



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 a 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	Value Options	>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 > \$200 paid charges ( <b>ALL</b> Rentals/Repairs/Diapers/Chux/Enterals)	X	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	X	X	X
<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>			
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 $\geq$ \$200 <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 $\geq$ \$200 <i>*contracted rates</i>	X	X	X
Out of Plan Services- <b>ALL</b>	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 <b>NOT</b> 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 $\geq$ \$200 <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	X	X	X
Transportation	X-Call ITM	N/A- Emergency only	N/A- Emergency only

*\*Contracted Rates are determined by contract.*

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

**Prior Authorization is subject to member eligibility and benefit determination.**

**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
- Echosclerotherapy - 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
- Morbid obesity procedures - 43644-43645, 43770-43774, 43842-43848, 43886-43888
- 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
- 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-No PA required regardless of dollar amount**

CODE	DESCRIPTION	CODE	DESCRIPTION	CODE	DESCRIPTION
J9000	Doxorubicin HCL 10 MG	J9010	Alemtuzumab 10 MG	J9015	Aldesleukin per Single Use Vial
J9020	Asparaginase 10000 units	J9023	Injection Azacitidine 1 MG	J9027	Injection Clorarabine 1 MG
J9031	BCG Live per Instillation	J9035	Injection Bevacizumab 10 MG	J9040	Bleomycin Sulfate 15 Units
J9041	Injection Bortezomib 0.1 MG	J9045	Carboplatin 50 MG	J9050	Carmustine 100 MG
J9055	Injection Cetuximab 10 MG	J9060	Cisplatin Powder or Solution per 10 MG	J9062	Cisplatin 50 MG
J9065	Injection Cladribine per 1 MG	J9070	Cyclophosphamide 100 MG	J9080	Cyclophosphamide 200 MG
J9090	Cyclophosphamide 500 MG	J9091	Cyclophosphamide 1 G	J9093	Cyclophosphamide Lyophilized 100 MG
J9094	Cyclophosphamide Lyophilized 200 MG	J9095	Cyclophosphamide Lyophilized 500 MG	J9096	Cyclophosphamide Lyophilized 1 G
J9097	Cyclophosphamide Lyophilized 2 G	J9100	Cytarabine 100 MG	J9110	Cytrabine 500 MG
J9120	Dactinomycin 0.5 MG	J9130	Cacarbazine 100 MG	J9140	Dacarbazine 200 MG
J9150	Daunorubicin 10 MG	J9151	Daunorubicin Citrate Liposomal Formulation 10 MG	J9160	Denileukin Diftitox 300 MG
J9165	Diethylstilbestrol Diphosphate 250 MG	J9170	Docetaxel 20 MG	J9175	Injection Elliotts B Solution 1 ML
J9181	Etoposide 10 MG	J9182	Etoposide 100 MG	J9185	Fludarabine Phosphate 50 MG
J9190	Fluorouracil 500 MG	J9200	Fluorouracil 500 MG	J9201	Gemcitabine HCL 200 MG
J9202	Goserelin Acetate Implant per 3.6 MG	J9206	Irinotecan 20 MG	J9208	Ifosfamide per 1 G
J9209	Mesna 200 MG	J9211	Idarubicin HCL 5 MG	J9212	Injection Interferon Alfacon – 1 Recombinant 1 MCG
J9213	Interferon Alfa-2A Reecombinant 3 Million Units	J9214	Interferon Alfa-2B Reecombinant 1 Million Units	J9215	Interferon Alfa-N3 250000 IU
J9216	Interferon Gamma01B 3 Million Units	J9217	Leuprolide Acetate 7.5 MG	J9218	Leuprolide Acetate per 1 MG
J9219	Leuprolide Acetate Implant 65 MG	J9225	Histrelin Implant Vantas 50 MG	J9230	Mechlorethamine HCL 10 MG
J9245	Methotrexate Sodium 5 MG	J9266	Pegaspargase per Single Dose Vial	J9268	Pentostatin per 10 MG
J9270	Plicamycin 2.5 MG	J9280	Mitomycin 5 MG	J9290	Mitomycin 20 MG
J9291	Mitomycin 40 MG	J9293	Injection Mitoxantrone HCL per 5 MG	J9293	Injection Mitoxantrone HCL per 5 MG
J9300	Gemtuzumab Ozogamicin 5 MG	J9305	Injection Pemetrized 10 MG	J9320	Streptozocin 1 GM
J9340	Thioptepa 15 MG	J9350	Topotecan 4 MG	J9360	Vinblastine Sulfate 1 MG
J9370	Vincristine Sulfate 1 MG	J9375	Vincristine Sulfate 2 MG	J9380	Vincristine Sulfate 5 MG
J9390	Vinorelbine Tartrate per 10 MG	J9600	Porfimer Sodium 75 MG	J9999	Not Otherwise Classified Antineoplastic Drug

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