

Provider News Bulletin August 2020

Molina Healthcare of Texas Prior Authorization Code Matrix Update

Effective: October 1, 2020

Molina is updating the Prior Authorization Code Matrix for October 1, 2020. This is notification only and does not determine if the benefit is covered by the member's plan. The following codes are being updated:

| | T | 1 | 1 | |
|-------------------------------|------------------------------|----------------------|--------------|--------------------------------|
| SERVICE | UPDATE TYPE | CODES | LOB(S) | NOTES |
| CATEGORY | | | | |
| Durable Medical | Addition of Codes/PA | E0650, E0651, | ALL | |
| Equipment (DME) | required | E0656, E0657, | | |
| | | E0667, E0668, | | |
| | | E0670, E0671, | | |
| | | E0672, E0673, | | |
| | | E0675, E0676 | | |
| Transplants/Gene | Addition of Codes/PA | 32853 | ALL | |
| Therapy | required | | | |
| Prosthetics & | Addition of Codes/PA | L5857, L5858, | ALL | |
| Orthotics | required | L5859 | | |
| Healthcare | PA Update | Added ICD-10 | ALL | |
| Administered | P | Codes: H34.811, | | |
| Drugs | | H34.812, H34.813 to | | |
| 215 | | Dx Codes Tab | | |
| Durable Medical | Removal of Codes/No | E0447 | Medicaid, | |
| Equipment (DME) | PA Required | 2011 | Marketplace | |
| Cosmetic, Plastic | Removal of Codes/No | 11900, 11901 | ALL | |
| and Reconstructive | PA Required | 11700, 11701 | ALL | |
| Procedures | 1 A Required | | | |
| Transplants/Gene | Addition of Codes/PA | 44135, 44136 | Medicare | |
| Therapy | required | 44133, 44130 | Medicale | |
| Behavioral Health, | Removal of Codes/No | H0031, H0032 | Medicaid, | |
| Mental Health, | PA Required | 110031, 110032 | Marketplace | |
| Alcohol & | r A Kequireu | | Mar Ketplace | |
| Chemical | | | | |
| | | | | |
| Dependency Rehavioral Health | Addition of Codes/PA | 110012 112012 | Medicaid, | |
| Behavioral Health, | | H0012, H2012 | | |
| Mental Health, | required | | Marketplace | |
| Alcohol & | | | | |
| Chemical | | | | |
| Dependency | A 3 3 4 5 cm of C = 3 = 7D 4 | T1032 T1035 | Madiasia | \$NC by Maybeteless All I BCC |
| Long Term | Addition of Codes/PA | T1023, T1025, | Medicaid, | *NC by Marketplace. All LTSS |
| Services and | required | T1026, T1027, | Marketplace | services require authorization |
| Support (LTSS) | | T1028, T2013*, | | for claims payment. |
| 75.14.1 | D 1 0 0 1 2 | T2040* | 25 11 11 | |
| Multiple | Removal of Codes/No | 29799, 61798, 63620, | Medicaid | |
| Categories | PA Required | 81240, 81241, 41899, | | |
| Multiple | Addition of Codes/PA | 95700, 95708, 95709, | Marketplace | |
| Categories | required | 95710, 95711, 95712, | | |
| | | 95713, 95714, 95715, | | |
| | | 95716, 95717, 95718, | | |

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| | | 05510 05530 05531 | T | |
|--------------------|----------------------|----------------------|-------------|----------------------------|
| | | 95719, 95720, 95721, | | |
| | | 95722, 95723, 95724, | | |
| 75.74.7 | | 95725, 95726 | 35 3 4 3 | |
| Multiple | Removal of Codes/No | 29799, 61798, 63620, | Marketplace | Physical Therapy and |
| Categories | PA Required | 77261, 77334, 77372, | | Occupational Therapy |
| | | 77373, 81240, 81241, | | Configured to Benefit Cap. |
| | | 97010, 97012, 97014, | | |
| | | 97016, 97018, 97022, | | |
| | | 97024, 97026, 97028, | | |
| | | 97032, 97033, 97034, | | |
| | | 97035, 97036, 97150, | | |
| | | 97530, 97533, | | |
| | | 41899, 97535, | | |
| | | B4034, B4035, | | |
| | | B4036, B4102, | | |
| | | B4103, B4104, | | |
| | | B4149, B4150, | | |
| | | B4152, B4153, | | |
| | | B4154, B4155, | | |
| | | B4157, B4158, | | |
| | | B4159, B4160, | | |
| | | B4161, B4162, | | |
| | | B4164, B4168, | | |
| | | B4172, B4176, | | |
| | | B4178, B4180, | | |
| | | B4185, B4189, | | |
| | | B4193, B4197, | | |
| | | B4199, B4216, | | |
| | | B5100, B5200, | | |
| | | B9002, B9004, | | |
| | | B9006, G0281, | | |
| | | G0283, G0329, | | |
| | | S9152, T1001 | | |
| Healthcare | Removal of Codes/No | J0185, J0640, J1453, | ALL | |
| Administered | PA Required | J1650, J1750, J1756, | | |
| Drugs | _ | J2469, J2916, J3489, | | |
| | | J9040, J9045, J9065, | | |
| | | J9070, J9130, J9150, | | |
| | | J9171, J9178, J9185, | | |
| | | J9190, J9201, J9206, | | |
| | | J9263, J9267, J9351, | | |
| | | J9360, J9390, J9000 | | |
| Neuropsychological | Removal of Codes/No | 95705, 95706, 95707, | ALL | |
| and Psychological | PA Required | 95717 | | |
| Tests | | | | |
| Experimental & | Removal of Codes/No | 0076T | ALL | |
| Investigational | PA Required | | | |
| Molecular and | Addition of Codes/PA | 0101U, 0070U | ALL | |
| Genomic Testing | required | | | |
| (AKA Genetic | - 1 | | | |
| Counseling & | | | | |
| Testing) | | | | |
| | 1 | L | 1 | L |

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

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