Molina Healthcare of Illinois
Prior Authorization Codification List

Q3 - 2018

ILUM182.1

Molina Healthcare of Illinois
2018 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.

Codes categorized as miscellaneous codes require prior authorization.

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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: C50.011 – 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	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		
E0766	E0782	E0783	E0784	E0785		
E0786	E0849	E0855	E0983	E0984		
E0986	E0988	E1002	E1003	E1004		
E1005	E1006	E1007	E1008	E1010		

DURABLE MEDICAL EQUIPMENT (DME)

MEDICARE / MEDICAID					MEDICAID ONLY	MEDICARE ONLY
E1012	E1014	E1020	E1029	E1030		N/A
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	K0903	L3761	L7700	L8625		
L8694	Q0477	V2530	V2531			

EXPERIMENTAL/INVESTIGATIONAL

MEDICARE/MEDICAID					MEDICAID ONLY	MEDICARE ONLY
82017	83987	84145	86316	86343	0042T	N/A
0054T	0055T	0058T	0071T	0072T	0329T	
0075T	0076T	0085T	0095T	0098T	0330T	
0100T	0101T	0102T	0106T	0107T	0331T	
0108T	0109T	0110T	0111T	0159T	0332T	
0163T	0164T	0165T	0174T	0175T	0333T	
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						

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	81201	81203	81211	81212		
81213	81214	81215	81216	81217		
81218	81219	81222	81223	81226	N/A	
81227	81228	81229	81235	81246		
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	0005U	0006M		
0007M	0009M	0026U	0027U	0028U		
0029U	0030U	0031U	0032U	0033U		
0034U	81175	81176	81210	81225		
81230	81231	81232	81238	81247		
81248	81249	81258	81259	81269		
81283	81324	81328	81334	81335		
81346	81361	81362	81363	81364		
81407	81448	81520	81521	81541		
81551*	84999*	86008				

* 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/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	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	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		

OUT-PATIENT (OP) HOSPITAL/AMBULATORY SURGERY CENTER

MEDICARE / MEDICAID					MEDICAID ONLY	MEDICARE ONLY
28306	28307	28308	28309	28310	N/A	N/A
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	33251	33254	33261	33265		
33266	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	53852	53860	54360		
54401	54405	55874	57288	57289		
58150	58152	58180	58200	58210		
58240	58260	58262	58263	58267		

OUT-PATIENT (OP) HOSPITAL/AMBULATORY SURGERY CENTER

MEDICARE / MEDICAID					MEDICAID ONLY	MEDICARE ONLY
58270	58275	58280	58285	58290	N/A	N/A
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	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	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	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	97763	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	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
C9293	90281	90283	90284	90378	N/A	N/A
95199	97763	A9542	A9543	C9014		
C9015	C9016	C9024	C9028	C9029		
C9132	C9257*	C9399	C9482	C9487		
C9488	C9492	C9493	J0129	J0178		
J0180	J0202	J0205	J0207	J0220		
J0221	J0256	J0257	J0287	J0289		
J0364	J0401	J0480	J0485	J0490		
J0565	J0570	J0571	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	J0565	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	J7180	J7181		

SPECIALTY PHARMACY

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

MEDICARE / MEDICAID					MEDICAID ONLY	MEDICARE ONLY
J7182	J7183	J7185	J7186	J7187		
J7189	J7190	J7191	J7192	J7193		
J7194	J7195	J7196	J7197	J7198		
J7199	J7200	J7201	J7202	J7205		
J7207	J7209	J7210	J7211	J7233		
J7308	J7309	J7310	J7311	J7312		
J7313	J7316	J7320	J7321	J7322		
J7323	J7324	J7325	J7326	J7327		
J7330	J7340	J7504	J7511	J7527		
J7639	J7682	J7686	J7999	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	Q4047	Q5103	Q5104		
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	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.

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