



**Molina Healthcare of New Mexico, Inc. (Molina Healthcare)
Salud/SCI and SCI/UNM SCI Prior Authorization Matrix**

This Prior Authorization (PA) Guide applies to all Molina Healthcare Salud, SCI and SCI/UNMCI Members. The guide lists ALL Services that require PA.

NOTE:

- Chemotherapy DOES NOT require a PA.
- Chemotherapy Drugs listed on the back of this grid **DO NOT** require a PA. All other drugs \geq \$200 (**contracted rates*) **DO** require a PA.
- Outpatient (OP) Surgeries that are listed on the back of this grid **DO** require a PA. All other OP Surgeries **DO NOT** require PA, BUT *must* meet Interqual (IQ) criteria for appropriate setting (Inpatient vs. Outpatient). PA requirements for all procedures will continue to follow American Medical Association and/or Centers for Medicare and Medicaid Services industry standards for recommended place of service.

SERVICE	Salud	SCI	UNM SCI
Behavioral Health Visits	Optum Health	>7 visits - X	>7 visits - X
Cardiac Rehab	X	X	X
Cochlear Implants	X	X	X
Contact Lenses/Glasses following Cataract Surgery	X	X	X
CT Scans	X	X	N/A
Medical Dental Procedures	X	X	X
Dialysis-	X	X	N/A
DME > \$500 paid charges (ALL Rentals/Repairs/Diapers/Chux/Enterals)	X	N/A	N/A
DME listed below require PA	N/A	X	X
Genetic Testing	X	X	X
Home Health Care (including PT/OT/ST/Respiratory Therapy in home setting)	X	X	X
Hospice-PA issued for 6 months	X	X	X
In Home IV Therapies	X	X	X
Inpatient <ul style="list-style-type: none"> ▪ Urgent/Emergent/Direct Admissions- require notification <i>next</i> business day ▪ Elective Procedures – require <i>prior</i> authorization 	X	X	X
Infused/Injectable Medications \geq \$200 <i>contracted rates</i> (including Chemo Drugs, refer to Service Group Code List for medications that do not require PA)	X	X	X
Maternity In Patient (for Non-Delivery/Complicated Delivery only)	X	X	X
Medical Supplies \geq \$500 <i>*contracted rates</i>	X	X	X
MRI/MRA	X	X	N/A
OB Prenatal Care-notification required at first prenatal visit.	X	X	X
Oral Surgery	X	X	X
Organ Transplants and all associated care	X	X	X
Orthotics \geq \$500 <i>*contracted rates</i>	X	X	X
Out of Plan Services- ALL	X	X	X
Outpatient Surgery (only those services listed on the OP Surgery Exception List (OP Setting per IQ Criteria)	X	X	X
Pain Management Services-PA NOT required for Evaluation and 1 st injection	X	X	X
PET Scan	X	X	X
Pharmacy (non-Formulary and infused/ injections \geq \$200 <i>*contracted rate</i>	X	X	X
Prosthetics \geq \$500 <i>*contracted rate</i>	X	X	X
Reconstructive or Plastic Surgeries	X	X	X
Skilled Nursing	X	X	X
Sleep Disorder Studies	X	X	X
Substance Abuse IP or OP	X	X	X
**Therapies-PT/OT/ST (except first 6 visits for Salud Members \leq 21 yrs of age)	*X	X	X
Transportation	X-Call ITM	Emer. Only	Emer. Only
Unlisted Procedures/DME (ALL)	X	X	X

www.molinahealthcare.com

***Contracted Rates are determined by contract.**

****PT/OT/ST Therapies / Salud Members ≤ 21 years of age – Notification is still required. Prior Authorization form must be completed with dates of therapy and faxed to Molina at 888-802-5711.**

OUTPATIENT SURGERY EXCEPTION LIST- PA Required

The following procedures, when performed in any contracted provider outpatient setting, including practitioner offices, require Prior Authorization from Molina Healthcare:

- Arthroereisis subtalar - 28899, S2117
- Blepharoplasty - 15820-15823, 67950-67966
- Breast repair and reconstruction - 19357-19369, 19316, 19318, 19324-19325, 19328-19330, 19340-19342, 19396
- Category III codes - 0016T-0170T
- Cosmetic procedures - ALL
- Decompression intervertebral disc, any method - 63001-63017, 63045-63103, 63005
- Echosclectherapy - S2202 (Per Wellmark and BIXBISH policies. this procedure is considered investigational)
- Genioplasty - 21120-21123
- Gynecomastia - 19300
- Hyperbaric oxygen therapy - 99183
- Kyphoplasty - 22523-22525
- Medical procedures in a Dental Office and TMJ procedures;
- ALL Meniscal Transplant – 29868
- Orthotripsy, ECSWT - 28890, 28899, 0020T-0019T
- Pain Procedures (facet, epidurals) - 62350-62351, 62360-62362, 99601-99602, 62273-62282, 64000-64640, 64680-64681
- Panniculectomy - 15830-15839, 15876-15879
- Ptosis repair - 67901-67909
- Rhinophyma excision - 30120
- Rhinoplasty - 30460-30462, 30400-30420, 30430-30450
- Sclerotherapy - 36468-36471
- Transplants – ALL
- Unlisted procedures - ALL (*except for Dental Carries code – CPT-4: 41899*)
- Uvulopharyngoplasty (UPPP) - 42145, S2080(Laser Assisted) (Per BLXBSH policy this procedure is considered investigational)
- Vein Ablation - 36475-36479
- Vein Ligation and Stripping - 37700-37785, 37650
- Virtual Colonoscopy - and 0066T, 0067T
- Wireless Capsule Endoscopy. 91110-91111

DRUG/MEDICATION SERVICE GROUP CODE LISTING: J9000 – J9999 - No PA required regardless of dollar amount

Non Covered as of May 14, 2010

- Morbid obesity procedures - 43644-43645, 43770-43774, 43842-43848, 43886-43888

PA Required for SCI/UNM SCI Effective May 15, 2011

- Blood Glucose Monitors and Supplies
- External Defibrillator
- Fracture Frames
- Feeding and Nutritional Supplies
- Helmets
- Infusion Pumps
- Intermittent Positive Pressure Breathing Treatments and Supplies
- Lancets and Related Devices
- Lymphedema Pumps
- Manual Wheelchairs and Related Equipment
- Motorized Wheelchairs and Accessories
- Orthotics/Prosthetics
- Ostomy and Urinary Pouch Supplies
- Oxygen and Related Equipment and Supplies
- Parenteral Nutrition
- Suction Machine and Related Supplies
- Syringes
- Tracheostomy Supplies
- Uterine Monitor
- Wound care

www.molinahealthcare.com

Molina Healthcare of NM
PA Guide/February 2008

Revised 10/08, 1/09, 4/10, 5/10, 6/10, 8/10, 4/11

Prior Authorization is subject to member eligibility and benefit determination.