

**- IMPORTANT NOTICES -**

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

**All codes listed require PA unless there is a plan-specific exception.\***

**Office visits; office-based surgical procedures at PAR/Network Providers do not require PA.**

**Referrals to PAR/Network Specialists do not require PA.**

**Some services listed may not be covered by CMS or your local State Medicaid or Marketplace agency. Likewise, the absence of a code from this list should not be used to determine whether a service is or is not covered by your regulatory agency.**

**This document should be not be utilized to make benefit coverage determinations. Please refer to your regulatory agency for benefit coverage and specific non-covered codes.**

**PA is not a guarantee of payment for services. Payment is made in accordance with a determination of the member’s eligibility on the date of service (for Molina Marketplace members, this includes grace period status), benefit limitations/exclusions and other applicable standards during the claim review, including the terms of any applicable provider agreement. For additional information on a member’s grace period status, please contact Molina Healthcare.**

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

**Legend:**

<p><b><i>PA: Prior Authorization</i></b>  <b><i>IP: Inpatient</i></b>  <b><i>OP: Outpatient</i></b></p>	<p><b><i>LOB: Line of Business</i></b>  <b><i>PAR: Participating Provider</i></b>  <b><i>Non-PAR: Non-Participating Provider</i></b></p>	<p><b><i>Y: Authorization Required</i></b>  <b><i>N: No PA Required</i></b>  <b><i>NC: Not a covered code</i></b></p>
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To validate coverage by site of service, please reference the appropriate appendices below. Services not designated as a covered service in the applicable appendix, based on the location and type of service, are not reimbursable in accordance with Ohio Administrative Code (OAC) rules, unless PA is obtained. PA is always required for non-covered or non-grouper surgical codes (codes not listed in the appendices designated for the site of service).

Site of Service	Appendix	OAC
Physician services	Appendix DD	<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 clinic 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>

**Behavioral Health, Mental Health, Alcohol & Chemical Dependency Services (Medicaid Only)**

***Inpatient, Residential Treatment, Partial Hospitalization, Electroconvulsive Therapy (ECT), Applied Behavior Analysis (ABA) for treatment of Autism Spectrum Disorder (ASD), and \*Transitional Substance Abuse Residential Treatment (\*For Marketplace Members only) SUD Partial Hospitalization (20 or more hours per week).***

0901	1002	90870	96118{	H0015***<	H0035	H2013	H2018	S0201	T1025^	T2013^
0912	2106	96101-	G0396~**	H0017	H0036**	H2014^	H2032^	S5111	T1026^~	T2040^
0913	90791*	96111-	G0397~**	H0031^	H0040	H2015	H2034=	S5150^#	T1027^	
1001	90792*	96116-	H0001>	H0032^	H0046	H2016	H2036=**	T1023^	T1028^	



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- ^ PA required for all plans only when submitted with Autism Dx. [ICD10: F84.0, F84.2, F84.3, F84.4, F84.5, F84.8 or F84.9]
- ~ PA required after 1 each per billing provider per patient per year. Cannot be billed by biller type 95
- # PA required regardless of Dx. (Marketplace and Medicaid)
- \* PA required after allowed 1 encounter per calendar year per billing provider
- > PA after 2 hours (8 units) per patient per calendar year. Does not count toward ASAM LOC benefit limit
- + PA required after 24 hours (96 units) combined per calendar year per patient
- = PA required to support medical necessity of continued stay after first 30 consecutive days without PA. Applies to first 2 stays only. After that all stays require PA
- PA required after 12 hours reached per patient per calendar year
- { PA required after 8 hours reached per patient per calendar year
- \*\*\* 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
- \*\* Includes Marketplace

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

11900*	15776	15783	15793	15823	15828	15834	15838	15877	19300*	19325*	19342*	30400	30435	67904
11901*	15780	15788	15820	15824	15829	15835	15839	15878	19316*	19328*	19350*	30410	30450	67906
11920*	15781	15789	15821	15825	15832	15836	15847	15879	19318*	19330*	19355*	30420	30460	67908
15775	15782	15792	15822	15826	15833	15837	15876	17380	19324*	19340*	19396*	30430	30462	69300

**\*PA required, except with breast CA Dx. ICD10 codes:**

C50.011, C50.012, C50.019, C50.021, C50.022, C50.029, C50.111, C50.112, C50.119, C50.121, C50.122, C50.129, C50.211, C50.212, C50.219, C50.221, C50.222, C50.229, C50.311, C50.312, C50.319, C50.321, C50.322, C50.329, C50.411, C50.412, C50.419, C50.421, C50.422, C50.429, C50.511, C50.512, C50.519, C50.521, C50.522, C50.529, C50.611, C50.612, C50.619, C50.621, C50.622, C50.629, C50.811, C50.812, C50.819, C50.821, C50.822, C50.829, C50.911, C50.912, C50.919, C50.921, C50.922, C50.929,

DO5.00, DO5.01, DO5.02, DO5.10, DO5.11, DO5.12, DO5.80, DO5.81, DO5.82, DO5.90, DO5.91, DO5.92



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**Durable Medical Equipment (DME)**

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

**Experimental/Investigational**

0042T	0102T	0175T	0206T	0219T	0249T	0273T	0316T	0348T	0361T	0374T	0406T	0419T	0432T	0469T	0482T	0495T	84145
0054T	0106T	0184T	0207T	0220T	0253T	0274T	0317T	0349T	0362T	0394T	0407T	0420T	0433T	0470T	0483T	0496T	86316
0055T	0107T	0188T	0208T	0221T	0254T	0275T	0329T	0350T	0363T	0395T	0408T	0421T	0434T	0471T	0484T	0497T	86343
0058T	0108T	0189T	0209T	0222T	0263T	0278T	0330T	0351T	0364T	0396T	0409T	0422T	0435T	0472T	0485T	0498T	Q4161
0071T	0109T	0190T	0210T	0228T	0264T	0290T	0331T	0352T	0365T	0397T	0410T	0423T	0436T	0473T	0486T	0499T	Q4162
0072T	0110T	0191T	0211T	0229T	0265T	0295T	0332T	0353T	0366T	0398T	0411T	0424T	0437T	0474T	0487T	0500T	Q4163
0075T	0111T	0195T	0212T	0230T	0266T	0296T	0333T	0354T	0367T	0399T	0412T	0425T	0439T	0475T	0488T	0501T	Q4164
0076T	0126T	0196T	0213T	0231T	0267T	0297T	0335T	0355T	0368T	0400T	0413T	0426T	0440T	0476T	0489T	0502T	Q4165



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**Experimental/Investigational Continued**

0085T	0159T	0198T	0214T	0234T	0268T	0298T	0337T	0356T	0369T	0401T	0414T	0427T	0441T	0477T	0490T	0503T	
0095T	0163T	0200T	0215T	0235T	0269T	0312T	0338T	0357T	0370T	0402T	0415T	0428T	0442T	0478T	0491T	0504T	
0098T	0164T	0201T	0216T	0236T	0270T	0313T	0339T	0358T	0371T	0403T	0416T	0429T	0443T	0479T	0492T	82016	
0100T	0165T	0202T	0217T	0237T	0271T	0314T	0342T	0359T	0372T	0404T	0417T	0430T	0444T	0480T	0493T	82017	
0101T	0174T	0205T	0218T	0238T	0272T	0315T	0347T	0360T	0373T	0405T	0418T	0431T	0445T	0481T	0494T	83987	

**Genetic Counseling & Testing**

*Except for Prenatal diagnosis of congenital disorders of the unborn child through amniocentesis and genetic test screening of newborns mandated by state regulations*

0004M	0014U	81112	81212	81225	81246	81273	81311	81334	81403	81414	81431	81442	81504	81541	88271	S3842
0006M	0016U	81120	81213	81226	81247	81283	81313	81346	81404	81415	81432	81445	81507	81545	88369	S3852
0007M	0017U	81121	81214	81227	81248	81287	81314	81355	81405	81416	81433	81448	81519	81551	88373	S3854
0009M	81105	81162	81215	81228	81249	81291	81317	81361	81406	81417	81434	81450	81520	81595	88374	S3861
0008U	81106	81175	81216	81229	81258	81292	81319	81362	81407	81420	81435	81455	81521	83006	88377	S3865
0009U	81107	81176	81217	81230	81259	81294	81321	81363	81408	81422	81436	81460	81528	84999	G9143	S3866
0010U	81108	81201	81218	81231	81265	81295	81323	81364	81410	81425	81437	81465	81535	86008	S3722	S3870
0011U	81109	81203	81219	81232	81266	81297	81324	81400	81411	81426	81438	81470	81536	86152	S3800	
0012U	81110	81210	81222	81235	81269	81298	81325	81401	81412	81427	81439	81471	81538	86153	S3840	
0013U	81111	81211	81223	81238	81272	81300	81328	81402	81413	81430	81440	81493	81540	88261	S3841	

**Code 84999: Including Oncotype Dx**



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**Home Health Care Services**

*PA required for all home health services after initial evaluation plus six (6) visits per calendar year.*

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

**Hyperbaric Therapy**

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

70336	70490	70546	71260	72128	72148	72195	73220	73719	74175	74263	75573	77059	78466	78496	78815	C8908	C8931	S8080
70450	70491	70547	71270	72129	72149	72196	73221	73720	74176	74712	75574	77084	78468	78607	78816	C8909	C8932	
70460	70492	70548	71275	72130	72156	72197	73222	73721	74177	74713	75635	78205	78469	78608	C8900	C8910	C8933	
70470	70496	70549	71550	72131	72157	72198	73223	73722	74178	75557	76376	78206	78472	78609	C8901	C8911	C8934	
70480	70498	70551	71551	72132	72158	73200	73225	73723	74181	75559	76377	78320	78473	78647	C8902	C8912	C8935	
70481	70540	70552	71552	72133	72159	73201	73700	73725	74182	75561	76380	78451	78481	78710	C8903	C8913	C8936	
70482	70542	70553	71555	72141	72191	73202	73701	74150	74183	75563	76390	78452	78483	78811	C8904	C8914	G0288	
70486	70543	70554	72125	72142	72192	73206	73702	74160	74185	75565	76497	78453	78491	78812	C8905	C8918	G0296	
70487	70544	70555	72126	72146	72193	73218	73706	74170	74261	75571	76498	78454	78492	78813	C8906	C8919	G0297	
70488	70545	71250	72127	72147	72194	73219	73718	74174	74262	75572	77058	78459	78494	78814	C8907	C8920	S8042	



**Inpatient Admissions**

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

**Long Term Services & Support**

*PA is required for ALL LTSS Services*

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

95950	95951	95953	95956	95957	96101*	96102	96103	96111*	96116*	96118**	96119	96120	96125
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*\*PA required after 12 hours/encounters per patient per calendar year PA required after 12 hours/encounters per patient per calendar year (only applies to providers certified by Ohio MHAS)*

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

**Non-PAR Offices/Providers/Facilities**

*PA required for Office Visits, Surgical Procedures, Labs, Diagnostic Studies & In-patient stays, except for:*

- *Emergency Department Services*
- *Professional fees associated with an Emergency Department visit and approved Ambulatory Surgery Center (ASC) or inpatient stay*
- *Local Health Department (LHD) services*
- *Other services based on state requirements*

**Occupational Therapy**

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

97110	97112	97763
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**Outpatient (OP) Hospital/Ambulatory Surgery Center (ASC) Procedure**

10040	21159	22526	22840	27137	28114	28262	28344	29880	31298	36476	43288	49905	58294	58210	58554	61867	63055	67901	96922
15730	21160	22527	22841	27138	28116	28264	28345	29881	31660	36478	43644	49906	58321	58240	58570	61868	63056	67902	96931
15733	21172	22532	22842	27440	28118	28270	28360	29882	31661	36479	43645	52441	58322	58260	58571	61885	63057	67903	96932
15819	21175	22533	22843	27441	28119	28272	28705	29883	32491	36482	43647	52442	58323	58262	58572	61886	63064	67909	96933
15830	21240	22534	22844	27442	28120	28280	28715	29884	32994	36483	43648	52649	58345	58263	58573	62324	63066	67950	96934
15786	21242	22548	22845	27443	28122	28285	28725	29885	33251	36514	43653	53850	58350	58267	58673	62325	63075	69714	96935
15787	21243	22551	22846	27445	28124	28286	28730	29886	33254	37191	43770	53852	58356	58270	58700	62326	63076	69715	96936
17004	21270	22552	22847	27446	28126	28288	28735	29887	33261	37243	43771	54401	58540	58275	58720	62327	63077	69717	C6216
17360	21280	22554	22848	27447	28130	28289	28737	29888	33265	37700	43772	54405	58541	58280	58740	62369	63078	69718	C9734
19294	21282	22556	22849	27486	28140	28291	28740	29889	33266	37718	43773	55874	58542	58285	58750	62370	63081	69930	C9738
20930	21295	22558	22850	27487	28150	28292	28750	29891	34701	37722	43774	55970*	58543	58290	58752	62380	63082	90867	C9739
20939	21296	22585	22852	28005	28153	28295	28755	29892	34702	37735	43775	55980*	58544	58291	58760	63001	63085	90868	C9740
21073	22100	22586	22855	28008	28160	28296	28760	29893	34703	37760	43842	57288	58545	58292	58770	63003	63086	90869	C9746
21120	22101	22590	22856	28010	28171	28297	28890	29894	34704	37761	43843	57289	58546	58293	58940	63005	63087	93229	C9747
21121	22102	22595	22857	28011	28173	28298	29806	29895	34705	37765	43845	58150	58548	58294	58943	63011	63088	95249	C9748
21122	22103	22600	22861	28035	28175	28299	29807	29897	34706	37766	43846	58152	58550	58321	58950	63012	63090	95909	K0903
21123	22110	22610	22862	28060	28200	28300	29819	29898	34707	37780	43847	58180	58552	58322	58951	63015	63091	95911	
21125	22112	22612	22864	28062	28202	28302	29820	29899	34708	37785	43848	58200	58553	58323	58952	63016	63101	95912	
21127	22114	22614	22865	28080	28208	28304	29821	29914	34709	38204	43881	58210	58554	58345	58953	63017	63102	95913	
21137	22116	22630	22867	28090	28210	28305	29822	29915	34710	38207	43882	58240	58570	58350	58954	63020	63103	96567	
21138	22206	22632	22868	28092	28220	28306	29823	29916	34711	38208	43886	58260	58571	58356	58956	63030	64553	96570	





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

21139	22207	22633	22869	28100	28222	28307	29824	30465	34712	38209	43887	58262	58572	58540	58957	63035	64568	96571	
21141	22208	22634	22870	28102	28225	28308	29825	30520	34713	38210	43888	58263	58573	58541	58958	63040	64569	96573	
21142	22210	22800	23412	28103	28226	28309	29826	30540	34714	38211	47380	58267	58575	58542	58970	63042	64570	96574	
21143	22212	22802	25447	28104	28230	28310	29827	30545	34715	38212	47381	58270	58660	58543	58974	63043	64590	96900	
21145	22214	22804	26499	28106	28232	28312	29828	31241	34716	38213	47382	58275	58661	58544	58976	63044	64595	96902	
21146	22216	22808	27120	28107	28234	28313	29873	31253	36460	38214	47605	58280	58662	58545	59070	63045	64912	96904	
21147	22220	22810	27122	28108	28238	28315	29874	31257	36466	38215	47610	58285	58672	58546	59072	63046	64913	96910	
21150	22222	22812	27125	28110	28240	28320	29875	31259	36468	38232	47612	58290	58150	58548	59074	63047	65771	96912	
21151	22224	22818	27130	28111	28250	28322	29876	31295	36470	38573	47620	58291	58152	58550	59076	63048	65772	96913	
21154	22226	22819	27132	28112	28260	28340	29877	31296	36471	43286	49255	58292	58180	58552	61863	63050	65775	96920	
21155	22505	22830	27134	28113	28261	28341	29879	31297	36475	43287	49904	58293	58200	58553	61864	63051	67900	96921	

**PA Required for Marketplace\***

**Pain Management Procedures**

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

**\*PA at the 31<sup>st</sup> visit per calendar year**



### Physical Therapy

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

97110	97112	97763
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### Prosthetics & Orthotics

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

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### Radiation Therapy & Radio Surgery

77520	77522	77523	77525	G0340	G0399	G6015	G6016	G6017	Q9950
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### Sleep Studies

95800*	95801	95803	95805	95806	95807	95808	95810	95811
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*\*PA Required for Marketplace Only, Non-covered for Medicaid*



**Molina Healthcare**  
**Applies to Medicaid, MyCare Ohio Medicaid, and Marketplace**  
**Prior Authorization Codification List**  
**Effective 6/01/2018**

**Specialty Pharmacy Drugs**

90281	J0180	J0598	J1290	J1569	J1826	J2504	J3285	J7190	J7313	J8670	J9060	J9206	J9267	J9352	Q5104
90283	J0202	J0604	J1300	J1570	J1830	J2505	J3315	J7191	J7316	J8700	J9065	J9207	J9268	J9354	S0073
90284	J0205	J0606	J1322	J1571	J1833	J2507	J3355	J7192	J7320	J9000	J9070	J9208	J9271	J9355	S0122
90378	J0207	J0637	J1324	J1572	J1930	J2562	J3357	J7193	J7321	J9015	J9098	J9209	J9276	J9357	S0126
A9542	J0220	J0638	J1325	J1573	J1931	J2597	J3358	J7194	J7323	J9017	J9100	J9211	J9280	J9360	S0128
A9543	J0221	J0640	J1428	J1575	J1950	J2724	J3380	J7195	J7324	J9019	J9120	J9213	J9285	J9370	S0132
C9014	J0256	J0641	J1438	J1595	J1955	J2778	J3385	J7196	J7325	J9022	J9130	J9214	J9293	J9371	S0157
C9015	J0257	J0695	J1439	J1599	J2020	J2783	J3396	J7197	J7326	J9023	J9145	J9215	J9295	J9390	
C9016	J0287	J0714	J1442	J1602	J2170	J2786	J3489	J7198	J7327	J9025	J9150	J9216	J9299	J9395	
C9024	J0289	J0717	J1447	J1627	J2182	J2793	J3490	J7199	J7328	J9027	J9155	J9217	J9301	J9400	
C9028	J0364	J0725	J1453	J1640	J2248	J2796	J3590	J7200	J7330	J9032	J9160	J9218	J9302	J9600	
C9029	J0480	J0775	J1458	J1645	J2315*	J2820	J7175	J7201	J7340	J9033	J9171	J9219	J9303	J9999	
C9132	J0485	J0800	J1459	J1650	J2323	J2840	J7178	J7202	J7504	J9034	J9176	J9225	J9305	Q0138	
C9257*	J0490	J0850	J1460	J1652	J2326	J2860	J7179	J7205	J7511	J9035*	J9178	J9226	J9306	Q0139	
C9293	J0565	J0875	J1555	J1675	J2350	J2916	J7180	J7207	J7527	J9039	J9179	J9228	J9307	Q2040	
C9399	J0570	J0878	J1556	J1725	J2353	J2941	J7181	J7209	J7639	J9040	J9181	J9230	J9308	Q2043	
C9488	J0585	J0881	J1557	J1740	J2354	J3060	J7182	J7210	J7682	J9041	J9185	J9245	J9310	Q2050	
C9492	J0586	J0885	J1559	J1743	J2357	J3090	J7183	J7211	J7686	J9042	J9190	J9261	J9315	Q3027	
C9493	J0587	J0888	J1560	J1744	J2425	J3095	J7185	J7308	J7999	J9043	J9200	J9262	J9325	Q3028	
C9494	J0588	J0894	J1561	J1745	J2430	J3110	J7186	J7309	J8499	J9045	J9201	J9263	J9328	Q4074	
J0129	J0594	J0895	J1562	J1750	J2469	J3145	J7187	J7310	J8520	J9047	J9202	J9264	J9330	Q5101	
J0135	J0596	J0897	J1566	J1756	J2502	J3240	J7188	J7311	J8521	J9050	J9203	J9265	J9340	Q5102	
J0178	J0597	J1230	J1568	J1786	J2503	J3262	J7189	J7312	J8655	J9055	J9205	J9266	J9351	Q5103	



Molina Healthcare  
Applies to Medicaid, MyCare Ohio Medicaid, and Marketplace  
Prior Authorization Codification List  
Effective 6/01/2018

**C9257 & J9035: No PA required when used with ocular diagnosis: IDC 10**

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

**\*PA Required for Marketplace Only**

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## Speech Therapy

**PA required after initial evaluation plus six (6) visits for office and outpatient settings.**

92507	92508
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**Transplant Services (Including Solid Organ and Bone Marrow)**

*Corneal Transplants do not require PA.*

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

**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 medical necessity documentation and rationale be submitted with the PA request for All*

*Unlisted/Miscellaneous codes EXCEPT:*

**90999**

**Abortion Services**

*Submit clinical information supporting use of these codes.*

58940	58941	58950	58951	58952	59840	59841	59850	59851	59852	59855	59856	59857	59866*
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**\*PA Required for Marketplace Only**