Provider Memorandum

Important Updates to Molina Healthcare of Illinois Prior Authorization Requirements

Effective January 1, 2020, the codes listed in the table below will require prior authorization. This change will be reflected on the Molina Healthcare of Illinois (Molina) Prior Authorization Codification List.

Providers are encouraged to review the Prior Authorization Codification List, available online at www.MolinaHealthcare.com. The document lists the Current Procedural Terminology (CPT) and Healthcare Common Procedural Coding System (HCPCS) codes that require a prior authorization. Providers may access the document by clicking on the "I'm a Healthcare Professional" tab and then clicking the "Forms" tab and selecting the "Frequently Used Forms" section and searching the "Authorization Requests" section.

The following codes will require prior authorization effective January 1, 2020.

Code Category	Codes Requiring Prior Authorization Effective January 1, 2020
Healthcare Administered Drugs	J7731, J7332, J7401, Q5116, Q5118

Note: The listing of the codes in this memo is not a guarantee of coverage. All codes must be a covered benefit by Molina Healthcare.

Questions
Providers who have questions or would like additional training, including how to use the Molina Provider Portal, may contact their provider network manager or email the Provider Network Management Department at MHILProviderNetworkManagement@MolinaHealthcare.com.

Providers who need help identifying their assigned provider network manager may visit Molina's Service Area page at www.Molinahealthcare.com/providers/il/medicaid/contacts/Pages/servicearea.aspx.

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