

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

Effective January 1, 2020

The Molina Healthcare for all lines of business is updating the Prior Authorization Code Matrix for January 1, 2020. The following codes are being updated:

CPT/HCPC CODE	DESCRIPTION	MOLINA SERVICE CATEGORY	Update
78206	LIVER IMAGING SPECT W VASCULAR FLOW	Imaging and Special Tests	PA Update
76391	MAGNETIC RESONANCE ELASTOGRAPHY	Imaging and Special Tests	Removal of Codes/No PA required
G0288	RECON CT ANGIO AORTA SURG PLANNING VASC SURG	Imaging and Special Tests	Removal of Codes/No PA required
S8080	SCINTIMAMMOGRAPHY UNI INCL SUPPLY RADIOPHARM	Imaging and Special Tests	Removal of Codes/No PA required
81287	MGMT GENE PROMOTER METHYLATION ANALYSIS	Genetic Counseling & Testing	Removal of Codes/No PA required
S3722	DOSE OPTIMIZ AUC ANALY INFUSIONAL 5-FLUOROURACIL	Genetic Counseling & Testing	Removal of Codes/No PA required
G6017	INTRA-FRAC LOC AND TRACKING TARGET PT M EA FRAC TX	Genetic Counseling & Testing	Removal of Codes/No PA required
95803	ACTIGRAPHY TESTING RECORDING ANALYSIS I AND R	Sleep Studies	PA Update moved to Experimental/Investigational

The process for obtaining prior authorization **has not** 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/health-care-professionals/Pages/home.aspx>)