

Molina Healthcare of Michigan, Inc.
Prior Authorization Code Updates for First Quarter, 2026

Molina is updating its Prior Authorization (PA) Code Lookup Tool for January 1, 2026. This is notification only and does not determine if the benefit is covered by the member's plan. The process for obtaining prior authorization **has not** changed. Please complete the Prior Authorization/ Service Request Form with all pertinent information and medical notes as applicable. Molina's Service Request Form is available on the Molina Healthcare website at:

<https://www.molinahealthcare.com/providers/mi/medicaid/PriorAuthorization/PA.aspx>

Services that require a prior authorization are easily searchable within the PA Code Lookup Tool. Please note the following updates **on this page and the following page of this fax notice**:

Service Category	Update Type	Codes	LOB(s)	Notes
Hyperbaric and Wound Care	Add (PA)	Q4368,Q4369,Q4372,Q4370,Q4371,Q4373,Q4376,Q4375,Q4377,Q4378,Q4379,Q4380,Q4382,Q4390,Q4383,Q4384,Q4391,Q4386,Q4385,Q4397,Q4387,Q4388,Q4389,Q4395,Q4396,Q4392,Q4393,Q4394,A2036,A2037,A2038,A2039,A2014,A2015,A2016,A2017,A2018,A2022,A2023,A2024,A2025,A2026,A2027,A2028,A2029,Q4251,Q4253,Q4259,Q4260,Q4261,Q4285,Q4286,Q4305,Q4306,Q4307,Q4308,Q4309,Q4310,Q4354,Q4360,Q4199	All	
Healthcare Administered Drugs	Add (PA)	C9305, J2468	All	
OP Hosp/Amb Surgery Center (ASC) procedures	Add (PA)	75580	All	Delegated to Evolent - PA for adults only. Peds: No PA required
OP Hosp/Amb Surgery Center (ASC) procedures	Remove (PA)	93017,93015,93971,93970,93018,93016,93975,76937,92960,36821,36830,36832,36825,36819,37241,33228,36818,36820,37244,36833,33215,33222,33235,92997,93567,33229,33233,33866,36831,92961,33226,33227,33234,33218,33223,33902,33903,33901,33220,33900,21601,27600,27601,27602,27603,32601,32604,32606,32607,32608,32609,32960,32998,33016,33140,33141,33202,33203,33741,33745,33746,33894,33895,33897,35011,35045,35180,35184,35188,35190,35201,35206,35207,35226,35231,35236,35256,35261,35266,35286,35685,35686,35860,35875,35876,35879,35881,35883,35884,35903,36002,37191,37192,37193,37197,37211,37212,37213,37214,37500,37501,37565,37600,37605,37606,37607,37609,37619,37650,39401,39402,76932,78472,78473,78494,92970,92971,92975,92977,93227,93260,93261,93279,93280,93281,93282,93283,93284,93285,93286,93287,93288,93289,93290,93291,93292,93293,93297,93312,93313,93314,93315,93316,93317,93318,93355,93580,93581,93582,93583,93593,93594,93595,93596,93597,93598,93600,93602,93603,93615,93616,93618,93624,93631,93640,93641,93642,93660,93724,93784,93786,93788,93790,93922,93923,93924,93990	All	

Molina Healthcare of Michigan, Inc.
Prior Authorization Code Updates for Fourth Quarter, 2025

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Service Category	Update Type	Codes	LOB(s)	Notes
Multiple Categories	PA Update	New ICD-10 CM Codes: Breast cancer Dx codes C50.A0, C50.A1, C50.A2 I/O Inj Dx codes H40.841, H40.842, H40.843, H40.849	All	
Multiple Categories	Deleted/In valid Codes	0033U,0131U,0132U,0135U,0361U,0508U,0509U,0544U,0550U,0551U,J2503,0240U,0241U,0369U,0370U,0373U,0374U,C9300,J0173,J2310,Q4231,0398T,0500T,0567T,0568T,0616T,0617T,0618T,C7558,C9171,C9786,C9794,C9795,G1020,G1021,G1022,G1023,G1024,G9990,G9991,J2796,M0003,M1154,M1155,M1219,M1264,Q0516,Q0517,Q0518,Q0519,Q0520,J8520,J8521	All	
Healthcare Administered Drugs	Remove (PA)	C9306 - Injection, telisotuzumab vedotin-tllv, 1 mg	Medicaid	
Multiple Categories	Remove (PA)	H0013,A4341,A4342,A4560,E0692,E0693,E0762,E0785,E0786,K1004,Q0480,27416,46948,0101T,0278T,0565T,0566T,0738T,0770T,0771T,0772T,0773T,0774T,0776T,0777T,0778T,0779T,0781T,0782T,0783T,0793T,0794T,0798T,0799T,0800T,0801T,0802T,0803T,0868T,A4563,C9782,81168,81171,81172,81174,81237,81239,81306,81333,81493,81504,81535,81536,81538,0009U,0070U,0140U,0153U,0154U,0155U,0173U,0174U,0179U,0184U,0196U,0206U,0207U,0209U,0218U,0387U,0388U,0389U,0390U,0391U,0392U,0393U,0394U,0395U,0398U,0399U,0400U,0401U,0402U,0403U,0404U,0405U,0406U,0407U,0409U,0410U,0412U,0413U,0414U,0415U,0417U,0418U,78472,78473,78494,91113,0689T,21601,23410,23412,23415,23420,23430,23450,23455,23460,23462,23465,23466,27120,27332,27333,27405,27407,27409,27418,27420,27422,27424,27427,27428,27429,28344,30520,30545,32998,33016,33140,33141,33202,33203,33215,33227,33228,33229,33508,33741,33745,33746,33866,33894,33895,33897,33900,33901,33902,33903,35500,35572,35685,35686,37191,37216,37500,42975,43887,47610,47612,49904,49906,53451,53452,53453,53454,55175,55180,57288,57289,58240,64584,65775,92970,92971,92975,92977,93580,93581,93582,93583,93631,96570,96571,96902,96932,96933,L1834,L1840,L1900,L1945,L1950,L1970,L2350,L2525,L5705,L8039,37501,87799,87899	Medicaid	