



**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; if not listed, NOT COVERED	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"> <li>▪ Urgent/Emergent/Direct Admissions- require notification <i>next</i> business day</li> <li>▪ Elective Procedures – require <i>prior</i> authorization</li> </ul>	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 <sup>st</sup> 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
<b>**Therapies-PT/OT/ST</b> (except first 6 visits for Salud Members $\leq$ 21 yrs of age)	*X	X	X
Transportation	X-Call ITM	Emer. Only	Emer. Only

\* *Contracted Rates are determined by contract.*

\*\* *PT/OT/ST Therapies /Salud Members  $\leq$  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.*

[www.molinahealthcare.com](http://www.molinahealthcare.com)

## 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 BLXBBSH 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 August 1, 2010

- Blood Glucose Monitors and Supplies
- Fracture Frames
- Feeding and Nutritional Supplies
- Infusion Pumps
- Intermittent Positive Pressure Breathing Treatments and Supplies
- Lancets and Related Devices
- Lymphedema Pumps
- Manual Wheelchairs and Related Equipment
- Motorized Wheelchairs and Accessories
- Ostomy and Urinary Pouch Supplies
- Oxygen and Related Equipment and Supplies
- Parenteral Nutrition
- Suction Machine and Related Supplies
- Syringes
- Tracheostomy Supplies

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Molina Healthcare of NM  
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**Prior Authorization is subject to member eligibility and benefit determination.**