	38213	47612	58285	58673	62327	63087	93582	C9740

21073	21601	22610	23125	27405	28080	28208	28304	29866	29891	33216	36514	38214	47620	58290	58700	62380	63090	95249	C9747
21120	22100	22612	23130	27407	28090	28210	28305	29867	29892	33217	37191	38215	49255	58291	58720	63001	63101	96567	C9757
21121	22101	22614	23412	27409	28092	28220	28306	29868	29893	33221	37220	38232	49904	58292	58740	63003	63102	96570	C9761
21122	22102	22630	23405	27412	28100	28222	28307	29806	29894	33224	37221	38573	49906	58293	58750	63005	64553	96571	C9769
21123	22110	22632	23410	27415	28102	28225	28308	29807	29895	33230	37224	43644	52441	58294	58752	63011	64568	96573	G0289
21125	22112	22633	23415	27416	28103	28226	28309	29819	29897	33231	37225	43645	52649	58321	58760	63012	64569	96574	G2170
21127	22114	22634	23420	27418	28104	28230	28310	29820	29898	33240	37226	43647	53850	58322	58770	63015	64570	96900	G2171
21137	22206	22800	23430	27420	28106	28232	28312	29821	29899	33249	37227	43648	53852	58323	58940	63016	64590	96902	S2095
21138	22207	22802	23450	27422	28107	28234	28313	29822	29914	33262	37228	43653	53854	58345	58943	63017	64595	96904	S2118
21139	22210	22804	23455	27424	28108	28238	28315	29823	29915	33263	37229	43770	54401	58350	58950	63020	64912	96910	
21141	22212	22808	23460	27425	28110	28240	28320	29824	29916	33264	37230	43771	54405	58356	58951	63030	65771	96912	
21142	22214	22810	23462	27427	28111	28250	28322	29825	30520	33270	37231	43772	55874	58540	58952	63035	65772	96913	
21143	22220	22812	23465	27428	28112	28260	28340	29826	30540	33285	37243	43773	55880	58541	58953	63040	65775	96920	
21145	22222	22818	23466	27429	28113	28261	28341	29827	30545	33289	37250	43774	55970	58542	58954	63042	67900	96921	
21146	22224	22819	23470	27438	28114	28262	28344	29828	31253	33274	37700	43775	55980	58543	58956	63043	67901	96922	
21147	22505	22830	23472	27440	28116	28264	28345	29870	31257	33275	37718	43842	57288	58544	58957	63044	67902	96931	
21150	22526	22849	23473	27441	28118	28270	28360	29873	31259	33975	37722	43843	57289	58545	58958	63045	67903	96932	
21151	22527	22850	23474	27442	28119	28272	28705	29874	31295	33976	37735	43845	57465	58546	58970	63046	67909	96933	
21154	22532	22852	23700	27443	28120	28280	28715	29875	31296	33979	37760	43846	58150	58548	58974	63047	67950	96934	
21155	22533	22855	25447	27445	28122	28285	28730	29876	31297	36460	37761	43847	58180	58550	58976	63048	69714	96935	

### Pain Management Procedures

27096	62264	62322	62323	62362	63650	63662	63685	64451	64462	64480	64486	64489	64492	64495	64625	64635	97810*	97814*
27279	62320	62350	62360	62367	63655	63663	63688	64454	64463	64483	64487	64490	64493	64600	64633	64636	97811*	G0260
62263	62321	62351	62361	62368	63661	63664	64450	64461	64479	64484	64488	64491	64494	64624	64634	64640	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	97129	97130	97763
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### Prosthetics & Orthotics

L0452	L0486	L0650	L1005	L1685	L1730	L1844	L1904	L1945	L1980	L2010	L2036	L2060	L2108	L2800	L5858	L8614
L0480	L0622	L0700	L1110	L1700	L1755	L1846	L1907	L1950	L1990	L2020	L2037	L2080	L2126	L4631	L5859	L8692
L0482	L0637	L0710	L1640	L1710	L1834	L1860	L1920	L1960	L2000	L2030	L2038	L2090	L2128	L5856	L6026	S1040
L0484	L0640	L1000	L1680	L1720	L1840	L1900	L1940	L1970	L2005	L2034	L2050	L2106	L2232	L5857	L7259	32853

### 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	0586T	38206	38241	44715	47133	47141	47144	47147	48551	48556	50323	50328	50360	50380	S2055	S2065	S2142	Q2041
0538T	0584T	33995	38230	38242	44720	47135	47142	47145	48160	48552	50300	50325	50329	50365	S2053	S2060	S2107	S2150	Q2042
0539T	0585T	38205	38240	38243	44721	47140	47143	47146	48550	48554	50320	50327	50340	50370	S2054	S2061	S2140	S2152	

### Transportation Services

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

A0430	A0431	A0999	S9960	S9961
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### Unlisted/Miscellaneous Codes

Molina Healthcare requires 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	Q4082	V5299
15999	27599	38999	44899	50949	64999	76499	79999	80330**	80345**	80360**	80375**	87899	93799	A4421	E1399	J8499	L8499	Q4100	

17999	27899	39499	44979	51999	66999	76999	80299	80331**	80346**	80361**	80376**	87999	94799	A4641	E1699	J8597	L8698	S0590
19499	28899	39599	45399	53899	67299	77299	80305*	80332**	80347**	80362**	80377**	88099	95199	A4649	G0480**	J8999	L8699	S3870
20999	29999	40799	45499	54699	67399	77399	80306*	80333**	80348**	80363**	81099	88199	95999	A4913	G0481**	J9999	L8701	S8189
21089	30999	40899	45999	55559	67599	77499	80307*	80334**	80349**	80364**	81479	88299	96379	A6261	G0482**	K0812	L8702	S8930
21299	31299	41599	46999	55899	67999	77799	80320**	80335**	80350**	80365**	81599	88399	96549	A6262	G0483^	K0898	P9603	S9110
21499	31599	42299	47379	58578	68399	78099	80321**	80336**	80351**	80366**	83992**	88749	96999	A9698	G0501	K0899	P9604	T1999
21899	31899	42699	47399	58579	68899	78199	80322**	80337**	80352**	80367**	84999	89240	97039	A9699	G0659**	L0999	P9099	T2025
22899	32999	42999	47579	58679	69399	78299	80323**	80338**	80353**	80368**	85999	89398	97139	A9900	G9012	L1499	Q0507	T2047
22999	33999	43289	47999	58999	69799	78399	80324**	80339**	80354**	80369**	86486	90399	97799	A9999	H0046	L2999	Q0508	V2199
23929	36299	43499	48999	59897	69949	78499	80325**	80340**	80355**	80370**	86849	90749	99199	B9999	J7599	L3649	Q0509	V2524
24999	37501	43659	49329	59898	69979	78599	80326**	80341**	80356**	80371**	86999	90899	99429	C2698	J7699	L3999	Q2039	V2797
25999	37799	43999	49659	59899	76496	78699	80327**	80342**	80357**	80372**	87797	91299	99499	C2699	J7799	L5999	Q4050	V2799
26989	38129	44238	49999	60659	76497	78799	80328**	80343**	80358**	80373**	87798	92499	99600	E0769	J7999	L7499	Q4051	V5298

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

^ effective 2-13-21 this code will always require PA per ODM guidelines

\*\*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.

### Imaging and Special Tests

70336	70542	71271	72142	72198	73718	74182	76376	78013	78202	78291	78454	78579	78660	78813	93316	93530	0638T	C8906	C8935
70450	70543	71275	72146	73200	73719	74183	76377	78014	78215	78300	78456	78580	78700	78814	93317	93531	C2616	C8908	C8936
70460	70544	71550	72147	73201	73720	74185	76380	78015	78216	78305	78457	78582	78701	78815	93350	93532	C8921	C8909	C9762
70470	70545	71551	72148	73202	73721	74261	76390	78016	78226	78306	78458	78597	78707	78816	93351	93533	C8922	C8910	C9763
70480	70546	71552	72149	73206	73722	74262	76497	78018	78227	78315	78459	78598	78708	78830	93352	0332T	C8923	C8911	G0219
70481	70547	71555	72156	73218	73723	74263	76498	78070	78230	78414	78466	78600	78709	78831	93451	0331T	C8924	C8912	G0235
70482	70548	72125	72157	73219	73725	74712	77021	78071	78231	78428	78468	78601	78725	78832	93452	0042T	C8925	C8913	G0252
70486	70549	72126	72158	73220	74150	75571	77022	78072	78232	78429	78469	78605	78740	93303	93453	0501T	C8926	C8914	G0297
70487	70551	72127	72159	73221	74160	75572	77046	78075	78258	78430	78472	78606	78761	93304	93454	0502T	C8928	C8918	S8037
70488	70552	72128	72191	73222	74170	75573	77047	78102	78261	78431	78473	78608	78800	93306	93455	0503T	C8929	C8919	S8042
70490	70553	72129	72192	73223	74174	75574	77048	78103	78262	78432	78481	78609	78801	93307	93456	0504T	C8930	C8920	S8085
70491	70554	72130	72193	73225	74175	75557	77049	78104	78264	78433	78483	78610	78802	93308	93457	0633T	C8900	C8921	S8092
70492	70555	72131	72194	73700	74176	75559	77078	78140	78265	78445	78491	78630	78803	93312	93458	0634T	C8901	C8931	
70496	71250	72132	72195	73701	74177	75561	77084	78185	78266	78451	78492	78635	78804	93313	93459	0635T	C8902	C8932	
70498	71260	72133	72196	73702	74178	75563	77807	78195	78278	78452	78494	78645	78811	93314	93460	0636T	C8903	C8933	
70540	71270	72141	72197	73706	74181	75635	78012	78201	78290	78453	78499	78650	78812	93315	93461	0637T	C8905	C8934	

### Genetic Counseling & Testing

81202	81293	81307	81350	81522	81554	0013M	0067U	0074U	0156U	0162U	0205U	0214U	0228U	0234U	S3800	S3846	S3866		
81221	81296	81308	81351	81529	0001U	0016M	0069U	0075U	0157U	0169U	0208U	0215U	0229U	0235U	S3840	S3850	S3870		
81252	81299	81318	81353	81539	0002M	0018U	0070U	0076U	0158U	0170U	0209U	0216U	0230U	0236U	S3841	S3852			
81253	81302	81322	81419	81542	0003M	0019U	0071U	0078U	0159U	0171U	0211U	0217U	0231U	0237U	S3842	S3854			
81257	81303	81326	81490	81546	0011M	0022U	0072U	0079U	0160U	0203U	0212U	0218U	0232U	0238U	S3844	S3861			
81277	81304	81327	81500	81552	0012M	0036U	0073U	0153U	0161U	0204U	0213U	0220U	0233U	0239U	S3845	S3865			

### Laboratory Services

81162	81186	81222	81232	81283	81300	81328	81364	81408	81422	81435	81448	81503	81538	0004M	0030U	0050U	0089U	0114U	0135U
81163	81189	81223	81238	81286	81306	81335	81400	81410	81425	81436	81450	81504	81540	0005U	0031U	0053U	0090U	0118U	0136U
81164	81190	81225	81248	81289	81311	81336	81401	81411	81426	81437	81455	81518	81541	0006M	0032U	0055U	0094U	0120U	0137U
81165	81201	81226	81249	81291	81313	81337	81402	81412	81427	81438	81460	81519	81545	0007M	0033U	0056U	0101U	0129U	0138U
81166	81203	81227	81258	81292	81317	81346	81403	81413	81430	81439	81465	81520	81551	0012U	0034U	0060U	0102U	0130U	0172U
81167	81212	81228	81259	81294	81319	81355	81404	81414	81431	81440	81470	81521	81595	0013U	0037U	0081U	0103U	0131U	0173U
81173	81215	81229	81269	81295	81321	81361	81405	81415	81432	81442	81471	81525	81596	0014U	0045U	0084U	0104U	0132U	0175U
81174	81216	81230	81275	81297	81323	81362	81406	81416	81433	81443	81479	81535	81599	0026U	0047U	0087U	0111U	0133U	0179U
81185	81217	81231	81276	81298	81325	81363	81407	81417	81434	81445	81493	81536	84999	0029U	0048U	0088U	0113U	0134U	G9143

**Radiation Therapy & Radio Surgery**

77014	77373	77387	77407	77424	77522	77600	77615	77761	77767	77771	79101	A9590	G0339	G6002	G6005	G6008	G6011	G6014	G6017
77371	77385	77401	77412	77425	77523	77605	77620	77762	77768	77772	79403	A9606	G0340	G6003	G6006	G6009	G6012	G6015	
77372	77386	77402	77423	77520	77525	77610	77750	77763	77770	77778	A9543	C9726	G6001	G6004	G6007	G6010	G6013	G6016	

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**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			

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