

2019

Prior Authorization Codification List

Q1 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.

TABLE OF CONTENTS

	Page
Behavioral Health, Mental Health, Alcohol & Chemical Dependency Services	2
Cosmetic, Plastic & Reconstructive Procedures	2
Durable Medical Equipment (DME)	2-3
Experimental /Investigation	4
Genetic Counseling & Testing	5
Habilitative Therapy	6
Home Health Care /Home Infusion	6
Hyperbaric Therapy/Wound Therapy	6
Imaging	7
In-Patient (IP) Admissions	8
Long Term Services & Support	8
Neuropsychological and Psychological Testing	8
Non-Par Providers/Facilities	8
Occupational Therapy (OT)	8
Office Based Procedures	8
Out-Patient (OP) Hospital/Ambulatory Surgery Center	9-11
Pain Management	12
Physical Therapy (PT)	12
Pregnancy & Delivery	12
Prosthetics & Orthotics	12
Radiation Therapy & Radiosurgery	13
Sleep Studies	13
Speech Therapy	13
Specialty Pharmacy	14-15
Transplant Services	16
Transportation Services	16
Unlisted/Miscellaneous	16-17
Prior Authorization Contact Information	18

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						

**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
A7025	A9900	C2624	C9741	E0194	E0481	N/A
E0255	E0256	E0260	E0261	E0265	S1034	
E0266	E0277	E0292	E0293	E0294	S1035	
E0295	E0296	E0297	E0300	E0301	S1036	
E0302	E0303	E0304	E0328	E0329	S1037	
E0371	E0372	E0373	E0462	E0465		
E0466	E0483	E0601	E0691	E0692		
E0693	E0694	E0747	E0748	E0749		
E0760	E0762	E0764	E0766	E0782		
E0783	E0784	E0785	E0786	E0849		
E0855	E0983	E0984	E0986	E0988		
E1002	E1003	E1004	E1005	E1006		

DURABLE MEDICAL EQUIPMENT (DME)

MEDICARE / MEDICAID					MEDICAID ONLY	MEDICARE ONLY
E1007	E1008	E1010	E1012	E1014	N/A	N/A
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	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		
K0903	L3761	L7700	L8625	L8694		
Q0477	V2530	V2531				

EXPERIMENTAL/INVESTIGATIONAL

MEDICARE/MEDICAID					MEDICAID ONLY	MEDICARE ONLY
82017	83987	84145	86316	86343	0042	N/A
0054T	0055T	0058T	0071T	0072T	0329	
0075T	0076T	0085T	0095T	0098T	0330	
0100T	0101T	0102T	0106T	0107T	0331	
0108T	0109T	0110T	0111T	0159T	0332	
0163T	0164T	0165T	0174T	0175T	0333	
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	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	0337T		
0338T	0339T	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		
0479T	0480T	0481T	0482T	0483T		
0484T	0485T	0486T	0487T	0488T		
0489T	0490T	0491T	0492T	0493T		
0494T	0495T	0496T	0497T	0498T		
0499T	0500T	0501T	0502T	0503T		
0504T	0505T	0506T	0507T	0508T		

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		
81162	81175	81176	81201	81203		
81210	81211	81212	81213	81214		
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	81507	81519	81520	81521		
81535	81536	81541	81551	83006		
86008	88261	88271	88369	88373		
88374	88377	0004M	0005U	0006M		
0007M	0009M	0026U	0027U	0028U		
0029U	0030U	0031U	0032U	0033U		
0034U	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	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	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		
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 (**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	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	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	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		

OUT-PATIENT (OP) HOSPITAL/AMBULATORY SURGERY CENTER

MEDICARE / MEDICAID					MEDICAID ONLY	MEDICARE
52441	52442	52649	53850	53852	N/A	N/A
53860	54360	54401	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	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	95911	95912	95913	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. [Acupuncture is not a Medicare covered benefit]

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)			



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

MEDICARE / MEDICAID					MEDICAID ONLY	MEDICARE ONLY
90284	90378	A9542	A9543	C5103	N/A	N/A
C5104	C9014	C9015	C9016	C9024		
C9028	C9029	C9132	C9257*	C9293		
C9399	C9463	C9482	C9487	C9488		
C9492	C9493	J0129	J0178	J0180		
J0202	J0205	J0207	J0220	J0221		
J0256	J0257	J0287	J0289	J0364		
J0480	J0485	J0490	J0565	J0570		
J0585	J0586	J0587	J0588	J0594		
J0596	J0597	J0604	J0606	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	J1428	J1438	J1439	J1442		
J1446	J1447	J1453	J1458	J1459		
J1460	J1555	J1556	J1557	J1559		
J1560	J1561	J1562	J1566	J1568		
J1569	J1570	J1571	J1572	J1573		
J1575	J1595	J1599	J1602	J1627		
J1640	J1645	J1650	J1652	J1675		
J1726	J1729	J1740	J1743	J1744		
J1745	J1750	J1756	J1786	J1826		
J1830	J1833	J1930	J1931	J1942		
J1950	J1955	J2020	J2170	J2182		
J2248	J2323	J2326	J2350	J2353		
J2354	J2357	J2425	J2430	J2469		
J2502	J2503	J2504	J2505	J2507		
J2562	J2597	J2724	J2778	J2783		
J2786	J2793	J2796	J2820	J2840		
J2860	J2916	J2941	J3060	J3090		
J3095	J3110	J3145	J3240	J3262		
J3285	J3315	J3355	J3357	J3358		
J3380	J3385	J3396	J3485	J3489		
J3490	J3590	J7175	J7178	J7179		

SPECIALTY PHARMACY

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

MEDICARE / MEDICAID					MEDICAID ONLY	MEDICARE ONLY
J7180	J7181	J7182	J7183	J7185		
J7186	J7187	J7189	J7190	J7191		
J7192	J7193	J7194	J7195	J7196		
J7197	J7198	J7199	J7200	J7201		
J7202	J7205	J7207	J7209	J7210		
J7211	J7308	J7309	J7310	J7311		
J7312	J7313	J7316	J7320	J7321		
J7322	J7323	J7324	J7325	J7326		
J7327	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	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	J9203		
J9205	J9206	J9207	J9208	J9209		
J9211	J9214	J9215	J9216	J9217		
J9218	J9219	J9225	J9226	J9228		
J9230	J9245	J9261	J9262	J9263		
J9264	J9266	J9267	J9268	J9271		
J9280	J9285	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	Q2040	Q2041		
Q2043	Q2050	Q3027	Q3028	Q4074		
Q5101	Q5103	Q5104	Q9991	Q9992		
Q9995	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

Transportation - see page 13

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.

MEDICARE / MEDICAID					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		

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
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)
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>

Radiology Authorizations

Phone: (855) 714-2415
 Fax: (877) 731-7218

NICU Authorizations

Phone: (855) 714-2415
 Fax: (877) 731- 7220

Pharmacy Authorizations

Medicaid Phone: (855) 866-5462
 Medicaid Fax: (855) 365-8112
 MMP Phone: (877) 901-8181
 MMP Fax: (866) 290-1309

Behavioral Health Authorizations

Phone: (855) 866-5462
 Fax: (866) 617-4971

Transplant Authorizations:

Phone: (855) 714-2415; Fax: (877) 813-1206

Member Services

HealthChoice Illinois 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

Provider Services

Phone: (855) 866-5462
 Fax: (800) 642-5270

24-Hour Nurse Advice Line

English: (888) 275-8750 [TTY: (866) 735-2929] Spanish: (866) 648-3537 [TTY: (866) 833-4703]

MARCH Vision Care

Phone: (844) 456-2724
 Fax: (877) 627-2488

Dental (Avesis)

Medicaid Phone: (866) 857-8124
 MMP Phone: (855) 704-0433

Secure Transportation

Medicaid Phone: (844) 644-6354
 MMP Phone: (844) 644-6353
 Fax: (844) 292-2689