Molina Healthcare of Texas
Prior Authorization Code Matrix Update

Effective: January 1, 2026

Molina is updating the Prior Authorization (PA) Code Matrix effective **01/01/2026**. This is a notification only and does not determine if the benefit is covered by the member's plan. The prior authorization requirements for the following codes have been updated. For specific CPT/HCPC codes requiring PA, please review the PA Code Matrix.

Update	Category	CPT	Description	Notes
Add	Hyperbaric/Wound Care	A2014	OMEZA COLLAGEN MATRIX PER 100 MG	Refer to TMPPM for skin substitute limitations
Add	Hyperbaric/Wound Care	A2015	PHOENIX WOUND MATRIX PER SQ CM	Refer to TMPPM for skin substitute limitations
Add	Hyperbaric/Wound Care	A2016	PERMEADERM B PER SQ CM	Refer to TMPPM for skin substitute limitations
Add	Hyperbaric/Wound Care	A2017	PERMEADERM GLOVE EACH	Refer to TMPPM for skin substitute limitations
Add	Hyperbaric/Wound Care	A2018	PERMEADERM C PER SQ CM	Refer to TMPPM for skin substitute limitations
Add	Hyperbaric/Wound Care	A2022	INNOVABURN OR INNOVAMATRIX XL PER SQ CM	Refer to TMPPM for skin substitute limitations
Add	Hyperbaric/Wound Care	A2023	INNOVAMATRIX PD 1 MG	Refer to TMPPM for skin substitute limitations
Add	Hyperbaric/Wound Care	A2024	RESOLVE MATRIX OR XENOPATCH PER SQ CM	Refer to TMPPM for skin substitute limitations
Add	Hyperbaric/Wound Care	A2025	MIRO3D PER CU CM	Refer to TMPPM for skin substitute limitations
Add	Hyperbaric/Wound Care	A2026	RESTRATA MINIMATRIX 5 MG	Refer to TMPPM for skin substitute limitations
Add	Hyperbaric/Wound Care	A2027	MATRIDERM PER SQ CM	Refer to TMPPM for skin substitute limitations
Add	Hyperbaric/Wound Care	A2028	MICROMATRIX FLEX PER MG	Refer to TMPPM for skin

				substitute limitations
Add	Hyperbaric/Wound Care	A2029	MIROTRACT WOUND MATRIX SHEET PER CC	Refer to TMPPM for skin substitute limitations
Add	Hyperbaric/Wound Care	A2036	Cohealyx Collagen Derman Matrix, per sq cm	Refer to TMPPM for skin substitute limitations
Add	Hyperbaric/Wound Care	A2037	G4derm Plus, per mm	Refer to TMPPM for skin substitute limitations
Add	Hyperbaric/Wound Care	A2038	Marigen Pacto, per sq cm	Refer to TMPPM for skin substitute limitations
Add	Hyperbaric/Wound Care	A2039	Innovamatrix fd, per sq cm	Refer to TMPPM for skin substitute limitations
Add	Hyperbaric/Wound Care	Q4199	CYGNUS MATRIX PER SQ CM	Refer to TMPPM for skin substitute limitations
Add	Hyperbaric/Wound Care	Q4251	VIM PER SQ CM	Refer to TMPPM for skin substitute limitations
Add	Hyperbaric/Wound Care	Q4253	ZENITH AMNIOTIC MEMBRANE PER SQ CM	Refer to TMPPM for skin substitute limitations
Add	Hyperbaric/Wound Care	Q4259	CELERA DUAL LAYER/CELERA DUAL MEMBRANE PER SQ CM	Refer to TMPPM for skin substitute limitations
Add	Hyperbaric/Wound Care	Q4260	SIGNATURE APATCH PER SQ CM	Refer to TMPPM for skin substitute limitations
Add	Hyperbaric/Wound Care	Q4261	TAG PER SQ CM	Refer to TMPPM for skin substitute limitations
Add	Hyperbaric/Wound Care	Q4285	NUDYN DL OR NUDYN DL MESH PER SQ CM	Refer to TMPPM for skin substitute limitations
Add	Hyperbaric/Wound Care	Q4286	NUDYN SL OR NUDYN SLW PER SQ CM	Refer to TMPPM for skin substitute limitations
Add	Hyperbaric/Wound Care	Q4305	AMERICAN AMNION AC TRI-LAYER PER SQUARE CM	Refer to TMPPM for skin substitute limitations
Add	Hyperbaric/Wound Care	Q4306	AMERICAN AMNION AC PER SQUARE CENTIMETER	Refer to TMPPM for skin substitute limitations
Add	Hyperbaric/Wound Care	Q4307	AMERICAN AMNION PER SQUARE CENTIMETER	Refer to TMPPM for skin substitute limitations
Add	Hyperbaric/Wound Care	Q4308	SANOPELLIS PER SQUARE CENTIMETER	Refer to TMPPM for skin substitute limitations
Add	Hyperbaric/Wound Care	Q4309	VIA MATRIX PER SQUARE CENTIMETER	Refer to TMPPM for skin substitute limitations

Add	Hyperbaric/Wound Care	Q4310	PROCENTA PER 100 MG	Refer to TMPPM for skin substitute limitations
Add	Hyperbaric/Wound Care	Q4354	PALINGEN DUAL LAYER MEMBRANE PER SQ CENTIMETER	Refer to TMPPM for skin substitute limitations
Add	Hyperbaric/Wound Care	Q4360	AMCHOPLAST FD PER SQUARE CENTIMETER	Refer to TMPPM for skin substitute limitations
Add	Hyperbaric/Wound Care	Q4368	AMCHOTHICK PER SQ CM	Refer to TMPPM for skin substitute limitations
Add	Hyperbaric/Wound Care	Q4369	AMNIOPLAST 3 PER SQ CM	Refer to TMPPM for skin substitute limitations
Add	Hyperbaric/Wound Care	Q4370	AEROGUARD PER SQ CM	Refer to TMPPM for skin substitute limitations
Add	Hyperbaric/Wound Care	Q4371	NEOGUARD PER SQ CM	Refer to TMPPM for skin substitute limitations
Add	Hyperbaric/Wound Care	Q4372	AMCHOPLAST EXCL PER SQ CM	Refer to TMPPM for skin substitute limitations
Add	Hyperbaric/Wound Care	Q4373	MEMBRANE WRP LT PER SQ CM	Refer to TMPPM for skin substitute limitations
Add	Hyperbaric/Wound Care	Q4375	DUOGRAFT AC PER SQ CM	Refer to TMPPM for skin substitute limitations
Add	Hyperbaric/Wound Care	Q4376	DUOGRAFT AA PER SQ CM	Refer to TMPPM for skin substitute limitations
Add	Hyperbaric/Wound Care	Q4377	TRIGRAFT FT PER SQ CM	Refer to TMPPM for skin substitute limitations
Add	Hyperbaric/Wound Care	Q4378	RENEW FT MATRIX PER SQ CM	Refer to TMPPM for skin substitute limitations
Add	Hyperbaric/Wound Care	Q4379	AMNIODEFEND FT MATRIX PER SQ CM	Refer to TMPPM for skin substitute limitations
Add	Hyperbaric/Wound Care	Q4380	ADVOGRAFT ONE PER SQ CM	Refer to TMPPM for skin substitute limitations
Add	Hyperbaric/Wound Care	Q4382	ADVOGRAFT DUAL PER SQ CM	Refer to TMPPM for skin substitute limitations
Add	Hyperbaric/Wound Care	Q4383	Axolotl Graft Ultra, per sq cm	Refer to TMPPM for skin substitute limitations
Add	Hyperbaric/Wound Care	Q4384	Axolotl DualGraft Ultra, per sq cm	Refer to TMPPM for skin substitute limitations
Add	Hyperbaric/Wound Care	Q4385	Apollo FT, per sq cm	Refer to TMPPM for skin substitute limitations

Add	Hyperbaric/Wound Care	Q4386	Acesso TrifACA, per sq cm	Refer to TMPPM for skin substitute limitations
Add	Hyperbaric/Wound Care	Q4387	NeoThelium FT, per sq cm	Refer to TMPPM for skin substitute limitations
Add	Hyperbaric/Wound Care	Q4388	NeoThelium 4L, per sq cm	Refer to TMPPM for skin substitute limitations
Add	Hyperbaric/Wound Care	Q4389	NeoThelium 4L Plus, per sq cm	Refer to TMPPM for skin substitute limitations
Add	Hyperbaric/Wound Care	Q4390	Ascendion, per sq cm	Refer to TMPPM for skin substitute limitations
Add	Hyperbaric/Wound Care	Q4391	AminoPlast Double, per sq cm	Refer to TMPPM for skin substitute limitations
Add	Hyperbaric/Wound Care	Q4392	GRAFIX Duo, per sq cm	Refer to TMPPM for skin substitute limitations
Add	Hyperbaric/Wound Care	Q4393	SurGraft AC, per sq cm	Refer to TMPPM for skin substitute limitations
Add	Hyperbaric/Wound Care	Q4394	SurGraft ACA, per sq cm	Refer to TMPPM for skin substitute limitations
Add	Hyperbaric/Wound Care	Q4395	Acelagraft, per sq cm	Refer to TMPPM for skin substitute limitations
Add	Hyperbaric/Wound Care	Q4396	Natalin, per sq cm	Refer to TMPPM for skin substitute limitations
Add	Hyperbaric/Wound Care	Q4397	Summit AAA, per sq cm	Refer to TMPPM for skin substitute limitations
Remove	Hyperbaric/Wound Care	Q4231	CORPLEX P PER CC	Deleted/Invalid Code
Remove	Behavioral/Mental Health, Alcohol-Chemical Dependency	H0013	ALCOHOL AND DRUG SERVICES; ACUTE DTOX RES PROG OP	Prior auth requirements removed
Remove	DME	A4341	INDWELL IU DRAIN DEVC VLV PT INSRT REPLC ONLY EA	Prior auth requirements removed
Remove	DME	A4342	ACC PT INS INDWELL IU DRN DEVC VLV REPLC ONLY EA	Prior auth requirements removed
Remove	DME	A4560	NEUROMUSCULAR ELECTRICAL STIM DISP REPLC ONLY	Prior auth requirements removed
Remove	DME	E0692	UV LT TX SYS PANL W BULB LAMP TIMER 4 FT PANEL	Prior auth requirements removed

Remove	DME	E0693	UV LT TX SYS PANL W BULBS LAMPS TIMER 6 FT PANEL	Prior auth requirements removed
Remove	DME	E0762	TRANSCUT ELEC JOINT STIM DEVC SYS INCL ALL ACCSS	Prior auth requirements removed
Remove	DME	E0785	IMPLANTABLE INTRASPINL CATHETER USED W PUMP-REPL	Prior auth requirements removed
Remove	DME	E0786	IMPLANTABLE PROGRAMMABLE INFUSION PUMP REPL	Prior auth requirements removed
Remove	DME	K1004	LOW FREQ US DIATHERMY TREATMENT DVC FOR HOME USE	Prior auth requirements removed
Remove	DME	Q0480	DRIVER FOR USE WITH PNEUMATIC VAD REPL ONLY	Prior auth requirements removed
Remove	Experimental and Investigational	46948	LIGATION HEMORRHOID BUNDLE W US	Prior auth requirements removed
Remove	Experimental and Investigational	0101T	EXTRCORPL SHOCK WAVE MUSCSKELE NOS HIGH ENERGY	Prior auth requirements removed
Remove	Experimental and Investigational	0278T	TRNSCUT ELECT MODLATION PAIN REPROCES EA TX SESS	Prior auth requirements removed
Remove	Experimental and Investigational	0565T	AUTOL CELL IMPLT ADPS TISS HRVG CELL IMPLT CRTJ	Prior auth requirements removed
Remove	Experimental and Investigational	0566T	AUTOL CELL IMPLT ADPS TISS NJX IMPLT KNEE UNI	Prior auth requirements removed
Remove	Experimental and Investigational	0738T	TX PLANNING MAG FLD INDCTJ ABLTJ MAL PRST8 TISS	Prior auth requirements removed
Remove	Experimental and Investigational	0770T	VIRTUAL REALITY TECHNOLOGY TO ASSIST THERAPY	Prior auth requirements removed
Remove	Experimental and Investigational	0771T	VR PX DISSOC SVC SAME PHYS/QHP 1ST 15 MIN 5YR/>	Prior auth requirements removed
Remove	Experimental and Investigational	0772T	VR PX DISSOC SVC SAME PHYS/QHP EA ADDL 15 MIN	Prior auth requirements removed
Remove	Experimental and Investigational	0773T	VR PX DISSOC SVC OTH PHYS/QHP 1ST 15 MIN 5YR/>	Prior auth requirements removed
Remove	Experimental and Investigational	0774T	VR PX DISSOC SVC OTHER PHYS/QHP EA ADDL 15 MIN	Prior auth requirements removed
Remove	Experimental and Investigational	0776T	THERAPEUTIC INDUCTION OF INTRA-BRAIN HYPOTHERMIA	Prior auth requirements removed
Remove	Experimental and Investigational	0777T	R-T PRESSURE SENSING EPIDURAL GUIDANCE SYSTEM	Prior auth requirements removed

Remove	Experimental and Investigational	0778T	SMMG CNCRNT APPL IMU SNR MEAS ROM POST GAIT MUSC	Prior auth requirements removed
Remove	Experimental and Investigational	0779T	GI MYOELECTRICAL ACTIVITY STUDY STMCH-COLON I&R	Prior auth requirements removed
Remove	Experimental and Investigational	0781T	BRNCHSC RF DSTRJ PULM NRV BI MAINSTEM BRONCHI	Prior auth requirements removed
Remove	Experimental and Investigational	0782T	BRNCHSC RF DSTRJ PULM NRV UNI MAINSTEM BRONCHUS	Prior auth requirements removed
Remove	Experimental and Investigational	0793T	PERQ TCAT THRM ABLTJ NERVES INNERVATING P-ART	Prior auth requirements removed
Remove	Experimental and Investigational	0794T	PT SPEC ALG RANKING PHARMACOONCOLOGIC TX OPTIONS	Prior auth requirements removed
Remove	Experimental and Investigational	0798T	TCAT RMVL PERM DUAL CHAMBER LDLS PM COMPL SYS	Prior auth requirements removed
Remove	Experimental and Investigational	0799T	TCAT RMVL PERM 2CHMBR LDLS PM R ATR PM COMPNT	Prior auth requirements removed
Remove	Experimental and Investigational	0800T	TCAT RMVL PERM 2CHMBR LDLS PM R VENTR PM COMPNT	Prior auth requirements removed
Remove	Experimental and Investigational	0801T	TCAT RMVL&RPLCMT PERM 2CHMBR LDLS PM 2CHMBR SYS	Prior auth requirements removed
Remove	Experimental and Investigational	0802T	TCAT RMVL&RPLCMT PERM 2CHMBR LDLS PM 2CHMBR SYS	Prior auth requirements removed
Remove	Experimental and Investigational	0803T	TCAT RMVL&RPLCMT PRM 2CHMBR LDLS PM R VNTR CMPNT	Prior auth requirements removed
Remove	Experimental and Investigational	0868T	HIGH-RESOLUTION GASTRIC ELECTROPHYSIOLOGY MAPG	Prior auth requirements removed
Remove	Experimental and Investigational	A4563	RECTAL CNTRL SYS VAG INSRT LT USE ANY TYPE EA	Prior auth requirements removed
Remove	Experimental and Investigational	C9782	BLD PROC NYHA CLS II/III HF/CCS CLS III/IV CRA	Prior auth requirements removed
Remove	Experimental and Investigational	0206U	NEURO ALZHEIMER CELL AGGREGJ	Prior auth requirements removed
Remove	Experimental and Investigational	0207U	NEURO ALZHEIMER QUAN IMAGING	Prior auth requirements removed
Remove	Genetic Counseling and Testing	81168	CND1/IGH TRANSLOCATION ALYS MAJOR BP QUAL and QUAN	Prior auth requirements removed
Remove	Genetic Counseling and Testing	81171	AFF2 GENE ANALYSIS EVAL DETECT ABNORMAL ALLELES	Prior auth requirements removed

Remove	Genetic Counseling and Testing	81172	AFF2 GENE ANALYSIS CHARACTERIZATION OF ALLELES	Prior auth requirements removed
Remove	Genetic Counseling and Testing	81174	AR GENE ANALYSIS KNOWN FAMILIAL VARIANT	Prior auth requirements removed
Remove	Genetic Counseling and Testing	81237	EZH2 GENE ANALYSIS COMMON VARIANTS	Prior auth requirements removed
Remove	Genetic Counseling and Testing	81239	DMPK GENE ANALYSIS CHARACTERIZATION OF ALLELES	Prior auth requirements removed
Remove	Genetic Counseling and Testing	81306	NUDT15 GENE ANALYSIS COMMON VARIANTS	Prior auth requirements removed
Remove	Genetic Counseling and Testing	81333	TGFBI GENE ANALYSIS COMMON VARIANTS	Prior auth requirements removed
Remove	Genetic Counseling and Testing	81493	COR ART DISEASE MRNA GENE EXPRESSION 23 GENES	Prior auth requirements removed
Remove	Genetic Counseling and Testing	81504	ONCOLOGY TISSUE OF ORIGIN SIMILAR SCOR ALGORITHM	Prior auth requirements removed
Remove	Genetic Counseling and Testing	81535	ONCOLOGY GYNE LIVE TUM CELL CLTR AND CHEMO RESP 1ST	Prior auth requirements removed
Remove	Genetic Counseling and Testing	81536	ONCOLOGY GYNE LIVE TUM CELL CLTR AND CHEMO RESP 1ST	Prior auth requirements removed
Remove	Genetic Counseling and Testing	81538	ONCOLOGY LUNG MS 8-PROTEIN SIGNATURE	Prior auth requirements removed
Remove	Genetic Counseling and Testing	0009U	ONC BRST CA ERBB2 COPY NUMBER FISH AMP NONAMP	Prior auth requirements removed
Remove	Genetic Counseling and Testing	0070U	CYP2D6 GENE ANALYSIS COMMON AND SELECT RARE VRNTS	Prior auth requirements removed
Remove	Genetic Counseling and Testing	0140U	NFCT DS FUNGAL PATHOGEN ID DNA 15 FUNGAL TARGETS	Prior auth requirements removed
Remove	Genetic Counseling and Testing	0153U	ONC BREAST MRNA 101 GENES	Prior auth requirements removed
Remove	Genetic Counseling and Testing	0154U	ONC UROTHELIAL CANCER RNA RT-PCR FGFR3 GENE ALYS	Prior auth requirements removed
Remove	Genetic Counseling and Testing	0155U	ONC BRST CA DNA PIK3CA GENE ALYS BRST TUM TISS	Prior auth requirements removed
Remove	Genetic Counseling and Testing	0173U	PSYCHIATRY GEN ALYS PNL W/VARIANT ALYS 14 GENES	Prior auth requirements removed
Remove	Genetic Counseling and Testing	0174U	ONC SOLID TUM MASS SPECTROMETRIC 30 PROTEIN TRGT	Prior auth requirements removed

Remove	Genetic Counseling and Testing	0179U	ONC NONSM CLL LNG CA CELL FREE DNA ALYS 23 GEN	Prior auth requirements removed
Remove	Genetic Counseling and Testing	0184U	DO GNOTYP GENE ANALYSIS ART4 EXON 2	Prior auth requirements removed
Remove	Genetic Counseling and Testing	0196U	LU GNOTYP GENE ANALYSIS BCAM EXON 3	Prior auth requirements removed
Remove	Genetic Counseling and Testing	0209U	CYTOG CONST ALYS INTERROG	Prior auth requirements removed
Remove	Genetic Counseling and Testing	0218U	NEURO MUSC DYS DMD SEQ ALYS	Prior auth requirements removed
Remove	Genetic Counseling and Testing	0387U	ONC MLNMA AMBRA1&LORICRIN IMHCHEM FFPE TISS	Prior auth requirements removed
Remove	Genetic Counseling and Testing	0388U	ONC NONSM CLL LNG CA NXT GNRJ SEQ 37 CA RLTD GEN	Prior auth requirements removed
Remove	Genetic Counseling and Testing	0389U	PED FEBRILE ILNES KAWASAKI DS IFI27&MCEP1 RNA	Prior auth requirements removed
Remove	Genetic Counseling and Testing	0390U	OB PREECLAMPSIA KDR ENDOGLIN&RBP4 IA SRM ALG	Prior auth requirements removed
Remove	Genetic Counseling and Testing	0391U	OB PREECLAMPSIA KDR ENDOGLIN&RBP4 IA SRM ALG	Prior auth requirements removed
Remove	Genetic Counseling and Testing	0392U	RX METAB GEN-RX IA VRNT ALYS 16 GENES CYP2D6	Prior auth requirements removed
Remove	Genetic Counseling and Testing	0393U	NEURO PRKNSN CSF DETCJ MSFLD A-SYNCLN PRTN QUAL	Prior auth requirements removed
Remove	Genetic Counseling and Testing	0394U	PFAS 16 PFAS COMPND LC MS/MS PLSM/SRM QUAN	Prior auth requirements removed
Remove	Genetic Counseling and Testing	0395U	ONC LUNG MULTIOMICS PLASMA ALG MAL RISK LNG NDUL	Prior auth requirements removed
Remove	Genetic Counseling and Testing	0398U	GI BARRETT ESOPH DNA MTHYLTN ALYS ALG DYSP/CA	Prior auth requirements removed
Remove	Genetic Counseling and Testing	0399U	U NEURO CEREBRAL FOLATE DEFICIENCY SERUM QUAN	Prior auth requirements removed
Remove	Genetic Counseling and Testing	0400U	OB XPND CAR SCR 145 GEN NXT GNRJ SEQ FRAG ALYS	Prior auth requirements removed
Remove	Genetic Counseling and Testing	0403U	ONC PROSTATE MRNA GENE XPRSN PRFLG 18 URINE ALG	Prior auth requirements removed
Remove	Genetic Counseling and Testing	0404U	ONC BRST CA SEMIQ MEAS THYMIDINE KINASE ACTV IA	Prior auth requirements removed

Remove	Genetic Counseling and Testing	0405U	ONC BRST CA SEMIQ MEAS THYMIDINE KINASE ACTV IA	Prior auth requirements removed
Remove	Genetic Counseling and Testing	0406U	ONC LUNG FLOW CYTOMETRY SPUTUM 5 MARKERS ALG	Prior auth requirements removed
Remove	Genetic Counseling and Testing	0407U	NEPHROLOGY DIABETIC CKD MULT ECLIA PLASMA ALG	Prior auth requirements removed
Remove	Genetic Counseling and Testing	0409U	ONC SLD TUM DNA 80&RNA 36 GEN NEXT GNRJ SEQ PLSM	Prior auth requirements removed
Remove	Genetic Counseling and Testing	0410U	ONC PNCRTC DNA WHL GN SEQ 5-HYDROXYMETHYLCYTO SN	Prior auth requirements removed
Remove	Genetic Counseling and Testing	0412U	BETA AMYLOID AB42/40 IMPRCIP QUAN LCMS/MS ALG	Prior auth requirements removed
Remove	Genetic Counseling and Testing	0413U	ONC HL NEO OPT GEN MAPG CPY NMBR ALTERATIONS DNA	Prior auth requirements removed
Remove	Genetic Counseling and Testing	0414U	ONC LUNG AUGMNT ALG ALYS DGTZ WHOL SLD IMG 8 GEN	Prior auth requirements removed
Remove	Genetic Counseling and Testing	0415U	CV DS ACS IA ALG BLOOD 5 YEAR DEL RISK SCORE ACS	Prior auth requirements removed
Remove	Genetic Counseling and Testing	0417U	RARE DS WHL MITOCHDRL GEN SEQ ALYS 335 NUC GENES	Prior auth requirements removed
Remove	Genetic Counseling and Testing	0418U	ONC BRST AUGMNT ALG ALYS DGTZ WHOL SLD IMG 8 FEATURES	Prior auth requirements removed
Remove	Imaging and Special Tests	78472	CARD BLOOD POOL GATED PLANAR 1 STUDY REST STRESS	Prior auth requirements removed
Remove	Imaging and Special Tests	78473	CARD BL POOL GATED MLT STDY WAL MOTN EJECT FRACT	Prior auth requirements removed
Remove	Imaging and Special Tests	78494	CARD BL POOL GATED SPECT REST WAL MOTN EJCT FRCT	Prior auth requirements removed
Remove	Imaging and Special Tests	91113	GI TRACT IMAGING INTRALUMINAL COLON I and R	Prior auth requirements removed
Remove	Imaging and Special Tests	0689T	QUAN US TISS CHARAC I and R W/O DX US SAME ANAT	Prior auth requirements removed
Remove	OP Hospital/ASC Procedures	21601	EXCISION CHEST WALL TUMOR INCLUDING RIBS	Prior auth requirements removed
Remove	OP Hospital/ASC Procedures	23410	OPEN REPAIR OF ROTATOR CUFF ACUTE	Prior auth requirements removed
Remove	OP Hospital/ASC Procedures	23412	OPEN REPAIR OF ROTATOR CUFF CHRONIC	Prior auth requirements removed

Remove	OP Hospital/ASC Procedures	23415	CORACOACROMIAL LIGAMENT RELEAS W/WOACROMIOPLASTY	Prior auth requirements removed
Remove	OP Hospital/ASC Procedures	23420	RECONSTRUCTION ROTATOR CUFF AVULSION CHRONIC	Prior auth requirements removed
Remove	OP Hospital/ASC Procedures	23430	TENODESIS LONG TENDON BICEPS	Prior auth requirements removed
Remove	OP Hospital/ASC Procedures	23450	CAPSULORRHAPHY ANTERIOR PUTTI-PLATT/MAGNUSON	Prior auth requirements removed
Remove	OP Hospital/ASC Procedures	23455	CAPSULORRHAPHY ANTERIOR W/LABRAL REPAIR	Prior auth requirements removed
Remove	OP Hospital/ASC Procedures	23460	CAPSULORRHAPHY ANTERIOR WITH BONE BLOCK	Prior auth requirements removed
Remove	OP Hospital/ASC Procedures	23462	CAPSULORRHAPHY ANTERIOR W/CORACOID PROCESS TR	Prior auth requirements removed
Remove	OP Hospital/ASC Procedures	23465	CAPSULORRHAPHY GLENOHUMERAL JT PST W/WO BONE BLK	Prior auth requirements removed
Remove	OP Hospital/ASC Procedures	23466	CAPSULORRHAPHY GLENOHUMRL JT MULTI-DIRIONAL INS	Prior auth requirements removed
Remove	OP Hospital/ASC Procedures	27120	ACETABULOPLASTY	Prior auth requirements removed
Remove	OP Hospital/ASC Procedures	27332	ARTHRT W/EXC SEMILUNAR CRTLG KNEE MEDIAL/LAT	Prior auth requirements removed
Remove	OP Hospital/ASC Procedures	27333	ARTHRT W/EXC SEMILUNAR CRTLG KNEE MEDIAL and LAT	Prior auth requirements removed
Remove	OP Hospital/ASC Procedures	27405	RPR PRIMARY TORN LIGM and /CAPSULE KNEE COLLATERAL	Prior auth requirements removed
Remove	OP Hospital/ASC Procedures	27407	REPAIR PRIMARY TORN LIGM and /CAPSULE KNEE CRUCIAT	Prior auth requirements removed
Remove	OP Hospital/ASC Procedures	27409	RPR 1 TORN LIGM and /CAPSL KNE COLTRL and CRUCIATE	Prior auth requirements removed
Remove	OP Hospital/ASC Procedures	27416	OSTEOCHONDRAL AUTOGRAFT KNEE OPEN MOSAICPLASTY	Prior auth requirements removed
Remove	OP Hospital/ASC Procedures	27418	ANTERIOR TIBIAL TUBERCLEPLASTY	Prior auth requirements removed
Remove	OP Hospital/ASC Procedures	27420	RCNSTJ DISLOCATING PATELLA	Prior auth requirements removed
Remove	OP Hospital/ASC Procedures	27422	RCNSTJ DISLC PATELLA W/XTNSR RELIGNMT and /MUSC RL	Prior auth requirements removed

Remove	OP Hospital/ASC Procedures	27424	RCNSTJ DISLC PATELLA W/PATELLECTOMY	Prior auth requirements removed
Remove	OP Hospital/ASC Procedures	27427	RCNSTJ DISLC PATELLA W/PATELLECTOMY	Prior auth requirements removed
Remove	OP Hospital/ASC Procedures	27428	LIGAMENTOUS RECONSTRUCTION KNEE INTRA-ARTICULAR	Prior auth requirements removed
Remove	OP Hospital/ASC Procedures	27429	LIGMOUS RCNSTJ AGMNTJ KNE INTRA-ARTICULAR XTR	Prior auth requirements removed
Remove	OP Hospital/ASC Procedures	28344	RECONSTRUCTION TOE POLYDACTYLY	Prior auth requirements removed
Remove	OP Hospital/ASC Procedures	30520	SEPTOPLASTY SUBMUCOUS RESECJ W WO CARTILAGE GRF	Prior auth requirements removed
Remove	OP Hospital/ASC Procedures	30545	REPAIR CHOANAL ATRESIA TRANSPALATINE	Prior auth requirements removed
Remove	OP Hospital/ASC Procedures	33215	RPSG PREV IMPLTED PM/DFB R ATR/R VENTR ELECTRODE	Prior auth requirements removed
Remove	OP Hospital/ASC Procedures	33227	REMVL PERM PM PLSE GEN W REPL PLSE GEN SNGL LEAD	Prior auth requirements removed
Remove	OP Hospital/ASC Procedures	33228	REMVL PERM PM PLS GEN W REPL PLSE GEN 2 LEAD SYS	Prior auth requirements removed
Remove	OP Hospital/ASC Procedures	33229	REMVL PERM PM PLS GEN W REPL PLSE GEN MULT LEAD	Prior auth requirements removed
Remove	OP Hospital/ASC Procedures	33900	PERQ P-ART REVSC ST 1ST NML NATIVE CONNJ UNI	Prior auth requirements removed
Remove	OP Hospital/ASC Procedures	33901	PERQ P-ART REVSC ST 1ST NML NATIVE CONNJ BI	Prior auth requirements removed
Remove	OP Hospital/ASC Procedures	33902	PERQ P-ART REVSC ST 1ST ABNOR CONNJ UNILATERAL	Prior auth requirements removed
Remove	OP Hospital/ASC Procedures	33903	PERQ P-ART REVSC ST 1ST ABNORMAL CONNJ BILATERAL	Prior auth requirements removed
Remove	OP Hospital/ASC Procedures	37191	INS INTRVAS VC FILTR W WO VAS ACS VSL SELXN RS AND I	Prior auth requirements removed
Remove	OP Hospital/ASC Procedures	37500	VASC ENDOSCOPY SURG W/LIG PERFORATOR VEINS SPX	Prior auth requirements removed
Remove	OP Hospital/ASC Procedures	42975	Drug-induced sleep endoscopy, with dynamic evaluation of velum, pharynx, tongue base, and larynx for evaluation of sleep-disordered breathing, flexible, diagnostic	Prior auth requirements removed

Remove	OP Hospital/ASC Procedures	43887	GSTR RSTCV PX OPN RMVL SUBQ PORT COMPONENT ONLY	Prior auth requirements removed
Remove	OP Hospital/ASC Procedures	47610	CHOLECYSTECTOMY W EXPLORATION COMMON DUCT	Prior auth requirements removed
Remove	OP Hospital/ASC Procedures	47612	CHOLECYSTECTOMY EXPL DUCT CHOLEDOCHOENTEROSTOMY	Prior auth requirements removed
Remove	OP Hospital/ASC Procedures	49904	OMENTAL FLAP EXTRA-ABDOMINAL	Prior auth requirements removed
Remove	OP Hospital/ASC Procedures	49906	FREE OMENTAL FLAP W MICROVASCULAR ANAST	Prior auth requirements removed
Remove	OP Hospital/ASC Procedures	53451	PERIURETHRAL TPRNL ADJTBL BALO CNTNC DEV BI INSJ	Prior auth requirements removed
Remove	OP Hospital/ASC Procedures	53452	PERIURETHRL TPRNL ADJTBL BALO CNTNC DEV UNI INSJ	Prior auth requirements removed
Remove	OP Hospital/ASC Procedures	53453	PERIURETHRAL TPRNL ADJTBL BALO CNTNC DEV RMVL EA	Prior auth requirements removed
Remove	OP Hospital/ASC Procedures	53454	PERIURETHRAL TPRNL ADJTBL BALO CNTNC DEV ADJMT	Prior auth requirements removed
Remove	OP Hospital/ASC Procedures	55175	SCROTOPLASTY SIMPLE	Prior auth requirements removed
Remove	OP Hospital/ASC Procedures	55180	SCROTOPLASTY COMPLICATED	Prior auth requirements removed
Remove	OP Hospital/ASC Procedures	57288	SLING OPERATION STRESS INCONTINENCE	Prior auth requirements removed
Remove	OP Hospital/ASC Procedures	57289	PEREYRA PX W ANTERIOR COLPORRHAPHY	Prior auth requirements removed
Remove	OP Hospital/ASC Procedures	58240	PEL EXNTJ GYNECOLOGIC MAL	Prior auth requirements removed
Remove	OP Hospital/ASC Procedures	64584	REMOVAL HYPOGLOSSAL NERVE NSTIM RA PG and RESPIR SNR	Prior auth requirements removed
Remove	OP Hospital/ASC Procedures	65775	CRNL WEDGE RESCJ CORRJ INDUCED ASTIGMATISM	Prior auth requirements removed
Remove	OP Hospital/ASC Procedures	93580	PRQ TCAT CLSR CGEN INTRATRL COMUNICAJ W/IMPLT	Prior auth requirements removed
Remove	OP Hospital/ASC Procedures	93581	PRQ TCAT CLSR CGEN VENTR SEPTAL DFCT W/IMPLT	Prior auth requirements removed
Remove	OP Hospital/ASC Procedures	93582	PERCUTAN TRANSCATH CLOSURE PAT DUCT ARTERIOSUS	Prior auth requirements removed

Remove	OP Hospital/ASC Procedures	96570	PDT NDSC ABL ABNOR TISS VIA ACTIVJ RX 30 MIN	Prior auth requirements removed
Remove	OP Hospital/ASC Procedures	96571	PDT NDSC ABL ABNOR TISS VIA ACTIVJ RX A 15 MIN	Prior auth requirements removed
Remove	OP Hospital/ASC Procedures	96902	MCRSCP XM HAIR PLUCK CLIP FOR CNTS STRUCT ABNORM	Prior auth requirements removed
Remove	OP Hospital/ASC Procedures	96932	RCM CELULR AND SUBCELULR SKN IMGNG IMG ACQUISITION	Prior auth requirements removed
Remove	OP Hospital/ASC Procedures	96933	RCM CELULR AND SUBCELULR SKN IMGNG I AND R 1ST LES	Prior auth requirements removed
Remove	Prosthetics and Orthotics	L1834	KO WITHOUT KNEE JOINT RIGID CUSTOM FABRICATED	Prior auth requirements removed
Remove	Prosthetics and Orthotics	L1840	KO DEROTATION MEDIAL-LATERAL ACL CUSTOM FAB	Prior auth requirements removed
Remove	Prosthetics and Orthotics	L1900	AFO SPRNG WIRE DORSIFLX ASST CALF BAND CSTM FAB	Prior auth requirements removed
Remove	Prosthetics and Orthotics	L1945	AFO MOLD PT MDL PLSTC RIGD ANT TIBL SECT CSTM	Prior auth requirements removed
Remove	Prosthetics and Orthotics	L1950	ANKLE FOOT ORTHOTIC SPIRAL PLASTIC CUSTOM-FAB	Prior auth requirements removed
Remove	Prosthetics and Orthotics	L1970	AFO PLASTIC WITH ANKLE JOINT CUSTOM FABRICATED	Prior auth requirements removed
Remove	Prosthetics and Orthotics	L2350	ADD LOW EXTREM PROSTHETIC TYPE SOCKT MOLD PT MDL	Prior auth requirements removed
Remove	Prosthetics and Orthotics	L2525	ADD LW EXTRM ISCH M-L BRIM MOLD PT MDL	Prior auth requirements removed
Remove	Prosthetics and Orthotics	L5705	CUSTOM SHAPED PROTECTIVE COVER ABOVE KNEE AK	Prior auth requirements removed
Remove	Unlisted/Miscellaneous	L8039	BREAST PROSTHESIS NOT OTHERWISE SPECIFIED	Prior auth requirements removed
Remove	Unlisted/Miscellaneous	37501	UNLISTED VASCULAR ENDOSCOPY PROCEDURE	Prior auth requirements removed
Remove	Unlisted/Miscellaneous	87799	IADNA NOS QUANTIFICATION EACH ORGANISM	Prior auth requirements removed
Remove	Unlisted/Miscellaneous	87899	IAADIADOO NOT OTHERWISE SPECIFIED	Prior auth requirements removed

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.