

Provider Memorandum

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. The following serves to notify Providers of revisions to the Codification List, **effective January 1, 2016**.

As a reminder, office visits and/or procedures performed in participating (PAR) Provider offices do not require Prior Authorization.

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.

Molina has removed more than 500 codes from our codification matrix. Below is a summary of select categories of codes with changes. For a complete list of updates effective January 1, 2016, please contact your Provider Service Representative.

Code Category	Select Changes Effective January 1, 2016
Dialysis	Dialysis services will no longer require notification.
Durable Medical Equipment (DME)	Molina has significantly reduced the number of codes requiring prior authorization for DME, including but not limited to continuous positive airway devices (CPAP) and certain hearing related supplies and equipment.
Genetic Code Updates	Several codes have been added for genetic counseling and testing.
Habilitative Care	Prior authorization has been removed for all but five habilitative codes.
Hyperbaric Therapy	Prior authorization is no longer required for wound therapy with the exception of hyperbaric oxygen therapy.
Hospice And Palliative Care	Hospice and Palliative Care no longer require notification.
Out-Patient (Op) Hospital/Ambulatory Surgery Center	More than 175 codes have been deleted. Most outpatient surgical procedures performed in an outpatient hospital or Ambulatory Surgery Center continue to require prior authorization.
Pain Management	Five codes requiring Prior Authorization have been added: 64492, 64486, 64487, 64488, 64489
Prosthetics And Orthotics	Numerous codes were removed including, but not limited to, select prosthetic socks, larynx and trach accessories and cranial remolding orthotics for children.
Speech Therapy	Speech therapy has been reduced to six codes which will continue to require authorization after the initial evaluation plus six visits.
PT/OT Requirements	Removal of all PT/OT codes for authorization.
Specialty Pharmacy Services	Specialty Pharmacy Services requiring prior authorization are now included in the Molina Healthcare of Illinois Prior Authorization Codification List.