

Molina Healthcare Inc.
Process Update
Prior Authorization Code Matrix Updates
For May 2020

Effective May 20, 2020

The Molina Healthcare for all lines of business is updating the Prior Authorization Code Matrix. The following codes are being updated:

CPT/HCPC CODE	DESCRIPTION	MOLINA SERVICE CATEGORY	Update
E0447	PRTB O C LQD 1 MO SPL EQ 1 U PRSC AMT R N EXCD 4LPM	Durable Medical Equipment	Will start requiring Prior Authorization on 05/20/2020
V5171	HEARING AID CONTRALAT ROUT DEVICE MONAURAL ITE	Durable Medical Equipment	Will start requiring Prior Authorization on 05/20/2020
V5172	HEARING AID CONTRALAT ROUT DEVICE MONAURAL ICT	Durable Medical Equipment	Will start requiring Prior Authorization on 05/20/2020
V5181	HEARING AID CONTRALATERAL ROUT DVC MONAURAL BTE	Durable Medical Equipment	Will start requiring Prior Authorization on 05/20/2020
V5211	HEARING AID CONTRALAT ROUT SYS BINAURAL ITE ITE	Durable Medical Equipment	Will start requiring Prior Authorization on 05/20/2020
V5212	HEARING AID CONTRALAT ROUT SYS BINAURAL ITE ITC	Durable Medical Equipment	Will start requiring Prior Authorization on 05/20/2020
V5213	HEARING AID CONTRALAT ROUT SYS BINAURAL ITE BTE	Durable Medical Equipment	Will start requiring Prior Authorization on 05/20/2020
V5214	HEARING AID CONTRALAT ROUT SYS BINAURAL ITC ITC	Durable Medical Equipment	Will start requiring Prior Authorization on 05/20/2020
V5215	HEARING AID CONTRALAT ROUT SYS BINAURAL ITC BTE	Durable Medical Equipment	Will start requiring Prior Authorization on 05/20/2020
V5221	HEARING AID CONTRALAT ROUT SYS BINAURAL BTE BTE	Durable Medical Equipment	Will start requiring Prior Authorization on 05/20/2020
A9900	DME SUP ACCESS SRV-COMPON OTH HCPCS	Unlisted/Miscellaneous	Will start requiring Prior Authorization on 05/20/2020
T1999	MISC TX ITEMS AND SPL RETAIL PURCHASE NOC	Unlisted/Miscellaneous	Will start requiring Prior Authorization on

			05/20/2020
J2916	INJ SODIM FERRIC GLUCONATE CMPLX SUCROSE 12.5 MG	Healthcare Administered Drugs	Will start requiring Prior Authorization on 05/20/2020
95800	SLP STDY UNATND W HRT RATE O2 SAT RESP SLP TIME	Sleep Studies	Will start requiring Prior Authorization on 05/20/2020
95801	SLP STDY UNATND W MIN HRT RATE O2 SAT RESP ANAL	Sleep Studies	Will start requiring Prior Authorization on 05/20/2020
95803	ACTIGRAPHY TESTING RECORDING ANALYSIS I AND R	Sleep Studies	Will start requiring Prior Authorization on 05/20/2020
95805	MLT SLEEP LATENCY MAINT OF WAKEFULNESS TSTG	Sleep Studies	Will start requiring Prior Authorization on 05/20/2020
95806	SLEEP STD AIRFLOW HRT RATE AND O2 SAT EFFORT UNATT	Sleep Studies	Will start requiring Prior Authorization on 05/20/2020
95807	SLEEP STD REC VNTJ RESPIR ECG HRT RATE AND O2 ATTN	Sleep Studies	Will start requiring Prior Authorization on 05/20/2020
95808	POLYSOM ANY AGE SLEEP STAGE 1-3 ADDL PARAM ATTND	Sleep Studies	Will start requiring Prior Authorization on 05/20/2020
95810	POLYSOM 6 OR GRT YRS SLEEP 4 OR GRT ADDL PARAM ATTND	Sleep Studies	Will start requiring Prior Authorization on 05/20/2020
95811	POLYSOM 6 OR GRT YRS SLEEP W CPAP 4 OR GRT ADDL PARAM ATT	Sleep Studies	Will start requiring Prior Authorization on 05/20/2020
C9044	Injection, cemiplimab-rwlc, 1 mg	Healthcare Administered Drugs	Discontinued Code – Replaced with J9119: Inj., cemiplimab-rwlc, 1 mg will require authorization.

The process for obtaining prior authorization **has not** changed. Please complete the Prior Authorization/ Service Request Form with all pertinent information and include medical notes, as applicable. Service Request Form is available on the Molina Healthcare website under Provider and under Forms tab. (<https://www.molinahealthcare.com/members/tx/en-US/health-care-professionals/Pages/home.aspx>)