

2019

Prior Authorization Codification List

Q3 2019
MOLINA HEALTHCARE OF ILLINOIS



Your Extended Family.

MOLINA HEALTHCARE OF ILLINOIS
2019 PRIOR AUTHORIZATION CODIFICATION LIST

The Molina Healthcare of Illinois (Molina) Prior Authorization Codification List is reviewed for updates quarterly, or as deemed necessary to meet the needs of Molina Members and its provider community. Codes requiring prior authorization (PA) may be added or deleted.

Notification of any and all changes will be made to providers with advance notification. Please check the document prior to submitting PA requests as changes may occur.

All codes listed require authorization, unless otherwise specified. Please note that all codes must be a covered benefit.

Authorization is not a guarantee of payment for services. Payment is made in accordance with a determination of a Member's eligibility, benefit limitations/exclusions and evidence of medical necessity during the claim review.

Office visits and/or procedures performed in participating (PAR) Provider offices do not require Prior Authorization. Please note that non-PAR providers require authorization regardless of services or codes. Exceptions included in this document apply to PAR providers only.

Codes categorized as miscellaneous codes require prior authorization.

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**APPLIED BEHAVIORAL ANALYSIS, BEHAVIORAL HEALTH, MENTAL HEALTH, ALCOHOL & CHEMICAL
 DEPENDENCY SERVICES**

Inpatient, Residential Treatment, Partial Hospitalization, Day Treatment, Electroconvulsive Therapy (ECT). Applied Behavioral Analysis (ABA) for treatment of Autism Spectrum Disorder (ASD)

MEDICARE / MEDICAID					MEDICAID ONLY	MEDICARE ONLY
97151	97152	0114	0124	0126	**0912	H0035
0128	0134	0144	0154	0204	**0913	
0901	0944	0945	1002	90867		
90868	90869	90870	97153	97154		
97155	97156	97157	97158	H0010		
H0047	H2036					

**Revenue code

COSMETIC, PLASTIC & RECONSTRUCTIVE PROCEDURES

*No PA required in an outpatient setting when using the following diagnosis codes:

ICD-10 codes: C50.011 – C50.929, D05.00 – D05.92, and Z85.3

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

DURABLE MEDICAL EQUIPMENT (DME)

MEDICARE / MEDICAID					MEDICAID ONLY	MEDICARE ONLY
A5514	A6460	A6461	A7025	A9276	E0481	N/A
A9277	A9278	A9900	C2624	E0194	S1034	
E0255	E0256	E0260	E0261	E0265	S1035	
E0266	E0277	E0292	E0293	E0294	S1036	
E0295	E0296	E0297	E0300	E0301	S1037	
E0302	E0303	E0304	E0328	E0329		
E0371	E0372	E0373	E0447	E0462		
E0465	E0466	E0467	E0483	E0601		
E0691	E0692	E0693	E0694	E0747		
E0748	E0749	E0760	E0762	E0764		
E0766	E0782	E0783	E0784	E0785		

DURABLE MEDICAL EQUIPMENT (DME)

MEDICARE / MEDICAID					MEDICAID ONLY	MEDICARE ONLY
E0786	E0849	E0855	E0983	E0984	N/A	N/A
E0986	E0988	E1002	E1003	E1004		
E1005	E1006	E1007	E1008	E1010		
E1012	E1014	E1020	E1029	E1030		
E1035	E1036	E1161	E1225	E1226		
E1227	E1230	E1232	E1233	E1234		
E1235	E1236	E1237	E1238	E1296		
E1298	E1310	E1399	E1700	E2201		
E2202	E2203	E2204	E2227	E2228		
E2291	E2292	E2293	E2294	E2295		
E2310	E2311	E2312	E2313	E2321		
E2322	E2325	E2326	E2327	E2328		
E2329	E2330	E2340	E2341	E2342		
E2343	E2351	E2361	E2366	E2367		
E2368	E2369	E2370	E2373	E2374		
E2375	E2376	E2377	E2378	E2397		
E2402	E2500	E2502	E2504	E2506		
E2508	E2510	E2511	E2605	E2606		
E2607	E2608	E2609	E2611	E2612		
E2613	E2614	E2615	E2616	E2617		
E2620	E2621	E2622	E2623	E2624		
E2625	E2626	E2627	E2628	E2629		
E2630	E2631	K0008	K0009	K0010		
K0011	K0012	K0014	K0108	K0553		
K0554	K0606	K0800	K0801	K0802		
K0806	K0807	K0808	K0813	K0814		
K0815	K0816	K0820	K0821	K0822		
K0823	K0824	K0825	K0826	K0827		
K0828	K0829	K0830	K0831	K0835		
K0836	K0837	K0838	K0839	K0840		
K0841	K0842	K0843	K0848	K0849		
K0850	K0851	K0852	K0853	K0854		
K0855	K0856	K0857	K0858	K0859		
K0860	K0861	K0862	K0863	K0864		
K0868	K0869	K0870	K0871	K0877		
K0878	K0879	K0880	K0884	K0885		
K0886	K0890	K0891	K0900	L3761		

DURABLE MEDICAL EQUIPMENT (DME)

MEDICARE / MEDICAID					MEDICAID ONLY	MEDICARE ONLY
L7700	L8625	L8694	Q0477	Q4183		
Q4184	Q4185	Q4186	Q4187	Q4188		
Q4190	Q4191	Q4193	Q4194	Q4198		
Q4200	Q4201	Q4202	Q4203	Q4204		
V2530	V2531	V5171	V5172	V5181		
V5211	V5212	V5213	V5214	V5215		
V5221						

EXPERIMENTAL/INVESTIGATIONAL

MEDICARE / MEDICAID					MEDICAID ONLY	MEDICARE ONLY
82017	83987	84145	86316	86343	0042	
0054T	0055T	0058T	0071T	0072T	0329	
0075T	0076T	0085T	0095T	0098T	0330	
0100T	0101T	0102T	0106T	0107T	0331	
0108T	0109T	0110T	0111T	0163T	0332	
0164T	0165T	0174T	0175T	0184T	0333	
0191T	0198T	0200T	0201T	0202T		

EXPERIMENTAL/INVESTIGATIONAL

MEDICARE/MEDICAID					MEDICAID ONLY	MEDICARE ONLY
0205T	0206T	0207T	0208T	0209T	0042	N/A
0210T	0211T	0212T	0213T	0214T	0329	
0215T	0216T	0217T	0218T	0219T	0330	
0220T	0221T	0222T	0228T	0229T	0331	
0230T	0231T	0234T	0235T	0236T	0332	
0237T	0238T	0249T	0253T	0254T	0333	
0263T	0264T	0265T	0266T	0267T		
0268T	0269T	0270T	0271T	0272T		
0273T	0274T	0275T	0278T	0282T		
0290T	0295T	0296T	0297T	0298T		
0308T	0312T	0313T	0314T	0315T		
0316T	0317T	0335T	0338T	0339T		
0342T	0347T	0348T	0349T	0350T		
0351T	0352T	0353T	0354T	0355T		
0356T	0357T	0358T	0362T	0373T		
0446T	0447T	0448T	0469T	0470T		
0471T	0473T	0474T	0475T	0476T		
0477T	0478T	0479T	0480T	0481T		
0482T	0483T	0484T	0485T	0486T		
0487T	0488T	0489T	0490T	0491T		
0492T	0493T	0494T	0495T	0496T		
0497T	0498T	0499T	0499T	0500T		
0501T	0502T	0503T	0504T	0505T		
0506T	0507T	0508T	0509T	0510T		
0511T	0512T	0513T	0514T	0515T		
0516T	0517T	0518T	0519T	0520T		
0521T	0522T	0523T	0524T	0525T		
0526T	0527T	0528T	0529T	0530T		
0531T	0532T	0533T	0534T	0535T		
0536T	0537T	0538T	0539T	33440		
33866	93264	95836	95976	95977		
95983	A4563	C1823	C8937	C9751		
C9752	C9753	C9754	C9755	L8608		
Q4189	Q4192	Q4195	Q4196	Q4197		

GENETIC COUNSELING & TESTING

Exception(s): Prenatal diagnosis of congenital disorders of the unborn child through amniocentesis and genetic test screening of newborns mandated by State regulations.

MEDICARE / MEDICAID					MEDICAID ONLY	MEDICARE ONLY
81105	81106	81107	81108	81109	81528	N/A
81110	81111	81112	81120	81121		
81161	81162	81163	81164	81165		
81166	81175	81176	81201	81203		
81210	81212	81215	81216	81217		
81218	81219	81222	81223	81225		
81226	81227	81228	81229	81230		
81231	81232	81235	81238	81246		
81247	81248	81249	81258	81259		
81265	81266	81269	81272	81273		
81276	81283	81287	81291	81292		
81294	81295	81297	81298	81300		
81311	81313	81314	81317	81319		
81321	81323	81324	81325	81328		
81334	81335	81346	81355	81361		
81362	81363	81364	81400	81401		
81402	81403	81404	81405	81406		
81407	81408	81410	81411	81413		
81414	81415	81416	81417	81420		
81422	81425	81426	81427	81430		
81431	81435	81436	81439	81440		
81445	81448	81450	81455	81460		
81465	81470	81471	81503	81507		
81519	81520	81521	81535	81536		
81541	81551	83006	88261	88271		
88369	88373	88374	88377	0004M		
0005U	0006M	0007M	0009M	0026U		
0027U	0028U	0029U	0030U	0031U		
0032U	0033U	0034U	0037U	0045U		

* Including Oncotype DX

GENETIC COUNSELING & TESTING

MEDICARE / MEDICAID					MEDICAID ONLY	MEDICARE ONLY
0046U	0047U	0048U	0049U	0050U		
0053U	0055U	0056U	0057U	0058U		
0059U	0060U	81167	81171	81172		
81173	81174	81177	81178	81179		
81180	81181	81182	81183	81184		
81185	81186	81187	81188	81189		
81190	81204	81221	81233	81234		
81236	81237	81239	81271	81274		
81284	81285	81286	81289	81305		
81306	81312	81320	81329	81333		
81336	81337	81343	81344	81345		
81443	81518	81596	84999*			

HABILITATIVE CARE

MEDICARE / MEDICAID				MEDICAID ONLY	MEDICARE ONLY
92507	92508	92606		N/A	N/A

HOME HEALTH CARE/HOME INFUSION

After initial evaluation plus six (6) visits per calendar year for home settings

MEDICARE / MEDICAID					MEDICAID	MEDICARE ONLY	
G0151	G0152	G0153	G0155	G0156	N/A	042X	043X
G0157	G0158	G0159	G0160	G0161		044X	055X
G0162	G0299	G0300	G0490	G0493		056X	057X
G0494	G0495	G0496	G9679	G9680			
G9681	G9682	G9683	G9684				

HYPERBARIC THERAPY/WOUND THERAPY

MEDICARE / MEDICAID					MEDICAID ONLY	MEDICARE ONLY
G0277	99183	Q4176	Q4177	Q4178	N/A	N/A
Q4179	Q4180	Q4181	Q4182			

IMAGING - Advanced & Specialty

MEDICARE / MEDICAID					MEDICAID ONLY	MEDICARE ONLY
70336	70450	70460	70470	70480	N/A	S8042
70481	70482	70486	70487	70488		
70490	70491	70492	70496	70498		
70540	70542	70543	70544	70545		
70546	70547	70548	70549	70551		
70552	70553	70554	70555	71250		
71260	71270	71275	71550	71551		
71552	71555	72125	72126	72127		
72128	72129	72130	72131	72132		
72133	72141	72142	72146	72147		
72148	72149	72156	72157	72158		
72159	72191	72192	72193	72194		
72195	72196	72197	72198	73200		
73201	73202	73206	73218	73219		
73220	73221	73222	73223	73225		
73700	73701	73702	73706	73718		
73719	73720	73721	73722	73723		
73725	74150	74160	74170	74174		
74175	74176	74177	74178	74181		
74182	74183	74185	74261	74262		
74263	74712	74713	75557	75559		
75561	75563	75565	75572	75573		
75574	75635	76376	76377	76380		
76390	76391	77046	77047	77048		
77049	77084	78205	78206	78320		
78451	78452	78453	78454	78459		
78466	78468	78469	78472	78473		
78481	78483	78491	78492	78494		
78496	78607	78608	78609	78647		
78710	78811	78812	78813	78814		
78815	78816	C8900	C8906	C8908		
C8909	C8910	C8911	C8912	C8913		
C8914	C8918	C8919	C8920	C8931		
C8932	C8933	C8934	C8935	C8936		
G0288	G0297					

IN-PATIENT ADMISSIONS

All Acute Hospital, Pre-service Planned In-patient Admissions (**which includes all Pre-Planned Surgical Procedures**), Skilled Nursing Facility (SNF), Rehabilitation and Long Term Acute Care (LTAC) Facility in-patient admissions require Prior Authorization

MEDICARE / MEDICAID	MEDICAID ONLY	MEDICARE ONLY
ALL CODES	ALL CODES	ALL CODES

LONG TERM SERVICES & SUPPORT

MEDICARE / MEDICAID	MEDICAID ONLY	MEDICARE ONLY
S5165	ALL CODES	N/A

NEUROPSYCHOLOGICAL & PSYCHOLOGICAL TESTING

MEDICARE / MEDICAID					MEDICAID ONLY	MEDICARE ONLY
95950	95951	95953	95956	95957	N/A	N/A
96105	96112	96113	96116	96121		
96125	96130	96131	96132	96133		
96136	96137	96138	96139	96146		

NON-PAR PROVIDERS/FACILITIES

All Out-of-Network Office Visits, Procedures, Labs, Diagnostic Studies and Inpatient stays require Prior Authorization, except for:

- Emergency Department Services
- Urgent Care Services
- Professional fees associated with ED visits, Ambulatory Surgery Center (ASC) or in-patient stays
- Family Planning,
- Routine Women’s Health and Routine Obstetrical Services
- Local Health Department (LHD) Services
- Other services based on State requirements Dialysis

OCCUPATIONAL THERAPY (OT)

After initial evaluation plus twelve (12) visits per calendar year for outpatient setting

MEDICARE / MEDICAID		MEDICAID ONLY	MEDICARE ONLY
97110	97763	N/A	N/A



OFFICE VISITS & OFFICE BASED PROCEDURES

DO NOT REQUIRE AUTHORIZATION (Participating Providers)
 OUT-PATIENT (OP) HOSPITAL/AMBULATORY SURGERY CENTER

MEDICARE / MEDICAID					MEDICAID ONLY	MEDICARE ONLY
10040	15730	15733	19294	20930	N/A	
20939	21120	21121	21122	21123		
21125	21127	21137	21138	21139		
21141	21142	21143	21145	21146		
21147	21150	21151	21154	21155		
21159	21160	21172	21175	21240		
21242	21243	21270	21280	21282		
21295	21296	22100	22101	22102		
22103	22110	22112	22114	22116		
22206	22207	22208	22210	22212		
22214	22216	22220	22222	22224		
22226	22505	22526	22527	22532		
22533	22534	22548	22551	22552		
22554	22556	22558	22585	22586		
22590	22595	22600	22610	22612		
22614	22630	22632	22633	22634		
22800	22802	22804	22808	22810		
22812	22818	22819	22830	22840		
22841	22842	22843	22844	22845		
22846	22847	22848	22849	22850		
22852	22855	22856	22857	22861		
22862	22864	22865	22867	22868		
22869	22870	23412	23470	25447		
26499	27120	27122	27125	27130		
27132	27134	27137	27138	27438		
27440	27441	27442	27443	27445		
27446	27447	27486	27487	28005		
28008	28010	28011	28035	28060		
28062	28080	28090	28092	28100		
28102	28103	28104	28106	28107		
28108	28110	28111	28112	28113		
28114	28116	28118	28119	28120		
28122	28124	28126	28130	28140		
28150	28153	28160	28171	28173		
28175	28200	28202	28208	28210		
28220	28222	28225	28226	28230		
28232	28234	28238	28240	28250		
28260	28261	28262	28264	28270		
28272	28280	28285	28286	28288		
28289	28291	28292	28295	28296		
28297	28298	28299	28300	28302		
					N/A	

OUT-PATIENT (OP) HOSPITAL/AMBULATORY SURGERY CENTER

MEDICARE / MEDICAID					MEDICAID ONLY	MEDICARE ONLY
28304	28305	28306	28307	28308	N/A	N/A
28309	28310	28312	28313	28315		
28320	28322	28340	28341	28344		
28345	28360	28705	28715	28725		
28730	28735	28737	28740	28750		
28755	28760	28890	29806	29807		
29819	29820	29821	29822	29823		
29824	29825	29826	29827	29828		
29873	29874	29875	29876	29877		
29879	29880	29881	29882	29883		
29884	29885	29886	29887	29888		
29889	29891	29892	29893	29894		
29895	29897	29898	29899	29914		
29915	29916	30465	30520	30540		
30545	31241	31253	31257	31259		
31295	31296	31297	31298	31660		
31661	32491	32994	33206	33207		
33208	33212	33213	33214	33221		
33224	33225	33227	33228	33229		
33230	33231	33240	33249	33251		
33254	33261	33262	33263	33264		
33265	33266	33270	33274	33275		
33285	33286	33289	33979	34701		
34702	34703	34704	34705	34706		
34707	34708	34709	34710	34711		
34712	34713	34714	34715	34716		
36460	36465	36466	36468	36470		
36471	36475	36476	36478	36479		
36482	36483	36514	37191	37243		
37700	37718	37722	37735	37760		
37761	37765	37766	37780	37785		
38204	38207	38208	38209	38210		
38211	38212	38213	38214	38215		
38282	38573	43286	43287	43288		
43644	43645	43647	43648	43653		
43770	43771	43772	43773	43774		
43775	43842	43843	43845	43846		
43847	43848	43881	43882	43886		
43887	43888	45499	47380	47381		
47382	47605	47610	47612	47620		
50590	52441	52442	52649	53850		

OUT-PATIENT (OP) HOSPITAL/AMBULATORY SURGERY CENTER

MEDICARE/ MEDICAID					MEDICAID ONLY	MEDICARE
53852	53854	53860	54360	54401	N/A	N/A
54405	55874	57288	57289	58150		
58152	58180	58200	58210	58240		
58260	58262	58263	58267	58270		
58275	58280	58285	58290	58291		
58292	58293	58294	58321	58322		
58323	58345	58350	58356	58540		
58541	58542	58543	58544	58545		
58546	58548	58550	58552	58553		
58554	58570	58571	58572	58573		
58575	58660	58661	58662	58672		
58673	58700	58720	58740	58750		
58752	58760	58770	58940	58950		
58951	58952	58953	58954	58956		
58957	58958	58970	58974	58976		
59070	59072	59074	59076	59899		
61863	61864	61867	61868	61885		
61886	62324	62325	62326	62327		
62369	62370	62380	63001	63003		
63005	63011	63012	63015	63016		
63017	63020	63030	63035	63040		
63042	63043	63044	63045	63046		
63047	63048	63050	63051	63055		
63056	63057	63064	63066	63075		
63076	63077	63078	63081	63082		
63085	63086	63087	63088	63090		
63091	63101	63102	63103	64450		
64553	64568	64569	64570	64590		
64595	64912	64913	65771	65772		
65775	67900	67901	67902	67903		
67909	67950	69714	69715	69717		
69718	69930	90867	90868	90869		
91122	93229	95249	95909	95965		
96567	96570	96571	96573	96574		
96900	96902	96904	96910	96912		
96913	96920	96921	96922	97813		
C2616	C9734	C9738	C9739	C9740		
C9746	C9747	C9748	S2095			

PAIN MANAGEMENT PROCEDURES
Except trigger point injections.

MEDICARE / MEDICAID					MEDICAID ONLY	MEDICARE ONLY
27096	27279	62263	62264	62320	N/A	97810
62321	62322	62323	62350	62351		
62360	62361	62362	62367	62368		
63650	63655	63661	63662	63663		
64463	64479	64480	64483	64484		
64486	64487	64488	64489	64490		
64491	64492	64493	64494	64495		
64600	64633	64634	64635	64636		
64640	77003	97810	97811	97813		
97814	G0260	S8930				

PHYSICAL THERAPY (PT)
After initial evaluation plus twelve (12) visits per calendar year for outpatient setting

MEDICARE / MEDICAID		MEDICAID ONLY	MEDICARE ONLY
97110	97763	N/A	N/A

PREGNANCY & DELIVERY
DELIVERY NOTIFICATION ONLY
PROSTHETICS & ORTHOTICS

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

RADIATION THERAPY & RADIO SURGERY

MEDICARE / MEDICAID					MEDICAID ONLY	MEDICARE ONLY
77520	77522	77523	77525	G0339	N/A	N/A
G0340	G6015	G6016	G6017			

SLEEP STUDIES

Sleep studies require PA (EXCEPTION – HOME SLEEP STUDIES DO NOT REQUIRE

AUTHORIZATION) Adults should have a home sleep study as initial evaluation before an attended sleep study is requested

**If extenuating circumstances preclude a home sleep study, please submit a request for an attended sleep study with supporting clinical information*

MEDICARE / MEDICAID					MEDICAID ONLY	MEDICARE ONLY
95800	95801	95805	95806	95807	N/A	95803
95808	95810	95811				

SPEECH THERAPY

After initial evaluation plus six (6) visits per calendar year for outpatient and home settings

GN Modifier is required when billing Speech Therapy Services for Medicaid services

**Refer to the State of Illinois therapy fee schedule guidelines mandating Provider billing practices*

MEDICARE / MEDICAID			MEDICAID ONLY	MEDICARE ONLY
92507	92508 (* 92507)	92526 (* 92507)	N/A	N/A
	92606 (* 92507)			

HEALTHCARE ADMINISTERED DRUG

** No PA required when used for intravitreal injection (67028) for ocular diagnoses*

MEDICARE / MEDICAID					MEDICAID ONLY	MEDICARE ONLY
90281	90283	90284	90378	A9513		J9351
A9542	A9543	B4105	C5103	C5104		
C9035	C9036	C9037	C9038	C9039		
C9132	C9257*	C9293	C9399	C9407		

HEALTHCARE ADMINISTERED DRUG

* No PA required when used for intravitreal injection (67028) for ocular diagnoses

MEDICARE / MEDICAID					MEDICAID ONLY	MEDICARE ONLY
C9408	C9482	C9487	C9488	J0129	N/A	J9351
J0178	J0180	J0185	J0202	J0205		
J0207	J0220	J0221	J0256	J0257		
J0287	J0289	J0364	J0480	J0485		
J0490	J0517	J0565	J0567	J0570		
J0584	J0585	J0586	J0587	J0588		
J0594	J0596	J0597	J0599	J0604		
J0606	J0637	J0638	J0640	J0641		
J0695	J0714	J0717	J0725	J0775		
J0800	J0834	J0841	J0850	J0875		
J0878	J0881	J0885	J0888	J0894		
J0895	J0897	J1095	J1230	J1290		
J1300	J1301	J1322	J1324	J1325		
J1428	J1438	J1439	J1442	J1446		
J1447	J1453	J1454	J1458	J1459		
J1460	J1555	J1556	J1557	J1559		
J1560	J1561	J1562	J1566	J1568		
J1569	J1570	J1571	J1572	J1573		
J1575	J1595	J1599	J1602	J1627		
J1628	J1640	J1645	J1650	J1652		
J1675	J1726	J1729	J1740	J1743		
J1744	J1745	J1746	J1750	J1756		
J1786	J1826	J1830	J1833	J1930		
J1931	J1942	J1950	J1955	J2020		
J2062	J2170	J2182	J2186	J2248		
J2323	J2326	J2350	J2353	J2354		
J2357	J2425	J2469	J2502	J2503		
J2504	J2505	J2507	J2562	J2597		
J2724	J2778	J2783	J2786	J2787		
J2793	J2796	J2797	J2820	J2840		
J2860	J2916	J2941	J3060	J3090		
J3095	J3110	J3145	J3240	J3245		
J3262	J3285	J3304	J3315	J3316		
J3355	J3357	J3358	J3380	J3385		
J3396	J3397	J3398	J3485	J3489		
J3490	J3590	J3591	J7170	J7175		

HEALTHCARE ADMINISTERED DRUG

* No PA required when used for intravitreal injection (67028) for ocular diagnoses

MEDICARE / MEDICAID					MEDICAID ONLY	MEDICARE ONLY
J7177	J7178	J7179	J7180	J7181		
J7182	J7183	J7185	J7186	J7187		
J7189	J7190	J7191	J7192	J7193		
J7194	J7195	J7196	J7197	J7198		
J7199	J7200	J7201	J7202	J7203		
J7205	J7207	J7209	J7210	J7211		
J7308	J7309	J7310	J7311	J7312		
J7313	J7316	J7318	J7320	J7321		
J7322	J7323	J7324	J7325	J7326		
J7327	J7329	J7330	J7340	J7504		
J7511	J7527	J7639	J7682	J7686		
J7999	J8499	J8520	J8521	J8655		
J8670	J8700	J9000	J9010	J9015		
J9017	J9019	J9022	J9023	J9025		
J9027	J9032	J9033	J9034	J9035*		
J9039	J9040	J9041	J9042	J9043		
J9044	J9045	J9047	J9050	J9055		
J9057	J9065	J9070	J9098	J9120		
J9130	J9145	J9150	J9153	J9155		
J9160	J9171	J9173	J9176	J9178		
J9179	J9185	J9190	J9200	J9201		
J9202	J9203	J9205	J9206	J9207		
J9208	J9211	J9214	J9215	J9216		
J9217	J9218	J9219	J9225	J9226		
J9228	J9229	J9230	J9245	J9261		
J9262	J9263	J9264	J9266	J9267		
J9268	J9271	J9280	J9285	J9293		
J9295	J9299	J9301	J9302	J9303		
J9305	J9306	J9307	J9308	J9310		
J9311	J9312	J9315	J9325	J9328		
J9330	J9340	J9352	J9354	J9355		
J9357	J9360	J9371	J9390	J9395		
J9400	J9600	J9999	Q0138	Q0139		
Q2041	Q2042	Q2043	Q2050	Q3027		
Q3028	Q4074	Q5101	Q5103	Q5104		
Q5107	Q5108	Q5109	Q5110	Q5111		
Q9991	Q9992	S0017	S0073	S0122		
S0126	S0128	S0132	S0145	S0148		
S0157						

TRANSPLANT SERVICES

Including Solid Organ and Bone Marrow

Corneal Transplants do not require authorization

MEDICARE / MEDICAID					MEDICAID ONLY	MEDICARE ONLY
38205	38206	38230	38240	38241	4816	N/A
38242	38243	44715	44720	44721		
47133	47135	47140	47141	47142		
47143	47144	47145	47146	47147		
48550	48551	48552	48554	48556		
50300	50320	50323	50325	50327		
50328	50329	50340	50360	50365		
50370	50380	S2107				

TRANSPORTATION SERVICES

PA required for non-emergent ambulance (ground)

Post service Authorization request accepted per State guidelines

Transportation that is non-emergent and non-ambulance requires 3-day notice and is coordinated through Secure

Authorization is required for Non-Emergency Behavioral Health Safety Transportation

MEDICARE / MEDICAID		MEDICAID ONLY	MEDICARE ONLY
A0430	A0431		

UNLISTED/MISCELLANEOUS CODES

Molina requires standard codes when requesting authorization. Should an unlisted or miscellaneous code be used, medical necessity documentation and rationale must be prior authorization.

MEDICAID/MEDICARE					MEDICAID ONLY	MEDICARE ONLY
01999	15999	17999	19105	19499		
20999	21299	21499	22899	22999		
23929	24999	25999	27899	28899		
29999	30999	31299	31899	33999		
36299	37799	40799	40899	41599		
43659	43999	44238	44799	44899		
44979	45399	45499	45999	46999		
47379	47399	47579	47999	48999		
49329	49999	51999	53899	54699		
55559	55899	58578	58579	58679		
58999	59897	59898	60659	60699		
64999	66999	67299	67399	67599		
67999	68399	68899	69399	69799		
69949	69979	76497	76498	76499		
76999	77799	78099	78199	78299		
78499	78599	78699	78799	78999		
79999	81099	81479	81599	85999		
86486	86849	86999	87999	88099		
88199	88299	88399	88749	89240		
89398	90399	90749	90899	91299		
92499	92700	93799	94799	95199		
96999	97039	97139	97799	99199		
99429	99499	A4649	A4913	A9999		
B9999	C1889	E0769	E0770	E2599		
J7599	K0898	K0899	L0999	L1499		
L2999	L3649	L3999	L5999	L7499		
L8039	L8499	L8698	L8699	L8701		
L8702	Q0507	Q0508	Q0509	V2199		
V2399	V2799	V5299				

PRIOR AUTHORIZATION CONTACT INFORMATION	
Illinois (Service hours 8 a.m. – 5 p.m. CST, Monday through Friday, unless otherwise specified)	
<p>Prior Authorizations Phone: (855) 866-5462 Medicaid Inpatient and Outpatient – Fax: (866) 617-4971 MMP (Outpatient services, preplanned inpatient request) - Fax: (844) 251-1450 MMP (Inpatient: ER admits, SNF, LTAC, Custodial SNF, Rehab) - Fax: (866) 617-4971 Advance Imaging – Fax: (877) 731-7218 You may also submit Prior Authorization requests through the Molina Provider Portal at https://provider.MolinaHealthcare.com/provider/login</p> <p>Radiology Authorizations Phone: (855) 714-2415 Fax: (877) 731-7218</p> <p>NICU Authorizations Phone: (855) 714-2415 Fax: (877) 731- 7220</p> <p>Pharmacy Authorizations Medicaid Phone: (855) 866-5462 Medicaid Fax: (855) 365-8112 MMP Phone: (877) 901-8181 MMP Fax: (866) 290-1309</p> <p>Behavioral Health Authorizations Phone: (855) 866-5462 Fax: (866) 617-4971</p> <p>Transplant Authorizations: Phone: (855) 714-2415; Fax: (877) 813-1206</p>	<p>Member Services HealthChoice Illinois Phone: (855) 687-7861 8 a.m. – 5 p.m. CST, M-F</p> <p>MMP Phone: (877) 901-8181, TTY: 711 8 a.m. – 8 p.m. CST, M-F Fax: (630) 203- 3993</p> <p>Provider Services Phone: (855) 866-5462 Fax: (800) 642-5270</p> <p>24-Hour Nurse Advice Line English: (888) 275-8750 [TTY: (866) 735-2929] Spanish: (866) 648-3537 [TTY: (866) 833-4703]</p> <p>MARCH Vision Care Phone: (844) 456-2724 Fax: (877) 627-2488</p> <p>Dental (Avesis) Medicaid Phone: (866) 857-8124 MMP Phone: (855) 704-0433</p> <p>Secure Transportation Medicaid Phone: (844) 644-6354 MMP Phone: (844) 644-6353 Fax: (844) 292-2689</p>