

Molina Healthcare of Texas Prior Authorization Code Matrix Update

Effective: April 1, 2026

Molina is updating the Prior Authorization (PA) Code Matrix. This is a notification only and does not determine if the benefit is covered by the members' plan. The prior authorization requirements for the following codes have been updated. For specific CPT/HCPC codes requiring prior authorization, please review the Medicaid Behavioral Health and Medical Prior Authorization (PA) Code Matrix.

Update	Category	CPT	Description	Notes
Add	Hyperbaric and Wound Care	Q4398	SUMMIT AC, PER SQ CM	
	Hyperbaric and Wound Care	Q4399	SUMMIT FX, PER SQ CM	
	Hyperbaric and Wound Care	Q4400	POLYGON3 MEMBRANE, PER SQ CM	
	Hyperbaric and Wound Care	Q4401	ABSOLV3 MEMBRANE, PER SQ CM	
	Hyperbaric and Wound Care	Q4402	XWRAP 2.0, PER SQ CM	
	Hyperbaric and Wound Care	Q4403	XWRAP DUAL PLUS, PER SQ CM	
	Hyperbaric and Wound Care	Q4404	XWRAP HYDRO PLUS, PER SQ CM	
	Hyperbaric and Wound Care	Q4405	XWRAP FENESTRA PLUS, PER SQ CM	
	Hyperbaric and Wound Care	Q4406	XWRAP FENESTRA, PER SQ CM	
	Hyperbaric and Wound Care	Q4407	XWRAP TRIBUS, PER SQ CM	
	Hyperbaric and Wound Care	Q4408	XWRAP HYDRO, PER SQ CM	
	Hyperbaric and Wound Care	Q4409	AMNIOMATRIXF3X, PER SQ CM	
	Hyperbaric and Wound Care	Q4410	AMCHOMATRIXDL, PER SQ CM	
	Hyperbaric and Wound Care	Q4411	AMNIOMATRIXF4X, PER SQ CM	
	Hyperbaric and Wound Care	Q4412	CHORIOFIX, PER SQ CM	
	Hyperbaric and Wound Care	Q4413	CYGNUS SOLO, PER SQ CM	

	Hyperbaric and Wound Care	Q4414	SIMPLICHOR, PER SQ CM	
	Hyperbaric and Wound Care	Q4415	ALEXIGUARD SL-T, PER SQ CM	
	Hyperbaric and Wound Care	Q4416	ALEXIGUARD TL-T, PER SQ CM	
	Hyperbaric and Wound Care	Q4417	ALEXIGUARD DL-T, PER SQ CM	
	Imaging & Special Tests	70472	CT CRBRL PRFSN ANLYSS WTH CONTRST MTRL(S), INCLDNG IMG PSTPRCSSNG PRFRMD WITH CONCRNT CT OR CT ANGGRPHY SAME ANTMY (LIST SPRTLY IN ADDTN TO CODE FOR PRIM PROCDR)	
	Imaging & Special Tests	70473	CT CRBRL PRFSN ANLYSS WTH CONTRST MTRL(S), INCLDNG IMG PSTPRCSSNG PRFRMD WITHOUT CNCRRNT CT OR CT ANGGRPHY SAME ANTMY	
	Imaging & Special Tests	75577	QNTFCTN CHRCTRZTN CRNRY ATHRSCLRTC PLQ ASSESS SVRTY CRNRY DISSE, DRVD FRM AGMNTTV SFTWRE ANLYSS DATA SET FRM CRNRY CMPTD TMGRPHC ANGRPHY, W NTRPRTTN AND RPORT BY PHYS OR OTHR QLFD HLTH CRE PRFSSNAL	
Update	Hyperbaric and Wound Care	Q4116	AlloDerm, per sq cm	No prior auth is required with a breast cancer diagnosis.
	Hyperbaric and Wound Care	Q4122	DermACELL, DermACELL AWM or DermACELL AWM Porous, per sq cmr	No prior auth is required with a breast cancer diagnosis.
	Hyperbaric and Wound Care	Q4128	FLEXHD ALLOPATCHHD OR MATRIX HD PER SQ CM	No prior auth is required with a breast cancer diagnosis.

The process for obtaining prior authorization **has not** changed. Requests for amounts over the allowable limits and requests for non-payable codes will require prior authorization. Please complete the Prior Authorization / Service Request Form with all pertinent information and provide relevant medical notes as applicable. The Service Request Form is available on the Molina Healthcare website under Provider/Forms.