

Molina Healthcare of Nebraska, Provider Notice

Medicaid Prior Authorization (PA) Code Changes Effective July 1, 2025

Molina Healthcare of Nebraska, Inc. is updating the Prior Authorization (PA) Code requirements for July 1, 2025. This notice is for informational purposes only and does not determine if the benefit is covered under the member's plan.

The following codes are being updated:

Behavioral/Mental Health, Alcohol-Chemical Dependency
PA Required
H2015, H2017, H2033, H2034, T2033
Cosmetic, Plastic & Reconstructive Procedures
PA Required
11950, 11951, 11952, 11954, 15772, 15774, 21208, 21209, 21210, 27656, 31750, 57295
Durable Medical Equipment (DME) and Orthotics/Prosthetics
PA Required
B9002, E0170, E0221, E0250, E0290, E0445, E0482, E0500, E0550, E0575, E0617, E0635, E0636, E0745, E0781, E0791, E0912, E1037, E1050, E1060, E1070, E1083, E1084, E1087, E1088, E1092, E1093, E1100, E1110, E1150, E1170, E1171, E1172, E1180, E1190, E1195, E1200, E1223, E1224, E1240, E1240, E1270, E1280, E1295, E1406, E1800, E1801, E1802, E1805, E1806, E1810, E1811, E1812, E1815, E1816, E1825, E1830, E1840, E1841, E2100, E2228, K0003, E0006, K0007, L0112, L0456, L0457, L0458, L0460, L0464, L0488, L0491, L0631, L0635, L0638, L0639, L0648, L0651, L0810, L0820, L0830, L0859, L1300, L1310, L1686, L1690, L1843, L1845, L1932, L1951, L2132, L2134, L2136, L2510, L3201, L3202, L3203, L3204, L3206, L3207, L3671, L3730, L3740, L3765, L3766, L3905, L3960, L3961, L3962, L3967, L3971, L3973, L3975, L3976, L3977, L3978, L4000, L4020, L5010, L5020, L5400, L5645, L5647, L5673, L5716, L5790, L5811, L5818, L5950, L5960, L5962, L6350, L6380, L6382, L6384, L6694, L6714, L6915, L8035, L8040, L8041, L8042, L8043, L8044, L8045, L8046, L8047, L8619, L8683, L8684, L8691, S9001, T4521, T4522, T4523, T4524, T4525, T4526, T4527, T4528, T4529, T4530, T4531, T4532, T4533, T4534, T4535, T4541, T4542, T4543, T4544, T4545, V2629
L8600 (No PA required when associated with breast cancer diagnosis)
Health Care Administered Drugs
PA Required
PA required for members under 19 years of age—J1000, J1071, J1072, J1380, J1435, J3121, J9217
PA required for off-label use only—J1050
Home Health Care Services
PA Required
PA required after 12 visits per calendar year for PT/OT/ST – G0151, G0152, G0153
PA required after initial 6 visits per calendar year for home health—G0156, G0299, G0300, S9122, S9123,

S9124
Outpatient Hospital/Ambulatory Surgery Center (ASC) Procedures
PA Required
54660
PA required except in the case of fetal demise—59840, 59841, 59850, 59851, 59852, 59855, 59856, 59857, 59866
Physical, Occupational, and Speech Therapy
PA Required
92526—PA required at first visit for Intensive Day Treatment and Outpatient Therapy rendered in pediatric feeding clinics. Otherwise, PA required after evaluation plus first 12 visits of speech therapy per calendar year.
Transportation Services
PA Required
A0888

Advanced imaging authorization requests

Providers are encouraged to submit all requests through the Availity Essentials Portal. Using the portal allows for faster processing, real-time status updates, and reduced administrative burden. If you are unable to use Availity, you may submit a request by fax to (877) 731-7218. **Note:** Obtaining authorization does not guarantee payment. Molina retains the right to review benefit limitations and exclusions, eligibility on the date of the service, correct coding, billing practices, and whether the service was provided in the most appropriate and cost-effective setting of care.

PA process

The process for obtaining PA has **not** changed. Please use the [Availity Essentials Portal](#) (preferred) or complete the Prior Authorization Request Form with all pertinent information and medical notes as applicable. Providers are encouraged to use the [Availity Essentials Portal](#) to submit authorization requests electronically. The standard [PA form](#) is also available on the Molina website and may be submitted by fax to (877) 731-7218.

Convenient tool for PA codes

Providers are encouraged to use Molina's online [PA LookUp Tool](#) to help find the correct codes. It is intended for searches only and should not be used to make determinations about coverage.

The PA Tool is for outpatient services only. All elective inpatient admissions to acute hospitals, Skilled Nursing Facilities (SNF), rehabilitation facilities, or Long-Term Acute Care Hospitals (LTACH) must follow standard Molina Utilization Management (UM) notification and review procedures.

Molina Clinical Policies

Molina's Clinical Policies (MCPs) are accessible at MolinaClinicalPolicy.com.

MCG for cite guideline transparency

Reminder on **the current process** for Advanced Imaging Authorizations: Molina has partnered with MCG Health to implement Cite for Care Guideline Transparency. **You can access this feature through the [Availity Essentials Portal](#).** With MCG for Cite Guideline Transparency, Molina can share clinical indications with providers. The tool operates as a secure extension of Molina's existing MCG investment and helps meet regulations around transparency for care delivery.

Questions?

We're here to help. Contact your dedicated Provider Relations Representative or email the Provider Relations team at NEProviderRelations@MolinaHealthcare.com. To help identify your dedicated Provider Relations Manager, visit the [Contact Us](#) page for Nebraska.