

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

**Effective: October 1, 2022**

Molina is updating the Prior Authorization (PA) Code Matrix for October 1, 2022. This is notification only and does not determine if the benefit is covered by the member's plan. The following codes are being updated:

<b>SERVICE CATEGORY</b>	<b>UPDATE TYPE</b>	<b>CODES</b>	<b>DESCRIPTION</b>	<b>LOB(S)</b>	<b>NOTES</b>
Durable Medical Equipment (DME)	Addition of Codes/PA Required	K0013	CUSTOM MOTORIZED/POWER WHEELCHAIR BASE	Medicaid	
Hyperbaric/Wound Therapy	Addition of Codes/PA Required	G0460	AUTOLOGOUS PLATELET-RICH PLASMA CHRONIC WOUND	Medicaid, Medicare	
Hyperbaric/Wound Therapy	Addition of Codes/PA Required	G0465	AUTOLOG PRP DIAB CHRON WOUND/ULCER FDA CLEAR DEV	Medicaid, Medicare	
Unlisted & Miscellaneous	Addition of Codes/PA Required	G9012	Children and Pregnant Women Case Management	Medicaid	Prior Authorization required after 5th visit. Benefit goes into effect September 1, 2022
Durable Medical Equipment (DME)	Addition of Codes/PA Required	E2402	NEG PRESS WOUND THERAPY ELEC PUMP STATION/PRTBLE	All	

Durable Medical Equipment (DME)	Addition of Codes/PA Required	K1028	PS and CTRL ELEC U O DVC/APPL NM ELEC STIM TNG M	All	
Durable Medical Equipment (DME)	Addition of Codes/PA Required	K1029	ORAL DEVICE/APPL NM ELEC STIM TONGUE MUSCLE	All	
Durable Medical Equipment (DME)	Addition of Codes/PA Required	K1027	ORAL DEV/APPL RED U AW COL WO F MCH HNG CSTM FAB	All	
Durable Medical Equipment (DME)	Addition of Codes/PA Required	K1022	ADD LE PROS ENDOSK KNEE DISART ABV K HIP DISAR	All	
Durable Medical Equipment (DME)	Addition of Codes/PA Required	K1023	DISTL TRANSCT ELC NRV STM STIM PERIPH NRV UP ARM	All	
Durable Medical Equipment (DME)	Addition of Codes/PA Required	K1024	NONPNEUMATIC COMPR CONTRL W/SEQ CALIBR GRDNT PRS	All	
Durable Medical Equipment (DME)	Addition of Codes/PA Required	K1025	NONPNEUMATIC SEQUENTIAL COMPRES GARMENT FULL ARM	All	
Durable Medical Equipment (DME)	Addition of Codes/PA Required	K1032	NONPNEU SEQUENTIAL COMPRESSION GARMENT FULL LEG	All	
Durable Medical Equipment (DME)	Addition of Codes/PA Required	K1031	NONPNEU CPRSN CTR W/O CALIBRATED GRADIENT PRS	All	
Hyperbaric and Wound Care	Addition of Codes/PA Required	Q4166	CYTAL PER SQ CM	All	Skin Substitutes
Hyperbaric and Wound Care	Addition of Codes/PA Required	Q4167	TRUSKIN PER SQ CM	All	Skin Substitutes
Hyperbaric and Wound Care	Addition of Codes/PA Required	Q4168	AMNIOBAND 1 MG	All	Skin Substitutes
Hyperbaric and Wound Care	Addition of Codes/PA Required	Q4169	ARTACENT WOUND PER SQ CM	All	Skin Substitutes
Hyperbaric and Wound Care	Addition of Codes/PA Required	Q4170	CYGNUS PER SQ CM	All	Skin Substitutes
Hyperbaric and Wound Care	Addition of Codes/PA Required	Q4171	INTERFYL 1 MG	All	Skin Substitutes
Hyperbaric and Wound Care	Addition of Codes/PA Required	Q4173	PALINGEN OR PALINGEN XPLUS PER SQ CM	All	Skin Substitutes

Hyperbaric and Wound Care	Addition of Codes/PA Required	Q4174	PALINGEN OR PROMATRX 0.36 MG PER 0.25 CC	All	Skin Substitutes
Hyperbaric and Wound Care	Addition of Codes/PA Required	Q4175	MIRODERM PER SQ CM	All	Skin Substitutes
Hyperbaric and Wound Care	Addition of Codes/PA Required	Q4199	CYGNUS MATRIX PER SQ CM	All	Skin Substitutes
Hyperbaric and Wound Care	Addition of Codes/PA Required	Q4205	MEMBRANE GRAFT OR MEMBRANE WRAP PER SQ CM	All	Skin Substitutes
Hyperbaric and Wound Care	Addition of Codes/PA Required	Q4206	FLUID FLOW OR FLUID GF 1 CC	All	Skin Substitutes
Hyperbaric and Wound Care	Addition of Codes/PA Required	Q4208	NOVAFIX PER SQ CM	All	Skin Substitutes
Hyperbaric and Wound Care	Addition of Codes/PA Required	Q4209	SURGRAFT PER SQ CM	All	Skin Substitutes
Hyperbaric and Wound Care	Addition of Codes/PA Required	Q4210	AXOLOTL GRAFT OR AXOLOTL DUALGRAFT PER SQ CM	All	Skin Substitutes
Hyperbaric and Wound Care	Addition of Codes/PA Required	Q4211	AMNION BIO OR AXOBIOMEMBRANE PER SQ CM	All	Skin Substitutes
Hyperbaric and Wound Care	Addition of Codes/PA Required	Q4212	ALLOGEN PER CC	All	Skin Substitutes
Hyperbaric and Wound Care	Addition of Codes/PA Required	Q4213	ASCENT 0.5 MG	All	Skin Substitutes
Hyperbaric and Wound Care	Addition of Codes/PA Required	Q4214	CELLESTA CORD PER SQ CM	All	Skin Substitutes
Hyperbaric and Wound Care	Addition of Codes/PA Required	Q4215	AXOLOTL AMBIENT OR AXOLOTL CRYO 0.1 MG	All	Skin Substitutes
Hyperbaric and Wound Care	Addition of Codes/PA Required	Q4216	ARTACENT CORD PER SQ CM	All	Skin Substitutes
Hyperbaric and Wound Care	Addition of Codes/PA Required	Q4217	WNDFIX BLOWND WNDFIX Plus BLOWND Plus WNDFIX X Plus /X Plu	All	Skin Substitutes
Hyperbaric and Wound Care	Addition of Codes/PA Required	Q4218	SURGICORD PER SQ CM	All	Skin Substitutes

Hyperbaric and Wound Care	Addition of Codes/PA Required	Q4219	SURGIGRAFT-DUAL PER SQ CM	All	Skin Substitutes
Hyperbaric and Wound Care	Addition of Codes/PA Required	Q4220	BELLACELL HD OR SUREDERM PER SQ CM	All	Skin Substitutes
Hyperbaric and Wound Care	Addition of Codes/PA Required	Q4221	AMNIO WRAP2 PER SQ CM	All	Skin Substitutes
Hyperbaric and Wound Care	Addition of Codes/PA Required	Q4222	PROGENAMATRIX PER SQ CM	All	Skin Substitutes
Hyperbaric and Wound Care	Addition of Codes/PA Required	Q4227	AMNIOCORETM PER SQ CM	All	Skin Substitutes
Hyperbaric and Wound Care	Addition of Codes/PA Required	Q4229	COGENEX AMNIOTIC MEMBRANE PER SQ CM	All	Skin Substitutes
Hyperbaric and Wound Care	Addition of Codes/PA Required	Q4230	COGENEX FLOWABLE AMNION PER 0.5 CC	All	Skin Substitutes
Hyperbaric and Wound Care	Addition of Codes/PA Required	Q4231	CORPLEX P PER CC	All	Skin Substitutes
Hyperbaric and Wound Care	Addition of Codes/PA Required	Q4232	CORPLEX PER SQ CM	All	Skin Substitutes
Hyperbaric and Wound Care	Addition of Codes/PA Required	Q4233	SURFACTOR OR NUDYN PER 0.5 CC	All	Skin Substitutes
Hyperbaric and Wound Care	Addition of Codes/PA Required	Q4234	XCELLERATE PER SQ CM	All	Skin Substitutes
Hyperbaric and Wound Care	Addition of Codes/PA Required	Q4235	AMNIOREPAIR OR ALTIPLY PER SQ CM	All	Skin Substitutes
Hyperbaric and Wound Care	Addition of Codes/PA Required	Q4237	CRYO-CORD PER SQ CM	All	Skin Substitutes
Hyperbaric and Wound Care	Addition of Codes/PA Required	Q4238	DERM-MAXX PER SQ CM	All	Skin Substitutes
Hyperbaric and Wound Care	Addition of Codes/PA Required	Q4239	AMNIO-MAXX OR AMNIO-MAXX LITE PER SQ CM	All	Skin Substitutes
Hyperbaric and Wound Care	Addition of Codes/PA Required	Q4240	CORECYTE FOR TOPICAL USE ONLY PER 0.5 CC	All	Skin Substitutes

Hyperbaric and Wound Care	Addition of Codes/PA Required	Q4241	POLYCYTE FOR TOPICAL USE ONLY PER 0.5 CC	All	Skin Substitutes
Hyperbaric and Wound Care	Addition of Codes/PA Required	Q4242	AMNIOCYTE PLUS PER 0.5 CC	All	Skin Substitutes
Hyperbaric and Wound Care	Addition of Codes/PA Required	Q4244	PROCENTA PER 200 MG	All	Skin Substitutes
Hyperbaric and Wound Care	Addition of Codes/PA Required	Q4245	AMNIOTEXT PER CC	All	Skin Substitutes
Hyperbaric and Wound Care	Addition of Codes/PA Required	Q4246	CORETEXT OR PROTEXT PER CC	All	Skin Substitutes
Hyperbaric and Wound Care	Addition of Codes/PA Required	Q4247	AMNIOTEXT PATCH PER SQ CM	All	Skin Substitutes
Hyperbaric and Wound Care	Addition of Codes/PA Required	Q4248	DERMACYTE AMNIOTIC MEMBRANE ALLOGRAFT PER SQ CM	All	Skin Substitutes
Hyperbaric and Wound Care	Addition of Codes/PA Required	Q4100	SKIN SUBSTITUTE NOT OTHERWISE SPECIFIED	All	Skin Substitutes
Hyperbaric and Wound Care	Addition of Codes/PA Required	Q4101	APLIGRAF PER SQ CM	All	Skin Substitutes
Hyperbaric and Wound Care	Addition of Codes/PA Required	Q4102	OASIS WOUND MATRIX PER SQ CM	All	Skin Substitutes
Hyperbaric and Wound Care	Addition of Codes/PA Required	Q4103	OASIS BURN MATRIX PER SQ CM	All	Skin Substitutes
Hyperbaric and Wound Care	Addition of Codes/PA Required	Q4104	INTEGRA BILAYER MATRIX WOUND DRESSING PER SQ CM	All	Skin Substitutes
Hyperbaric and Wound Care	Addition of Codes/PA Required	Q4105	INTEGRA DRT/INTEGRA OMNIGR DRML RGN MTX P SQ CM	All	Skin Substitutes
Hyperbaric and Wound Care	Addition of Codes/PA Required	Q4106	DERMAGRAFT PER SQ CM	All	Skin Substitutes
Hyperbaric and Wound Care	Addition of Codes/PA Required	Q4107	GRAFTJACKET PER SQ CM	All	Skin Substitutes
Hyperbaric and Wound Care	Addition of Codes/PA Required	Q4108	INTEGRA MATRIX PER SQ CM	All	Skin Substitutes

Hyperbaric and Wound Care	Addition of Codes/PA Required	Q4110	PRIMATRIX PER SQ CM	All	Skin Substitutes
Hyperbaric and Wound Care	Addition of Codes/PA Required	Q4111	GAMMAGRAFT PER SQ CM	All	Skin Substitutes
Hyperbaric and Wound Care	Addition of Codes/PA Required	Q4112	CYMETRA INJECTABLE 1 CC	All	Skin Substitutes
Hyperbaric and Wound Care	Addition of Codes/PA Required	Q4113	GRAFTJACKET XPRESS INJECTABLE 1 CC	All	Skin Substitutes
Hyperbaric and Wound Care	Addition of Codes/PA Required	Q4114	INTEGRA FLOWABLE WOUND MATRIX INJECTABLE 1 CC	All	Skin Substitutes
Hyperbaric and Wound Care	Addition of Codes/PA Required	Q4115	ALLOSKIN PER SQ CM	All	Skin Substitutes
Hyperbaric and Wound Care	Addition of Codes/PA Required	Q4116	ALLODERM PER SQ CM	All	Skin Substitutes
Hyperbaric and Wound Care	Addition of Codes/PA Required	Q4117	HYALOMATRIX PER SQ CM	All	Skin Substitutes
Hyperbaric and Wound Care	Addition of Codes/PA Required	Q4118	MATRISTEM MICROMATRIX 1 MG	All	Skin Substitutes
Hyperbaric and Wound Care	Addition of Codes/PA Required	Q4121	THERASKIN PER SQ CM	All	Skin Substitutes
Hyperbaric and Wound Care	Addition of Codes/PA Required	Q4122	DERMACLL DERMACLL AWM/DERMACLL AWM POROUS P SC	All	Skin Substitutes
Hyperbaric and Wound Care	Addition of Codes/PA Required	Q4123	ALLOSKIN RT PER SQ CM	All	Skin Substitutes
Hyperbaric and Wound Care	Addition of Codes/PA Required	Q4124	OASIS ULTRA TRI-LAYER WOUND MATRIX PER SQ CM	All	Skin Substitutes
Hyperbaric and Wound Care	Addition of Codes/PA Required	Q4125	ARTHROFLEX PER SQ CM	All	Skin Substitutes
Hyperbaric and Wound Care	Addition of Codes/PA Required	Q4126	MEMODERM DERMASPAN TRANZGRFT/INTEGUPLY PER SQ CM	All	Skin Substitutes
Hyperbaric and Wound Care	Addition of Codes/PA Required	Q4127	TALYMED PER SQ CM	All	Skin Substitutes

Hyperbaric and Wound Care	Addition of Codes/PA Required	Q4128	FLEXHD ALLOPATCHHD OR MATRIX HD PER SQ CM	All	Skin Substitutes
Hyperbaric and Wound Care	Addition of Codes/PA Required	Q4130	STRATTICE PER SQ CM	All	Skin Substitutes
Hyperbaric and Wound Care	Addition of Codes/PA Required	Q4132	GRAFIX CORE AND GRAFIXPL CORE PER SQUARE CM	All	Skin Substitutes
Hyperbaric and Wound Care	Addition of Codes/PA Required	Q4133	GRAFIX PRM GRAFIXPL PRM STRAVIX AND STRAVIXPL P SC	All	Skin Substitutes
Hyperbaric and Wound Care	Addition of Codes/PA Required	Q4134	HMATRIX PER SQUARE CENTIMETER	All	Skin Substitutes
Hyperbaric and Wound Care	Addition of Codes/PA Required	Q4135	MEDISKIN PER SQUARE CENTIMETER	All	Skin Substitutes
Hyperbaric and Wound Care	Addition of Codes/PA Required	Q4136	E-Z DERM PER SQUARE CENTIMETER	All	Skin Substitutes
Hyperbaric and Wound Care	Addition of Codes/PA Required	Q4137	AMNIOEXCEL AMNIOEXCEL PLUS/BIODEXCEL PER SQ CM	All	Skin Substitutes
Hyperbaric and Wound Care	Addition of Codes/PA Required	Q4138	BIODFENCE DRYFLEX PER SQ CM	All	Skin Substitutes
Hyperbaric and Wound Care	Addition of Codes/PA Required	Q4139	AMNIOMATRIX OR BIODMATRIX INJECTABLE 1 CC	All	Skin Substitutes
Hyperbaric and Wound Care	Addition of Codes/PA Required	Q4140	BIODFENCE PER SQ CM	All	Skin Substitutes
Hyperbaric and Wound Care	Addition of Codes/PA Required	Q4141	ALLOSKIN AC PER SQ CM	All	Skin Substitutes
Hyperbaric and Wound Care	Addition of Codes/PA Required	Q4142	XCM BIOLOGIC TISSUE MATRIX PER SQ CM	All	Skin Substitutes
Hyperbaric and Wound Care	Addition of Codes/PA Required	Q4143	REPRIZA PER SQ CM	All	Skin Substitutes
Hyperbaric and Wound Care	Addition of Codes/PA Required	Q4145	EPIFIX INJECTABLE 1 MG	All	Skin Substitutes
Hyperbaric and Wound Care	Addition of Codes/PA Required	Q4146	TENSIX PER SQ CM	All	Skin Substitutes

Hyperbaric and Wound Care	Addition of Codes/PA Required	Q4147	ARCHITECT EXTRACELLULAR MATRIX PER SQ CM	All	Skin Substitutes
Hyperbaric and Wound Care	Addition of Codes/PA Required	Q4148	NEOX CORD 1K NEOX CORD RT/CLARIX CORD 1K-SQ CM	All	Skin Substitutes
Hyperbaric and Wound Care	Addition of Codes/PA Required	Q4149	EXCELLAGEN 0.1 CC	All	Skin Substitutes
Hyperbaric and Wound Care	Addition of Codes/PA Required	Q4150	ALLOWRAP DS OR DRY PER SQUARE CENTIMETER	All	Skin Substitutes
Hyperbaric and Wound Care	Addition of Codes/PA Required	Q4151	AMNIOBAND OR GUARDIAN PER SQUARE CENTIMETER	All	Skin Substitutes
Hyperbaric and Wound Care	Addition of Codes/PA Required	Q4152	DERMAPURE PER SQUARE CENTIMETER	All	Skin Substitutes
Hyperbaric and Wound Care	Addition of Codes/PA Required	Q4153	DERMAVEST AND PLURIVEST PER SQ CM	All	Skin Substitutes
Hyperbaric and Wound Care	Addition of Codes/PA Required	Q4154	BIOVANCE PER SQUARE CENTIMETER	All	Skin Substitutes
Hyperbaric and Wound Care	Addition of Codes/PA Required	Q4155	NEOXFLO OR CLARIXFLO 1 MG	All	Skin Substitutes
Hyperbaric and Wound Care	Addition of Codes/PA Required	Q4156	NEOX 100 OR CLARIX 100 PER SQUARE CM	All	Skin Substitutes
Hyperbaric and Wound Care	Addition of Codes/PA Required	Q4157	REVITALON PER SQUARE CENTIMETER	All	Skin Substitutes
Hyperbaric and Wound Care	Addition of Codes/PA Required	Q4158	KERECIS OMEGA3 PER SQUARE CM	All	Skin Substitutes
Hyperbaric and Wound Care	Addition of Codes/PA Required	Q4159	AFFINITY PER SQUARE CENTIMETER	All	Skin Substitutes
Hyperbaric and Wound Care	Addition of Codes/PA Required	Q4160	NUSHIELD PER SQUARE CENTIMETER	All	Skin Substitutes
Hyperbaric and Wound Care	Addition of Codes/PA Required	A2001	INNOVAMATRIX AC PER SQ CM	All	Skin Substitutes
Hyperbaric and Wound Care	Addition of Codes/PA Required	A2002	MIRRAGEN ADVANCED WOUND MATRIX PER SQ CM	All	Skin Substitutes



Hyperbaric and Wound Care	Addition of Codes/PA Required	A2004	XCELLISTEM PER SQ CM	All	Skin Substitutes
Hyperbaric and Wound Care	Addition of Codes/PA Required	A2005	MICROLYTE MATRIX PER SQ CM	All	Skin Substitutes
Hyperbaric and Wound Care	Addition of Codes/PA Required	A2006	NOVOSORB SYNPATH DERMAL MATRIX PER SQ CM	All	Skin Substitutes
Hyperbaric and Wound Care	Addition of Codes/PA Required	A2007	RESTRATA PER SQ CM	All	Skin Substitutes
Hyperbaric and Wound Care	Addition of Codes/PA Required	A2008	THERAGENESIS PER SQ CM	All	Skin Substitutes
Hyperbaric and Wound Care	Addition of Codes/PA Required	A2009	SYMPHONY PER SQ CM	All	Skin Substitutes
Hyperbaric and Wound Care	Addition of Codes/PA Required	A2010	APIS PER SQ CM	All	Skin Substitutes
Hyperbaric and Wound Care	Addition of Codes/PA Required	A2011	SUPRA SDRM PER SQ CM	All	Skin Substitutes
Hyperbaric and Wound Care	Addition of Codes/PA Required	A2012	SUPRATHEL PER SQ CM	All	Skin Substitutes
Hyperbaric and Wound Care	Addition of Codes/PA Required	A2013	INNOVAMATRIX FS PER SQ CM	All	Skin Substitutes
Hyperbaric and Wound Care	Addition of Codes/PA Required	A4100	SKIN SUBSTITUTE FDA CLEARED AS A DEVICE NOS	All	Skin Substitutes
Sleep Studies	Remove Prior Authorization	95800	SLP STDY UNATND W/HRT RATE/O2 SAT/RESP/SLP TIME	All	
Sleep Studies	Remove Prior Authorization	95801	SLP STDY UNATND W/MIN HRT RATE/O2 SAT/RESP ANAL	All	
Sleep Studies	Remove Prior Authorization	95803	ACTIGRAPHY TESTING RECORDING ANALYSIS I AND R	All	
Sleep Studies	Remove Prior Authorization	95806	SLEEP STD AIRFLOW HRT RATE AND O2 SAT EFFORT UNATT	All	
Pain Management Procedures	Remove Prior Authorization	01937	ANES PERQ IMG NJX DRG/ASPIR PX SPI/SP CRV/THRC	All	
Pain Management Procedures	Remove Prior Authorization	01938	ANES PERQ IMG NJX DRG/ASPIR PX SPI/SP LMBR/SAC	All	

Pain Management Procedures	Remove Prior Authorization	01939	ANES PERQ IMG DSTRJ PX NULYT AGT SPI/SP CRV/THRC	All	
Pain Management Procedures	Remove Prior Authorization	01940	ANES PERQ IMG DSTRJ PX NULYT AGT SPI/SP LMBR/SAC	All	
Pain Management Procedures	Remove Prior Authorization	01941	ANES PERQ IMG NEUROMD/NTRVRT PX SPI/SP CRV/THRC	All	
Pain Management Procedures	Remove Prior Authorization	01942	ANES PERQ IMG NEUROMD/NTRVRT PX SPI/SP LMBR/SAC	All	
Healthcare Administered Code	Addition of Codes/PA Required	J0491	Anifrolumab-fnia (Saphnelo™)	Medicaid	
Healthcare Administered Code	Addition of Codes/PA Required	J0490	Belimumab (Benlysta)	Medicaid	
Healthcare Administered Code	Addition of Codes/PA Required	Q2041	Yescarta	Medicaid	
Healthcare Administered Code	Addition of Codes/PA Required	Q2053	Tecartus	Medicaid	
Healthcare Administered Code	Addition of Codes/PA Required	J0172	Tezspire	Medicaid	
Healthcare Administered Code	Addition of Codes/PA Required	J0219	Avalglucosidase alfa-ngpt, 4 mg	Medicaid	
Healthcare Administered Code	Remove Prior Authorization	J9246	Melphalan	Medicaid	
Healthcare Administered Code	Remove Prior Authorization	J0593	Lanadelumab-flyo	Medicaid	
Healthcare Administered Code	Remove Prior Authorization	J0291	INJECTION PLAZOMICIN 5 MG	Medicaid	

Healthcare Administered Code	Remove Prior Authorization	J0850	Cytogam	Medicaid	
Healthcare Administered Code	Remove Prior Authorization	J9354	Kadcyla	Medicaid	
Healthcare Administered Code	Remove Prior Authorization	J0202	Alemtuzumab	Medicaid	
Healthcare Administered Code	Remove Prior Authorization	J0257	alpha 1 proteinase inhibitor (human)	Medicaid	
Healthcare Administered Code	Remove Prior Authorization	J0480	Basiliximab	Medicaid	
Healthcare Administered Code	Remove Prior Authorization	J0485	Belatacept	Medicaid	
Healthcare Administered Code	Remove Prior Authorization	J0717	CIMZIA (Certolizumab pegol. Inj.)	Medicaid	
Healthcare Administered Code	Remove Prior Authorization	J1595	Glatiramer acetate	Medicaid	
Healthcare Administered Code	Remove Prior Authorization	J1602	Golimumab	Medicaid	
Healthcare Administered Code	Remove Prior Authorization	Q0138	Ferumoxytol	Medicaid	
Healthcare Administered Code	Remove Prior Authorization	Q0139	Ferumoxytol	Medicaid	
Healthcare Administered Code	Remove Prior Authorization	J1726	Hydroxyprogesterone	Medicaid	

Healthcare Administered Code	Remove Prior Authorization	J1729	Hydroxyprogesterone	Medicaid	
Healthcare Administered Code	Remove Prior Authorization	J9219	Leuprolide Acetate	Medicaid	
Healthcare Administered Code	Remove Prior Authorization	J9600	Porfimer (photofrin)	Medicaid	
Healthcare Administered Code	Remove Prior Authorization	C9086	Anifrolumab-fnia, 1 mg	Medicaid	
Healthcare Administered Code	Remove Prior Authorization	J1300	Eculizumab (Sloiris)	Medicaid	

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.