



## MOLINA HEALTHCARE OF ILLINOIS 2017 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.

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.



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### 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
0114	0124	0126	0128	0134	0912	H0035
0144	0154	0204	0901	0944	0913	
0945	1002	90870	H0010	H0047		
H2036						

### COSMETIC, PLASTIC & RECONSTRUCTIVE PROCEDURES

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

*ICD-10 codes: C50, C50.0, C50.02, C50.021, C50.022, C50.029, C50.01, C50.011, C50.012, C50.019, C50.2, C50.21, C50.211, C50.212, C50.219, C50.3, C50.31, C50.311, C50.1, C50.11, C50.12, D05, D05.8, D05.9*

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
A7025	A9900	E0194	E0255	E0256	E0481	N/A
E0260	E0261	E0265	E0266	E0277	S1034	
E0292	E0293	E0294	E0295	E0296	S1035	
E0297	E0300	E0301	E0302	E0303	S1036	
E0304	E0328	E0329	E0371	E0372	S1037	
E0373	E0462	E0465	E0466	E0483		
E0691	E0692	E0693	E0694	E0747		
E0748	E0749	E0760	E0762	E0764		
E0782	E0783	E0784	E0785	E0786		
E0849	E0855	E0983	E0984	E0986		
E0988	E1002	E1003	E1004	E1005		
E1006	E1007	E1008	E1010	E1012		

**DURABLE MEDICAL EQUIPMENT (DME)**

MEDICARE / MEDICAID					MEDICAID ONLY	MEDICARE ONLY
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	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	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		
V2530	V2531					N/A

**EXPERIMENTAL/INVESTIGATIONAL**

MEDICARE/MEDICAID					MEDICAID ONLY	MEDICARE ONLY
82017	83987	84145	86316	86343	0042T	N/A
0051T	0052T	0053T	0054T	0055T	0329T	
0058T	0071T	0072T	0075T	0076T	0330T	
0085T	0095T	0098T	0100T	0101T	0331T	
0102T	0106T	0107T	0108T	0109T	0332T	
0110T	0111T	0159T	0163T	0164T	0333T	
0165T	0174T	0175T	0178T	0179T		
0180T	0184T	0188T	0189T	0190T		
0191T	0195T	0196T	0198T	0200T		
0201T	0202T	0205T	0206T	0207T		
0208T	0209T	0210T	0211T	0212T		
0213T	0214T	0215T	0216T	0217T		
0218T	0219T	0220T	0221T	0222T		
0228T	0229T	0230T	0231T	0234T		
0235T	0236T	0237T	0238T	0249T		
0253T	0254T	0255T	0263T	0264T		
0265T	0266T	0267T	0268T	0269T		
0270T	0271T	0272T	0273T	0274T		
0275T	0278T	0282T	0290T	0293T		
0294T	0295T	0296T	0297T	0298T		
0299T	0300T	0301T	0302T	0303T		
0304T	0305T	0306T	0307T	0308T		
0309T	0310T	0312T	0313T	0314T		
0315T	0316T	0317T	0335T	0337T		
0338T	0339T	0340T	0342T	0347T		
0348T	0349T	0350T	0351T	0352T		
0353T	0354T	0355T	0356T	0357T		
0358T	0359T	0360T	0361T	0362T		
0363T	0364T	0365T	0366T	0367T		
0368T	0369T	0370T	0371T	0372T		
0373T	0374T	0469T	0470T	0471T		
0473T	0474T	0475T	0476T	0477T		
0478T						

### 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
81162	81201	81203	81211	81212	N/A	N/A
81213	81214	81215	81216	81217		
81218	81219	81222	81223	81226		

### 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

81227	81228	81229	81235	81246	N/A	N/A
81265	81266	81272	81273	81276		
81287	81291	81292	81294	81295		
81297	81298	81300	81311	81313		
81314	81317	81319	81321	81323		
81325	81355	81400	81401	81402		
81403	81404	81405	81406	81408		
81410	81411	81413	81414	81415		
81416	81417	81420	81422	81425		
81426	81427	81430	81431	81435		
81436	81439	81440	81445	81450		
81455	81460	81465	81470	81471		
81507	81519	81528	81535	81536		
83006	88261	88271	88369	88373		
88374	88377	0004M	0004U	0005U		
0006M	0007M	0008M	0009M	0010M		
81210	81225	81324	84999*			

\* Including Oncotype DX

### 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 ONLY	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**

MEDICARE / MEDICAID			MEDICAID ONLY	MEDICARE ONLY
G0277	99183			NA

**IMAGING- Advanced & Specialty**

MEDICARE / MEDICAID					MEDICAID ONLY	MEDICARE ONLY
70336	70450	70460	70470	70480	NA	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	77058	77059	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		
C8901	C8902	C8903	C8904	C8905		
C8906	C8907	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, 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
N/A	ALL CODES	N/A

### NEUROPSYCHOLOGICAL & PSYCHOLOGICAL TESTING

MEDICARE/ MEDICAID				MEDICAID ONLY	MEDICARE ONLY
95950	95951	95953	95956	N/A	N/A
95957	96101	96102	96103		
96116	96118	96119	96120		
96125					

### 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 ER 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	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	20930	21120	21121	21122	NA	NA
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	25447		
26499	27120	27122	27125	27130		
27132	27134	27137	27138	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	28304		
28305	28306	28307	28308	28309		

**OUT-PATIENT (OP) HOSPITAL/AMBULATORY SURGERY CENTER**

MEDICARE / MEDICAID					MEDICAID ONLY	MEDICARE ONLY
28310	28312	28313	28315	28320	N/A	N/A
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		
31295	31296	31297	31660	31661		
32491	33251	33254	33261	33265		
33266	36460	36468	36470	36471		
36475	36476	36478	36479	36514		
37191	37243	37700	37718	37722		
37735	37760	37761	37765	37766		
37780	37785	38204	38207	38208		
38209	38210	38211	38212	38213		
38214	38215	38282	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	52441	52442		
52649	53850	53852	53860	54360		
54401	54405	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		
58660	58661	58662	58672	58673		

### OUT-PATIENT (OP) HOSPITAL/AMBULATORY SURGERY CENTER

MEDICARE / MEDICAID					MEDICAID ONLY	MEDICARE ONLY
58700	58720	58740	58750	58752	N/A	N/A
58760	58770	58940	58950	58950		
58951	58951	58952	58952	58953		
58953	58954	58954	58956	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	64553		
64568	64569	64570	64590	64595		
65771	65772	65775	67900	67901		
67902	67903	67909	67950	69714		
69715	69717	69718	69930	90867		
90868	90869	91122	93229	95909		
95911	95912	95913	95965	96567		
96570	96571	96900	96902	96904		
96910	96912	96913	96920	96921		
96922	C2616	C9734	C9739	C9740		
C9746	C9747	S2095				

### PAIN MANAGEMENT PROCEDURES

*Except trigger point injections. [Acupuncture is not a Medicare covered benefit]*

MEDICARE / MEDICAID					MEDICAID ONLY	MEDICARE ONLY
27096	27279	62263	62264	62350	N/A	97810
62351	62360	62361	62362	62367		
62368	63650	63655	63661	63662		
63663	63664	63685	63688	64461		
64462	64463	64479	64480	64483		
64484	64486	64487	64488	64489		
64490	64491	64492	64493	64494		
64495	64600	64633	64634	64635		
64636	64640	77003	G0260			

### PHYSICAL THERAPY (PT)

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

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

### PREGNANCY & DELIVERY

NOTIFICATION ONLY

### PROSTHETICS & ORTHOTICS

MEDICARE / MEDICAID					MEDICAID ONLY	MEDICARE ONLY
L0452	L0480	L0482	L0484	L0486	L8692	N/A
L0622	L0640	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	L6026	L7259	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

Allow one sleep study per calendar year without authorization

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)			

**SPECIALTY PHARMACY**

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

MEDICARE / MEDICAID					MEDICAID ONLY	MEDICARE ONLY
C9293	67028	90281	90283	90284	NA	NA
90378	A9542	A9543	C9132	C9140		
C9257*	C9399	C9482	C9483	C9485		
C9486	C9487	C9488	C9490	C9491		
C9492	C9493	C9494	J0129	J0178		
J0180	J0202	J0205	J0207	J0220		
J0221	J0256	J0257	J0287	J0289		
J0364	J0401	J0480	J0485	J0490		
J0570	J0571	J0585	J0586	J0587		
J0588	J0594	J0596	J0597	J0637		
J0638	J0640	J0641	J0695	J0714		
J0717	J0725	J0775	J0800	J0833		
J0834	J0850	J0875	J0878	J0881		
J0885	J0888	J0894	J0895	J0897		
J1230	J1290	J1300	J1322	J1324		
J1325	J1438	J1439	J1442	J1446		
J1447	J1453	J1458	J1459	J1460		
J1556	J1557	J1559	J1560	J1561		
J1562	J1566	J1568	J1569	J1570		
J1571	J1572	J1573	J1575	J1595		
J1599	J1602	J1640	J1645	J1650		
J1652	J1675	J1725	J1740	J1743		
J1744	J1745	J1750	J1756	J1786		
J1826	J1830	J1833	J1930	J1931		
J1942	J1950	J1955	J2020	J2170		
J2182	J2248	J2323	J2353	J2354		
J2357	J2425	J2426	J2430	J2469		
J2502	J2503	J2504	J2505	J2507		
J2562	J2597	J2724	J2778	J2783		
J2786	J2793	J2796	J2820	J2840		
J2860	J2916	J2941	J3060	J3090		
J3110	J3145	J3262	J3285	J3315		
J3355	J3357	J3380	J3385	J3396		
J3485	J3489	J3490	J3590	J7175		
J7178	J7179	J7180	J7181	J7182		
J7183	J7185	J7186	J7187	J7189		

**SPECIALTY PHARMACY**

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

MEDICARE / MEDICAID					MEDICAID ONLY	MEDICARE ONLY
J7190	J7191	J7192	J7193	J7194		
J7195	J7196	J7197	J7198	J7199		
J7200	J7201	J7202	J7205	J7207		
J7209	J7308	J7309	J7310	J7311		
J7312	J7313	J7316	J7320	J7321		
J7323	J7324	J7325	J7326	J7327		
J7330	J7340	J7504	J7511	J7527		
J7639	J7682	J7686	J7999	J8520		
J8521	J8655	J8670	J8700	J9000		
J9010	J9015	J9017	J9019	J9025		
J9027	J9032	J9033	J9034	J9035*		
J9039	J9040	J9041	J9042	J9043		
J9045	J9047	J9050	J9055	J9060		
J9065	J9070	J9098	J9100	J9120		
J9130	J9145	J9150	J9155	J9160		
J9171	J9176	J9178	J9179	J9181		
J9185	J9190	J9200	J9201	J9202		
J9205	J9206	J9207	J9208	J9209		
J9211	J9213	J9214	J9215	J9216		
J9217	J9218	J9219	J9225	J9226		
J9228	J9230	J9245	J9250	J9260		
J9261	J9262	J9263	J9264	J9266		
J9267	J9268	J9271	J9280	J9293		
J9295	J9299	J9301	J9302	J9303		
J9305	J9306	J9307	J9308	J9310		
J9315	J9325	J9328	J9330	J9340		
J9351	J9352	J9354	J9355	J9357		
J9360	J9370	J9371	J9390	J9395		
J9400	J9600	J9999	Q0138	Q0139		
Q2043	Q2050	Q3027	Q3028	Q4074		
Q5101	Q5102	Q9985	Q9986	Q9989		
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	48160	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					

### 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 Transportation - see page 13*

*Authorization is required for Non-Emergency Behavioral Health Safety Transportation*

MEDICARE / MEDICAID	MEDICAID ONLY	MEDICARE ONLY
A0430		
A0431	N/A	N/A

### 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 authorized*

MEDICARE / MEDICAID					MEDICAID ONLY	MEDICARE ONLY
01999	15999	17999	19105	19499	T5999	N/A
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		

### 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 authorized

MEDICARE / MEDICAID					MEDICAID ONLY	MEDICARE ONLY
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	L8699	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><b>Prior Authorizations</b>            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 <a href="https://provider.MolinaHealthcare.com/provider/login">https://provider.MolinaHealthcare.com/provider/login</a></p> <p><b>Radiology Authorizations</b>            Phone: (855) 714-2415            Fax: (877) 731-7218</p> <p><b>NICU Authorizations</b>            Phone: (855) 714-2415            Fax: (877) 731- 7220</p> <p><b>Pharmacy Authorizations</b>            Medicaid Phone: (855) 866-5462            Medicaid Fax: (855) 365-8112            MMP Phone: (877) 901-8181            MMP Fax: (866) 290-1309</p> <p><b>Behavioral Health Authorizations</b>            Phone: (855) 866-5462            Fax: (866) 617-4971</p> <p><b>Transplant Authorizations:</b>            Phone: (855) 714-2415; Fax: (877) 813-1206</p>	<p><b>Member Services</b>            Integrated Care Program Phone: (855) 766-5462            Family Health Plan Phone: (855) 687-7861            8 a.m. – 5 p.m. CST, M-F            MMP Phone: (877) 901-8181, TTY:711            8 a.m. – 8 p.m. CST, M-F            Fax: (630) 203- 3993</p> <p><b>Provider Services</b>            Phone: (855) 866-5462            Fax: (800) 642-5270</p> <p><b>24 Hour Nurse Advice Line</b>            English: (888) 275-8750 [TTY: (866) 735-2929]            Spanish: (866) 648-3537 [TTY: (866) 833-4703]</p> <p><b>MARCH Vision Care</b>            Phone: (844) 456-2724            Fax: (877) 627-2488</p> <p><b>Dental (Aesis)</b>            Medicaid Phone: (866) 857-8124            MMP Phone: (855) 704-0433</p> <p><b>Secure Transportation</b>            Medicaid Phone: (844) 644-6354            MMP Phone: (844) 644-6353            Fax: (844) 292-2689</p>



