

- IMPORTANT NOTICES -

Any exceptions included in this Prior Authorization (PA) Code Matrix document apply to PAR (In-Network) Providers only.

All Non-PAR (Out-of-Network) Providers require authorization regardless of services or codes. (For exceptions, refer to the Non-PAR section below.)

The codes listed in this document are for outpatient services only. All Inpatient services require authorization, including: Acute Hospital, Skilled Nursing Facilities (SNF), Rehabilitation and Long-Term Acute Care (LTAC) Facilities.

No PA is required for Emergency Room Services for PAR or Non-PAR providers. 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*.

No PA is required for office visits and office-based surgical procedures at PAR Providers unless specifically included in a category below (i.e. Advanced Imaging.) Referrals to PAR/Network Specialists do not require PA.

The absence of a code from this list should not be used to determine whether a service is or is not covered by your regulatory agency. Refer to your regulatory agency for benefit coverage and non-covered codes.

Prior authorization is not a guarantee of payment for services. Payment is made in accordance with a determination of the member's eligibility (for Market Place members this includes grace period status), benefit limitation/exclusions, and evidence of medical necessity and other applicable standards during the claim review. For additional information on a member's grace period status, please contact Molina Healthcare. Marketplace: Most gene therapy is not covered. Molina covers limited gene therapy services in accordance with our medical policies and subject to PA.

To search this document, use [Ctrl + F] keys.

Enter Service or Code in search navigation pane; press Enter.

*Refer to *Molina Plan Exceptions* section starting on page 23

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Anesthesia

Dental Anesthesia –on a Medicaid (STAR) members age 0-6 years old 00170 (Please include DMO Provider Determination Letter with the Prior Authorization request)

MEDICAID & MKT PLACE	MEDICAID ONLY	MKT PLACE ONLY
	00170 proper modifier required	

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 “Rehabilitative Day Treatment” is not a covered benefit for TX Medicaid; however, is a benefit for CHIP.

MEDICAID & MKT PLACE					MEDICAID ONLY			MKT PLACE ONLY		
H0035	0901	H0012	H2019^	T1023^	H0016	H0050		N/A		
0912	H0017	H2020^	H2018	T1025^	H0031	H0047	T1007			
2106	H2012^	H0031^	T1026^	0913						
90870	H2013	H0032^	T1027^	H2017^						
96105	H2014^	H0046	T1028^	S5150						
99366	H2015	S5111	T2013^	T2040^						
99368	H2016	S0201	90867	90868						
90869	H0046	1001	1002							

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, F84.5, F84.8, F84.9]

Nursing Facility Rate Grouped Members Behavioral Health Requests Below Require Authorization

MEDICARE/MEDICAID					
90847	90832	90834	90837	90846	

Cosmetic, Plastic & Reconstructive Procedures (In ANY Setting)

Note: PA Update: No PA required with breast CA Dx: 19300, 19316, 19318, 19324, 19325, 19328, 19330, 19340, 19342, 19350, 19355, 19396, and 11920

MEDICAID & MKT PLACE					MEDICAID ONLY	MKT PLACE ONLY
15775	15822	15837	19324	30430	N/A	N/A
15776	15823	15838	19325	30435		
15780	15824	15839	19328	30450		
15781	15825	15847	19330	30460		
15782	15826	15876	19340	30462		
15783	15828	15877	19342	67904		
15788	15829	15878	19350	67906		
15789	15832	15879	19355	67908		
15792	15833	17380	19396	69300		
15793	15834	19300	30400	11900		
15820	15835	19316	30410	11901		
15821	15836	19318	30420			

Durable Medical Equipment (DME)

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

MEDICAID & MKT PLACE									MEDICAID ONLY		MKT PL
A7025	E0373	E0986	E1237	E2327	E2508	E2631	K0827	K0861	E0481	S1036	N/A
	E0465	E0988	E1238	E2328	E2510	K0008	K0828	K0862	S1034	S1037	
A9901	E0466	E1002	E1296	E2329	E2511	K0009	K0829	K0863	S1035	A9277	
E0194	E0462	E1003	E1298	E2330	E2605	K0010	K0830	K0864	A9276	K0553	
E0255	E1012	E1004	E1310	E2340	E2606	K0011	K0831	K0868	A9278	K0554	
E0256	E0483	E1005		E2341	E2607	K0012	K0835	K0869			
E0260	E0691	E1006	E1700	E2342	E2608	K0014	K0836	K0870			
E0261	E0692	E1007	E2201	E2343	E2609	K0108	K0837	K0871			
E0265	E0693	E1008	E2202	E2351	E2611	K0606	K0838	K0877			
E0266	E0694	E1010	E2203	E2361	E2612	K0800	K0839	K0878			
E0277	E0747	E1014	E2204	E2366	E2613	K0801	K0840	K0879			
E0292	E0748	E1020	E2227	E2367	E2614	K0802	K0841	K0880			
E0293	E0749	E1029	E2228	E2368	E2615	K0806	K0842	K0884			
E0294	E0760	E1030	E2291	E2369	E2616	K0807	K0843	K0885			
E0295	E0762	E1035	E2292	E2370	E2617	K0808	K0848	K0886			
E0296	E0764	E1036	E2293	E2373	E2620	K0813	K0849	K0890			
E0297	E0782	E1161	E2294	E2374	E2621	K0814	K0850	K0891			
E0300	E0783	E1225	E2295	E2375	E2622	K0815	K0851	K0900			
E0301	E0784	E1226	E2310	E2376	E2623	K0816	K0852	V2530			
E0302	E0785	E1227	E2311	E2377	E2624	K0820	K0853	V2531			
E0303	E0786	E1230	E2312	E2378	E2625	K0821	K0854	E0766			
E0304	E0849	E1232	E2313	E2397	E2626	K0822	K0855	L3761			
E0328	E0855	E1233	E2321	E2500	E2627	K0823	K0856	L7700			
E0329	E0983	E1234	E2322	E2502	E2628	K0824	K0857	L8625			
E0371	E0984	E1235	E2325	E2504	E2629	K0825	K0858	L8694			
E0372	E1236	E2326	E2506	E2630	K0826	K0859	K0860	C2624			
K0013	A5514	E0467	Q4183	Q4184	Q4185	Q4186	Q4187	Q4188			
Q4190	Q4191	Q4193	Q4194	Q4198	Q4200	Q4202	Q4203	Q4204			

Experimental/Investigational

MEDICAID & MKT PLACE									MEDICAID ONLY		MKT PL
0479T	0165T	0213T	0268T	0502T	0352T	0397T	0425T	0444T	0329T	0333T	N/A
0480T	0483T	0214T	0269T	0503T	0353T	0398T	0426T	0437T	0330T		
0481T	0484T	0215T	0270T	0504T	0354T	0515T	0427T	0441T			
0482T	0485T	0216T	0271T	0308T	0355T	0400T	0428T	0445T			
0054T	0486T	0217T	0272T	0309T	0356T	0401T	0429T	0440T			
0055T	0487T	0218T	0273T	0310T	0357T	0402T	0430T	0496T			
0058T	0488T	0219T	0274T	0312T	0358T	0403T	0431T	0470T			
0071T	0184T	0220T	0275T	0313T	0362T	0404T	0432T	0471T			
0072T	0191T	0221T	0278T	0314T	0395T	0405T	0433T	0473T			
0075T	0198T	0222T	0489T	0315T	0396T	0408T	0434T	0474T			
0076T	0200T	0228T	0490T	0316T	0508T	0409T	0435T	0475T			
0085T	0201T	0229T	0491T	0317T	0163T	0410T	0436T	0476T			
0095T	0202T	0230T	0492T	0335T	0164T	0411T	82016	0477T			
0098T	0205T	0231T	0493T	0394T	0265T	0412T	82017	0478T			
0100T	0206T	0234T	0494T	0373T	0298T	0413T	83987	0422T			
0101T	0207T	0235T	0495T	0338T	0507T	0414T	84145	0423T			
0102T	0208T	0236T	0496T	0339T	0297T	0415T	86316	0424T			
0106T	0209T	0237T	0290T	0340T	0506T	0416T	86343	0442T			
0107T	0210T	0238T	0497T	0342T	0264T	0417T	Q4161	0443T			
0108T	0111T	0249T	0498T	0347T	0505T	0418T	Q4162	0266T			
0109T	0126T	0253T	0499T	0348T	0351T	0419T	Q4163	0211T			
0110T	0509T	0254T	0500T	0349T	0296T	0420T	Q4164	0212T			
0517T	Q4189	0501T	0295T	0350T	0263T	0421T	Q4165	0516T			
0526T	Q4192	0510T	0511T	0512T	0513T	0514T	0515T	Q4195			

MEDICAID & MKT PLACE									MEDICAID ONLY	MKT PL
0535T	0518T	0519T	0520T	0521T	0522T	0523T	0524T	0525T		
0447T	0527T	0528T	0529T	0530T	0531T	0532T	0533T	0534T		
0525T	0536T	0537T	0538T	0539T	0540T	0541T	0542T	0446T		
L8608	0448T	33440	33866	93264	95836	95976	95977	95983		
0508T	A4563	C1823	C8937	C9751	C9752	C9753	C9754	C9755		
Q4196	Q4197									

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

MEDICAID & MKT PLACE						MEDICAID ONLY			MKT PLACE ONLY
0004M	81226	81298	81324	81108	81450	S3841	S3861	S3852	N/A
0006M	81227	81300	81408	81109	81455	S3842	S3865	S3800	
0007M	81228	81313	81410	81110	81460		S3866	S3840	
81105	81229	81317	81411	81111	81465				
81407	81246	81319	81415	81112	81470				
81201	81265	81321	81416	81120	81471				
81203	81266	81323	81417	81121	81519				
81163	81420	81325	81425	81175	83006				
81212	81507	81355	81426	81176	84999★				
81164	81287	81400	81427	81230	88369				
81165	81235	81401	81430	81231	88373				
81215	81291	81402	81431	81232	88374				
81216	81292	81403	81435	81238	88377				
81217	81294	81404	81436	81247	81162				
81222	81295	81405	81440	81248	81210				
81223	81297	81406	81445	81249	81218				
81219	81273	81225	81311	81258	81314				
81412	81432	81433	81434	81259	81437				
81438	81442	81493	81525	81269	81528				
81535	81536	81538	81540	81283	81545				
81595	81504	86152	86513	81328	G9143				
81413	81414	81422	81439	81334	81106				
81335	81346	81361	81362	81363	81364				
81448	81520	81521	81541	81551	S3870				
S3722	88261	88271	81107	0031U	0005U				
0026U	0027U	0028U	0029U	0030U	0032U				
0033U	0034U	81161	81243	81244	0050U				
0037U	0045U	0046U	0047U	0048U	0049U				
0053U	0055U	0056U	0057U	0058U	0059U				
0060U	81240	81241	81166	81205	81167				
81171	81172	81174	81177	81178	81179				
81180	81181	81182	81183	81184	81185				
81186	81187	81189	81190	81204	81233				
81234	81236	81237	81239	81271	81274				
81284	81285	81286	81289	81305	81306				
81312	81320	81329	81333	81336	81337				
81343	81344	81345	81443	81518	81596				

*Including Oncotype DX

Habilitative Therapy

After initial evaluation

MEDICAID & MKT PLACE					MEDICAID 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	97127					
97112	97533	97535	97537						

Healthcare Administered Drugs

Note: Pharmacy requests should be faxed to: (Medicaid/CHIP/MarketPlace) 888-487-9251, (MMP/Medicare) 866-290-1309

MEDICAID & MKT PLACE								MEDICAID ONLY		MKT PLACE ONLY	
90284	J0850	J1571	J2505	J7189	J9355	J9293	J0202	N/A		N/A	
90378	J0598	J1572	J2507	J7190	J7504	J9301	J0596	J2724	C9138	J2724	C9138
C9132	J0888	J1573	J2597	J7191	90284	J9302	J0695	S0126	90281	S0126	90281
C9136	J0881	J1595	J2778	J7192	J9171	J9306	J0714	J9043	J9015	J9043	J9015
C9257*	J0885	J1599	J2793	J7193	J0565	J9307	J0875	J0725	90283	J0725	90283
C9399	J0895	J1602	J2796	J7194	J7527	J9310	J1447	J0364	J9357	S0132	J9357
S0145	J0897	J1645	J2820	J7195	J7639	J9315	J1575	J9261	J3355	S0132	J3355
S0148	J1290	J1650	J9330	J7196	J7682	J9351	J1833	J0637	J2783	J0364	J2783
J0129	J1300	J1652	J2941	J7197	J7686	J9354	J2502	S0128	A9542	J9261	A9542
J0135	J1322	J1675	J9267	J7198	J2248	J9371	J2860	J9050	L8605		L8605
J0178	J1324	C9039	J3060	J7199	J8530	J9400	J3090	J9098	S0132		
J0180	J1325	J1743	J3110	J7201	J0606	J9600	J3380	C9293	J1640		
J0207	J1438	J1744	J0604	J7309	J9267	J1428	J7188	J8520	S0157		
J0220	J1442	J1745	J3262	J7310	J9019	J8521	J7205	J0205	J9160		
J0221	J1458	J1786	J3285	J7311	J9035*	Q2043	J7313	J8700	J2425		
J0256	J1459	J1826	J3315	J7312	J9042	Q2050	J7328	S0122	J9125		
J0257	J1460	J1830	J3357	J7316	J9047	Q3027	J7340				
J0480	J1556	J1930	J3385	J7321	J9202	Q3028	J8655				
J0485	J0185	J1931	J3396	J7323	J9207	Q4074	J9032				
J0490	J2797	J1950	J9303	J7324	J9025	Q9977	J9039				
J0585	J7329	J2170	J3489	J7325	J9041	J2020	J9271				
J0594	C9036	J9262	J3490	J7326	J9214	Q4145	J9299				
J7175	J9205	J9999	J3590	J7327	J9216	Q4149	J9308				
J0586	J1557	J2315	J7181	J7330	J9217	Q5101	J1555				
J0587	J9330	J2323	J7182	J9218	J9264	J9305	J0289				
J0588	J1559	J2353	J7200	J9219	90378	J9017	Q9977				
J0597	J1560	J2354	J7178	J9225	J1740	J1627	J0878				
J0638	J1561	J9999	J7180	J9226	J0894	J9120	J1453				
J0717	J1562	J2357	J7183	J9228	J9055	J9395	J9155				
J9245	J1566	J2326	J7185	J0641	J9201	J9179	C9139				
J0775	J1568	J2440	J7186	J7187	J9206	J1955	J2350				
J0800	J1569	J2503	J7187	J2562	J9266	J9263	J3358				
J0287	J2504	J9045	J1726	Q0138	Q0139	J7210	S0073				
J7211	J9022	J9023	C9488	J1750	J1756	C9407	J3145				
J7320	J7511	J0640	J1230	J1570	J7308	J9000	J9065				
J9070	J9100	J9130	J9150	J9181	J9190	J9200	J9208				
J9209	J9211	J9203	J9230	J9268	J9280	J9328	J9340				
J9360	J9285	Q5103	J1439	J2430	C9484	C9489	J3095				
J3240	J0570	J0567	J9260	J9370	J2469	J9027	J9040				
J9060	J9178	J3245	J7179	J7202	J9390	J8679	J2182				
J2786	J2840	J9044	J9295	J9325	J7209	J9352	J9034				
J9145	J9176	Q5109	Q5104	C9037	J7322	J1729	Q9991				
Q9992	Q5111	J0841	Q5108	Q5510	J3397	J1454	B4105				

C9038	J1095	C9035	J0584	J0599	J1301	J7177	J1628
J1746	J2186	J2062	J3316	J3398	J7170	J9229	J7203
J7318	J3304	J2787	J9057	J9153	J9173	J7208	J9311
J9312	Q5115	J8999	J8499	Q5112	Q5113	C9043	Q5114
J7677	C9141	J9036	J9030	J9356	C9040	C9051	C9044
C9045	C9052	C9047	C9048	C9049	C9050		

***No PA required for ocular diagnoses**

Home Health Care & Home Infusion

For Medicaid and MarketPlace: Skilled Nursing after initial evaluation plus six (6) visits per calendar year; PA may be required for medications associated with Home Infusion.

For Medicare after initial evaluation PA required.

MEDICARE / MEDICAID & MKT PLACE					MEDICAID ONLY	MKT PLACE ONLY		
G0151	G0299	G0156	G0159	G0162	S9379	99602	S9379	99602
G0152	G0155	G0157	G0160	G9861	99601		99601	
G0153	G0300	G0158	G0161	T1000				
S9977	G0490	G0495	G9860	T1022				
S5135	S5130	S5151	S9470	G0494				
T1001	T1002	T1003	T1005					
T1030	T1031	G0496	G0493					

Hyperbaric Therapy

MEDICAID & MKT PLACE				MEDICAID ONLY	MKT PLACE ONLY
G0277	99183	Q4176	Q4177		
Q4178	Q4179	Q4180	Q4181		
Q4182					

Imaging & Special Tests

MEDICAID & MKT PLACE					MEDICAID ONLY	MKT PLACE ONLY
C8900	70498	72147	74160	78466	N/A	N/A
C8901	70540	72148	74170	78468		
C8902	70542	72149	74174	78469		
C8903	70543	72156	74175	78472		
77046	70544	72157	74176	78473		
C8905	70545	72158	74177	78481		
C8906	70546	72159	74178	78483		
77047	70547	72191	74181	78491		
C8908	70548	72192	74182	78492		
C8909	70549	72193	74183	78494		
C8910	70551	72194	74185	78496		
C8911	70552	72195	74261	78607		
C8912	70553	72196	74262	78608		
C8913	70554	72197	74263	78609		
C8914	70555	72198	75557	78647		
C8918	G0297	73200	75559	78710		
C8919	S8080	73201	75561	78811		
C8920	76390	73202	75563	78812		
C8931	71250	73206	75565	78813		
C8932	71260	73218	75571	78814		
C8933	71270	73219	75572	78815		
C8934	71275	73220	75573	78816		
C8935	71550	73221	75574	G0288		
C8936	71551	73222	75635	74712		
70336	71552	73223	76376	74713		
70450	71555	73225	76377	0042T		
70460	72125	73700	76380	0331T		

MEDICAID & MKT PLACE					MEDICAID ONLY	MKT PLACE ONLY
70470	72126	73701	77048	0332T		
70480	72127	73702	77049	93998		
70481	72128	73706	77084	0174T		
70482	72129	73718	78205	0175T		
70486	72130	73719	78206	0399T		
70487	72131	73720	78320	0439T		
70488	72132	73721	78451	76999		
70490	72133	73722	78452	78499		
70491	72141	73723	78453	G0235		
70492	72142	73725	78454	76497		
70496	72146	74150	78459	76498		
76391						

In-Patient Admissions

*Acute Hospital, Skilled Nursing Facilities (SNF), Rehabilitation, Long Term Acute Care (LTAC) Facility
Tx Marketplace Plans – Observation requires PA after 48 hour stay (Rev Code 0762)*

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

Long Term Services & Support

*All LTSS services require PA regardless of code(s).
[Not a Medicare covered benefit]*

Neuropsychological & Psychological Testing

MEDICAID & MKT PLACE				MEDICAID ONLY	MKT PLACE ONLY
95957	96133	96139	96113		
95956	96116	96125	96121		
96130	96136	96146	96130		
96132	96137	96112	96131		
96138	96105	96110	97154		
97151	97152	97153	97158		
97155	97156	97157			
96112	96113	96121			

Non-Par Providers/Facilities

Authorization is required for ALL 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*
- *PA is waived for professional component services or services billed with Modifier 26 in ANY place of service setting*

- PA is waived for all radiology, anesthesiology, and pathology services when billed in POS 19, 21, 22, 23 or 24. TX exception - CPT code 00170 Medicaid STAR contract require PA on dental anesthesia for member 0-6 years old at all POS

Office Based Procedures

PAR Physician/Provider office visits and office-based procedures Do Not require PA, see above for Non-PAR.

Occupational Therapy: After Initial Evaluation

MEDICAID & MKT PLACE				MEDICAID ONLY		MKT PLACE ONLY	
97010	97033	97150	G0152	S9129		S9129	
97012	97034	97530	G0158				
97014	97035	97127	G0160				
97016	97036	97533	97168				
97018	97110	97535	97542				
97022	97112	97537	97750				
97024	97113	G0281	97760				
97026	97116	G0283	97761				
97028	97124	G0329	97763				
97032	97140	29799	S8990				

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

Tx Marketplace Plans – Observation requires PA after 48 hour stay

MEDICAID & MKT PLACE											MEDICAID ONLY	MKT PLACE ONLY	
10040	22112	22819	28011	28238	28737	29915	38214	58150	58673	63005	65771	N/A	0762
15786	22114	22830	28035	28240	28740	29916	38215	58152	58700	63011	65772		
15787	22116	22840	28060	28250	28750	30465	38232	58180	58720	63012	65775		
15819	22206	22841	28062	28260	28755	30520	43644	58200	58740	63015	67900		
15830	22207	22842	28080	28261	28760	30540	43645	58210	58750	63016	67901		
17004	22208	22843	28090	28262	28890	30545	43647	58240	58752	63017	67902		
17360	22210	22844	28092	28264	28341	31295	43648	58260	58760	63020	67903		
20930	22212	22845	28100	28270	29806	31296	43653	58262	58770	63030	67909		
21073	22214	22846	28102	28272	29807	31297	43770	58263	58940	63035	67950		
21120	22216	22847	28103	28280	29819	31660	43771	58267	58943	63040	69310		
21121	22220	22848	28104	28285	29820	31661	43772	58270	58950	63042	69710		
21122	22222	22849	28106	28286	29821	32491	43773	58275	58951	63043	69711		
21123	22224	22850	28107	28288	29822	33251	43774	58280	58952	63044	69714		
21125	22226	15730	28108	28289	29823	33254	43775	58285	58953	63045	69715		
21127	22505	22852	28110	15733	29824	33261	43842	58290	58954	63046	69717		
21137	22526	22855	28111	28292	29825	33265	43843	58291	58956	63047	69718		
21138	22527	22856	28112	19294	29826	33266	43845	58292	58957	63048	69930		
21139	22532	22857	28113	20939	29827	36460	43846	58293	58958	63050	58672		
21141	22533	22861	28114	28296	29828	36468	43847	58294	58970	63051	93229		
21142	22534	22862	28116	28297	C9739	36470	43848	58321	58974	63055	50590		
21143	22548	22864	28118	28298	29873	36471	43881	58322	58976	63056	95965		
21145	22551	22865	28119	28299	29874	36475	43882	58323	59070	63057	96567		
21146	22552	23412	28120	28300	29875	36476	45499	58345	59072	63064	96570		
21147	22554	25447	28122	28302	29876	36478	47380	58350	59074	63066	96571		
21150	22556	26499	28124	28304	29877	36479	47381	58356	59076	63075	96900		
21151	22558	27120	28126	28305	29879	36514	47382	58540	62370	63076	96902		
21154	22585	27122	28130	28306	29880	37191	47600	58541	63001	63077	96904		
21155	22586	27125	28140	28307	29881	37700	47605	58542	63003	63078	96910		
21159	22590	27130	28150	28308	29882	37718	47610	58543	64570	63081	96912		
21160	22595	27132	28153	28309	29883	37722	47612	58544	64590	63082	96913		
21172	22600	27134	28160	28310	29884	37735	47620	58545	64595	63085	96920		

MEDICAID & MKT PLACE												MEDICAID ONLY	MKT PLACE ONLY
21175	22610	27137	28171	28312	29885	37760	49255	58546	96934	63086	96921		
21240	22612	27138	28173	28313	29886	37761	49904	58548	96935	63087	96922		
21242	22614	27440	28175	28315	29887	37765	49905	58550	96936	63088	96931		
21243	22630	27441	28200	28320	29888	37766	49906	58552	96939	63090	96932		
21270	22632	27442	28202	28322	29889	37780	52441	58553	61863	63091	96933		
21280	22633	27443	28208	28340	29891	37785	52442	58554	61864	63101	C9740		
21282	22634	27445	28210	28344	29892	38204	52649	58570	61867	63102	22854		
21295	22800	27446	28220	28345	29893	38207	53850	58571	61868	63103	22867		
21296	22802	27447	28222	28360	29894	38208	53852	58572	61885	64553	C9738		
22100	22804	27486	28225	28705	29895	38209	53855	58573	61886	64568	34706		
22101	22808	27487	28226	28715	29897	38210	54401	58660	62369	64569	36466		
22102	22810	28005	28230	28725	29898	38211	54405	58661	55980	43888	96573		
22103	22812	28008	28232	28730	29899	38212	57288	58662	43886	22853	33227		
22110	22818	28010	28234	28735	29914	38213	57289	55970	43887	22859	33979		
22868	22869	22870	28291	28295	62324	62325	62326	62327	62380	C9748	53854		
31241	31253	31257	31259	31298	32994	34701	34702	34703	34704	34705	33286		
34707	34708	34709	34710	34711	34712	34713	34714	34715	34716	36465	33285		
36482	36483	38573	43286	43287	43288	55874	58575	64912	64913	95249	33274		
96574	33289	33206	33207	33208	33212	33213	33214	33221	33224	33225	27438		
33228	33229	33230	33231	33240	33249	33262	33263	33270	23470				

Pain Management Procedures

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

MEDICAID & MKT PLACE				MEDICAID ONLY		MKT PLACE ONLY	
G0260	64494	63685	64493	97810	97813	97810	97813
27096	62367	63688	64495	97811	97814	97811	97814
97810	62368	64479	64600				
97811	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				
64461	64462	64462	62263				
62264	27279	62320	62321				
62322	62323	97813	97814				
S8930							

Physical Therapy: After Initial Evaluation

MEDICAID & MKT PLACE				MEDICAID ONLY		MKT PLACE ONLY	
97010	97033	97150	G0151	S9131			N/A
97012	97034	97530	G0157				
97014	97035	97127	G0159				
97016	97036	97533	97542				
97018	97110	97535	97750				
97022	97112	97537	97760				
97024	97113	G0281	97761				
97026	97116	G0283	97164				
97028	97124	G0329	S8990				
97032	97140	29799	97763				

Prosthetics & Orthotics

MEDICAID & MKT PLACE					MEDICAID ONLY		MKT PLACE ONLY	
L0480	L1640	L1860	L2000	L2090	L8692		N/A	
L0482	L1680	L1900	L2005	L2106				
L0484	L1685	L1904	L2010	L2108				
L0486	L1700	L1907	L2020	L2126				
L0452	L1710	L1920	L2030	L2128				
L0622	L1720	L1940	L2034	L2232				
L0640	L1730	L1945	L2036	L2800				
L0700	L1755	L1950	L2037	L4631				
L0710	L1834	L1960	L2038	L6026				
L1000	L1840	L1970	L2050	L7259				
L1005	L1844	L1980	L2060	S1040				
L1110	L1846	L1990	L2080	L0637				
L8614	L0650	L5856						

Radiation Therapy & Radio Surgery

MEDICAID & MKT PLACE					MEDICAID ONLY		MKT PLACE ONLY	
77520	77523	G0339	G6015	G6017				
77522	77525	G0340	G6016	Q9950				
A9543	A9513	C9408	81503	81599				
81479								

Sleep Studies

PLEASE NOTE: Home Sleep Studies (POS12) do not require auth.

- Molina of Texas: No PA Required – TX allows only 2 Sleep Studies per year with no PA

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

*MHTX No PA Required.

Speech Therapy: After Initial Evaluation

MEDICAID & MKT PLACE				MEDICAID ONLY		MKT PLACE ONLY	
92507	92606	92526	S9152	S9128	S9152	S9128	S9152
92508	92609						

Transplant Services (Including Solid Organ and Bone Marrow)

MEDICAID & MKT PLACE					MEDICAID ONLY		MKT PLACE ONLY	
38205	44135	47140	48551	50328	48160	S2065	48160	S2065
38206	44136	47141	48552	50329	S2053	S2140	S2053	S2140
38230	44137	47142	48554	50340	S2054	S2142	S2054	S2142
38240	44715	47143	48556	50360	S2055	S2150	S2055	S2150
38241	44720	47144	50300	50365	S2060	S2152	S2060	S2152
38242	44721	47145	50320	50370	S2061		S2061	
38243	47133	47146	50323	50380				
44132	47135	47147	50325	50547				
44133	S2107	48550	50327	Q2042				
Q2041								

Transportation Services (Non-Emergent)

MEDICAID & MKT PLACE				MEDICAID ONLY		MKT PLACE ONLY	
A0426	A0428	A0430	A0431	S9960	S9961	S9960	S9961

Unlisted/Miscellaneous Codes

PLEASE NOTE:

*Molina requires medical necessity documentation and rationale be submitted with the PA request for these Unlisted/Miscellaneous codes: * Codes 29799, 41899, 90999, A9900 and T1999 Do Not Require PA.*

MEDICARE / MEDICAID & MKT PLACE					MEDICAID ONLY	MKT PLACE ONLY
01999	44238	66999		A9999		
15999	44799	67299	85999	B9999		
17999	44899	67399	86486	B9998		
21089	44979	67599	86849	E0769		
19499	45399	67999	86999	E0770		
21899	45499	68399	87999	E2599		
20999	45999	68899	88099	36299		
21299	46999	69399	88199	J7599		
21499	47379	69799	88299	K0898		
22899	47399	69949	88399	K0899		
22999	47579	69979	88749	L0999		
23929	47999	76496	89240	L1499		
24999	48999	L8698	89398	L2999		
25999	49329	L8701	90399	L3649		
27899	49999	76499	90749	L3999		
28899	51999	L8702	90899	L5999		
29999	53899	77799	91299	L7499		
30999	54699	78099	92499	L8039		
31299	55559	78199	92700	L8499		
31899	55899	78299	93799	L8699		
33999	58578	78399	94799	Q0507		
37799	58579	A9900	95199	Q0508		
40799	58679	78599	96999	Q0509		
40899	58999	78699	97039	V2199		
41599	59897	78799	97139	26989		
42299	59898	81099	97799	V2799		
43289	60659	J3490	99499	V5299		
43659	60699	S0590	A4649	99199		
43999	64999	V5298	A4913	V2797		
T5999	27299	27599	T5999	31599		
32999	37501	38129	38589	38999		
39499	39599	42699	42999	43499		
49659	50549	50949	59899	77299		
77399	77299	77499	78999	79999		
80299	99600	87797	87798	87799		
87899	A6262	95999	96379	96549		
99429	E1399	A0999	A4421	A4641		
A6261	J8498	A9698	A9699	C2698		
C2699	K0812	E1699	J3590	G0501		
G9012	Q4051	P9603	J8597	J7699		
J7799	S9110	Q4082	P9604	Q2039		
Q4050	S8189	T2025	Q4100	J7999		

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. Claims payment is dependent on payable National Drug Code upon claims submission.
- Incontinence Supplies/Diapers for Texas Medicaid require authorization on members **20 and under ONLY**.
- Pain management requires authorization in any setting.
- Therapy Services: Require authorization after initial evaluation

MEDICAID & MKT PLACE						MEDICAID ONLY				MKT PLACE ONLY			
61798	77334	77373	77425	S9152	97024	A4554	T4525	T4537	T4531				
63620	77372	77385	97537	97542	97026	T4521	T4526	T4539	T4532				
97010	97028	97113	G0281	97750	97110	T4522	T4527	T4540	T4533				
97012	97032	97116	G0283	97760	97532	T4523	T4528	T4541	T4534				
97014	97033	97124	G0329	97761	97533	T4524	T4529	T4542	T4535				
97016	97034	97140	29799	97164	97168	B4034	T4530	T4543	T4536				
97018	97035	97150	S1040	S8990	97535	B4103	B4035	B4036	B4102				
97022	97036	97530				B4152	B4104	B4149	B4150				
						B4157	B4153	B4154	B4155				
						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	99429	95953								
95801	95807	95811	A9900	95950	90999								
95805	95808	95803	T1999	95951									

Nursing Facility Rate Grouped Members Behavioral Health Requests Below Require Authorization

MEDICARE/MEDICAID					
90847	90832	90834	90837	90846	

2019 Q3 Molina Healthcare of Texas, PA Code Matrix Services Requiring Authorization and Benefit Exclusions

Cosmetic/Reconstructive Procedures			C9257 & J9035 Dx Related Codes				Autism Dx Related Codes		
No PA required when associated with Breast CA Dx codes listed below			No PA Required when associated with Ocular Dx's codes listed below				No PA Required when associated with Autism Dx		
ICD-10	Medicaid	MKP	ICD-9	ICD-10	Medicaid	MKP	ICD-10	Medicaid	MKP
C50.011	N	N	115.02	B39.4	N	N	F84.0	Y	Y
C50.012	N	N	115.12	B39.5	N	N	F84.5	Y	Y
C50.019	N	N	115.92	B39.9	N	N	F84.8	Y	Y
C50.021	N	N	360.21	E08.311	N	N	F84.9	Y	Y
C50.022	N	N	362.36	E08.319	N	N	F84.2	Y	Y
C50.029	N	N	362.30	E08.3211	N	N	F84.3	Y	Y
C50.111	N	N	362.35	E08.3212	N	N	F		
C50.112	N	N	364.42	E08.3213	N	N			
C50.119	N	N	362.52	E08.3219	N	N			
C50.121	N	N	362.53	E08.3311	N	N			
C50.122	N	N	362.15	E08.3312	N	N			
C50.129	N	N	362.01-362.07	E08.3313	N	N			
C50.211	N	N	362.16	E08.3319	N	N			
C50.212	N	N	362.25-362.27	E08.3411	N	N			
C50.219	N	N	362.29	E08.3412	N	N			
C50.221	N	N	362.83	E08.3413	N	N			
C50.222	N	N	362.84	E08.3419	N	N			
C50.229	N	N	363.43	E08.3491	N	N			
C50.311	N	N	365.63	E08.3492	N	N			
C50.312	N	N	365.89	E08.3493	N	N			
C50.319	N	N		E08.3499	N	N			
C50.321	N	N		E08.3511	N	N			
C50.322	N	N		E08.3512	N	N			
C50.329	N	N		E08.3513	N	N			
C50.411	N	N		E08.3519	N	N			
C50.412	N	N		E08.3521	N	N			
C50.419	N	N		E08.3522	N	N			
C50.421	N	N		E08.3523	N	N			
C50.422	N	N		E08.3529	N	N			
C50.429	N	N		E08.3531	N	N			
C50.511	N	N		E08.3532	N	N			
C50.512	N	N		E08.3533	N	N			
C50.519	N	N		E08.3539	N	N			
C50.521	N	N		E08.3541	N	N			
C50.522	N	N		E08.3542	N	N			
C50.529	N	N		E08.3543	N	N			
C50.611	N	N		E08.3549	N	N			
C50.612	N	N		E08.3551	N	N			
C50.619	N	N		E08.3552	N	N			
C50.621	N	N		E08.3553	N	N			
C50.622	N	N		E08.3559	N	N			

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C50.629	N	N	E08.3591	N	N
C50.811	N	N	E08.3592	N	N
C50.812	N	N	E08.3593	N	N
C50.819	N	N	E08.3599	N	N
C50.821	N	N	E09.311	N	N
C50.822	N	N	E09.319	N	N
C50.829	N	N	E09.3211	N	N
C50.911	N	N	E09.3212	N	N
C50.912	N	N	E09.3213	N	N
C50.919	N	N	E09.3219	N	N
C50.921	N	N	E09.3311	N	N
C50.922	N	N	E09.3312	N	N
C50.929	N	N	E09.3313	N	N
D05.01	N	N	E09.3319	N	N
D05.02	N	N	E09.3411	N	N
D05.10	N	N	E09.3412	N	N
D05.11	N	N	E09.3413	N	N
D05.12	N	N	E09.3419	N	N
D05.80	N	N	E09.3491	N	N
D05.81	N	N	E09.3492	N	N
D05.90	N	N	E09.3493	N	N
D05.91	N	N	E09.3499	N	N
D05.92	N	N	E09.3511	N	N
DO5.00	N	N	E09.3512	N	N
DO5.82	N	N	E09.3513	N	N
			E09.3519	N	N
			E09.3521	N	N
			E09.3522	N	N
			E09.3523	N	N
			E09.3529	N	N
			E09.3531	N	N
			E09.3532	N	N
			E09.3533	N	N
			E09.3539	N	N
			E09.3541	N	N
			E09.3542	N	N
			E09.3543	N	N
			E09.3549	N	N
			E09.3551	N	N
			E09.3552	N	N
			E09.3553	N	N
			E09.3559	N	N
			E09.3591	N	N
			E09.3592	N	N
			E09.3593	N	N
			E09.3599	N	N
			E10.311	N	N

2019 Q3 Molina Healthcare of Texas, PA Code Matrix Services Requiring Authorization and Benefit Exclusions

E10.319	N	N
E10.3211	N	N
E10.3212	N	N
E10.3213	N	N
E10.3219	N	N
E10.3311	N	N
E10.3312	N	N
E10.3313	N	N
E10.3319	N	N
E10.3411	N	N
E10.3412	N	N
E10.3413	N	N
E10.3419	N	N
E10.3491	N	N
E10.3492	N	N
E10.3493	N	N
E10.3499	N	N
E10.3511	N	N
E10.3512	N	N
E10.3513	N	N
E10.3519	N	N
E10.3521	N	N
E10.3522	N	N
E10.3523	N	N
E10.3529	N	N
E10.3531	N	N
E10.3532	N	N
E10.3533	N	N
E10.3539	N	N
E10.3541	N	N
E10.3542	N	N
E10.3543	N	N
E10.3549	N	N
E10.3551	N	N
E10.3552	N	N
E10.3553	N	N
E10.3559	N	N
E10.3591	N	N
E10.3592	N	N
E10.3593	N	N
E10.3599	N	N
E11.311	N	N
E11.319	N	N
E11.3211	N	N
E11.3212	N	N
E11.3213	N	N
E11.3219	N	N

2019 Q3 Molina Healthcare of Texas, PA Code Matrix Services Requiring Authorization and Benefit Exclusions

E11.3311	N	N
E11.3312	N	N
E11.3313	N	N
E11.3319	N	N
E11.3391	N	N
E11.3392	N	N
E11.3393	N	N
E11.3399	N	N
E11.3411	N	N
E11.3412	N	N
E11.3413	N	N
E11.3419	N	N
E11.3491	N	N
E11.3492	N	N
E11.3493	N	N
E11.3499	N	N
E11.3511	N	N
E11.3512	N	N
E11.3513	N	N
E11.3519	N	N
E11.3521	N	N
E11.3522	N	N
E11.3523	N	N
E11.3529	N	N
E11.3531	N	N
E11.3532	N	N
E11.3533	N	N
E11.3539	N	N
E11.3541	N	N
E11.3542	N	N
E11.3543	N	N
E11.3549	N	N
E11.3551	N	N
E11.3552	N	N
E11.3553	N	N
E11.3559	N	N
E11.3591	N	N
E11.3592	N	N
E11.3593	N	N
E11.3599	N	N
E13.311	N	N
E13.319	N	N
E13.3211	N	N
E13.3212	N	N
E13.3213	N	N
E13.3219	N	N
E13.3311	N	N

2019 Q3 Molina Healthcare of Texas, PA Code Matrix Services Requiring Authorization and Benefit Exclusions

E13.3312	N	N
E13.3313	N	N
E13.3319	N	N
E13.3411	N	N
E13.3412	N	N
E13.3413	N	N
E13.3419	N	N
E13.3491	N	N
E13.3492	N	N
E13.3493	N	N
E13.3499	N	N
E13.3511	N	N
E13.3512	N	N
E13.3513	N	N
E13.3519	N	N
E13.3521	N	N
E13.3522	N	N
E13.3523	N	N
E13.3529	N	N
E13.3531	N	N
E13.3532	N	N
E13.3533	N	N
E13.3539	N	N
E13.3541	N	N
E13.3542	N	N
E13.3543	N	N
E13.3549	N	N
E13.3551	N	N
E13.3552	N	N
E13.3553	N	N
E13.3559	N	N
E13.3591	N	N
E13.3592	N	N
E13.3593	N	N
E13.3599	N	N
H21.1X1	N	N
H21.1X2	N	N
H21.1X3	N	N
H21.1X9	N	N
H32	N	N
H34.8110	N	N
H34.8111	N	N
H34.8112	N	N
H34.8120	N	N
H34.8121	N	N
H34.8122	N	N
H34.8130	N	N

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H34.8131	N	N
H34.8132	N	N
H34.8190	N	N
H34.8191	N	N
H34.8192	N	N
H34.821	N	N
H34.822	N	N
H34.823	N	N
H34.829	N	N
H34.8310	N	N
H34.8311	N	N
H34.8312	N	N
H34.8320	N	N
H34.8321	N	N
H34.8322	N	N
H34.8330	N	N
H34.8331	N	N
H34.8332	N	N
H34.8390	N	N
H34.8391	N	N
H34.8392	N	N
H34.9	N	N
H35.00	N	N
H35.011	N	N
H35.012	N	N
H35.013	N	N
H35.019	N	N
H35.021	N	N
H35.022	N	N
H35.023	N	N
H35.029	N	N
H35.031	N	N
H35.032	N	N
H35.033	N	N
H35.039	N	N
H35.041	N	N
H35.042	N	N
H35.043	N	N
H35.049	N	N
H35.051	N	N
H35.052	N	N
H35.053	N	N
H35.059	N	N
H35.061	N	N
H35.062	N	N
H35.063	N	N
H35.069	N	N

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H35.071	N	N
H35.072	N	N
H35.073	N	N
H35.079	N	N
H35.09	N	N
H35.141	N	N
H35.142	N	N
H35.143	N	N
H35.149	N	N
H35.151	N	N
H35.152	N	N
H35.153	N	N
H35.159	N	N
H35.161	N	N
H35.162	N	N
H35.163	N	N
H35.169	N	N
H35.20	N	N
H35.21	N	N
H35.22	N	N
H35.23	N	N
H35.3210	N	N
H35.3211	N	N
H35.3212	N	N
H35.3213	N	N
H35.3220	N	N
H35.3221	N	N
H35.3222	N	N
H35.3223	N	N
H35.3230	N	N
H35.3231	N	N
H35.3232	N	N
H35.3233	N	N
H35.3290	N	N
H35.3291	N	N
H35.3292	N	N
H35.3293	N	N
H35.33	N	N
H35.351	N	N
H35.352	N	N
H35.353	N	N
H35.359	N	N
H35.81	N	N
H35.82	N	N
H40.50X0	N	N
H40.50X1	N	N
H40.50X2	N	N

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	H40.50X3	N	N	
	H40.50X4	N	N	
	H40.51X0	N	N	
	H40.51X1	N	N	
	H40.51X2	N	N	
	H40.51X3	N	N	
	H40.51X4	N	N	
	H40.52X0	N	N	
	H40.52X1	N	N	
	H40.52X2	N	N	
	H40.52X3	N	N	
	H40.52X4	N	N	
	H40.53X0	N	N	
	H40.53X1	N	N	
	H40.53X2	N	N	
	H40.53X3	N	N	
	H40.53X4	N	N	
	H40.89	N	N	
	H44.20	N	N	
	H44.21	N	N	
	H44.22	N	N	
	H44.23	N	N	

Codification Document Change Tracking

Received Date	Effective Date	Specialty/Service	Change/Update Description	Exceptions/Notes
11./21/16	01/01/17	Behavioral Health	Removed/NC Codes: 1001, 1002	Applies to Medicare only.
10/04/16	01/01/17	Genetic Counseling & Testing Required: 0009M,	Added/PA Required: 0009M, 81420, 81507	Applies to all Plans all LOBs.
11/15/16	01/01/17	Genetic Counseling & testing	Added/PA Required: 81235, 88261, 88271	Applies to all Plans (All LOB)
11/15/16	01/01/17	Genetic Counseling & testing	Removed/Termed Codes: 81280, 81281, 81282	Applies to all Plans (All LOBs)
11/15/16	01/01/17	Genetic Counseling & testing	Removed/No PA Required: 0010M	Applies to all Plans (All LOBs)
10/4/16	01/01/17	Home Health Care & Home Infusion	Added/PA Required: G0490, G9679, G9680, G9681, G9682*, G9683*, G9684*	Applies to all Plans (All LOBs)
11/15/16	01/01/17	Home Health Care & Home Infusion	Added/PA Required: S5130, S5135, S5151, S947, T1000, T1002, T1003, T1005, T1022, T1030, T1031	Applies to all Plans (All LOBs)
11/17/16	01/01/17	Home Health Care & Home Infusion	Removed/No PA Required: S9977	Applies to Medicare only.
10/4/16	01/01/17	Imaging	Removed Termed Code: S8032	Applies to all Plans/All LOBs. Use G0297 already in Matrix.
10/4/16	01/01/17	Out-Patient Hospital/ASC Procedures	Added/PA Required: 55970, 55980	Applies to All Plans MKPL only.
10/4/16	01/01/17	Specialty Pharmacy	Added/PA Required: C9139, C9481, C9483, J0287, J2504, J9045, J9265, Q0138, Q0139, Q9970, S0073	Applies to all Plans (All LOBs)
10/4/16	01/01/17	Specialty Pharmacy	Removed/No PA Required: J0882, J2788, J2790, J2791, J2792, J8499, J8530, J8999	Applies to all Plans (All LOBs)

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11/15/16	01/01/17	Out-Patient Hospital/ASC Procedures	Added/PA Required: 43886, 43887, 43888	Applies to all Plans (All LOBs)
3/20/17	04/01/17	Home Health Care & Home Infusion	Removed/No PA Required: G9679, G9680, G9681, G9682, G9683, G9684	Applies to All Plans/All LOBs.
3/20/17	04/01/17	Out-Patient Hospital/ASC Procedures	Removed/No PA Required: 29848	Applies to All Plans; all LOBs.
3/21/17	07/1/17	Specialty Pharmacy	Added/PA Required: C9484	Applies to All Plans, NC for MKP
5/07/17	05/9/17	Therapy Services	Added/PA Required: Nursing Facility membership require prior authorization post evaluation.	Applies to MHT
5/12/17	5/12/17	Nursing Facility Membership and Behavioral Health	Removed: 90791, 90792, 99211, 99212, 99213, 99214, 99215	This applies for Nursing Facility Rate Group population in Texas only for BH requests.
3/22/17	7/1/17	Specialty Pharmacy	Added/PA Required: C9485*, C9486*, C9487*, C9488*, J1750, J1756, J2916, J3145, J7320	All Plans
3/23/17	7/1/17	Outpatient Hospital/ASC Procedures	Added/PA Required: C9739, C9740	All Plans
4/4/17	7/1/17	Outpatient Hospital/ASC Procedures	Removed/No PA Required: 22853, 22854, 22859	All Plans
5/20/17	7/1/17	Cosmetic, Plastic and Reconstructive Procedures	PA Update: No PA Required with breast CA Dx: 19300, 19316, 19318, 19324, 19325, 19328, 19330, 19340, 19342, 19350, 19355, 19396, 11900, 11901, 11920	All Plans (Medicaid/Marketplace)
06/1/17	07/1/17	Anesthesia	Dental Anesthesia –children 0-6 years old Added/ PA Required: 00170	MHT Medicaid Only – (STAR)
06/1/17	07/1/17	Behavioral Health	Added/ PA Required: Residential Detox and Ambulatory Detox: H0016, H0050, H0012, H0031, H0047, and T1007	MHT Only: CHIP/Medicaid Only
07/21/17	09/1/17	Therapy Services	Added/PA Required: Therapy Services require authorization after initial evaluation	MHT Only
06/14/2017	10/1/2017	Specialty Pharmacy	Add/PA Required: C9490, J7511, J0640, J1230, J1570, J7308, J9000, J9065, J9070, J9100, J9130, J9150, J9181, J9190, J9200, J9208, J9209, J9211, J9213, J9230, J9268, J9280, J9328, J9340, J9360, Q9985, Q9986, Q9989	All Plans
06/28/2017	10/1/2017	Specialty Pharmacy	Remove Termed Code: C9487	All Plans
06/28/2017	10/1/2017	Out Patient Hospital/ASC Procedures	Added/PA Required: 37243, C2616, C9734, C9746, C9747	All Plans
06/28/2017	10/1/2017	Out Patient Hospital/ASC Procedures	Added/PA Required: S2095	All Plans: (Medicaid/Marketplace)
06/28/2017	10/1/2017	Specialty Pharmacy	Added/PA Required: J0571	All Plans
06/28/2017	10/1/2017	Home Health Care Services	Added/PA Required: G0495, G0496	All Plans
06/29/2017	10/1/2017	Genetic Counseling &	Added/PA Required: 0004U, 0005U	All Plans
06/29/2017	10/1/2017	Experimental & Investigational	Added/PA Required: 0469T, 0470T, 0471T, 0473T, 0474T, 0475T, 0476T, 0477T, 0478T	All Plans
07/12/2017	10/1/2017	Out Patient Hospital/ASC Procedures	Remove/No PA Required: 47600	All Plans
07/27/2017	09/1/2017	OT, PT & ST	PA Update: PA Required for all therapy services after initial eval.	MTX: (All Plans: (Medicaid/Marketplace)
09/1/2017	10/1/2017	Specialty Pharmacy	PA Update: J9035 - added Dx-related ICD Codes.	All Plans: (Medicaid/Marketplace)

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09/7/2017	10/1/2017	DME	Added/PA Required: E0766	All Plans
09/12/2017	10/1/2017	Specialty Pharmacy	PA Update: C9484, C9489 NC Codes	All Plans
09/20/2017	10/1/2017	Specialty Pharmacy	Added/PA Required: C9491, C9492, C9493, C9494	All Plans
09/25/2017	11/1/2017	Genetic Counseling & Testing	Added/PA Required: 0008U, 0009U 0010U 0011U, 0012U, 0013U, 0014U, 0015U, 0016U, 0017U	All Plans
10/2/2017	11/1/2017	Out Patient Hospital/ASC Procedures	Removed/No PA Required: 95909, 95911, 95912, 95913	Medicaid/Marketplace
07/1/2017	01/1/2018	Home Health Care Services	PA Update: PA required for all home health services after initial visit/eval, including home OT/PT & ST. (Plan contractual exceptions will remain in place)	Medicare Only
07/1/2017	01/1/2018	Long Term Services & Support (LTSS)	Removed LTSS codes listed under this section. Added statement under specialty: All LTSS services require PA regardless of code(s). LTSS not covered by Medicare.	All Plans
7/1/2017	1/1/2018	Unlisted/Miscellaneous Codes	Removed codes listed under this section as Molina requires PA for all unlisted/ misc. codes. (see next line for exception).	All Plans
7/1/2017	1/1/2018	Unlisted/Miscellaneous Codes	No PA Required: 90999	All Plans
9/22/2017	1/1/2018	Specialty Pharmacy	Added PA Required: J3095, J3240	All Plans
9/26/2017	1/1/2018	Prosthetics & Orthotics	Added PA Required: L0637, L0650, L8614, L5856	All Plans
9/26/2017	1/1/2018	Out Patient Hospital/ASC Procedures	Added PA Required: 50590	All Plans
9/26/2017	1/1/2018	Long Term Services & Support (LTSS)	Added PA Required: S5165	Medicaid and MarketPlace
10/12/2017	1/1/2018	Specialty Pharmacy	Removed No PA required: 67028	All Plans
10/12/2017	1/1/2018	Pain Management Procedures	PA Required: 62320, 62321, 62322, 62323, 64479, 64480	All Plans
4/1/2017	2/1/2018	Specialty Pharmacy	Removed/No PA Required: L8605, Q9970	All Plans
4/1/2017	2/1/2018	Specialty Pharmacy	Added/PA Required: C9140, J0570, J0594, J1439 , J2430, J2469, J9027, J9040, J9060, J9178, J9185, J9250, J9260, J9370, J9390	All Plans
4/1/2017	2/1/2018	Experimental/Investigational Out-Patient Hospital/ASC Procedures Pain Management Specialty Pharmacy Home Health Care	Removed Termed Codes: 0019T, 0169T, 0171T, 0172T, 0281T, 0282T, 0283T, 0284T, 0285T, 0286T, 0287T, 0288T, 0289T, 0291T, 0292T, 0336T, 0392T, 0393T, 22851, 28290, 28293, 28294, 62310, 62311, C9137, C9138, C9139, C9470, C9471, C9472, C9473 , C9474, C9475, C9476, C9477, C9478, C9480, C9481, G0163, G0164, Q9980, Q9981	All Plans
4/1/2017	2/1/2018	Out-Patient Hospital/ASC Procedures	Added/PA Required: 22853, 22854, 22859, 22867, 22868, 22869, 22870, 28291, 28295, 62324, 62325, 62326, 62327, 62380	All Plans
4/1/2017	2/1/2018	Genetic Counseling & Testing	Added/PA Required: 81413, 81414, 81422, 81439	All Plans
4/1/2017	2/1/2018	Specialty Pharmacy	Added/PA Required: J1942, J2182, J2786, J2840, J7175, J7179, J7202, J7207, J7209, J8670, J9034, J9145, J9176, J9205, J9295, J9325, J9352	All Plans

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4/1/2017	2/1/2018	Home Health Care Services	Added/PA Required: G0493, G0494	All Plans
12/28/2017	4/1/2018	Specialty Pharmacy	Removed/No PA Required: C9140, C9483, C9485, C9486, C9490, C9491, J0401, J0571, J0572, J0573, J0574, J0575, J0592, J1942, J2426, J9213, J9250, J9260,	All Plans, All LOBs
12/28/2017	4/1/2018	Specialty Pharmacy	Added/PA Required: C9014, C9015, C9016, C9024, C9028, C9029, J0565, J0604, J0606, J1428, J1555, J1627, J2326, J2350, J3358, J7210, J7211, J9022, J9023, J9203, J9285	All Plans, All LOBs
1/2/2018	4/1/2018	Specialty Pharmacy	Added/PA Required: Q2040	All Plans, Medicaid & Marketplace
1/12/2018	4/1/2018	Transplant	Added/PA Required: S2107	All Plans, Medicaid & Marketplace
2/13/2018	4/1/2018	Behavioral Health, Mental Health, Alcohol & Chemical Dependency	Added/PA Required: F84.2, F84.3, F84.4	All Plans, Medicaid & Marketplace, Diagnosis codes do not apply to current Autism Dx exception – removed off diagnosis code list
2/16/2018	4/1/2018	Experimental & Investigational	Added/PA Required: 0479T, 0480T 0481T, 0482T 0483T 0484T 0485T, 0486T, 0487T, 0488T, 0489T, 0490T 0491T, 0492T, 0493T, 0494T, 0495T, 0496T 0497T 0498T 0499T, 0500T, 0501T, 0502T, 0503T, 0504T	All Plans, All LOBs
2/16/2018	4/1/2018	Out Patient Hospital/ASC Procedures	Added/PA Required: C9738, C9748, 15730, 15733, 19294, 20939, 31241, 31253, 31257, 31259, 31298, 32994, 34701, 34702, 34703, 34704, 34705, 34706, 34707, 34708, 34709, 34710, 34711, 34712, 34713, 34714, 34715, 34716, 36465, 36466, 36482, 36483, 38573, 43286, 43287, 43288, 55874, 58575, 64912, 64913, 95249, 96573, 96574	All Plans, All LOBs
2/16/2018	4/1/2018	Genetic Counseling & Testing	Added/PA Required: 81105, 81106, 81107, 81108, 81109, 81110, 81111, 81112, 81120, 81121, 81175, 81176, 81230, 81231, 81232, 81238, 81247, 81248, 81249, 81258, 81259, 81269, 81283, 81328, 81334, 81335, 81346, 81361, 81362, 81363, 81364, 81448, 81520, 81521, 81541, 81551, 86008	All Plans, All LOBs
2/16/2018	4/1/2018	Physical & Occupational Therapy	Added/PA Required: 97763	All Plans, All LOBs
2/16/2018	4/1/2018	Durable Medical Equipment	Added/PA Required: L3761, L7700, L8625, L8694	All Plans, All LOBs
2/16/2018	4/1/2018	Hyperbaric/Wound Therapy	Added/PA Required: Q4176, Q4177, Q4178, Q4179, Q4180, Q4181, Q4182	All Plans, All LOBs
2/16/2018	4/1/2018	Genetic Counseling & Testing	Deleted Codes: 0004U, 0008M, 0015U, 0051T, 0052T, 0053T	All Plans, All LOBs
2/16/2018	4/1/2018	Experimental & Investigational	Deleted Codes: 0178T, 0179T, 0180T, 0255T, 0293T, 0294T, 0299T, 0300T, 0301T, 0302T, 0303T, 0304T, 0305T, 0306T, 0307T, 0309T, 0310T, 0340T, 0438T	All Plans, All LOBs

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2/16/2018	4/1/2018	Specialty Pharmacy	Deleted Codes: Q9985, Q9986, Q9989	All Plans, All LOBs
3/20/2018	7/1/2018	Durable Medical Equipment (DME)	Added/PA Required: K0903	All Plans, All LOBs
3/20/2018	7/1/2018	Specialty Pharmacy	Added/PA Required: Q5103, Q5104, Q2041	All Plans, All LOBs
3/20/2018	7/1/2018	Genetic Counseling & Testing	Added/PA Required: 0026U, 0027U, 0028U, 0029U, 0030U, 0031U, 0032U, 0033U, 0034U, 81407	All Plans, All LOBs
4/5/2018	7/1/2018	Specialty Pharmacy	Added/PA Required: J7322	Medicaid & Marketplace
4/9/2018	7/1/2018	Behavioral Health, Mental Health, Alcohol & Chemical Dependency	PA Update: F84.2, F84.3	Medicaid & Marketplace No PA required when associated with Autism Dx – added to diagnosis code list
3/28/2018	7/1/2018	Specialty Pharmacy	Removal of Deleted Codes: C9494, J1725, J9265, Q5102	All Plans, All LOBs
3/28/2018	7/1/2018	Genetic Counseling & Testing	Removal of Deleted Codes: S3854	Medicaid & Marketplace
4/18/2018	4/1/2018	Specialty Pharmacy	Added/PA Required: J1726, J1729	All Plans, All LOBs Replacement codes, retro to 4/1/18.
5/9/2018	6/1/2018	Cosmetic, Plastic & Reconstructive procedures	PA Update: 11900, 11901	Medicaid & Marketplace PA required regardless of diagnosis
5/9/2018	1/1/2018	Unlisted/Miscellaneous Codes	Refer to Unlisted/Misc. section for specific codes	All Plans, All LOBs Adding codes back to matrix
5/22/2018	1/8/2018	Habilitative Therapy	Added/PA Required: 97127	All Plans, All LOBs Replaces code 97532, retro to 1/1/18
5/23/2018	7/1/2018	Specialty Pharmacy	Added/PA Required: Q9991, Q9992, Q9995	All Plans, All LOBs New Codes
7/12/2018	10/1/2018	Behavioral Health, Mental Health, Alcohol & Chemical Dependency	Added/PA Required: 90867, 90868, 90869	TX, Medicaid, Marketplace, Codes currently listed under OP Procedures; will be also adding to BH section
4/25/2018	10/1/2018	Cosmetic, Plastic & Reconstructive procedures	Added/PA Required: 11900, 11901	All Plans, Medicaid & Marketplace, PA required regardless of diagnosis
6/26/2018	10/1/2018	Durable Medical Equipment (DME)	Added/PA Required: C2624, K0903	All Plans, Medicaid &
5/31/2018	10/1/2018	Experimental/ Investigational	Added/PA Required: 0505T, 0506T, 0507T, 0508T	All Plans, All LOBs, New Codes
3/20/2018	10/1/2018	Genetic Counseling & Testing	Added/PA Required: 0026U, 0027U, 0028U, 0029U, 0030U, 0031U, 0032U, 0033U, 0034U, 81407	All Plans, All LOBs
8/3/2018	10/1/2018	Genetic Counseling & Testing	Added/PA Required: 81161, 81243, 81244	TX, Medicaid and Marketplace
6/26/2018	10/1/2018	Out Patient Hospital/ASC Procedures	Added/PA Required: C9741	All Plans, Medicaid & Marketplace

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6/12/2018	10/1/2018	Pain Management	Added/PA Required: 97810, 97811, 97813, 97814, S8930	All Plans, Medicaid & Marketplace
5/22/2018	10/1/2018	Sleep Studies	PA Update: No PA required for POS12 services (home sleep studies).	All Plans, All LOBs, No PA required for POS12 services (home sleep studies).
4/5/2018	10/1/2018	Specialty Pharmacy	Added/PA Required: C9463, J7322, Q5103, Q5104, Q2041, Q9991, Q9992, Q9995	All Plans, All LOB, New Codes
6/11/2018	10/1/2018	Unlisted & Miscellaneous	Added/PA Required: A4649, E0769, E0770, K0899, L5999, L7499, Q0507, Q0508, Q0509	All Plans, All LOBs,
7/11/2018	01/1/2019	Inpatient Admissions	Add: Rev Code 762	Tx Marketplace Plans – Observation requires PA after 48 hour stay
	01/1/2019	Non-PAR Offices/ Providers/Facilities	Update PA: N/A	All Plans: Medicaid, Medicare, MMP Medicaid, MMP Medicare, MMOP, MMCP, Marketplace: PA is waived for professional component services or services billed with Modifier 26 in ANY place of service setting
10/4/2018	01/1/2019	Genetic Counseling and Testing	Added/PA Required: 0037U, 0045U, 0046U, 0047U, 0048U, 0049U, 0050U, 0053U, 0055U, 0056U, 0057U, 0058U, 0059U, 0060U	All Plans: Medicaid, Medicare, MMP Medicaid, MMP Medicare, MMOP, MMCP, Marketplace: New Codes
07/18/2018	01/1/2019	Cosmetic, Plastic & Reconstructive	Added/PA Required: 30400, 30410, 30420, 30430, 30435, 30450	All Plans: Medicare: Medicare covers with certain diagnosis codes outlined in Local Coverage Determinations (LCDs), limit coverage to the LCD diagnosis codes, add to require PA for Molina Medicare. (already on Medicaid/Marketplace)
08/15/2018	01/1/2019	Durable Medical Equipment (DME)	Added/PA Required: A9276^, A9277^, A9278^, K0553^, K0554^	All Plans: Medicaid
08/23/2018	01/1/2019	Non-PAR Offices/ Providers/Facilities	Update PA: N/A	All Plans: Medicaid, Medicare, MMP Medicaid, MMP Medicare, MMOP, MMCP, Marketplace: PA is waived for all radiology, anesthesiology, and pathology services when billed in POS 19, 21, 22, 23 or 24
09/07/2018	01/1/2019	Specialty Pharmacy	Added/PA Required: Q5108, Q5510	All Plans: Medicaid, Medicare, MMP Medicaid, MMP Medicare, MMOP, MMCP, Marketplace: New Codes
06/29/2018	01/1/2019	Specialty Pharmacy	Added/PA Required: C9030^*, C9031^*, C9032^*	All Plans: Medicaid:
09/12/2018	01/1/2019	Specialty Pharmacy	Added/PA Required: Q9994^	All Plans: Medicaid, Medicare, MMP Medicaid, MMP Medicare, MMOP, MMCP, Marketplace: Pharmacy MCP developed and approved in March 2018; drug been out since 2015, received own billing codes as of 7/1/2018.
09/28/2018	01/1/2019	Physical and Occupational Therapy	Update PA: N/A	Medicare: Keep on PA Guide. Configure to benefit cap. PA required beyond benefit cap.

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09/28/2018	01/1/2019	Outpatient Hospital/Ambulatory Surgery Center Procedures	Added/PA Required: 33206, 33207, 33208, 33212*, 33213*, 33214*, 33221*, 33224, 33225, 33227*, 33228*, 33229*, 33230, 33231, 33240, 33249, 33262*, 33263*, 33264*, 33270	All Plans: Medicaid, Medicare, MMP Medicaid, MMP Medicare, MMOP, MMCP, Marketplace: Annual Review approved by Code Governance Committee to be effective all plans all LOB for Cardiac Services
09/28/2018	01/1/2019	Outpatient Hospital/Ambulatory Surgery Center Procedures	Added/PA Required: 23470, 27438	All Plans: Medicaid, Medicare, MMP Medicaid, MMP Medicare, MMOP, MMCP, Marketplace: Annual Review approved by Code Governance Committee to be effective all plans all LOB for Musculoskeletal
10/12/2018	01/1/2019	Genetic Counseling and Testing	Added/PA Required: 81240, 81241	TX: Medicaid; Marketplace; MMP Medicaid
12/05/2018	1/1/2019	Unlisted & Miscellaneous	PA Update: J7999, J8499	All Plans (Medicaid, Medicare, MMP Medicaid, MMP Medicare, MMOP, MMCP, Marketplace): codes listed under both Specialty Pharmacy and Unlisted & Miscellaneous, removing from Specialty Pharmacy.
12/11/2018	1/1/2019	Specialty Pharmacy	Added/PA Required: A9513, B4105, C9038, J0185, J0517, J0567, J0584, J0599, J1301, J1454, J1628, J1746, J2797, J3245, J3316, J3398, J7170, J7177, J7203, J7318, J7329, J9044, J9057, J9153, J9173, J9229, J9311, J9312, Q2042, Q5107, Q5109, Q5111	All Plans (Medicaid, Marketplace):
12/11/2018	1/1/2019	Specialty Pharmacy	Added/PA Required: C9035, C9036, C9037, C9039, C9407, C9408, J0841, J1095, J2062, J2186, J2787, J3304, J3397	All Plans (Medicaid, Marketplace):
12/18/2018	1/1/2019	Multiple Service Categories	Removal of Deleted Codes: 0159T, 0188T, 0189T, 0190T, 0195T, 0196T, 0337T, 0359T, 0360T, 0361T, 0363T, 0364T, 0365T, 0366T, 0367T, 0368T, 0369T, 0370T, 0371T, 0372T, 0374T, 0406T, 0407T, 77058, 77059, 81211, 81213, 81214, 96101, 96102, 96103, 96118, 96119, 96120, 33282, 33284, 64550, 96111, C8904, C8907, C9014, C9015, C9016, C9024, C9028, C9029, C9030, C9031, C9032, C9463, C9492, C9493, C9741, J0833, Q2040, Q9994, Q9995, 10022, 11100, 11101, 20005, 27370, 31595, 41500, 43760, 46762, 50395, 61332, 61480, 61610, 61612, 63615, 64508, 66220, 76001, 78270, 78271, 78272, 92275, 95974, 95975, 95978, 95979, 99090, 0001M, 0346T, 0387T, 0388T, 0389T, 0390T, 0391T	All Plans (Medicaid, Medicare, MMP Medicaid, MMP Medicare, MMOP, MMCP, Marketplace): Deleted codes to be removed
12/18/2018	1/1/2019	Multiple Service Categories	Added/PA Required: 33289*, 77046, 77047, 77048, 77049, 81163, 81164, 81165, 81166, 96130, 96131, 96132, 96133, 96136, 96137, 96138, 96139, 96146, 97151, 97152, 97153^, 97154^, 97155^, 97156^, 97157^, 97158^	All Plans (Medicaid, Medicare, MMP Medicaid, MMP Medicare, MMOP, MMCP, Marketplace): Replacement codes of deleted codes 33289* - configure under Outpatient Hospital/ASC service category for all LOBs
12/13/2018	4/1/2019	Durable Medical Equipment	Added/PA Required: K0013	All Molina State Plans: LOB: Medicare, MMP Medicare, MMOP, MMCP:

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1/15/2019	4/1/2019	Experimental Investigational	Added/PA Required: 81503	All Molina State Plans: LOB: Medicaid, Medicare, MMP Medicaid, MMP Medicare, MMOP, MMCP, Marketplace. Originally requested by MI
9/7/2018	4/1/2019	Experimental Investigational	Added/PA Required: 0509T, 0510T, 0511T, 0512T, 0513T, 0514T, 0515T, 0516T, 0517T, 0518T, 0519T, 0520T, 0521T, 0522T, 0523T, 0524T, 0525T, 0526T, 0527T, 0528T, 0529T, 0530T, 0531T, 0532T, 0533T, 0534T, 0535T, 0536T, 0537T, 0538T, 0539T, 0540T, 0541T, 0542T	All Molina State Plans: LOB: Medicaid, Medicare, MMP Medicaid, MMP Medicare, MMOP, MMCP, Marketplace. New Codes 0537T, 0538T, 0539T New technology category III codes and effective 2/1/2019 to require PA for Marketplace (request #271)
1/11/2019	4/1/2019	Durable Medical Equipment	Removal/No PA Required: K0903	All Molina State Plans: LOB: Medicaid, Medicare, MMP Medicaid, MMP Medicare, MMOP, MMCP, Marketplace. Termed code (12/31/18)
1/11/2019	4/1/2019	Outpatient Hospital/Ambulatory Surgery Center Procedures	Removal/No PA Required: 97762	All Molina State Plans: LOB: Medicaid, Medicare, MMP Medicaid, MMP Medicare, MMOP, MMCP, Marketplace. Termed code (12/31/17)
12/17/2018	4/1/2019	Healthcare Administered Drug	Update PA: N/A	All Molina State Plans: LOB: Medicaid, Medicare, MMP Medicaid, MMP Medicare, MMOP, MMCP, Marketplace. Rename "Specialty Pharmacy Drug" service category into "Healthcare Administered Drug"
2/6/2019	4/1/2019	Healthcare Administered Drug	Update PA: N/A	All Molina State Plans: LOB: Medicaid, Medicare, MMP Medicaid, MMP Medicare, MMOP, MMCP, Marketplace. PROVIDER MANUAL LANGUAGE TO BE INSERTED UNDER HEALTHCARE ADMINISTERED DRUG SECTION
1/18/2019	1/18/2019	Pain Management Procedures	Update PA: N/A	All Molina State Plans: LOB: Medicare, MMP Medicare, MMOP, MMCP. Remove "Acupuncture is not a Medicare covered benefit" under Pain Management Procedures
2/6/2019	4/1/2019	Transplant Services	Update PA: Q2041, Q2042	All Molina State Plans: LOB: Medicaid; Marketplace; MMP Medicare; MMP Medicaid; MMO; MMOP; MMCP. Relocate the CAR T codes from "Healthcare Administered Drugs" category to "Transplant Services" category
03/11/2019	4/1/2019	Healthcare Administered Drug	Removed/ No PA Required: J2918	Medicaid and Marketplace

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3/25/2019	7/1/2019	Genetic Counseling & Testing	Removal of Codes/no PA required: 86008	All Plans: Medicaid, Medicare, MMP Medicaid, MMP Medicare, MMOP, MMCP, Marketplace
3/25/2019	7/1/2019	Behavioral Health, Mental Health, Alcohol & Chemical Dependency Services	Update PA: H0012, S5150	All Plans: Medicaid, Marketplace Remove autism diagnosis, PA required regardless of diagnosis
3/27/2019	7/1/2019	Behavioral Health, Mental Health, Alcohol & Chemical Dependency Services	Update PA: ICD 9: 299.00, 299.01, 299.10, 299.11, 299.80, 299.81, 299.90, 299.91 ICD 10: F84.0, F84.2, F84.3, F84.5, F84.8, F84.9	All Plans: Medicaid, Marketplace Update autism diagnosis list
3/27/2019	7/1/2019	N/A	Update PA	All Plans: Medicaid, Medicare, MMP Medicaid, MMP Medicare, MMOP, MMCP, Marketplace Update PA Matrix top disclaimers to clarify requirements for Par and Non-Par Providers: "Any exceptions included in this Prior Authorization Code Matrix document apply to PAR Providers only. All Non-Par Providers require authorization regardless of services or codes (for any exceptions, refer to Non-Par section below)."
4/22/2019	7/1/2019	N/A	Update PA	All Plans: Medicaid, MMP Medicaid, Marketplace Update PA Matrix top disclaimers to clarify requirements for Par and Non-Par Providers: "No PA Required for Emergency Room Services for Par or Non-Par providers."
4/22/2019	7/1/2019	N/A	Update PA	All Plans: MMP Medicare, MMOP, MMCP Update PA Matrix top disclaimers to clarify requirements for Par and Non-Par Providers: "No PA Required for Emergency Services for Par or Non-Par providers."
4/22/2019	7/1/2019	Imaging - Advanced & Specialty	Update PA	All Plans: All LOBs Renaming "Imaging - Advanced & Specialty" to "Imaging and Special Tests"
6/3/2019	7/1/2019	Durable Medical Equipment	Addition of Codes/PA required: A5514, A6460, A6461, E0447, V5171^, V5172^, V5181^, V5211^, V5212^, V5213^, V5214^, V5215^, V5221^	All Plans: Medicaid, MMP Medicaid, Marketplace New code TX and NM - Require authorization on A5514 for Medicaid, MMP Medicaid, Marketplace. ^All other codes listed no PA for Medicaid, MMP Medicaid, Marketplace

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3/16/2019	7/1/2019	Neuropsychological & Psychological Tests	Addition of Codes/PA required: 96112, 96113, 96121	All Plans: Medicaid, Medicare, MMP Medicaid, MMP Medicare, MMOP, MMCP, Marketplace New code
3/16/2019	7/1/2019	Durable Medical Equipment	Addition of Codes/PA required: E0467", Q4183", Q4184", Q4185", Q4186, Q4187, Q4188", Q4190", Q4191", Q4193", Q4194", Q4198", Q4200", Q4201", Q4202", Q4203", Q4204"	All Plans: Medicaid, Medicare, MMP Medicaid, MMP Medicare, MMOP, MMCP, Marketplace New code
3/16/2019	7/1/2019	Experimental/Investigational	Addition of Codes/PA required: 0446T, 0447T, 0448T	All Plans: Medicaid, Medicare, MMP Medicaid, MMP Medicare, MMOP, MMCP, Marketplace
3/16/2019	7/1/2019	Experimental/Investigational	Addition of Codes/PA required: 0537T, 0538T, 0539T	All Plans: Marketplace, (Medicaid - see comments) (Codes previously listed on Q2 2019 update log, all previous exceptions continue to apply)
3/16/2019	7/1/2019	Experimental/Investigational	Addition of Codes/PA required: 33440, 33866, 93264, 95836, 95976, 95977, 95983, 0525T", A4563", C1823", C8937", C9751", C9752", C9753", C9754", C9755", L8608", Q4189", Q4192", Q4195", Q4196", Q4197"	All Plans: Medicaid, Medicare, MMP Medicaid, MMP Medicare, MMOP, MMCP, Marketplace New code
3/16/2019	7/1/2019	Genetic Counseling & Testing	Addition of Codes/PA required : 81167, 81171", 81172", 81173, 81174, 81177, 81178, 81179, 81180, 81181, 81182, 81183, 81184, 81185, 81186, 81187, 81188, 81189, 81190, 81204, 81233, 81234, 81236", 81237", 81239, 81271, 81274, 81284, 81285, 81286, 81289, 81305, 81306", 81312, 81320", 81329, 81333", 81336, 81337, 81343", 81344", 81345", 81443", 81518, 81596"	All Plans: Medicaid, Medicare, MMP Medicaid, MMP Medicare, MMOP, MMCP, Marketplace New code
3/16/2019	7/1/2019	Imaging and Specialty Tests	Addition of Codes/PA required: 76391	All Plans: Medicaid, Medicare, MMP Medicaid, MMP Medicare, MMOP, MMCP, Marketplace New code
3/16/2019	7/1/2019	Out-Patient (OP) Hospital/Ambulatory Surgery Center (ASC) Procedures	Addition of Codes/PA required: 33979	All Plans: Medicaid, Medicare, MMP Medicaid, MMP Medicare, MMOP, MMCP, Marketplace
3/16/2019	7/1/2019	Out-Patient (OP) Hospital/Ambulatory Surgery Center (ASC) Procedures	Addition of Codes/PA required: 33274, 33275, 33285, 33286, 53854	All Plans: Medicaid, Medicare, MMP Medicaid, MMP Medicare, MMOP, MMCP, Marketplace New code
3/16/2019	7/1/2019	Unlisted/Miscellaneous Codes	Addition of Codes/PA required: L8698, L8701, L8702	All Plans: Medicaid, Medicare, MMP Medicaid, MMP Medicare, MMOP, MMCP, Marketplace New code

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3/16/2019	7/1/2019	Neuropsychological & Psychological Tests (in any setting)	Removal of Codes/no PA required: 96127	All Plans: Medicaid, Medicare, MMP Medicaid, MMP Medicare, MMOP, MMCP, Marketplace
3/16/2019	7/1/2019	Out-Patient (OP) Hospital/Ambulatory Surgery Center (ASC) Procedures	Removal of Codes/no PA required: 95911, 95912, 95913	All Plans: Medicare, MMP Medicare, MMOP, MMCP Codes historically removed from Medicaid and Marketplace lines.
3/16/2019	7/1/2019	Behavioral Health, Mental Health, Alcohol & Chemical Dependency Services	Removal of Codes/no PA required: 96110	All Plans: Medicaid; Marketplace IL, TX, OH previously removed 4/1/19
3/16/2019	7/1/2019	Neuropsychological and Psychological testing	Update PA: 97151, 97152, 97153, 97154, 97155, 97156, 97157, 97158	All Plans: Medicaid, Medicare, MMP Medicaid, MMP Medicare, MMOP, MMCP, Marketplace 97151-97158 will be re-categorized under "Neuropsychological and Psychological testing" and removed from "Experimental Investigational" and "Behavior Health, Mental Health, Alcohol and Chemical Dependency" categories.
5/1/2019	7/1/2019	Healthcare Administered Drug	Addition of Codes/PA required: Q5112, Q5113, J7208, Q5114, J7677, Q5115, J9036, J9030, J9356, C9040, C9043, C9044, C9045, C9141, C9047, C9048, C9049, C9050, C9051, C9052	All Plans: Medicaid, Medicare, MMP Medicaid, MMP Medicare, MMOP, MMCP, Marketplace C9141 will be J7208 effective 7/1/2019
4/2/2019	7/1/2019	Genetic Counseling & Testing	Addition of Codes/PA required: 81205	TX, NM: Medicaid, Marketplace
6/3/2019	7/1/2019	Unlisted/miscellaneous	PA Update: 22899, 31299, 67299, 99499	All Plans: All LOBs continue with PA Required under "Unlisted/Miscellaneous" section, remove duplication from "Experimental/Investigational" section
6/3/2019	7/1/2019	Imaging and Specialty Tests	PA Update: 76497, 76498	All Plans: All LOBs continue with PA Required under "Imaging and Specialty Tests" section, remove duplication from "Unlisted/Miscellaneous" section
6/3/2019	7/1/2019	Genetics Counseling and Testings	PA Update: 84999	All Plans: All LOBs continue with PA Required under "Genetics Counseling & Testing" section, remove duplication from "Unlisted/Miscellaneous" section

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6/3/2019	7/1/2019	Behavioral Health, Mental Health, Chemical and Alcohol Dependency	PA Update: H0046	All Plans: Medicaid, Marketplace continue with PA Required under "Behavioral Health, Mental Health, Alcohol & Chemical Dependency Services" section, remove duplication from "Unlisted/Miscellaneous" section
6/3/2019	7/1/2019	Healthcare Administered Drug	PA Update: J9999	All Plans: All LOBs continue with PA Required under "Healthcare Administered Drug" section, remove duplication from "Unlisted/Miscellaneous" section
6/3/2019	7/1/2019	Imaging and Specialty Tests	PA Update: 76999, 78499, G0235	All Plans: All LOBs recategorize from "Unlisted/Miscellaneous" to "Imaging and Specialty Tests"
6/3/2019	7/1/2019	Radiation Therapy and Radiosurgery	PA Update: 81599, 81479	All Plans: All LOBs recategorize from "Unlisted/Miscellaneous" to "Radiation Therapy and Radiosurgery"
6/3/2019	7/1/2019	Imaging and Specialty Tests	PA Update: 93998, 0174T, 0175T, 0399T, 0439T	All Plans: All LOBs recategorize from "Experimental/Investigational" to "Imaging and Special Tests"
6/3/2019	7/1/2019	Imaging and Specialty Tests	PA Update: 0042T, 0331T, 0332T	All Plans: Medicaid, Marketplace recategorize from "Experimental/Investigational" to "Imaging and Special Tests"
6/3/2019	7/1/2019	Radiation Therapy and Radiosurgery	PA Update: A9543, A9513	All Plans: All LOBs recategorize from "Healthcare Administered Drug" to "Radiation Therapy and Radiosurgery"
6/3/2019	7/1/2019	Radiation Therapy and Radiosurgery	PA Update: C9408	All Plans: Medicaid, Marketplace recategorize from "Healthcare Administered Drug" to "Radiation Therapy and Radiosurgery"
6/3/2019	7/1/2019	Healthcare Administered Drug	PA Update: J8499, J8999	All Plans: All LOBs recategorize from "Unlisted/Miscellaneous" to "Healthcare Administered Drug"
6/3/2019	7/1/2019	Radiation Therapy and Radiosurgery	PA Update: 81503	All Plans: All LOBs recategorize from "Experimental/Investigational" to "Radiation Therapy and Radiosurgery"

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6/3/2019	7/1/2019	Unlisted/miscellaneous	PA Update: A0999	All Plans: All LOBs continue with PA Required under "Unlisted/Miscellaneous" section, remove duplication from "Transportation" section
6/3/2019	7/1/2019	Unlisted/miscellaneous	PA Update: A9900, E1399	All Plans: All LOBs continue with PA Required under "Unlisted/Miscellaneous" section, remove duplication from "DME" section See TX Exception
6/3/2019	7/1/2019	Experimental/Investigational	PA Update: 0505T, 0506T, 0507T, 0508T	All Plans: Medicare, MMP Medicare, MMOP, MMCP continue with PA Required under "Experimental/Investigational", remove duplication from "Genetic Counseling & Testing" section
6/3/2019	7/1/2019	Behavioral Health, Mental Health, Chemical and Alcohol Dependency	PA Update: 90867, 90868, 90869	All Plans: Medicaid, Marketplace continue with PA required under "Behavioral Health, Mental Health, Chemical & Alcohol Dependency" section, remove duplication from "Outpatient Hospital/ASC Setting" section
6/3/2019	7/1/2019	Genetic Counseling and Testing	PA Update: S3870	All Plans: Medicaid, Marketplace continue with PA required under "Genetic Counseling & Testing", remove duplication from "Unlisted/Miscellaneous" section