

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

Effective January 1, 2020

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

CODE	DESCRIPTION	MOLINA SERVICE CATEGORY	Update
J7331	HYALURONAN OR DERIVATIVE, SYNOJOYNT, FOR INTRA-ARTICULAR INJECTION, 1 MG	Healthcare Administered Drugs	To Require Prior Authorization
J7332	HYALURONAN OR DERIVATIVE, TRILURON, FOR INTRA-ARTICULAR INJECTION, 1 MG	Healthcare Administered Drugs	To Require Prior Authorization
J7401	MOMETASONE FUROATE SINUS IMPLANT, 10 MG	Healthcare Administered Drugs	To Require Prior Authorization
Q5116	INJECTION, TRASTUZUMAG-QYYP, BIOSIMILAR, (TRAZIMERA), 10 MG	Healthcare Administered Drugs	To Require Prior Authorization
Q5118	INJECTION, BEVACIZUMAB-BVZR, BIOSIMILAR, (ZIRABEV), 10 MG	Healthcare Administered Drugs	To Require Prior Authorization
Q9950	INJECTION SULFUR HEXAFLUORIDE LIPID MSS PER ML	Radiation Therapy & Radio Surgery	Removed from requiring authorization. Contrast bundled with echocardiography
0174T	CAD CHEST RADIOGRAPH CONCURRENT W INTERPRETATION	Imaging and Special Tests	Removing from PA Matrix due to code being non-covered.
0175T	CAD CHEST RADIOGRAPH REMOTE FROM PRIMARY INTERP	Imaging and Special Tests	Removing from PA Matrix due to code being non-covered.

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. The 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>)