

- IMPORTANT NOTICES -

This document is updated quarterly. Please check this document prior to PA submission as codes may be removed or added. All codes listed require PA unless there is a Plan-specific exception*.

**Office visits and/or procedures at PAR/Network Providers do not require PA.
Referrals to PAR/Network Specialists do not require PA.**

Some services listed may not be covered by CMS or your local State Medicaid or Marketplace agency; please refer to your regulatory agency for specific non-covered codes.

Authorization is not a guarantee of payment for services. Payment is made in accordance with a determination of the member's eligibility, benefit limitation/exclusions, and evidence of medical necessity during the claim review.

To search this document, use [Ctrl + F] keys; enter Service or Code in search navigation pane at left; press Enter.

***Refer to *Molina Plan Exceptions* section**

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Codification Document Change Tracking

Received Date	Effective Date	Specialty/Service	Change/Update Description	Exceptions/Notes
05/01/14	05/15/14	OP Hospital/ASC procedures	Removed/No PA Required: 11100	None
05/15/14	07/17/14	OP Hospital/ASC procedures	Removed/No PA Required: 97002*, 92521, 92522, 92523, 92524	*MHFL: PA required
05/28/14	06/27/14	Radiation Therapy & Radiosurgery	Removed/No PA Required: 37204	None
05/28/14	06/27/14	OP Hospital/ASC procedures	Removed/No PA Required: 95860	MPR
06/10/14	10/28/14	Genetic Counseling & Testing	Removed/No PA Required: 81504, 81507	None
06/10/14	10/23/14	OP Hospital/ASC procedures	Removed/No PA Required: 95972	None
08/26/14	10/28/14	Podiatry	Removed/No PA Required all related codes. No auth needed when done in PAR office.	None
08/01/14	10/28/14	Physical Therapy custom content	Added/PA Required all related codes	None
08/01/14	10/28/14	Pain Management Therapy custom content	Added/PA Required all related codes	None
08/01/14	10/28/14	Behavioral Health Therapy custom content	Added/PA Required all related codes	None
10/07/14	11/26/14	Genetic Counseling & Testing	Removed/No PA Required: 81506, 81503, 81500	None
09/15/14	12/05/14	Non Emergent Air/Ground Transportation services	Added/PA Required: A0426, A0428, A0430, A0431, S9960, S9961	None
12/15/14	12/17/14	Specialty Pharmacy drugs	Removed/No PA Required: J1936	None
12/15/14	12/17/14	Behavioral Health	Added/PA Required: 96105 Removed/No PA Required: H2014*	None *MHNH: PA Required
12/15/14	12/17/14	OP Hospital/ASC procedures	Removed/No PA Required: 90880	MHTX: Non covered code
11/09/14	12/17/14	OP Hospital/ASC procedures	Removed/No PA Required: 90832, 90833, 90834, 90836, 90837, 90838, 90845, 90846, 90847, 90848, 90849, 90853, 90899, 95950, 95951, 95953	90899 will remain under Unlisted/T codes 95951 will remain under neuropsychological testing.
11/14/14	12/17/14	Prosthetics & Orthotics	Added/PA Required: L0452	None
11/14/14	01/01/15	Neuropsychological & Psychological testing	Removed/No PA Required: 96110, 96111	None
11/18/14	12/17/14	Specialty Pharmacy & T codes	Removed/No PA Required: J7301, J7302, 59899, 91911	None
12/14/14	12/18/14	BH, mental health, alcohol & chemical dependency	PA Required: S0201	MTX: Non covered code
12/14/14	12/18/14	BH, mental health, alcohol & chemical dependency	Removed/No PA Required: H0016, H0031	None
12/22/14	12/22/14	Physical Therapy	PA Required: 0420, 0421, 0422, 0423, 0424, 0429	MHTX: Non covered codes
12/22/14	12/22/14	Occupational Therapy	PA Required: 0430, 0431, 0432, 0433, 0434, 0439	None
12/22/14	12/22/14	Speech Therapy	PA Required: 0440, 0441, 0442, 0443, 0444, 0449	None
12/31/14	01/01/15	OP Hospital/ASC procedures	Removed/No PA Required: 96150, 96151, 96152, 96153, 96154, 96155	None
12/31/14	01/01/15	OP Hospital/ASC procedures	Removed/No PA Required: 90865, 90875, 90876, 90882, 90901, 90911	None
12/31/14	01/01/15	BH, mental health, alcohol & chemical dependency	Removed/No PA Required: H2017, Q3014	None
01/12/15	01/12/15	Wound therapy, including wound Vacs & Hyperbaric wound therapy	Removed/No PA Required: G0456, G0457	None
01/14/15	01/14/15	Radiation Therapy and Radio Surgery	Removed/No PA Required: 77418 Added/PA Required: 77385, 77306, 77307, 77316, 77317, 77318, 77402, 77407, 77412, 77387 Removed Termed Codes: 0073T, 77305, 77310, 77315, 77326, 77327, 77328, 77403, 77404, 77406, 77408, 77409, 77411, 77413, 77414, 77416, 77421	None
01/22/15	01/22/15	Pain Management Procedures	Added/PA Required: 64492	None
01/22/15	01/22/15	OP Hospital/ASC procedures	Added/PA Required: 33418, 33419	None
01/26/15	01/26/15	OP Hospital/ASC procedures	Removed/No PA Required: 98925, 98926, 98927, 98928, 98929	None
02/06/15	02/06/15	OP Hospital/ASC procedures	Added/PA Required: 20930 (based on MCG-218)	None
02/06/15	02/06/15	Experimental/Investigational &	Removed/No PA Required: 0232T	None

Molina Healthcare of Texas, PA Code Matrix

Services Requiring Authorization

Received Date	Effective Date	Specialty/Service	Change/Update Description	Exceptions/Notes
		Unlisted Misc. codes		
02/06/15	02/06/15	Wound therapy, including wound Vacs & Hyperbaric wound therapy	Removed/No PA Required: G0460	None
02/06/15	02/06/15	Radiation Therapy and Radio Surgery	Added/PA Required: G0339; G0340 (based on MCG-224)	None
02/23/15	02/23/15	Specialty Pharmacy Drugs (Injectable)	Added/PA Required (based on MCGs): J1725, J0598, J9010, J9035, J2796, J7336, J2212, S0073, C9027	None
03/03/15	03/03/15	OP Hospital/ASC procedures	Removed/No PA Required: 11976	None
03/03/15	03/03/15	DME	Added/PA Required: C2624	None
03/03/15	03/03/15	Experimental/Investigational	Added/PA Required: 92145	None
03/03/15	03/03/15	Genetic Counseling & Testing	Added/PA Required: 81246, 81288, 81313, 81410, 81411, 81415, 81416, 81417, 81425, 81426, 81427, 81430, 81431, 81435, 81436, 81440, 81445, 81450, 81455, 81460, 81465, 81470, 81471, 81519, 83006, 88369, 88373, 88374, 88377	None
03/03/15	03/03/15	Wound therapy, including wound Vacs & Hyperbaric wound therapy	Added/PA Required: G0277, 97607, 97608	None
03/03/15	03/03/15	OP Hospital/ASC procedures	Added/PA Required: 52441, 52442, 66179, 66184, G0276	None
03/03/15	03/03/15	Pain Management procedures	Added/PA Required: 64486, 64487, 64488, 64489	None
03/03/15	03/03/15	Specialty Pharmacy Drugs	Added/PA Required: J0572, J0573, J0574, J0575, J0888, J1322, J7181, J7182, J7200, J7201, J7327, J7336, J9267, J9301, C9027, C9136, C9442, C9443, C9444, C9446	None
03/03/15	03/03/15	Prosthetics/Orthotics	Added/PA Required: L6026, L7259	None
03/03/15	03/03/15	Radiation Therapy	Added/PA Required: G6015, G6016, G6017	None
03/03/15	03/03/15	Unlisted/Misc./T Codes	Added/PA Required: G6021	None
03/03/15	03/31/15	Multi-Specialties	Removed Termed Codes: 00452, 0059T, 00622, 00634, 0092T, 0181T, 0197T, 0199T, 0226T, 0227T, 0239T, 0245T, 0246T, 0247T, 0248T, 0319T, 0320T, 0321T, 0322T, 0323T, 0324T, 0325T, 0326T, 0327T, 0328T, 0334T, 0343T, 0344T 22520, 22521, 22522, 22523, 22524, 22525, 33332, 33472, 33960, 33961, 36469, 36822, 43350, 61542, 61609, C9022, C9133, C9134, C9135, J0151, J3140, J3150, L6025, L7260, L7261, Q9970, Q9973, Q9974, S0144, S3855	None
03/06/15	03/06/15	OP Hospital/ASC procedures	Removed/No PA Required: 55970, 55980	Medicare members only
03/11/15	01/01/15	OP Hospital/ASC procedures	Removed/No PA Required: 58353	None. Retro to 01/01/15.
03/13/15	03/13/15	Neuropsychological & Psychological testing	Added/PA Required: 95950, 95953, 95954, 95955, 95957, 95958, 95961, 95962	None
03/13/15	03/13/15	BH, mental health, alcohol & chemical dependency	Removed/No PA Required: H0020	None
03/23/15	01/01/15	OP Hospital/ASC procedures	Removed/No PA Required: 95990, 96409, 96417, 96440, 96401, 96411, 96420, 96450, 96402, 96413, 96422, 96542, 96405, 96415, 96423, 96549, 96406, 96416, 96425	None. Retro to 01/01/15
04/08/15	04/01/15	Specialty Pharmacy Drugs	Added/PA Required: C9445, C9448, C9449, C9450, C9451, C9452, Q9975, J9228	None. Retro to 04/01/15
05/01/15	07/01/15	OP Hospital/ASC procedures	Removed/No PA Required: 36821, 96365, 96366, 96367, 96368	None
05/01/15	07/01/15	All	Changed name of this document from "Codification Document" to "Services & Codes Requiring PA"	None
05/20/15	07/01/15	Medicare Non Covered Codes & Plan Non Covered Codes	Removed non covered codes from document.	None
06/18/15	07/01/15	Newborn screenings	No PA required for NM: 82016, 82017	MHNM Only
06/18/15	07/01/15	Dopplers, Sedation, Dietitians, EMG/NCS	No PA required for NM: 93922, 93923, 93924, 93925, 93926, 93930, 93931, 93965, 93970, 93971, 93975, 93976, 93978, 93979, 93980, 93981, 93990, 93880, 93882, 99143, 99144, 99145, 99148, 99149, 99150, 97802, 97803, 97804, 95861, 95863, 95864, 95865,	MHNM Only

Molina Healthcare of Texas, PA Code Matrix

Services Requiring Authorization

Received Date	Effective Date	Specialty/Service	Change/Update Description	Exceptions/Notes
			95866, 95907, 95908, 95909, 95910, 95911, 95912, 95913, 95885, 95886, 95887, 95937	
07/01/15	07/10/15	OP Hospital/ASC procedures, "T" Codes, Experimental/ Investigational	Removed/No PA Required: 33361, 33362, 33363, 33364, 33365, 33418, 33419, 0345t, G0276	None
07/17/15	07/01/15	Specialty Pharmacy Drugs	Removed Termed Code: C9448 Added/PA Required: Q5101, C9453, C9454, C9455, Q9977, Q9978	None. Retro to 07/01/15 None. Retro to 07/01/15
07/17/15	07/01/15	Experimental/Investigational	Added/PA Required: 0392T, 0393T	None. Retro to 07/01/15
07/17/15	07/01/15	Genetic Counseling & Testing	Added/PA Required: 0010M	None. Retro to 07/01/15
07/15/15	07/01/15	BH, mental health, alcohol & chemical dependency	Added/PA Required when submitted with Diagnosis of Autism: H0031, H0032*, H2012, H2014, H2017, H2019, T1023, T1025, T1026, T1027, T1028, T2013, T2040, S5150, 299.00, 299.01, 299.10, 299.11, 299.80, 299.81, 299.90, 299.91	*No PA required for MHSC's DAODAS providers. Retro to 07/01/15
07/22/15	08/01/15	Dialysis	Removed/No PA Required: 90935, 90953, 90959, 90965, 90997, 90937, 90954, 90960, 90966, G0365, 90945, 90955, 90961, 90967, J0882, 90947, 90956, 90962, 90968, J0886, 90951, 90957, 90963, 90969, Q4081, 90952, 90958, 90964, 90970	None
07/22/15	08/01/15	Hospice	Removed/No PA Required: S0271, T2044, T2042, T2045, T2043, T2046	None
07/22/15	08/01/15	Dental Anesthesia	Removed/No PA Required: D9219, 00170	
07/22/15	08/01/15	Durable Medical Equipment (DME)	Removed/No PA Required: A4639, A8000, A8001, A8002, A8003, A8004, E0184, E0186, E0193, E0196, E0197, E0198, E0217, E0225, E0239, E0445, E0450, E0470, E0471, E0472, E0480, E0482, E0565, E0601, E0610, E0615, E0617, E0618, E0619, E0620, E0627, E0628, E0629, E0636, E0640, E0650, E0651, E0652, E0656, E0657, E0667, E0668, E0670, E0671, E0672, E0673, E0675, E0731, E0740, E0947, E0948, E2100, E2120, K0455, K0609, K0730, Q0480, Q0481, Q0482, Q0483, Q0484, Q0485, Q0486, Q0487, Q0489, Q0490, Q0491, Q0493, Q0495, Q0496, Q0497, Q0498, Q0501, Q0502, Q0503, Q0504, Q0506, S8423, S8425, S8426, S8540, V5030, V5050, V5060, V5100, V5120, V5130, V5140, V5170, V5180, V5210, V5220, V5242, V5243, V5244, V5245, V5246, V5247, V5248, V5249, V5250, V5251, V5252, V5253, V5254, V5255, V5256, V5257, V5258, V5259, V5260, V5261	MHPR: Case-by-case evaluation
07/22/15	08/01/15	Radiation Therapy & Radio Surgery	Removed/No PA Required: 20660, 36260, 37242, 37243, 36245, 61796, 61797, 61798*, 61799, 63620*, 63621, 75894, 75896, 77261, 77262, 77263, 77280, 77285, 77290, 77295, 77300, 77301, 77306, 77307, 77316, 77338, 77370, 77371, 77317, 77318, 77372*, 77321, 77331, 77332, 77333, 77334*, 77336, 77373*, 77385*, 77387, 77401, 77402, 77407, 77412, 77417, 77424, 77425*, 77427, 77431, 77432, 77435, 77469, 77470, 77750, 77776, 77777, 77778, 79445, 96446, S2095	*MHWA/MHMI/ MHTX: PA Required
07/22/15	08/01/15	PT/OT/ST/Habilitative Therapy	Removed/No PA Required: 97010, 97012, 97014, 97016, 97018, 97022, 97024, 97026, 97028, 97032, 97033, 97034, 97035, 97036, 97110, 97112, 97113, 97116, 97124, 97140, 97530, 97532, 97533, 97535, 97537, 97542, 97760, 97761, 97762, G0281, G0283, G0329, 29799	MHPR: Non-Covered Benefit MHT: Texas PA is Required
07/22/15	08/01/15	Sleep Studies	Removed/No PA Required: G0399, G0400, G0398	None
07/22/15	08/01/15	Wound Therapies	Removed/No PA Required: 97597, 97598, 97605*, 97606*, 97610, 97602, 97607, 97608, E2402*	*MHPR: PA Required
07/22/15	08/01/15	Rehab OP Services	Removed/No PA Required: 77293, 93797, 93798, 94669, G0422, G0423, G0424	None
07/22/15	08/01/15	Prosthetics & Orthotics	Removed/No PA Required: E0457, E1800, E1801, E1802, E1805, E1806, E1818, E1825, E1840, E1841,	*PA Required for NM only.

Molina Healthcare of Texas, PA Code Matrix

Services Requiring Authorization

Received Date	Effective Date	Specialty/Service	Change/Update Description	Exceptions/Notes
			L0112, L0113, L0170, L0174, L0180, L0190, L0200, L0220, L0454, L0455, L0456, L0457, L0458, L0460, L0462, L0464, L0466, L0467, L0468, L0469, L0470, L0472, L0488, L0490, L0491, L0492, L0627, L0631, L0633, L0635, L0636, L0637, L0639, L0641, L0642, L0643, L0649, L0650, L0651, L1200, L1210, L1220, L1230, L1300, L1310, L1650, L1652, L1686, L1690, L1832, L1843, L1845, L1847, L1850, L1910, L1930, L1932, L1951, L1971, L2132, L2134, L2136, L2250, L2280, L2300, L2310, L2320, L2330, L2335, L2340, L2350, L2370, L2380, L2385, L2387, L2390, L2395, L2492, L2500, L2510, L2520, L2525, L2526, L2530, L2540, L2550, L2570, L2580, L2600, L2610, L2620, L2622, L2624, L2627, L2628, L2630, L2640, L2750, L2755, L2768, L3000, L3001*, L3002*, L3003*, L3010*, L3020*, L3030*, L3031*, L3330, L3671, L3674, L3702, L3720, L3730, L3740, L3760, L3763, L3764, L3765, L3766, L3806, L3807, L3808, L3900, L3901, L3904, L3905, L3906, L3913, L3915, L3919, L3921, L3933, L3935, L3960, L3961, L3962, L3967, L3971, L3973, L3975, L3976, L3977, L3978, L4000, L4010, L4020, L4030, L4040, L4045, L4050, L4055, L4060, L4070, L4080, L4090, L4100, L4130, L4205, L4210, L4360, L4396, L5000, L5010, L5020, L5050, L5060, L5100, L5105, L5150, L5160, L5200, L5210, L5220, L5230, L5250, L5270, L5280, L5301, L5312, L5321, L5331, L5341, L5500, L5505, L5510, L5520, L5530, L5535, L5540, L5560, L5570, L5580, L5585, L5590, L5595, L5600, L5610, L5611, L5613, L5614, L5616, L5617, L5618, L5620, L5622, L5624, L5626, L5628, L5629, L5630, L5631, L5632, L5634, L5636, L5637, L5638, L5639, L5640, L5642, L5643, L5644, L5645, L5646, L5647, L5648, L5649, L5650, L5651, L5652, L5653, L5654, L5655, L5656, L5658, L5661, L5665, L5666, L5670, L5671, L5672, L5673, L5676, L5677, L5679, L5680, L5681, L5682, L5683, L5688, L5695, L5700, L5701, L5703, L5704, L5705, L5706, L5707, L5710, L5711, L5712, L5714, L5716, L5718, L5722, L5724, L5726, L5728, L5780, L5781, L5782, L5785, L5790, L5795, L5810, L5811, L5812, L5814, L5816, L5818, L5822, L5824, L5826, L5828, L5830, L5840, L5845, L5848, L5855, L5856, L5857, L5858, L5859, L5910, L5920, L5930, L5940, L5950, L5960, L5961, L5962, L5964, L5968, L5970, L5971, L5972, L5973, L5974, L5975, L5976, L5978, L5979, L5980, L5981, L5982, L5984, L5985, L5986, L5987, L5988, L5990, L6000, L6010, L6020, L6050, L6055, L6100, L6110, L6120, L6130, L6200, L6250, L6350, L6360, L6370, L6400, L6580, L6582, L6584, L6586, L6588, L6590, L6611, L6620, L6621, L6622, L6623, L6624, L6625, L6628, L6630, L6637, L6638, L6640, L6642, L6645, L6646, L6647, L6648, L6650, L6677, L6680, L6682, L6684, L6686, L6687, L6688, L6689, L6690, L6691, L6692, L6693, L6694, L6695, L6696, L6697, L6698, L6703, L6704, L6706, L6707, L6708, L6709, L6711, L6712, L6713, L6714, L6715, L6721, L6722, L6805, L6880, L6881, L6882, L6883, L6884, L6885, L6895, L6900, L6905, L6910, L6915, L6920, L6925, L6930, L6935, L6940, L6945, L6950, L6955, L6960, L6965, L6970, L6975, L7007, L7008, L7009, L7040, L7045, L7170, L7180, L7181, L7185, L7186, L7190, L7191, L7360, L7362, L7364, L7366, L7367, L7368, L7400, L7401, L7402, L7403, L7404, L7505, L7900, L8040, L8041, L8042, L8043, L8044, L8045, L8046, L8047, L8400, L8410, L8420, L8430, L8470, L8480, L8500, L8510,	

Molina Healthcare of Texas, PA Code Matrix

Services Requiring Authorization

Received Date	Effective Date	Specialty/Service	Change/Update Description	Exceptions/Notes
			L8603, L8604, L8605, L8606, L8614, L8615, L8619, L8627, L8628, L8681, L8689, L8690, L8691, L8693, S1040, V2623, V2625	
07/22/15	08/01/15	OP Hospital/ASC procedures	Removed/No PA Required: 26111, 26113, 26115, 26116, 26117, 26118, 25073, 24079, 36818, 36819, 36820, 36823, 36825, 36830, 36835, 36838, 37193, 91010, 91020, 91022, 91030, 91034, 91035, 91037, 91038, 91040, 91122, 91117, 91120, 92611, 92612, 92613, 92970, 92971, 92986, 92987, 92990, 92992, 92993, 92997, 92998, 93224, 93268, 93270, 93292, 93740, 93745, 93770, 93880, 93882, 93886, 93888, 93890, 93892, 93893, 93971, 93922, 93923, 93925, 93926, 93930, 93931, 93961, 93970, 93975, 93976, 93978, 93979, 93980, 93981, 93982, 93990, 94002, 94003, 94004, 94005, 94660, 94774, 94775, 94776, 94777, 95861, 95863, 95864, 95865, 95866, 95908, 95907, 95910, 95887, 95905, 95922, 95924, 95925, 95926, 95927, 93227, 95928, 95929, 95933, 95937, 95938, 95939, 95940, 95941, 95943, 95965, 95966, 95967, 95970, 95971, 95972, 95973, 95974, 95975, 95978, 95979, 95980, 95981, 95982, 95991, 95992, 95999, 96000, 96001, 96002, 96003, 96004, 96040, 96361, 96369, 96370, 96371, 96373, 96374, 96375, 96376, 96360, 96523, 97545, 97546, 99143, 99144, 99145, 99148, 99149, 99150	None
07/22/15	08/01/15	Cosmetic, Plastic & Reconstructive Procedures	Removed/ No PA Required: 19380	None
07/22/15	08/01/15	Unlisted/Misc./T Codes	Removed/ No PA Required: 77299, 77399, 93998	None
07/22/15	08/01/15	Neuropsychological & Psychological testing	Removed/ No PA Required: 95954, 95955, 95958, 95961, 95962,	None
07/22/15	08/01/15	Imaging, Advanced & Specialty	Removed/ No PA Required: 96020	None
07/22/15	08/01/15	Physical Therapy; Occupational Therapy	Removed/ No PA Required: 0420, 0421, 0423, 0424, 0422, 0429, 0430, 0432, 0434, 0431, 0433, 0439, 97150	MHPR
08/17/15	08/01/15	Sleep Studies/Dialysis	Removed/No PA Required: 95800, 95801, 95805, 95806, 95810, 95807, 95811, 95808, 95803, 90999	MHTX ONLY (TX Allows only 2 sleep study per year) . All other plans require PA.
08/17/15	08/01/15	Temporary Codes (Category 3)	Removed 'T' codes Section. Moved codes to Experimental/Investigational: 0019T, 0182T, 0236T, 0295T, 0042T, 0184T, 0237T, 0296T, 0051T, 0188T, 0238T, 0297T, 0052T, 0189T, 0240T, 0298T, 0053T, 0190T, 0241T, 0299T, 0054T, 0191T, 0243T, 0300T, 0055T, 0195T, 0244T, 0301T, 0058T, 0196T, 0249T, 0302T, 0071T, 0198T, 0253T, 0303T, 0072T, 0200T, 0254T, 0304T, 0075T, 0201T, 0255T, 0305T, 0076T, 0202T, 0262T, 0306T, 0085T, 0205T, 0263T, 0307T, 0095T, 0206T, 0264T, 0308T, 0098T, 0207T, 0265T, 0309T, 0099T, 0208T, 0266T, 0310T, 0100T, 0209T, 0267T, 0311T, 0101T, 0210T, 0268T, 0312T, 0102T, 0211T, 0269T, 0313T, 0103T, 0212T, 0270T, 0314T, 0106T, 0213T, 0271T, 0315T, 0107T, 0214T, 0272T, 0316T, 0108T, 0215T, 0273T, 0317T, 0109T, 0216T, 0274T, 0335T, 0110T, 0217T, 0275T, 0336T, 0111T, 0218T, 0278T, 0337T, 0123T, 0219T, 0281T, 0338T, 0126T, 0220T, 0282T, 0339T, 0159T, 0221T, 0283T, 0340T, 0163T, 0222T, 0284T, 0342T, 0164T, 0223T, 0285T, 0347T, 0165T, 0224T, 0286T, 0348T, 0169T, 0225T, 0287T, 0349T, 0171T, 0228T, 0288T, 0350T, 0172T, 0229T, 0289T, 0351T, 0174T, 0230T, 0290T, 0352T, 0175T, 0231T, 0291T, 0353T, 0178T, 0233T, 0292T, 0354T, 0179T, 0234T, 0293T, 0355T, 0180T, 0235T, 0294T, 0356T, 0357T, 0358T, 0359T, 0360T, 0361T, 0362T, 0363T, 0364T, 0365T, 0366T, 0367T, 0368T, 0369T, 0370T, 0371T, 0372T, 0373T, 0374T, 0392T, 0393T	None

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Behavioral Health, Mental Health, Alcohol & Chemical Dependency Services

Inpatient, Residential Treatment, Partial Hospitalization, Day Treatment, Electroconvulsive Therapy (ECT), Applied Behavioral Analysis (ABA) for treatment of Autism Spectrum Disorder (ASD)

PLEASE NOTE: Behavioral Health “Day Treatment” is not a covered benefit for TX Medicaid.

MEDICARE/MEDICAID & MKT PLACE					MEDICAID ONLY			MEDICARE ONLY			MKT PLACE ONLY		
0114	1001	H0012^	H2019^	T1023^	N/A			N/A			N/A		
0124	1002	H0017	H2020	T1025^									
0134	2106	H2012	H0031^	T1026^									
0144	90870	H2013	H0032^	T1027^									
0154	96105	H2014^	H0046	T1028^									
0190	99366	H2015	S5111	T2013^									
0204	99368	H2016	S0201	T2040^									
0901		H2017^	S5150^										
0912		H2018											
0913													

NOTES:

^PA required for all plans only when submitted with Autism Dx. [IDC9: 299.00, 299.01, 299.10, 299.11, 299.80, 299.81, 299.90, 299.91 and ICD10: F84.0, F84.2, F84.3, F84.4, F84.5, F84.8, F84.9]

Cosmetic, Plastic & Reconstructive Procedures (in ANY setting)

MEDICARE/MEDICAID & MKT PLACE					MEDICAID ONLY			MEDICARE ONLY			MKT PLACE ONLY		
11920	15792	15836	19328	19396	N/A			N/A			N/A		
11921	15793	15837	19330	30400									
11922	15820	15838	19340	30410									
11950	15821	15839	19342	30420									
11951	15822	15847	19350	30430									
11952	15823	15876	19355	30435									
11954	15824	15877	19357	30450									
15775	15825	15878	19361	30460									
15776	15826	15879	19364	30462									
15780	15828	17380	19366	67904									
15781	15829	19300	19367	67906									
15782	15832	19316	19368	67908									
15783	15833	19318	19369	69300									
15788	15834	19324	19370										
15789	15835	19325	19371										



Molina Healthcare of Texas, PA Code Matrix

Services Requiring Authorization

Durable Medical Equipment (DME)

Medicare Hearing Supplemental benefit: Contact AVESIS at 800-327-4662

MEDICARE/MEDICAID & MKT PLACE									MEDICAID ONLY		MEDI CARE	MKT PL
A7025	E0460	E1002	E1310	E2340	E2608	K0606	K0840	K0880	E0481	S1036	N/A	N/A
C2624	E0461	E1003	E1399	E2341	E2609	K0800	K0841	K0884	S1034	S1037		
E0194	E0462	E1004	E1700	E2342	E2611	K0801	K0842	K0885	S1035			
E0255	E0463	E1005	E2201	E2343	E2612	K0802	K0843	K0886				
E0256	E0464	E1006	E2202	E2351	E2613	K0806	K0848	K0890				
E0260	E0483	E1007	E2203	E2361	E2614	K0807	K0849	K0891				
E0261	E0691	E1008	E2204	E2366	E2615	K0808	K0850	K0900				
E0265	E0692	E1010	E2227	E2367	E2616	K0813	K0851	Q0479				
E0266	E0693	E1014	E2228	E2368	E2617	K0814	K0852	S1040				
E0277	E0694	E1020	E2291	E2369	E2620	K0815	K0853	V2530				
E0292	E0747	E1029	E2292	E2370	E2621	K0816	K0854	V2531				
E0293	E0748	E1030	E2293	E2373	E2622	K0820	K0855					
E0294	E0749	E1035	E2294	E2374	E2623	K0821	K0856					
E0295	E0760	E1036	E2295	E2375	E2624	K0822	K0857					
E0296	E0762	E1161	E2310	E2376	E2625	K0823	K0858					
E0297	E0764	E1225	E2311	E2377	E2626	K0824	K0859					
E0300	E0782	E1226	E2312	E2378	E2627	K0825	K0860					
E0301	E0783	E1227	E2313	E2397	E2628	K0826	K0861					
E0302	E0784	E1230	E2321	E2500	E2629	K0827	K0862					
E0303	E0785	E1232	E2322	E2502	E2630	K0828	K0863					
E0304	E0786	E1233	E2325	E2504	E2631	K0829	K0864					
E0328	E0849	E1234	E2326	E2506	K0008	K0830	K0868					
E0329	E0855	E1235	E2327	E2508	K0009	K0831	K0869					
E0371	E0983	E1236	E2328	E2510	K0010	K0835	K0870					
E0372	E0984	E1237	E2329	E2511	K0011	K0836	K0871					
E0373	E0986	E1238	E2330	E2605	K0012	K0837	K0877					
	E0988	E1296		E2606	K0014	K0838	K0878					
		E1298		E2607	K0108	K0839	K0879					

Experimental/Investigational

MEDICARE / MEDICAID & MKT PLACE					MEDICAID ONLY			MEDICARE ONLY		MKT PLACE ONLY	
0019T	0182T	0236T	0295T	0357T	0329T	0332T	0331T				
0042T	0184T	0237T	0296T	0358T	0330T	0333T					
0051T	0188T	0238T	0297T	0359T							
0052T	0189T	0240T	0298T	0360T							
0053T	0190T	0241T	0299T	0361T							
0054T	0191T	0243T	0300T	0362T							
0055T	0195T	0244T	0301T	0363T							
0058T	0196T	0249T	0302T	0364T							
0071T	0198T	0253T	0303T	0365T							
0072T	0200T	0254T	0304T	0366T							
0075T	0201T	0255T	0305T	0367T							
0076T	0202T	0262T	0306T	0368T							
0085T	0205T	0263T	0307T	0369T							
0095T	0206T	0264T	0308T	0370T							
0098T	0207T	0265T	0309T	0371T							
0099T	0208T	0266T	0310T	0372T							
0100T	0209T	0267T	0311T	0373T							
0101T	0210T	0268T	0312T	0374T							
0102T	0211T	0269T	0313T	0392T							
0103T	0212T	0270T	0314T	0393T							
0106T	0213T	0271T	0315T	82016							
0107T	0214T	0272T	0316T	82017							
0108T	0215T	0273T	0317T	83987							
0109T	0216T	0274T	0335T	84145							
0110T	0217T	0275T	0336T	86316							
0111T	0218T	0278T	0337T	86343							
0123T	0219T	0281T	0338T	92145							
0126T	0220T	0282T	0339T	J2010							
0159T	0221T	0283T	0340T								
0163T	0222T	0284T	0342T								
0164T	0223T	0285T	0347T								
0165T	0224T	0286T	0348T								
0169T	0225T	0287T	0349T								
0171T	0228T	0288T	0350T								
0172T	0229T	0289T	0351T								
0174T	0230T	0290T	0352T								
0175T	0231T	0291T	0353T								
0178T	0233T	0292T	0354T								
0179T	0234T	0293T	0355T								
0180T	0235T	0294T	0356T								

Genetic Counseling & Testing

PLEASE NOTE: *Prenatal diagnosis of congenital disorders of the unborn child through amniocentesis and genetic test screening of newborns mandated by State regulations*

MEDICARE / MEDICAID & MKT PLACE					MEDICAID ONLY			MEDICARE ONLY		MKT PLACE ONLY	
81201	81266	81355	81415	81470	S3841	S3861	S3846				
81203	81280	81400	81416	81471	S3842	S3865	S3852				
81211	81282	81401	81417	81519	S3845	S3866	S3800				
81212	81287	81402	81425	83006	S3854	S3870	S3840				
81213	81291	81403	81426	88369							
81214	81292	81404	81427	88373							
81215	81294	81405	81430	88374							
81216	81295	81406	81431	88377							
81217	81297	81407	81435	0004M							
81222	81298	81408	81436	0006M							
81223	81300	84999*	81440	0007M							
81226	81317	81246	81445	0008M							
81227	81319	81288	81450	0010M							
81228	81321	81313	81455								
81229	81323	81410	81460								
81265	81325	81411	81465								

*Including Oncotype DX

Habilitative Therapy

After initial evaluation

MEDICARE / MEDICAID & MKT PLACE					MEDICAID ONLY			MEDICARE ONLY		MKT PLACE ONLY	
92507	92606	92526	97028	97113	S9128	S9129	S9152			S9128	S9152
92508	92609	97010	97012	97014						S9129	
97016	97018	97022	97032	97116							
97024	97026	97033	97124	97034							
97140	97035	97150	97110	97532							
97112	97533	97535	97537								

Home Health Care & Home Infusion

After initial evaluation plus six (6) visits; PA may be required for medications associated with Home Infusion.

MEDICARE / MEDICAID & MKT PLACE					MEDICAID ONLY		MEDICARE ONLY			MKT PLACE ONLY	
G0151	G0154	G0156	G0159	G0162	S9379	99602	027X	034X	056X	S9379	99602
G0152	G0155	G0157	G0160	G0163	99601		029X	0023	057X	99601	
G0153		G0158	G0161	G0164			042X	043X	060X		
							032X	044X	062X		
							033X	055X			

Hyperbaric Therapy

MEDICARE / MEDICAID & MKT PLACE					MEDICAID ONLY		MEDICARE ONLY		MKT PLACE ONLY	
G0277	99183									

Imaging – Advanced & Specialty

MEDICARE / MEDICAID & MKT PLACE					MEDICAID ONLY	MEDICARE ONLY	MKT PLACE ONLY
C8900	70498	72146	73725	78205			
C8901	70540	72147	74150	78206			
C8902	70542	72148	74160	78320			
C8903	70543	72149	74170	78414			
C8904	70544	72156	74174	78428			
C8905	70545	72157	74175	78451			
C8906	70546	72158	74176	78452			
C8907	70547	72159	74177	78453			
C8908	70548	72191	74178	78454			
C8909	70549	72192	74181	78459			
C8910	70551	72193	74182	78466			
C8911	70552	72194	74183	78468			
C8912	70553	72195	74185	78469			
C8913	70554	72196	74261	78472			
C8914	70555	72197	74262	78473			
C8918	70557	72198	74263	78481			
C8919	70558	73200	75557	78483			
C8920	70559	73201	75559	78491			
C8931	71250	73202	75561	78492			
C8932	71260	73206	75563	78494			
C8933	71270	73218	75565	78496			
C8934	71275	73219	75571	78607			
C8935	71550	73220	75572	78608			
C8936	71551	73221	75573	78609			
70336	71552	73222	75574	78647			
70450	71555	73223	75635	78710			
70460	72125	73225	76376	78803			
70470	72126	73700	76377	78807			
70480	72127	73701	76380	78811			
70481	72128	73702	77058	78812			
70482	72129	73706	77059	78813			
70486	72130	73718	77078	78814			
70487	72131	73719	77084	78815			
70488	72132	73720	78071	78816			
70490	72133	73721	78072	G0288			
70491	72141	73722	70496				
70492	72142	73723					

In-Patient Admissions

Acute Hospital, Skilled Nursing Facilities (SNF), Rehabilitation, Long Term Acute Care (LTAC) Facility

MEDICARE / MEDICAID & MKT PLACE	MEDICAID ONLY	MEDICARE ONLY	MKT PLACE ONLY
All Codes	All Codes	All Codes	All Codes

Long Term Services & Support

[Not a Medicare covered benefit]

MEDICARE / MEDICAID & MKT PLACE				MEDICAID ONLY		MEDICARE ONLY		MKT PLACE ONLY	
N/A				S5100	S5126	N/A		N/A	
				S5101	S9122				
				S5102	T1019				
				S5105	T1020				
				S5125	T1021				

Neuropsychological & Psychological Testing

MEDICARE / MEDICAID & MKT PLACE				MEDICAID ONLY		MEDICARE ONLY		MKT PLACE ONLY	
95951	96103	96119	95950						
95956	96116	96120	95953						
96101	96118	96125	95957						
96102									

Non-Par Providers/Facilities

Auth required for Non-Par Office Visits, Procedures, Labs, Diagnostic Studies, In-patient stays, except for:

- **Emergency Department Services**
- **Professional fees associated with ER visit and approved Ambulatory Surgery Center (ASC) or in-patient stay**
- **Local Health Department (LHD) services**
- **Other services based on State requirements**

Office Based Procedures

PAR Physician/Provider office-based procedures do not require PA, see above for Non-PAR.

Occupational Therapy

After initial evaluation

MEDICARE / MEDICAID & MKT PLACE				MEDICAID ONLY		MEDICARE ONLY		MKT PLACE ONLY	
97010	97033	97150		S9129		N/A		S9129	
97012	97034	97530							
97014	97035	97532							
97016	97036	97533							
97018	97110	97535							
97022	97112	97537							
97024	97113	G0281							
97026	97116	G0283							
97028	97124	G0329							
97032	97140	29799							

Out-Patient (OP) Hospital/Ambulatory Surgery Center (ASC) Procedures

MEDICARE / MEDICAID & MKT PLACE													MEDI- CAID ONLY	MEDI- CARE ONLY	MKT PLACE ONLY
10040	22612	26520	27486	28345	28344	33813	35583	42505	45136	51980	61596	91065			
11055	22614	26525	27475	28360	32652	33814	35585	42507	45395	51990	61597	91110			
11056	22630	26530	27477	28705	32653	33820	35587	42508	45397	51992	61598				
11057	22632	26531	27479	28715	32654	33822	35600	42509	45400	52287	61600	91132			
20930	22633	26535	27485	28725	32655	33824	35601	42510	45402	52649	61601	91133			
11101	22634	26536	27487	28730	32656	33840	35606	42845	45499	53415	61605	93225			
11200	22800	26540	27488	28735	32658	33845	35612	42860	45550	53431	61606	93226			
11201	22802	26541	27495	28737	32659	33851	35616	42953	45560	53440	61607	93228			
11300	22804	26542	27496	28740	32661	33852	35621	42961	45562	53442	61608	93229			
11301	22808	26545	27497	28750	32662	33853	35623	42971	45563	53444	61610	93784			
11302	22810	26546	27498	28755	32663	33860	35626	43030	45800	53445	61611	93786			
11303	22812	26548	27499	28760	32664	33863	35631	43045	45805	53447	61612	93788			
11305	22818	26550	27580	28800	32665	33864	35632	43100	45820	53448	61613	93790			
11306	22819	26551	27590	28805	32666	33870	35633	43101	45825	53449	61615	93924			
11307	22830	26553	27591	28810	32667	33875	35634	43107	46705	53850	61616	93965			
11308	22840	26554	27592	28820	32668	33877	35636	43108	46710	53852	61623	95885			
11310	22841	26555	27594	28825	32670	33880	35637	43112	46712	53855	61624	95886			
11311	22842	26556	27596	28890	32671	33881	35638	43113	46715	53860	61626	95909			
11312	22843	26560	27598	29800	32672	33883	35642	43116	46716	54360	61630	95911			
11313	22844	26561	27600	29804	32673	33884	35645	43117	46730	54400	61635	95912			
11400	22845	26562	27601	29805	32674	33886	35646	43118	46735	54644	61640	95913			
11401	22846	26565	27602	29806	32800	33889	35647	43121	46740	54646	61641	95921			
11402	22847	26567	27605	29807	32810	33891	35650	43122	46742	54648	61642	95923			
11403	22848	26568	27606	29819	32815	33910	35654	43123	46762	54671	61680	95930			
11404	22849	26580	27607	29820	32820	33915	35656	43124	47010	54401	61682	95965			
11406	22850	26587	27610	29821	32900	33916	35661	43135	47015	54405	61684	96372			
11420	22851	26590	27612	29822	32905	33917	35663	43206	47100	54406	61686	96521			
11421	22852	26591	27615	29823	32906	33920	35665	43252	47120	54408	61690	96522			
11422	22855	26593	27616	29824	32940	33922	35666	43279	47122	54410	61692	96567			
11423	22856	26596	27618	29825	32960	33924	35671	43282	47125	54411	61697	96570			
11424	22857	26820	27619	29826	32997	33925	35681	43283	47130	54415	61698	96571			
11426	22861	26841	27620	29827	32998	33926	35682	43300	47300	54416	61700	96900			
11440	22862	26842	27625	29828	33010	33967	35683	43305	47350	54417	61702	96902			
11441	22864	26843	27626	29830	33011	33968	35685	43310	47360	54520	61703	96904			
11442	22865	26844	27632	29834	33015	33970	35686	43312	47361	54530	61705	96910			
11443	23410	26850	27634	29835	33020	33971	35691	43313	47362	54535	61708	96912			
11444	23412	26852	27635	29836	33025	33973	35693	43314	47380	54680	61710	96913			
11446	23415	26860	27637	29837	33030	33974	35694	43320	47381	57280	61711	96920			
11719	23420	26861	27638	29838	33031	33975	35695	43325	47382	57282	61720	96921			



Molina Healthcare of Texas, PA Code Matrix

Services Requiring Authorization

Out-Patient (OP) Hospital/Ambulatory Surgery Center (ASC) Procedures

MEDICARE / MEDICAID & MKT PLACE												MEDI- CAID ONLY	MEDI- CARE ONLY	MKT PLACE ONLY
11720	23450	26862	27640	29840	33050	33976	35697	43327	47400	57283	61735	96922		
11721	23455	26863	27641	29843	33120	33977	35700	43328	47420	57284	61750	97005		
11730	23460	26910	27645	29844	33130	33978	35701	43330	47425	57288	61751	97006		
11732	23462	26951	27646	29845	33140	33979	35721	43331	47460	57289	61770	97750		
11740	23465	26952	27647	29846	33141	33980	35741	43332	47480	57425	61863	97755		
11750	23466	26990	27648	29847	33202	33981	35761	43333	47550	58140	61864	97802		
11752	23470	26991	27650	29848	33203	33982	35800	43334	47570	58145	61867	97803		
11755	23472	26992	27652	29850	33236	33983	35820	43335	47600	58146	61868	97804		
11760	23473	27000	27654	29851	33237	33990	35840	43336	47605	58150	61885	98960		
11762	23474	27001	27656	29855	33238	33991	35860	43337	47610	58152	61886	98961		
11765	23900	27003	27658	29856	33243	33992	35870	43338	47612	58180	62145	98962		
11900	23920	27005	27659	29860	33244	33993	35875	43340	47620	58200	62165	98966		
11901	23921	27006	27664	29861	33251	34001	35876	43341	47700	58210	62369	98967		
11960	24301	27025	27665	29862	33254	34051	35879	43351	47701	58240	62370	98968		
11970	24305	27027	27675	29863	33255	34101	35881	43352	47711	58260	63001	98969		
11971	24310	27030	27676	29866	33256	34111	35883	43360	47712	58262	63003	99100		
11980	24341	27033	27680	29867	33257	34151	35884	43361	47715	58263	63005	99116		
12001	24342	27035	27681	29868	33258	34201	35901	43400	47720	58267	63011	99135		
12002	24343	27036	27685	29870	33259	34203	35903	43401	47721	58270	63012	99140		
12004	24344	27043	27686	29871	33261	34401	35905	43405	47740	58275	63015	99190		
12005	24345	27045	27687	29873	33265	34421	35907	43410	47741	58280	63016	99191		
12006	24346	27047	27690	29874	33266	34451	36460	43415	47760	58285	63017	99192		
12007	24357	27048	27691	29875	33300	34471	36468	43425	47765	58290	63020	99500		
12011	24358	27049	27692	29876	33305	34490	36470	43460	47780	58291	63030	99501		
12013	24359	27050	27695	29877	33310	34501	36471	43496	47785	58292	63035	99502		
12014	24360	27052	27696	29879	33315	34502	36475	43500	47800	58293	63040	99503		
12015	24361	27054	27698	29880	33320	34510	36476	43501	47801	58294	63042	99504		
12016	24362	27057	27700	29881	33321	34520	36478	43502	47802	58321	63043	99505		
12017	24363	27059	27702	29882	33322	34530	36479	43520	47900	58322	63044	99506		
12018	24435	27060	27703	29883	33330	34800	36481	43605	48000	58323	63045	99507		
12020	24900	27062	27704	29884	33335	34802	36500	43610	48001	58345	63046	99509		
12021	24920	27065	27705	29885	33366	34803	36514	43611	48020	58350	63047	99510		
15150	24931	27066	27707	29886	33367	34804	37140	43620	48100	58356	63048	99511		
15151	25101	27067	27709	29887	33368	34805	37145	43621	48105	58540	63050	99512		
15152	25105	27070	27712	29888	33369	34806	37160	43622	48120	58541	63051	99605		
15155	25107	27071	27715	29889	33400	34808	37180	43631	48140	58542	63055	99606		
15156	25115	27075	27720	29891	33401	34812	37181	43632	48145	58543	63056	99607		
15157	25116	27076	27722	29892	33403	34813	37182	43633	48146	58544	63057	1121F		
15271	25118	27077	27724	29893	33404	34820	37183	43634	48148	58545	63064	3062F		
15272	25119	27078	27725	29894	33405	34825	37191	43635	48150	58546	63066	3111F		
15273	25310	27080	27726	29895	33406	34826	37192	43640	48152	58548	63075	3112F		
15274	25312	27090	27727	29897	33410	34830	37197	43641	48153	58550	63076	3130F		
15275	25315	27091	27730	29898	33411	34831	37250	43644	48154	58552	63077	3140F		
15276	25316	27093	27732	29899	33412	34832	37251	43645	48155	58553	63078	3141F		
15277	25320	27095	27734	29900	33413	34833	37500	43647	48500	58554	63081	6100F		
15278	25332	27097	27740	29901	33414	34834	37565	43648	48510	58570	63082	9001F		
15777	25337	27098	27742	29902	33415	34841	37600	43651	48520	58571	63085	9002F		
15786	25405	27100	27745	29904	33416	34842	37605	43652	48540	58572	63086	9003F		
15787	25431	27105	27870	29905	33417	34843	37606	43653	48545	58573	63087	9004F		
15819	25440	27110	27871	29906	33420	34844	37607	43770	48547	58660	63088	9005F		
15830	25441	27111	27880	29907	33422	34845	37615	43771	48548	58661	63090	9006F		
15850	25442	27120	27881	29914	33425	34846	37616	43772	49000	58662	63091	9007F		
15851	25443	27122	27882	29915	33426	34847	37617	43773	49002	58672	63101	52441		
17000	25444	27125	27884	29916	33427	34848	37618	43774	49010	58673	63102	52442		
17003	25445	27130	27886	30465	33430	34900	37619	43775	49020	58700	63103	66179		
17004	25446	27132	27888	30520	33460	35001	37650	43800	49040	58720	63170	66184		
17106	25447	27134	27889	30540	33463	35002	37660	43810	49060	58740	63172			
17107	25449	27137	27892	30545	33464	35005	37700	43820	49062	58750	63182			
17108	25450	27138	27893	30580	33465	35011	37718	43825	49203	58752	63185			
17110	25455	27140	27894	30600	33468	35013	37722	43832	49204	58760	63190			



Molina Healthcare of Texas, PA Code Matrix

Services Requiring Authorization

Out-Patient (OP) Hospital/Ambulatory Surgery Center (ASC) Procedures

MEDICARE / MEDICAID & MKT PLACE												MEDI- CAID ONLY	MEDI- CARE ONLY	MKT PLACE ONLY
17111	25490	27146	28005	30620	33470	35021	37735	43840	49205	58770	63191			
17250	25491	27147	28008	30630	33471	35022	37760	43842	49215	58940	63194			
17340	25492	27151	28010	30915	33474	35045	37761	43843	49220	58943	63195			
17360	25800	27156	28011	30920	33475	35081	37765	43845	49255	58950	63196			
20550	25805	27158	28020	31040	33476	35082	37766	43846	49412	58951	63197			
20551	25810	27161	28022	31050	33478	35091	37780	43847	49425	58952	63198			
20612	25820	27165	28024	31051	33496	35092	37785	43848	49428	58953	63199			
20974	25825	27170	28035	31085	33500	35102	37788	43850	49605	58954	63200			
20975	25830	27175	28039	31087	33501	35103	37790	43855	49606	58956	63250			
20979	25900	27176	28041	31225	33502	35111	38100	43860	49610	58957	63251			
21010	25905	27177	28043	31230	33503	35112	38101	43865	49611	58958	63252			
21050	25907	27178	28045	31295	33504	35121	38102	43880	49900	58970	63265			
21060	25909	27179	28046	31296	33505	35122	38115	43881	49904	58974	63275			
21070	25915	27181	28047	31297	33506	35131	38120	43882	49905	58976	63276			
21073	25920	27185	28050	31300	33507	35132	38200	43886	49906	59070	63277			
21076	25922	27187	28052	31320	33508	35141	38204	43887	50010	59072	63278			
21077	25924	27280	28054	31360	33510	35142	38207	43888	50040	59074	63280			
21079	25927	27282	28055	31365	33511	35151	38208	44005	50045	59076	63281			
21080	25929	27284	28060	31367	33512	35152	38209	44010	50060	59840	63282			
21081	25931	27286	28062	31368	33513	35180	38210	44015	50065	59841	63283			
21082	26040	27290	28070	31370	33514	35182	38211	44020	50070	59850	63285			
21083	26045	27295	28072	31375	33516	35184	38212	44021	50075	59851	63286			
21084	26055	27305	28080	31380	33517	35188	38213	44025	50100	59852	63287			
21085	26060	27306	28086	31382	33518	35189	38214	44050	50120	59855	63290			
21086	26100	27307	28088	31390	33519	35190	38215	44055	50125	59856	63295			
21087	26105	27310	28090	31395	33521	35201	38232	44110	50130	59857	63300			
21088	26110	27325	28092	31400	33522	35206	38380	44111	50135	59866	63301			
21100	26121	27326	28100	31420	33523	35207	38381	44120	50205	59899	63302			
21110	26123	27327	28102	31580	33530	35211	38382	44121	50220	60210	63303			
21116	26125	27328	28103	31582	33533	35216	38542	44125	50230	60212	63304			
21120	26130	27329	28104	31584	33534	35221	38550	44126	50234	60220	63305			
21121	26135	27330	28106	31587	33535	35226	38555	44127	50236	60225	63306			
21122	26140	27331	28107	31588	33536	35231	38562	44128	50240	60240	63307			
21123	26145	27332	28108	31590	33542	35236	38564	44130	50250	60252	63308			
21125	26170	27333	28110	31595	33545	35241	38570	44139	50280	60254	63600			
21127	26180	27334	28111	31600	33548	35246	38571	44140	50290	60260	63610			
21137	26185	27335	28112	31601	33572	35251	38572	44141	50400	60270	63615			
21138	26200	27337	28113	31605	33600	35256	38700	44143	50405	60271	63700			
21139	26205	27339	28114	31610	33602	35261	38720	44144	50500	61001	63702			
21141	26210	27340	28116	31611	33606	35266	38724	44145	50520	61020	63704			
21142	26215	27345	28118	31612	33608	35271	38740	44146	50525	61070	63706			
21143	26230	27347	28119	31613	33610	35276	38745	44147	50526	61105	63707			
21145	26235	27350	28120	31614	33611	35281	38746	44150	50540	61107	63709			
21146	26236	27355	28122	31634	33612	35286	38747	44151	50545	61108	64553			
21147	26250	27356	28124	31647	33615	35301	38760	44155	50546	61322	64568			
21150	26260	27357	28126	31648	33617	35302	38765	44156	50548	61323	64569			
21151	26262	27358	28130	31649	33619	35303	38770	44157	50592	61330	64570			
21154	26341	27360	28140	31651	33620	35304	38780	44158	50593	61514	64590			
21155	26350	27364	28150	31660	33622	35305	39000	44160	50600	61516	64595			
21159	26352	27365	28153	31661	33641	35306	39010	44187	50605	61518	64890			
21160	26356	27370	28160	31750	33645	35311	39200	44188	50610	61519	64891			
21172	26357	27380	28171	31755	33647	35321	39220	44202	50620	61520	64892			
21175	26358	27381	28173	31760	33660	35331	39400	44203	50630	61521	64893			
21240	26370	27385	28175	31766	33665	35341	39501	44204	50650	61522	64895			
21242	26372	27386	28200	31770	33670	35351	39503	44205	50660	61524	64896			
21243	26373	27390	28202	31775	33675	35355	39540	44206	50700	61526	64897			
21270	26390	27391	28208	31780	33676	35361	39541	44207	50715	61530	64898			
21280	26392	27392	28210	31781	33677	35363	39545	44208	50722	61531	64901			
21282	26410	27393	28220	31785	33681	35371	39560	44210	50725	61533	64902			
21295	26412	27394	28222	31786	33684	35372	39561	44211	50728	61534	64905			



Molina Healthcare of Texas, PA Code Matrix

Services Requiring Authorization

Out-Patient (OP) Hospital/Ambulatory Surgery Center (ASC) Procedures

MEDICARE / MEDICAID & MKT PLACE												MEDI- CAID ONLY	MEDI- CARE ONLY	MKT PLACE ONLY
21296	26415	27395	28225	31800	33688	35390	40525	44212	50740	61535	64907			
21740	26416	27396	28226	31805	33690	35400	40527	44213	50750	61536	64910			
21742	26418	27397	28230	31820	33692	35450	40700	44227	50760	61537	64911			
21743	26420	27400	28232	31825	33694	35452	40701	44300	50770	61538	65771			
21931	26426	27403	28234	32035	33697	35458	40702	44310	50780	61539	65772			
21932	26428	27405	28238	32036	33702	35460	40720	44312	50782	61540	65775			
22100	26432	27407	28240	32096	33710	35471	40761	44314	50783	61541	67900			
22101	26433	27409	28250	32097	33720	35472	41120	44316	50785	61543	67901			
22102	26434	27412	28260	32098	33722	35475	41130	44320	50800	61544	67902			
22103	26437	27415	28261	32100	33724	35476	41135	44322	50810	61545	67903			
22110	26440	27416	28262	32110	33726	35500	41140	44345	50815	61546	67909			
22112	26442	27418	28264	32120	33730	35501	41145	44346	50820	61548	67911			
22114	26445	27420	28270	32124	33732	35506	41150	44602	50825	61550	67950			
22116	26449	27422	28272	32140	33735	35508	41153	44603	50830	61552	69310			
22206	26450	27424	28280	32141	33736	35509	41155	44604	50840	61556	69320			
22207	26455	27425	28285	32150	33737	35510	41500	44605	50845	61557	69710			
22208	26460	27427	28286	32151	33750	35511	41512	44615	50860	61558	69711			
22210	26471	27428	28288	32160	33755	35512	41530	44620	50900	61559	69714			
22212	26474	27429	28289	32200	33762	35515	42180	44625	50920	61563	69715			
22214	26476	27430	28290	32215	33764	35516	42182	44626	50930	61564	69717			
22216	26477	27435	28292	32220	33766	35518	42200	44640	50940	61566	69718			
22220	26478	27437	28293	32225	33767	35521	42205	44650	51525	61567	69930			
22222	26479	27438	28294	32310	33768	35522	42210	44660	51530	61570	90281			
22224	26480	27440	28296	32320	33770	35523	42215	44661	51550	61571	90283			
22226	26483	27441	28297	32440	33771	35525	42220	44680	51555	61575	90867			
22505	26485	27442	28298	32442	33774	35526	42225	44700	51565	61576	90868			
22526	26489	27443	28299	32445	33775	35531	42226	44800	51570	61580	90869			
22527	26490	27445	28300	32480	33776	35533	42227	44820	51575	61581	90885			
22532	26492	27446	28302	32482	33777	35535	42235	44850	51580	61582	90887			
22533	26494	27447	28304	32484	33778	35536	42260	44900	51585	61583	90889			
22534	26496	27448	28305	32486	33779	35537	42280	45110	51590	61584	91013			
22548	26497	27450	28306	32488	33780	35538	42281	45111	51595	61585				
22551	26498	27454	28307	32491	33781	35539	42500	45112	51596	61586				
22552	26499	27455	28308	32501	33782	35540		45113	51597	61590				
22554	26500	27457	28309	32503	33783	35556		45114	51800	61591				
22556	26502	27465	28310	32504	33786	35558		45116	51820	61592				
22558	26508	27466	28312	32505	33788	35560		45119	51840	61595				
22585	26510	27468	28313	32506	33800	35563		45120	51841	45135				
22586	26516	27470	28315	32507	33802	35565		45121	51865	51940				
22590	26517	27472	28320	32540	33803	35566		45123	51900	51960				
22595	26518	28341	28322	32650	35572	35570		45126	51920					
22600	22610		28340	32651		35571		45130	51925					

Pain Management Procedures

Except trigger point injections [Acupuncture is not a Medicare/Medicaid/Marketplace covered benefit]

MEDICARE / MEDICAID & MKT PLACE				MEDICAID ONLY		MEDICARE ONLY		MKT PLACE ONLY	
G0260	64494	63685	64493	97810	97813	97810		97810	97813
27096	62367	63688	64495	97811	97814			97811	97814
62310	62368	64479	64600						
62311	63650	64480	64633						
62350	63655	64483	64634						
62351	63661	64484	64635						
62360	63662	64490	64636						
62361	63663	64491	64640						
62362	63664	64492	77003*						
64486	64487	64488	64489						

Physical Therapy

After initial evaluation

MEDICARE / MEDICAID & MKT PLACE				MEDICAID ONLY		MEDICARE ONLY		MKT PLACE ONLY	
97010	97033	97150		S9131		N/A		N/A	
97012	97034	97530							
97014	97035	97532							
97016	97036	97533							
97018	97110	97535							
97022	97112	97537							
97024	97113	G0281							
97026	97116	G0283							
97028	97124	G0329							
97032	97140	29799							

Pregnancy and Delivery

Notification Only

MEDICARE / MEDICAID & MKT PLACE				MEDICAID ONLY		MEDICARE ONLY		MKT PLACE ONLY	
59400	59510	59610	59620						
59409	59514	59612	59622						
59410	59515	59618							

Prosthetics & Orthotics

MEDICARE / MEDICAID & MKT PLACE					MEDICAID ONLY		MEDICARE ONLY		MKT PLACE ONLY	
L0480	L1700	L1940	L2037	L6026	L8692		N/A		N/A	
L0482	L1710	L1945	L2038	L7259						
L0484	L1720	L1950	L2050							
L0486	L1730	L1960	L2060							
L0622	L1755	L1970	L2080							
L0640	L1834	L1980	L2090							
L0700	L1840	L1990	L2106							
L0710	L1844	L2000	L2108							
L1000	L1846	L2005	L2126							
L1005	L1860	L2010	L2128							
L1110	L1900	L2020	L2232							
L1640	L1904	L2030	L2800							
L1680	L1907	L2034	L4631							
L1685	L1920	L2036	L0452							

Radiation Therapy & Radio Surgery

MEDICARE / MEDICAID & MKT PLACE						MEDICAID ONLY	MEDICARE ONLY	MKT PLACE ONLY
77520	77523	G0339	G6015	G6017				
77522	77525	G0340	G6016					

Sleep Studies

MEDICARE / MEDICAID & MKT PLACE				MEDICAID ONLY		MEDICARE ONLY	MKT PLACE ONLY
95800*	95806*	95810*		N/A		N/A	N/A
95801*	95807*	95811*					
95805*	95808*	95803*					

***MHTX No PA Required. (TX Allows only 2 sleep studies per rolling year)**

Speech Therapy

After initial evaluation

MEDICARE / MEDICAID & MKT PLACE				MEDICAID ONLY		MEDICARE ONLY	MKT PLACE ONLY
92507	92606	92526		S9128	S9152	N/A	S9128 S9152
92508	92609						



Molina Healthcare of Texas, PA Code Matrix

Services Requiring Authorization

Specialty Pharmacy Drugs (Injectable)

MEDICARE / MEDICAID & MKT PLACE							MEDICAID ONLY		MEDICARE ONLY		MKT PLACE ONLY	
90284	J0574	J1675	J3110	J7309	J8499	C9136	N/A		N/A		N/A	
90378	J0881	J1743	J3240	J7310	J8530	C9442						
C9025	J0885	J1744	J3262	J7311	J8562	C9443						
C9026	J0890	J1745	J3285	J7312	J8999	C9027						
C9132	J0895	J1786	J3315	J7316	J9019	C9444						
C9399	J0897	J0575	J3357	J7321	J9042	C9446						
C9441	J1290	J0888	J3385	J7323	J9047	Q0515						
C9497	J1300	J1322	J3396	J7324	J9202	Q2028						
J0129	J1324	J1826	J3487	J7325	J9212	Q2043						
J0135	J1325	J1830	J7181	J7326	J9213	Q2050						
J0178	J1438	J1930	J7182	J7330	J9214	Q3027						
J0180	J1442	J1931	J7200	J7500	J9216	Q3028						
J0207	J1446	J2170	J3489	J7327	J9262	S0145						
J0215	J1458	J2278	J3490	J7336	J9293	S0148						
J0220	J1459	J2315	J3590	J9267	J9302	J1725						
J0221	J1460	J2323	J7178	J9301	J9306	J0598						
J0256	J1556	J2353	J7180	J7506	J9307	J9010						
J0257	J1557	J2354	J7183	J7507	J9310	J9035						
J0401	J1559	J2355	J7185	J7508	J9315	J2796						
J0480	J1560	J2357	J7186	J7510	J9351	J7336						
J0485	J1561	J2426	J7187	J7513	J9354	J2212						
J0490	J1562	J2440	J7189	J7515	J9371	S0073						
J0585	J1566	J2503	J7190	J7516	J9400	C9445						
J0586	J1568	J2505	J7191	J7517	J9600	C9449						
J0587	J1569	J2507	J7192	J7525	J9228	C9450						
J0588	J1571	J2597	J7193	J7527	Q4074	C9451						
J0597	J1572	J2778	J7194	J7639	Q4101	C9452						
J0638	J1573	J2793	J7195	J7682	Q4139	C9453						
J0717	J1595	J2820	J7196	J7686	Q4145	C9454						
J0740	J1599	J2940	J7197	J9217	Q4149	C9455						
J0775	J1602	J2941	J7198	J9218	Q5101							
J0800	J1645	J3030	J7199	J9219	Q9975							
J0850	J1650	J3060	J7502	J9225	Q9977							
J0572	J1652	J7201	J7504	J9226	Q9978							
J0573	J1950	J3488	J7505	J9245								

Transplant Services (Including Solid Organ and Bone Marrow)

Corneal Transplants do not require PA

MEDICARE / MEDICAID & MKT PLACE				MEDICAID ONLY		MEDICARE ONLY		MKT PLACE ONLY	
32850	38230	47135	48556	48160	S2065	N/A		48160	S2065
32851	38240	47136	50300	S2053	S2140			S2053	S2140
32852	38241	47140	50320	S2054	S2142			S2054	S2142
32853	38242	47141	50323	S2055	S2150			S2055	S2150
32854	38243	47142	50325	S2060	S2152			S2060	S2152
32855	44132	47143	50327	S2061				S2061	
32856	44133	47144	50328						
33930	44135	47145	50329						
33933	44136	47146	50340						
33935	44137	47147	50360						
33940	44715	48550	50365						
33944	44720	48551	50370						
33945	44721	48552	50380						
38205	47133	48554	50547						
38206									

Transportation Services (Non-Emergent)

PA required for Non-Emergent Ambulance (air or ground). Emergent transport does not require PA

MEDICARE / MEDICAID & MKT PLACE				MEDICAID ONLY		MEDICARE ONLY		MKT PLACE ONLY	
A0426	A0428	A0430	A0431	S9960	S9961	N/A		S9960	S9961
A0999									

Unlisted/Miscellaneous Codes

Molina requires medical necessity documentation and rationale be submitted with the PA request for these codes:

MEDICARE / MEDICAID & MKT PLACE					MEDICAID ONLY		MEDICARE ONLY		MKT PLACE ONLY	
01999	39499	55559	78599	97799	D0502	D6199			D0502	D6199
15999	39599	55899	78699	99429	D0999	D6999			D0999	D6999
17999	40799	58578	78799	99499	D2999	D7999			D2999	D7999
19105	40899	58579	78999	99600	D3999	D8999			D3999	D8999
19499	41599	58679	79999	A4649	D4999	D9630			D4999	D9630
20985	41899*	58999	81099	A4913	D5899	D9999			D5899	D9999
20999	42299	59897	81479	A9999	D5999	T5999			D5999	T5999
21089	42699	59898	81599	B9999						
21299	42999	60659	85999	E0769						
21499	43289	60699	86486	E0770						
21899	43499	64999	86849	E1699						
22899	43659	66999	86999	E2599						
22999	43999	67299	87999	G6021						
23929	44238	67399	88099	J7599						
24999	44799	67599	88199	K0898						
25999	44899	67999	88299	K0899						
26989	44979	68399	88399	L0999						
27299	45399	68899	88749	L1499						
27599	45499	69399	89240	L2999						
27899	45999	69799	89398	L3649						
28899	46999	69949	90399	L3999						
29999	47379	69979	90749	L5999						
30999	47399	76496	90899	L7499						
31299	47579	76497	90999*	L8039						
31599	47999	76498	91299	L8499						
31899	48999	76499	92499	L8699						
32999	49329	76999	92700	Q0507						
33999	49659	77499	93799	Q0508						
36299	49999	77799	94799	Q0509						
37501	50549	78099	95199	V2199						
37799	50949	78199	96379	V2399						
38129	51999	78299	96999	V2799						
38589	53899	78399	97039	V5299						
38999	54699	78499	97139							

*For Texas Only: 41899 No PA required for children or Individuals with Developmental Disabilities with a Dental Score Card Submission of 22 or higher on claim.

90999 No PA required with PAR provider and negotiated rate in contract.

Medicare Exceptions

Texas Additional Exceptions

Refer to the TX Medicaid Fee Schedule for Non-Covered Code verification as codes can be updated monthly.

PA Required

Submit clinical information supporting use of these codes

- Texas Medicaid requires authorization on all feeding/nutrition products listed below.
- Specialty Pharmacy Drugs refer to the Vendor Drug Program and Texas Medicaid Provider Procedure Manual for pharmacy requests requiring prior authorization.
- Incontinence Supplies/Diapers for Texas Medicaid require authorization on members **20 and under ONLY**.
- Dialysis CPT Code 90999 No PA required if provider has negotiated rate in contract.
- Pain management requires authorization in any setting.
- Habilitative, Occupational, Physical and Speech therapies require authorization after initial evaluation in all locations.

MEDICARE / MEDICAID & MKT PLACE						MEDICAID ONLY				MKT PLACE ONLY			
61798	77334	77373	77425			A4554	T4525	T4537	T4531				
63620	77372	77385	97537			T4521	T4526	T4539	T4532				
97010	97028	97113	G0281			T4522	T4527	T4540	T4533				
97012	97032	97116	G0283			T4523	T4528	T4541	T4534				
97014	97033	97124	G0329			T4524	T4529	T4542	T4535				
97016	97034	97140	29799			B4034	T4530	T4543	T4536				
97018	97035	97150	S1040			B4103	B4035	B4036	B4102				
97022	97036	97530	97535			B4152	B4104	B4149	B4150				
97024	97110	97532				B4157	B4153	B4154	B4155				
97026	97112	97533				B4161	B4158	B4159	B4160				
						B4172	B4162	B4164	B4168				
						B4185	B4176	B4178	B4180				
						B4199	B4189	B4193	B4197				
						B9000	B4216	B5100	B5200				
						B9998	B9002	B9004	B9006				
						S9123	B9999	S9152	S9153				
						T1003	S9124	T1000	T1002				

NO PA Required

MEDICARE/MEDICAID & MKT PLACE						MEDICAID ONLY				MKT PLACE ONLY			
95800	95806	95810	G0398										
95801	95807	95811											
95805	95808	95803											
90999	41899												