

### Molina Healthcare of Texas Prior Authorization Code Matrix Update

#### Effective: October 1, 2021

Molina is updating the Prior Authorization (PA) Code Matrix for October 1, 2021. 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 CATEGORY	UPDATE TYPE	CODES	CODE DESCRIPTION	HEALTH PLAN(S)	LOB(S)	NOTES
Healthcare Administered Drugs	Addition of codes/PA Required	C9075	INJECTION CASIMERSEN 10 MG	ALL	ALL	
Healthcare Administered Drugs	Addition of codes/PA Required	C9076	LISOCABTAGENE MARALEUCEL PER THERAPEUTIC DOSE	ALL	ALL	
Healthcare Administered Drugs	Addition of codes/PA Required	C9078	INJECTION TRILACICLIB 1 MG	ALL	ALL	
Healthcare Administered Drugs	Addition of codes/PA Required	C9079	INJECTION EVINACUMAB-DGNB 5 MG	ALL	ALL	
Healthcare Administered Drugs	Addition of codes/PA Required	J0224	INJ. LUMASIRAN, 0.5 MG	ALL	ALL	
Healthcare Administered Drugs	Addition of codes/PA Required	J1951	INJECTION LEUPROLIDE AC FOR DEPOT SUSP 0.25 MG	ALL	ALL	
Healthcare Administered Drugs	Addition of codes/PA Required	J7168	PRT COMPLEX CONC KCENTRA PER IU FIX ACT	ALL	ALL	
Healthcare Administered Drugs	Addition of codes/PA Required	J9314	INJECTION ROMIDEPSIN NONLYOPHILIZED 0.1 MG	ALL	ALL	
Healthcare Administered Drugs	Addition of codes/PA Required	J9348	INJECTION NAXITAMAB-GQGK 1 MG	ALL	ALL	
Healthcare Administered Drugs	Addition of codes/PA Required	J9353	INJECTION MARGETUXIMAB-CMKB 5 MG	ALL	ALL	
Healthcare Administered Drugs	Addition of codes/PA Required	Q5123	INJECTION RITUXIMAB-ARRX BIOSIMILAR 10 MG	ALL	ALL	
Healthcare Administered Drugs	Deleted codes	C9065	INJECTION, ROMIDEPSIN, NON-LYOPHILIZED, (E.G.	ALL	ALL	Replaced by new codes: J0224, J7168, J9315

			LIQUID), 1MG			
Healthcare Administered Drugs	Addition of codes/PA Required	J9315	INJECTION ROMIDEPSIN 1 MG	ALL	ALL	
OP Hosp/Amb Surgery Center (ASC) Procedures	Service Category Update	33999	UNLISTED CARDIAC SURGERY	ALL	Medicaid, Marketplace	Reclassified to Unlisted/Miscellaneous Codes
Experimental/Investigational	Deleted codes	K1011	ACTIVATION DEVICE FOR INTRAURETHRAL DRAINAGE DEVICE WITH VALVE, REPLACEMENT ONLY, EACH	ALL	ALL	
Experimental/Investigational	Deleted codes	K1012	CHARGER AND BASE STATION FOR INTRAURETHRAL ACTIVATION DEVICE, REPLACEMENT ONLY	ALL	ALL	
Healthcare Administered Drugs	Service Category Update	J7318	HYALURONAN DERIVATIVE DUROLANE FOR IA INJ 1 MG	ALL	ALL	Reclassified to OP Hosp/Amb Surgery Center (ASC) Procedures
Healthcare Administered Drugs	Service Category Update	J7320	HYALURONAN DERIVATIVE GENVISC 850 IA INJ 1 MG	ALL	ALL	Reclassified to OP Hosp/Amb Surgery Center (ASC) Procedures
Healthcare Administered Drugs	Service Category Update	J7321	HYALURONAN/DERIV HYALGAN/SUPARTZ IA INJ PER DOSE	ALL	ALL	Reclassified to OP Hosp/Amb Surgery Center (ASC) Procedures
Healthcare Administered Drugs	Service Category Update	J7322	HYALURONAN DERIVATIVE HYMOVIS IA INJ 1 MG	ALL	ALL	Reclassified to OP Hosp/Amb Surgery Center (ASC) Procedures
Healthcare Administered Drugs	Service Category Update	J7323	HYALURONAN DERIVATIVE EUFLEXXA IA INJ PER DOSE	ALL	ALL	Reclassified to OP Hosp/Amb Surgery Center (ASC) Procedures
Healthcare Administered Drugs	Service Category Update	J7324	HYALURONAN DERIV ORTHOVISC IA INJ PER DOSE	ALL	ALL	Reclassified to OP Hosp/Amb Surgery Center (ASC) Procedures
Healthcare Administered Drugs	Service Category Update	J7325	HYALURONAN DERIV SYNVIC SYNVIC-ONE IA INJ 1 MG	ALL	ALL	Reclassified to OP Hosp/Amb Surgery Center (ASC) Procedures
Healthcare Administered Drugs	Service Category Update	J7326	HYALURONAN DERIV GEL-ONE INTRA-ARTIC INJ PER DOS	ALL	ALL	Reclassified to OP Hosp/Amb Surgery Center (ASC) Procedures
Healthcare Administered Drugs	Service Category Update	J7327	HYALURONAN DERIVATIVE MONOVISC IA INJ PER DOSE	ALL	ALL	Reclassified to OP Hosp/Amb Surgery Center (ASC) Procedures

Healthcare Administered Drugs	Service Category Update	J7328	HYALURONAN DERIVATIVE GELSYN-3 FOR IA INJ 0.1 MG	ALL	ALL	Reclassified to OP Hosp/Amb Surgery Center (ASC) Procedures
Healthcare Administered Drugs	Service Category Update	J7329	HYALURONAN DERIVATIVE TRIVISC FOR IA INJ 1 MG	ALL	ALL	Reclassified to OP Hosp/Amb Surgery Center (ASC) Procedures
Healthcare Administered Drugs	Service Category Update	J7330	AUTOLOGOUS CULTURED CHONDROCYTES IMPLANT	ALL	ALL	Reclassified to OP Hosp/Amb Surgery Center (ASC) Procedures
Healthcare Administered Drugs	Service Category Update	J7331	HYALURONAN OR DERIVATIVE, SYNOJOYNT, FOR INTRA-ARTICULAR INJ, 1 MG	ALL	ALL	Reclassified to OP Hosp/Amb Surgery Center (ASC) Procedures
Healthcare Administered Drugs	Service Category Update	J7332	HYALURONAN OR DERIVATIVE, TRILURON, FOR INTRA-ARTICULAR INJ, 1 MG	ALL	ALL	Reclassified to OP Hosp/Amb Surgery Center (ASC) Procedures
Behavioral/Mental Health, Alcohol-Chemical Dependency	PA Update	PRESUMPTIVE - PA after 24 units used (any combination of 80305, 80306, 80307), DEFINITIVE - PA after 12 dates of service for codes 80320, 80321, 80322, 80324, 80325, 80326, 80327, 80328, 80346, 80347, 80348, 80353, 80354, 80356, 80358, 80359, 80361, 80362, 80363, 80364, 80365, 80367, 80368, 80369, 80372, 80373, 80374, 80375, 80376, 80377, 83992or G0480, G0481, G0482, G0483, G0659	Multiple Codes	ALL	ALL	PA Required after 24 units Presumptive Drug Test, PA Required after 12 Dates of Service Definitive Drug Test. These were previously miscategorized. Addition of codes also. States with PREEXISTING LIMITS WILL MAINTAIN EXISTING LIMITS unless otherwise noted.

Behavioral/Mental Health, Alcohol-Chemical Dependency	Addition of codes/PA Required	NEW CODES FOR DEFINITIVE PA AFTER 12 DOS 80321, 80322, 80325, 80326, 80327, 80328, 80347, 80363, 80364, 80367, 80368, 80374, 80375, 80376, 80377, 83992	Multiple Codes	ALL	ALL	
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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/Forms.