

Molina Healthcare of Michigan, Inc. Prior Authorization Code Updates for Fourth Quarter, 2025

Molina is updating its Prior Authorization (PA) Code Lookup Tool for October 1, 2025. This is notification only and does not determine if the benefit is covered by the member's plan. 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. Molina's Service Request Form is available on the Molina Healthcare website at:

<https://www.molinahealthcare.com/providers/mi/medicaid/PriorAuthorization/PA.aspx>

Services that require a prior authorization are easily searchable within the PA Code Lookup Tool. Please note the following updates:

Q4 Changes - Effective 10/1/25				
Service Category	Update	Codes	LOB	Notes
OP Hosp/Amb Surgery Center (ASC) procedures	Remove (PA)	33904 - Percutaneous pulmonary artery revascularization by stent placement for each additional vessel or separate lesion, normal or abnormal connections	All	
Healthcare Administered Drugs	Remove (PA)	C9174 - Injection, datopotamab deruxtecan-dlnk, 1 mg C9175 - Injection, treosulfan, 50 mg	All	
	Move from Non-Covered to Covered	A4238, E2102	Medicare, Marketplace	
	Add (PA)	J0458, Q5154, Q5155, Q5156, Q0235, J7173, J7174, J0681, J1809	Medicare, Marketplace	Oncology ** No PA required for Medicaid per Senate Bill 412
Transplants/Gene Therapy	Non-Covered	J3401 - Vyjuvek	Medicaid	
Hyperbaric and Wound Care	Add (PA)	Q4116, Q4239, Q4262, Q4302, Q4316	All	
Transplants/Gene Therapy	Add (PA)	J3402 - Ryoncil	All	