

Molina Complete Care (MCC) Provider Notice

Re: Changes to prior authorization requirements

September 1, 2020

Dear MCC Medicaid Provider:

As part of our effort to ease provider administrative work and ensure our members live healthier lives, we continue to refine our prior authorization (PA) requirements. We do this by adding and removing PA requirements for certain medications and services.

The chart below shows changes with an effective date of October 1, 2020.

IP/OP*	OP UM Type	Proc/HCPCS Code	Code Description	PA Change Type (Add/Remove)
OP	PT Eval	97161	Physical therapy evaluation	Remove
OP	PT Eval	97162	Physical therapy evaluation	Remove
OP	PT Eval	97163	Physical therapy evaluation	Remove
OP	OT Eval	97165	Occupational therapy evaluation	Remove
OP	OT Eval	97166	Occupational therapy evaluation	Remove
OP	OT Eval	97167	Occupational therapy evaluation	Remove
OP	ST Eval	92521	Speech therapy evaluation	Remove
OP	ST Eval	92522	Speech therapy evaluation	Remove
OP	ST Eval	92523	Speech therapy evaluation	Remove
OP	ST Eval	92524	Speech therapy evaluation	Remove
OP	ST Eval	92610	Speech therapy evaluation	Remove

OP	DME	E0105	Quad Cane	Remove
OP	DME	E0100	Metal Cane	Remove
OP	DME	E0603	Electric Breast Pump	Remove
OP	N/A	J0775	Injection, collagenase, clostridium histolyticum, 0.01 mg	Add
OP	N/A	Q5116	Injection, Trazimera, 10 mg	Add
OP	N/A	J0223	Injection, givosiran, 0.5 mg	Add
OP	N/A	J0791	Injection, crizanlizumab-tmca, 5 mg	Add
OP	N/A	J1558	Injection, immune globulin (xembify), 100 mg	Add
OP	N/A	J7314	Injection, fluocinolone acetonide, intravitreal implant (yutiq), 0.01 mg	Add
OP	N/A	J9177	Injection, enfortumab vedotin-ejfv, 0.25 mg	Add
OP	N/A	J9358	Injection, fam-trastuzumab deruxtecan-nxki, 1 mg	Add
OP	N/A	Q5112	Injection, trastuzumab-dttb, biosimilar, (ontruzant), 10 mg	Add
OP	N/A	Q5120	Injection, pegfilgrastim-bmez, biosimilar, (ziextenzo), 0.5 mg	Add
OP	N/A	Q5107	Injection, bevacizumab-awwb, biosimilar, (mvasi), 10 mg	Add
OP	N/A	Q5113	Injection, trastuzumab-pkrb, biosimilar, (herzuma), 10 mg	Add
OP	N/A	Q5117	Injection, trastuzumab-anns, biosimilar, (kanjinti), 10 mg	Add
OP	N/A	Q5119	Injection, rituximab-pvvr, biosimilar, (ruxience), 10 mg	Add
OP	N/A	J0289	Injection, amphotericin b liposome, 10 mg	Add
OP	N/A	J0401	Injection, aripiprazole, extended release, 1 mg	Add
OP	N/A	J0475	Injection, baclofen, 10 mg	Add
OP	N/A	J0691	Injection, lefamulin, 1 mg	Add
OP	N/A	J0875	Injection, dalbavancin, 5 mg	Add
OP	N/A	J0894	Injection, decitabine, 1 mg	Add
OP	N/A	J2792	Injection, rho d immune globulin, intravenous, human, solvent detergent, 100 iu	Add
OP	N/A	j7313	Injection, fluocinolone acetonide, intravitreal implant (iluvien), 0.01 mg	Add

OP	N/A	J7677	Revefenacin inhalation solution, fda-approved final product, non-compounded, administered through dme, 1 microgram	Add
OP	N/A	J9017	Injection, arsenic trioxide, 1 mg	Add
OP	N/A	Q0138	Injection, ferumoxytol, for treatment of iron deficiency anemia, 1 mg (non-esrd use)	Add
OP	N/A	Q0139	Injection, ferumoxytol, for treatment of iron deficiency anemia, 1 mg (for esrd on dialysis)	Add
OP	N/A	Q2050	Injection, doxorubicin hydrochloride, liposomal, not otherwise specified, 10 mg	Add
OP	N/A	J3285	Injection, treprostinil, 1 mg	Add
OP	N/A	J0606	Injection, etelcalcetide, 0.1 mg	Remove
OP	N/A	J9181	Injection, etoposide, 10 mg	Remove
OP	N/A	J0270	Injection, alprostadil, 1.25 mcg (code may be used for medicare when drug administered under the direct supervision of a physician, not for use when drug is self administered)	Remove
OP	N/A	J0604	Cinacalcet, oral, 1 mg, (for esrd on dialysis)	Remove
OP	N/A	J1097	Phenylephrine 10.16 mg/ml and ketorolac 2.88 mg/ml ophthalmic irrigation solution, 1 ml	Remove
OP	N/A	J1110	Injection, dihydroergotamine mesylate, per 1 mg	Remove
OP	N/A	J1670	Injection, tetanus immune globulin, human, up to 250 units	Remove
OP	N/A	J1790	Injection, droperidol, up to 5 mg	Remove
OP	N/A	J2440	Injection, papaverine hcl, up to 60 mg	Remove
OP	N/A	J3246	Injection, tirofiban hcl, 0.25 mg	Remove
OP	N/A	J3304	Injection, triamcinolone acetonide, preservative-free, extended-release, microsphere formulation, 1 mg	Remove
OP	N/A	J3470	Injection, hyaluronidase, up to 150 units	Remove
OP	N/A	J7308	Aminolevulinic acid hcl for topical administration, 20%, single unit dosage form (354 mg)	Remove
OP	N/A	J8498	Antiemetic drug, rectal/suppository, not otherwise specified	Remove
OP	N/A	J8597	Antiemetic drug, oral, not otherwise specified	Remove
OP	N/A	J8610	Methotrexate; oral, 2.5 mg	Remove
OP	N/A	J2941	Injection, somatropin, 1 mg	Remove

OP	N/A	J2545	Pentamidine isethionate, inhalation solution, fda-approved final product, non-compounded, administered through dme, unit dose form, per 300 mg	Remove
OP	N/A	J2590	Injection, oxytocin, up to 10 units	Remove
OP	N/A	J9030	Bcg live intravesical instillation, 1 mg	Remove
OP	N/A	J9100	Injection, cytarabine, 100 mg	Remove
OP	N/A	J9130	Dacarbazine, 100 mg	Remove
OP	N/A	J9150	Injection, daunorubicin, 10 mg	Remove
OP	N/A	J9185	Injection, fludarabine phosphate, 50 mg	Remove
OP	N/A	J9209	Injection, mesna, 200 mg	Remove
OP	N/A	J9250	Methotrexate sodium, 5 mg	Remove
OP	N/A	J9330	Injection, temsirolimus, 1 mg	Remove
OP	N/A	J9360	Injection, vinblastine sulfate, 1 mg	Remove
OP	N/A	J9370	Vincristine sulfate, 1 mg	Remove
OP	N/A	J9390	Injection, vinorelbine tartrate, 10 mg	Remove
OP	N/A	J9000	Injection, doxorubicin hydrochloride, 10 mg	Remove
OP	N/A	J9218	Leuprolide acetate, per 1 mg	Remove
OP	N/A	Q5106	Injection, epoetin alfa-epbx, biosimilar, (retacrit) (for non-esrd use), 1000 units	Remove
OP	N/A	J9201	Injection, gemcitabine hydrochloride, not otherwise specified, 200 mg	Remove
OP	N/A	J9351	Injection, topotecan, 0.1 mg	Remove

*OP includes HCPCS codes for procedures, services, medications or supplies

If you have members on these medications or needing services that have been added to this list, please submit a prior authorization request before the member's next appointment or prior to initiating therapy. Submit requests to MCC by faxing a completed prior authorization form to 1-866-210-1523 for CCC Plus or 1-855-769-2116 for Medallion 4.0. You can access the form on the provider pages of our website at www.mccofva.com under the "Forms" section.

We'll notify you of any further changes.

Please visit www.mccofva.com to view the full list of medications requiring a prior authorization.

If you have any questions, comments or concerns about these changes and/or this process, please call us at 1-800-424-4524 for CCC Plus and 1-800-424-4518 for Medallion 4.0.

If you also treat DSNP members, please refer to the authorization list located at www.mccofva.com/dsnp. If you have questions or need prior authorization for a DSNP member, call 1-800-424-4495.