

## **Provider News Bulletin September 2023**

## Molina Healthcare of Texas Prior Authorization Code Matrix Update

## **Effective: October 2023**

Molina is updating the Prior Authorization (PA) Code Matrix for October 1<sup>st</sup>, 2023. This is notification only and does not determine if the benefit is covered by the member's plan. The following codes are being updated:

| SERVICE<br>CATEGORY                 | UPDATE<br>TYPE | CODES        | LOB(S)      | NOTES  |
|-------------------------------------|----------------|--------------|-------------|--|
| Durable Medical<br>Equipment (DME)  | Add (PA)       | E0486        | All         |  |
| Unlisted & Miscellaneous            | Covered        | 0568T        | Marketplace | Move from NC to covered, PA required   |
| Healthcare<br>Administered<br>Drugs | PA Update      | 90679, 90678 | All         | Configure to be covered for members aged 60 and over only. (Cancelled effective 8/21/2023 for 90678 per request 2140.) |
| Durable Medical<br>Equipment (DME)  | Add (PA)       | A4238        | All         | PA required where covered (Non-Covered for Marketplace)  |

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| Transportation<br>Services                       | Non-Covered (per HP)     | A0100, S0215,<br>A0130, T2005,<br>T2049, A0428,<br>A0426 | Marketplace | Codes covered in CA only where they require PA              |
|--|--------------------------|--|-------------|---|
| Physical,<br>Occupational, and<br>Speech Therapy | Notes Update             | Outpatient therapies (PT/OT/ST)                          | Marketplace | Update notes to reflect PA required after eval + 12 visits. |
| Multiple<br>Categories                           | Deleted/Invalid<br>Codes | 0066U,0357U,0386<br>U, 0397U                             | All         |   |

| Multiple                   | Add (PA)        | 0387U,0388U,0389                      | All |  |
|----------------------------|-----------------|---------------------------------------|-----|--|
| Categories                 | ()              | U,0390U,0391U,03                      |     |  |
|                            |                 | 92U,0393U,0394U,                      |     |  |
|                            |                 | 0395U,0396U,0397                      |     |  |
|                            |                 | U,0398U,0399U,04                      |     |  |
|                            |                 | 00U,0401U,0793T,                      |     |  |
|                            |                 | 0794T,0795T,0796                      |     |  |
|                            |                 | T,0797T,0798T,079                     |     |  |
|                            |                 | 9T,0800T,0801T,08                     |     |  |
|                            |                 | 02T,0803T,0805T,0                     |     |  |
|                            |                 | 806T,0809T,C9784,                     |     |  |
|                            |                 | C9785,C9787,Q427                      |     |  |
|                            |                 | 2,Q4273,Q4274,Q4                      |     |  |
|                            |                 | 275,Q4276,Q4277,                      |     |  |
|                            |                 | Q4278,Q4280,Q428                      |     |  |
|                            |                 | 1,Q4282,Q4283,Q4<br>284,0402U,0403U,0 |     |  |
|                            |                 | 404U,0405U,0406U                      |     |  |
|                            |                 | ,0407U,0409U,0410                     |     |  |
|                            |                 | U,0411U,0412U,04                      |     |  |
|                            |                 | 13U,0414U,0415U,                      |     |  |
|                            |                 | 0416U,0417U,0418                      |     |  |
|                            |                 | U,0419U                               |     |  |
|                            |                 | 0,01170                               |     |  |
| Healthcare<br>Administered | Remove (PA)     | 90678                                 | All | Where covered, should be covered for age 60 and over |
| Drugs                      |                 |                                       |     | per FDA label. (Cancelled effective 8/21/2023 for    |
|                            |                 |                                       |     | 90678 per request 2140.)                             |
|                            |                 |                                       |     |  |
|                            |                 |                                       |     |  |
|                            |                 |                                       |     |  |
|                            |                 |                                       |     |  |
| Healthcare                 | Add (PA)        | J0174                                 | All | New code released for                                |
| Administered               |                 |                                       |     | Leqembi effective 7/6/23,                            |
| Drugs                      |                 |                                       |     | previously required PA                               |
|                            |                 |                                       |     | under J3590. CMS advised                             |
|                            |                 |                                       |     | providers may bill using the                         |
|                            |                 |                                       |     | new code after 7/26/23.                              |
| Healthcare                 | Deleted/Invalid | J0800                                 | All |  |
| Administered               | Codes           |                                       |     |  |
| Drugs                      |                 |                                       |     |  |
|                            |                 |                                       |     |  |
|                            |                 |                                       |     |  |

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| Transportation<br>Services                        | PA Update                  | A0130, A0426,<br>A0428,T2005,T204<br>9 (Modifiers HH,<br>HE, EH, HN and<br>NH)          | Marketplace | Codes may be covered with PA from plan                             |
|---|----------------------------|---|-------------|--|
| OP Hosp/Amb<br>Surgery Center<br>(ASC) procedures | Move from NC to<br>Covered | 93569,93573,93574,<br>93575   | Marketplace | Codes will not require PA.   |
| OP Hosp/Amb<br>Surgery Center<br>(ASC) procedures | Move from NC to<br>Covered | 33440,93264   | Marketplace | Codes will require PA  |
| Healthcare<br>Administered<br>Drugs               | PA Update                  | 90678   | All         | Configuration to remove age limit, should be covered for all ages. |
| Healthcare<br>Administered<br>Drugs               | Add (PA)                   | J0874, J9064,<br>J9051, J0349,<br>J0889, J2781,<br>J0801, J0802,<br>J9345, J7214, J7353 | All         |  |

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/Forms.

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