Molina Healthcare of Texas
Prior Authorization Code Matrix Update

Effective: October 1, 2026

Molina is updating the Prior Authorization (PA) Code Matrix. This is a notification only of the proposed changes and does not determine if the service 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				General disclaimer added: PA is not required for ECI services for children 36 months or younger.
Add	Behavioral/Mental Health, Alcohol-Chemical Dependency	H0039	ASSERTIVE COMMUNITY TX FACE-TO-FACE PER 15 MIN	15 minute code for assertive community treatment (ACT)
Add	Hyperbaric and Wound Care	A2046	DERMISPHERE HDRT, PER SQ CM	
Add	Hyperbaric and Wound Care	A2047	LACERTAMATRIX, PER SQ CM	
Add	Hyperbaric and Wound Care	A2048	PURAPLY MZ, PER MG	
Add	Hyperbaric and Wound Care	A2049	THERACOR, PER SQ CM	
Add	Hyperbaric and Wound Care	A2050	FIBRILLAR COLLAGEN, PER MG	
Add	Hyperbaric and Wound Care	Q4207	CARBON LIFE, PER SQ CM	
Add	Hyperbaric and Wound Care	Q4223	DERMABIND SL OPTIC PER SQ CM	
Add	Hyperbaric and Wound Care	Q4243	AMCHOMATRIX, PER SQ CM	
Remove	OP Hosp/Amb Surgery Center (ASC) Procedures	37292	REVASC EVASC TPVT ST ATHRC UNI SF LES 1ST VSL	
Remove		37294	REVASC EVASC TPVT ST ATHRC UNI CPLX LES 1ST VSL	

Remove	OP Hosp/Amb Surgery Center (ASC) Procedures	37296	REVSC EVASC IMVT ANGIOP UNI SF LES 1ST VSL	
Remove	OP Hosp/Amb Surgery Center (ASC) Procedures	37298	REVSC EVASC IMVT ANGIOP UNI CPLX LES 1ST VSL	
Remove	OP Hosp/Amb Surgery Center (ASC) Procedures	92930	PERQ TCAT PLMT NTRAC ST 2 PLUS LES 2 PLUS ST 2 PLUS C SEGM	
Remove	Imaging and Special Tests	70471	CTA HEAD and NECK C Plus W/NONCONTRAST IMG and POST-PXESS	
Remove	Imaging and Special Tests	70473	CT CRBRL PRFSN ANLYSS WTH CONTRST MTRL(S), INCLDNG IMG PSTPRCSSNG PRFRMD WITHOUT CNCRRNT CT OR CT ANGGRPHY SAME ANTMY	
Remove	Imaging and Special Tests	73218	MRI UPPER EXTREMITY OTH THAN JT W/O CONTR MATRL	
Remove	Imaging and Special Tests	73129	MRI UPPER EXTREMITY OTH THAN JT W/CONTR MATRL	
Remove	Imaging and Special Tests	73220	MRI UPPER EXTREM OTHER THAN JT W/O AND W/CONTRAS	
Remove	Imaging and Special Tests	76376	3D RENDERING W/INTERP AND POSTPROCESS SUPERVISION	
Remove	Imaging and Special Tests	76377	3D RENDERING W/INTERP AND POSTPROC DIFF WORK STATION	
Remove	Imaging and Special Tests	76391	MAGNETIC RESONANCE ELASTOGRAPHY	
Remove	Imaging and Special Tests	77046	MRI BREAST WITHOUT CONTRAST MATERIAL UNILATERAL	
Remove	Imaging and Special Tests	77047	MRI BREAST WITHOUT CONTRAST MATERIAL BILATERAL	
Remove	Imaging and Special Tests	77048	MRI BREAST W/OUT AND WITH CONTRAST W/CAD UNILATERAL	
Remove	Imaging and Special Tests	77049	MRI BREAST WITHOUT AND WITH CONTRAST W/CAD BILATERAL	
Remove	Imaging and Special Tests	78499	UNLISTED CARDIOVASCULAR PX DX NUCLEAR MEDICINE	
Remove	Imaging and Special Tests	0031T	SPECULOSCOPY	Deleted/Invalid code
Remove	Imaging and Special Tests	0332T	SPECULOSCOPY WITH DIRECT SAMPLING	Deleted/Invalid code
Remove	Imaging and Special Tests	0609T	MRS DISCOGENIC PAIN ACQUISJ SINGLE VOXEL DATA	
Remove	Imaging and Special Tests	0610T	MRS DISCOGENIC PAIN TRANSMIS BMRK DATA SW ALYS	

Remove	Imaging and Special Tests	0611T	MRS DISCOGENIC PAIN ALGORTHMIC ALYS BMRK DATA	
Remove	Imaging and Special Tests	0612T	MRS DISCOGENIC PAIN INTERPRETATION AND REPORT	
Remove	Imaging and Special Tests	0633T	CT BREAST W/3D RENDERING UNI WITHOUT CONTRAST	
Remove	Imaging and Special Tests	0634T	CT BREAST W/3D RENDERING UNI WITH CONTRAST	
Remove	Imaging and Special Tests	0635T	CT BRST W/3D RENDERING UNI WO CNTRST FLWD CNTRST	
Remove	Imaging and Special Tests	0636T	CT BREAST W/3D RENDERING BI WITHOUT CONTRAST	
Remove	Imaging and Special Tests	0637T	CT BREAST W/3D RENDERING BI WITH CONTRAST	
Remove	Imaging and Special Tests	0638T	CT BRST W/3D RENDERING BI WO CNTRST FLWD CNTRST	
Remove	Imaging and Special Tests	0710T	N-INVAS ARTL PLAQ ALYS DATA PRP QUAN REVIEW I and R	
Remove	Imaging and Special Tests	0711T	N-INVAS ARTL PLAQ ALYS DATA PREP and TRANSMISSION	
Remove	Imaging and Special Tests	0712T	N-INVAS ARTL PLAQ ALYS QUAN STRUX and COMPOS VSL WAL	
Remove	Imaging and Special Tests	0713T	N-INVAS ARTL PLAQ ALYS DATA REVIEW I and R	
Remove	Imaging and Special Tests	C8909	MR ANGIOGRAPHY WITH CONTRAST CHEST	
Remove	Imaging and Special Tests	C8910	MR ANGIOGRAPHY WITHOUT CONTRAST CHEST	
Remove	Imaging and 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	

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.