

## Provider News Bulletin August 2020

## Molina Healthcare of Texas Prior Authorization Code Matrix Update

Effective: October 1, 2020

Molina is updating the Prior Authorization Code Matrix for October 1, 2020. This is notification only and does not determine if the benefit is covered by the member's plan. The following codes are being updated:

CPT/HCPC CODE	DESCRIPTION	Medicaid Update	Marketplace Update	Prior Authorization Update
H0012	ALCOHOL AND DRUG SRVC; SUB-ACUTE DTOX RES PROG OP	Yes, PA Required	Yes, PA Required	PA added for all diagnoses for Marketplace and Medicaid
H0031	MENTAL HEALTH ASSESSMENT BY NON- PHYSICIAN	No PA Required	No PA Required	PA requirement removed for all diagnoses for Medicaid and Marketplace
H0032	MENTAL HEALTH SER VICE PLAN DVLP NON-PHYSICIAN	No PA Required	No PA Required	PA requirement removed for all diagnoses for Medicaid and Marketplace
H2012	BEHAVIORALHEALTH DAY TREATMENT PER HOUR	Yes, PA Required	Yes, PA Required	PA added for all diagnoses for Marketplace and Medicaid
11900	INJECTION INTRALESIONALUPTO AND INCLUD7 LESIONS	No PA Required	No PA Required	Removing PA requirement due to low cost
11901	INJECTION INTRALESIONAL OVER 7 LESIONS	No PA Required	No PA Required	Removing PA requirement due to low cost
E0447	PRTB O C LQD 1 MO SPL EQ 1 U PRSC AMT R N EXCD4LPM	No PA Required	No PA Required	Remove PA requirement for Medicaid and Marketplace and a lign with Medicare
E0650	PNEUMATIC COMPRESSOR NONSEGMENTAL HOME MODEL	Yes, PA Required	Yes, PA Required	PA requirement added due to high cost and potential for a buse
E0651	PNEUMAT COMPRS SEG HOM MDL NO CALBRTD GRDNT PRSS	Yes, PA Required	Yes, PA Required	PA requirement added due to high cost and potential for a buse
E0656	SEG PNEUMAT APPLIANCE USE W PNEUMAT COMPRS TRUNK	Yes, PA Required	Yes, PA Required	PA requirement added due to high cost and potential for a buse
E0657	SEG PNEUMAT APPLIANCE USE W PNEUMAT COMPRS CHEST	Yes, PA Required	Yes, PA Required	PA requirement added due to high cost and potential for a buse
E0667	SEG PNEUMAT APPLINC W PNEUMAT COMPRS FULL LEG	Yes, PA Required	Yes, PA Required	PA requirement added due to high cost and potential for a buse
E0668	SEG PNEUMAT APPLINC W PNEUMAT COMPRS	Yes, PA Required	Yes, PA Required	PA requirement added due to high cost and potential for a buse

Molina Healthcare of Texas

Prior Authorization: PA Code Matrix Update

	FULL ARM			
E0670	SEG PNEU APPLINC PNEU COMPRS IN 2 FULL LEGS TRNK	Yes, PA Required	Yes, PA Required	PA requirement added due to high cost and potential for a buse
E0671	SEGMENTAL GRADENT PRESS PNEUMAT APPLINC FULL LEG	Yes, PA Required	Yes, PA Required	PA requirement added due to high cost and potential for a buse
E0672	SEGMENTAL GRADENT PRESS PNEUMAT APPLINC FULL ARM	Yes, PA Required	Yes, PA Required	PA requirement added due to high cost and potential for a buse
E0673	SEGMENTAL GRADENT PRESS PNEUMAT APPLINC HALF LEG	Yes, PA Required	Yes, PA Required	PA requirement added due to high cost and potential for a buse
E0675	PNEUMAT COMPRS DEVC HI PRSS RAPID INFLATION DEFL	Yes, PA Required	Yes, PA Required	PA requirement added due to high cost and potential for a buse
E0676	INTERMITTENT LIMB COMPRESSION DEVICE NOS	Yes, PA Required	Yes, PA Required	PA requirement added due to high cost and potential for a buse
33866	AORTIC HEMIARCH GRAFT W ISOL AND CTRL ARCH VESSELS	No PA Required	No PA Required	PA removed for this add on code. Primary code is bypass and inpatient code
34717	EVASC RPR ILAC ART BIFUR ENDGRFT CATHJ RS AND I UNI	No PA Required	No PA Required	PA removed for this code that replaced a T code and is inpatient code
0076T	TCAT PLMT XTRC VRT CRTD STENT RS AND IPRQEA VSL	No PA Required	No PA Required	PA removed for this add on code. Primary code is 0075T and needs PA for all LOBs
0095T	RMVLTOT DISC ARTHRP ANT APPR CRVEA NTRSPC	No PA Required	No PA Required	PA removed for this add on code.
0098T	REVJ TOT DISC ARTHRP ANT APPR CRVEA NTRSPC	No PA Required	No PA Required	PA removed for this add on code.
0163T	TOT DISC ARTHRP ANT APPR DSKC PREP LMBR EA	No PA Required	No PA Required	PA removed for this add on code.
0164T	RMVL TOT DISC ARTHRP ANT APPR LMBR EA NTRSPC	No PA Required	No PA Required	PA removed for this add on code.
0165T	REVJTOT DISC ARTHRP ANT APPR LMBR EA NTRSPC	No PA Required	No PA Required	PA removed for this add on code.
0206U	NEURO ALZHEIMER CELL AGGREGJ	Yes, PA Required	Yes, PA Required	New code - Proprietary Lab Analysis
0207U	NEURO ALZHEIMER QUAN IMAGING	Yes, PA Required	Yes, PA Required	New code - Proprietary Lab Analysis
0210U	SYPHILIS TST ANTB IA QUAN	Yes, PA Required	Yes, PA Required	New code - Proprietary Lab Analysis
0219U	NFCT AGT HIV GNRJ SEQ ALYS	Yes, PA Required	Yes, PA Required	New code - Proprietary Lab Analysis
0221U	ABO GNOTYPNEXT GNRJ SEQ ABO	Yes, PA Required	Yes, PA Required	New code - Proprietary Lab Analysis
0222T	PLACE POSTERIOR INTRAFACET IMPLANT ADDL SEGMENT	No PA Required	No PA Required	PA removed for this add on code.
0222U	RHD&RHCE GNTYP NEXT GNRJ SEQ	Yes, PA Required	Yes, PA Required	New code - Proprietary Lab Analysis

0290T	CORNEAINCISNS	No PA Required	No PA Required	PA removed for this add on code.
04701	RECIPIENT CORNEA W LASR KERTPLSTY	NO FA Required	No FA Kequirea	1 A lemoved for this add off code.
0471T	OCT SKN IMG ACQUISJ I AND R EA ADDL LES	No PA Required	No PA Required	PA removed for this add on code.
0480T	FRACTIONAL ABL LSR FENESTRATION EA ADDL 100 SQCM	No PA Required	No PA Required	PA removed for this add on code.
0492T	ABL LASER TX OPEN WND PR DAY ADDL 20 SQCM	No PA Required	No PA Required	PA removed for this add on code.
0496T	MNTR CDVR DON LNG ORGN PRFUJ SYS EA ADDL HR	No PA Required	No PA Required	PA removed for this add on code.
0531T	REMOVAL IIMS IMPLANTABLEMNTR ONLY INCL IMGS AND I	No PA Required	No PA Required	PA removed for this add on code.
0070U	CYP2D6 GENE ANALYSIS COMMON AND SELECT RARE VRNTS	Yes, PA Required	Yes, PA Required	PA added for this Primary PLA code which has high abuse potential.
0101U	HERED COLON CA DO GEN SEQ ALYS PNL 15 GENE	Yes, PA Required	Yes, PA Required	PA added for this Primary PLA code which has high abuse potential.
0102U	HERED BRST CARLTD DO GEN SEQ ALYS PNL 17 GENE	Yes, PA Required	Yes, PA Required	PA added for this Primary code which has high abuse potential.
0103U	HERED OVARIAN CA GEN SEQ ALYS PANEL 24 GENE	Yes, PA Required	Yes, PA Required	PA added for this Primary code which has high abuse potential.
0203U	AI IBD MRNA XPRSN PRFL 17	Yes, PA Required	Yes, PA Required	New code/Includes eviCore Plans
0204U	ONC THYR MRNA XPRSN ALYS 593	Yes, PA Required	Yes, PA Required	New code/Includes eviCore Plans
0205U	OPH AMD ALYS 3 GENE VARIANTS	Yes, PA Required	Yes, PA Required	New code/Includes eviCore Plans
0208U	ONC MTC MRNA XPRSN ALYS 108	Yes, PA Required	Yes, PA Required	New code/Includes eviCore Plans
0209U	CYTOG CONST ALYS INTERROG	Yes, PA Required	Yes, PA Required	New code/Includes eviCore Plans
0211U	ONC PAN-TUM DNA&RNA GNRJ SEQ	Yes, PA Required	Yes, PA Required	New code/Includes eviCore Plans
0212U	RARE DS GEN DNA ALYS PROBAND	Yes, PA Required	Yes, PA Required	New code/Includes eviCore Plans
0213U	RARE DS GEN DNA ALYS EA COMP	Yes, PA Required	Yes, PA Required	New code/Includes eviCore Plans
0214U	RARE DS XOM DNA ALYS PROBAND	Yes, PA Required	Yes, PA Required	New code/Includes eviCore Plans
0215U	RARE DS XOM DNA ALYS EA COMP	Yes, PA Required	Yes, PA Required	New code/Includes eviCore Plans
0216U	NEURO INH ATAXIA DNA 12 COM	Yes, PA Required	Yes, PA Required	New code/Includes eviCore Plans
0217U	NEURO INH ATAXIA DNA 51 GENE	Yes, PA Required	Yes, PA Required	New code/Includes eviCore Plans
0218U	NEURO MUSC DYS DMD SEQ ALYS	Yes, PA Required	Yes, PA Required	New code/Includes eviCore Plans
0220U	ONC BRST CA AI ASSMT 12 FEAT	Yes, PA Required	Yes, PA Required	New code/Includes eviCore Plans
J0185	INJECTION APREPITANT 1 MG	No PA Required	No PA Required	Removed PA requirement based on annual review of cost effectiveness of PA requirement

J0640	INJECTION LEUCOVORIN CALCIUM PER 50 MG	No PA Required	No PA Required	Removed PA requirement based on annual review of cost effectiveness
				of PA requirement
J1453	INJECTION	No PA Required	No PA Required	Removed PA requirement based on
	FOSAPREPITANT 1 MG			annual review of cost effectiveness
J1650	INJECTION ENOXAPARIN	No DA Doguinad	No DA Do avisso d	of PA requirement
J1030	SODIUM 10 MG	No PA Required	No PA Required	Removed PA requirement based on annual review of cost effectiveness
	SODIOM 10 MG			of PA requirement
J1750	INJECTION IRON	No PA Required	No PA Required	Removed PA requirement based on
J1750	DEXTRAN 50 MG	No I A Required	No i A Required	annual review of cost effectiveness
	DEXITO WO			of PA requirement
J1756	INJECTION IRON	No PA Required	No PA Required	Removed PA requirement based on
01700	SUCROSE 1 MG	TioTTTTtequiled	1 to 111 toquilou	annual review of cost effectiveness
	SCEROSE I MG			of PA requirement
J2469	INJECTION	No PA Required	No PA Required	Removed PA requirement based on
	PALONOSETRON HCL 25		1	annual review of cost effectiveness
	MCG			of PA requirement
J2916	INJ SODIM FERRIC	No PA Required	No PA Required	Removed PA requirement based on
	GLUCONATE CMPLX	1	1	annual review of cost effectiveness
	SUCROSE 12.5 MG			of PA requirement
J3489	INJECTION ZOLEDRONIC	No PA Required	No PA Required	Removed PA requirement based on
	ACID 1 MG			annual review of cost effectiveness
				of PA requirement
J9000	INJECTION	No PA Required	No PA Required	Removed PA requirement based on
	DOXORUBICIN HCL 10			annual review of cost effectiveness
	MG			of PA requirement
J9040	INJECTION BLEOMYCIN	No PA Required	No PA Required	Removed PA requirement based on
	SULFATE 15 UNITS			annual review of cost effectiveness
				of PA requirement
J9045	INJECTION	No PA Required	No PA Required	Removed PA requirement based on
	CARBOPLATIN 50 MG			annual review of cost effectiveness
J9065	INJECTION CLADRIBINE	No PA Required	No PA Required	of PA requirement  Removed PA requirement based on
19003	PER 1 MG	No FA Required	No FA Required	annual review of cost effectiveness
	TERTMO			of PA requirement
J9070	CYCLOPHOSPHAMIDE	No PA Required	No PA Required	Removed PA requirement based on
	100 MG	1 to 1111toquilou	Tio Tillioquinos	annual review of cost effectiveness
	1001.12			of PA requirement
J9130	DACARBAZINE 100 MG	No PA Required	No PA Required	Removed PA requirement based on
		1	1	annual review of cost effectiveness
				of PA requirement
J9150	INJECTION	No PA Required	No PA Required	Removed PA requirement based on
	DAUNORUBICIN 10 MG	•	_	annual review of cost effectiveness
				of PA requirement
J9171	INJECTION DOCETAXEL	No PA Required	No PA Required	Removed PA requirement based on
	1 MG			annual review of cost effectiveness
				of PA requirement
J9178	INJECTION EPIRUBICIN	No PA Required	No PA Required	Removed PA requirement based on
	HCL 2 MG			annual review of cost effectiveness
¥0.4.0.=			1, 5, 5	of PA requirement
J9185	INJECTION	No PA Required	No PA Required	Removed PA requirement based on
	FLUDARABINE			annual review of cost effectiveness
I0100	PHOSPHATE 50 MG	No DA Do avisso d	Mo DA Da avisa d	of PA requirement
J9190	INJECTION ELLIOPOURACIL 500 MC	No PA Required	No PA Required	Removed PA requirement based on
	FLUOROURACIL 500 MG			annual review of cost effectiveness of PA requirement
J9199	INJECTION,			Deleted Code
Jフ1ブブ	GEMCITABINE			Deleted Code
	HYDROCHLORIDE			
	(infuse), 200 MG			

J9201	INJECTION	No PA Required	No PA Required	Removed PA requirement based on
	GEMCITABINE HCL200	_		annual review of cost effectiveness
10207	MG	N DAD ' 1	N DAD : 1	of PA requirement
J9206	INJECTION IRINOTECAN	No PA Required	No PA Required	Removed PA requirement based on
	20 MG			annual review of cost effectiveness
10262	INIECTION	No DA Doguino d	No DA Doguino d	of PA requirement
J9263	INJECTION OXALIPLATIN 0.5 MG	No PA Required	No PA Required	Removed PA requirement based on annual review of cost effectiveness
	OXALIPLATINU.5 MG			
10267	INTECTION DACI ITAVEL	No DA Doguino d	No DA Doguino d	of PA requirement  Removed PA requirement based on
J9267	INJECTION PACLITAXEL 1 MG	No PA Required	No PA Required	annual review of cost effectiveness
	1 MG			of PA requirement
J9351	INJECTION TOPOTECAN	No PA Required	No PA Required	Removed PA requirement based on
37331	0.1 MG	No 1 A Required	No 1 A Required	annual review of cost effectiveness
	0.1 MG			of PA requirement
J9360	INJECTION	No PA Required	No PA Required	Removed PA requirement based on
3/300	VINBLASTINE SULFATE	110171 Required	110171 Required	annual review of cost effectiveness
	1 MG			of PA requirement
J9390	INJECTION	No PA Required	No PA Required	Removed PA requirement based on
0/0/0	VINORELBINE	110 171 Required	Tio I I I Required	annual review of cost effectiveness
	TARTRATE 10 MG			of PA requirement
T1023	SCR CONSIDER IND	Yes, PA Required	Yes, PA Required	PA added for ALL diagnoses for
-1025	PARTICIP SPEC PROG		100,11110901100	marketplace and Medicaid
	PROJ TX PER			
T1025	INTEN MXDISCPLIN	Yes, PA Required	Yes, PA Required	PA added for ALL diagnoses for
	SR VC CHILD W CMPLX	, 1	, ,	marketplace and Medicaid
	IMPAIR DIEM			1
T1026	INTEN MXDISCPLIN	Yes, PA Required	Yes, PA Required	PA added for ALL diagnoses for
	SRVC CHILD W CMPLX		•	marketplace and Medicaid
	IMPAIR HR			
T1027	FAMILYTRAIN AND	Yes, PA Required	Yes, PA Required	PA added for ALL diagnoses for
	COUNSEL CHILD			marketplace and Medicaid
	DEVELOPMENT 15 MINS			
T1028	ASSESSMENT HOME	Yes, PA Required	Yes, PA Required	PA added for ALL diagnoses for
	PHYSICAL AND FAMILY			marketplace and Medicaid
	ENVIRONMENT			
T2013	HABILITATION	Yes, PA Required	Non-Covered	PA added for ALL diagnoses for
	EDUCATIONAL WAIVER;			Medicaid
	PER HOUR			
T2040	FINANCIAL MGMTSELF-	Vac DA Daguirad	Non Covered	
		Yes, PA Required	Non-Covered	PA added for ALL diagnoses for
	DIRECTED WAIVER; PER	res, r A Required	Non-Covered	Medicaid  Medicaid
	DIRECTED WAIVER; PER 15 MIN	•		Medicaid
95705	DIRECTED WAIVER; PER 15 MIN EEG W O VIDEO BY	No PA Required	No PA Required	Medicaid  Removed PA requirement as codes
95705	DIRECTED WAIVER; PER 15 MIN EEGW O VIDEO BY TECH 2-12 HR	•		Medicaid
	DIRECTED WAIVER; PER 15 MIN EEG W O VIDEO BY TECH 2-12 HR UNMONITORED	No PA Required	No PA Required	Medicaid  Removed PA requirement as codes are technical codes
95705 95706	DIRECTED WAIVER; PER 15 MIN EEGW O VIDEO BY TECH 2-12 HR UNMONITORED EEGW O VIDEO BY	•		Medicaid  Removed PA requirement as codes are technical codes  Removed PA requirement as codes
	DIRECTED WAIVER; PER 15 MIN  EEGW O VIDEO BY TECH 2-12 HR UNMONITORED  EEGW O VIDEO BY TECH 2-12 HR	No PA Required	No PA Required	Medicaid  Removed PA requirement as codes are technical codes
	DIRECTED WAIVER; PER 15 MIN  EEGW O VIDEO BY TECH 2-12 HR UNMONITORED  EEGW O VIDEO BY TECH 2-12 HR INTERMITTENT	No PA Required	No PA Required	Medicaid  Removed PA requirement as codes are technical codes  Removed PA requirement as codes
95706	DIRECTED WAIVER; PER 15 MIN  EEGW O VIDEO BY TECH 2-12 HR UNMONITORED  EEGW O VIDEO BY TECH 2-12 HR INTERMITTENT MNTR	No PA Required  No PA Required	No PA Required  No PA Required	Medicaid  Removed PA requirement as codes are technical codes  Removed PA requirement as codes are technical codes
95706	DIRECTED WAIVER; PER 15 MIN  EEG W O VIDEO BY TECH 2-12 HR UNMONITORED  EEG W O VIDEO BY TECH 2-12 HR INTERMITTENT MNTR  EEG W O VIDEO BY	No PA Required	No PA Required	Medicaid  Removed PA requirement as codes are technical codes  Removed PA requirement as codes are technical codes  Removed PA requirement as codes are technical codes
	DIRECTED WAIVER; PER 15 MIN  EEG W O VIDEO BY TECH 2-12 HR UNMONITORED  EEG W O VIDEO BY TECH 2-12 HR INTERMITTENT MNTR  EEG W O VIDEO BY TECH 2-12 HR	No PA Required  No PA Required	No PA Required  No PA Required	Medicaid  Removed PA requirement as codes are technical codes  Removed PA requirement as codes are technical codes
95706	DIRECTED WAIVER; PER 15 MIN  EEG W O VIDEO BY TECH 2-12 HR UNMONITORED  EEG W O VIDEO BY TECH 2-12 HR INTERMITTENT MNTR  EEG W O VIDEO BY TECH 2-12HR CONTINUOUS R-T	No PA Required  No PA Required	No PA Required  No PA Required	Medicaid  Removed PA requirement as codes are technical codes  Removed PA requirement as codes are technical codes  Removed PA requirement as codes are technical codes
95706	DIRECTED WAIVER; PER 15 MIN  EEG W O VIDEO BY TECH 2-12 HR UNMONITORED  EEG W O VIDEO BY TECH 2-12 HR INTERMITTENT MNTR  EEG W O VIDEO BY TECH 2-12HR CONTINUOUS R-T MNTR	No PA Required  No PA Required  No PA Required	No PA Required  No PA Required  No PA Required	Medicaid  Removed PA requirement as codes are technical codes  Removed PA requirement as codes are technical codes  Removed PA requirement as codes are technical codes
95706	DIRECTED WAIVER; PER 15 MIN  EEGW O VIDEO BY TECH 2-12 HR UNMONITORED  EEGW O VIDEO BY TECH 2-12 HR INTERMITTENT MNTR  EEGW O VIDEO BY TECH 2-12HR CONTINUOUS R-T MNTR  EEG PHYS QHP 2-12 HR	No PA Required  No PA Required	No PA Required  No PA Required	Medicaid  Removed PA requirement as codes are technical codes
95706	DIRECTED WAIVER; PER 15 MIN  EEGW O VIDEO BY TECH 2-12 HR UNMONITORED  EEGW O VIDEO BY TECH 2-12 HR INTERMITTENT MNTR  EEGW O VIDEO BY TECH 2-12HR CONTINUOUS R-T MNTR  EEGPHYS QHP 2-12 HR WITHOUT	No PA Required  No PA Required  No PA Required	No PA Required  No PA Required  No PA Required	Medicaid  Removed PA requirement as codes are technical codes  Removed PA requirement as codes are technical codes  Removed PA requirement as codes are technical codes
95706 95707 95717	DIRECTED WAIVER; PER 15 MIN  EEGW O VIDEO BY TECH 2-12 HR UNMONITORED  EEGW O VIDEO BY TECH 2-12 HR INTERMITTENT MNTR  EEGW O VIDEO BY TECH 2-12HR CONTINUOUS R-T MNTR  EEG PHYS QHP 2-12 HR WITHOUT VIDEO	No PA Required  No PA Required  No PA Required	No PA Required  No PA Required  No PA Required  No PA Required	Removed PA requirement as codes are technical codes  Removed PA requirement as codes are technical codes
95706	DIRECTED WAIVER; PER 15 MIN  EEG W O VIDEO BY TECH 2-12 HR UNMONITORED  EEG W O VIDEO BY TECH 2-12 HR INTERMITTENT MNTR  EEG W O VIDEO BY TECH 2-12HR CONTINUOUS R-T MNTR  EEG PHYS QHP 2-12 HR WITHOUT VIDEO GRAFTING OF	No PA Required  No PA Required  No PA Required	No PA Required  No PA Required  No PA Required	Medicaid  Removed PA requirement as codes are technical codes
95706 95707 95717	DIRECTED WAIVER; PER 15 MIN  EEGW O VIDEO BY TECH 2-12 HR UNMONITORED  EEGW O VIDEO BY TECH 2-12 HR INTERMITTENT MNTR  EEGW O VIDEO BY TECH 2-12HR CONTINUOUS R-T MNTR  EEG PHYS QHP 2-12 HR WITHOUT VIDEO	No PA Required  No PA Required  No PA Required	No PA Required  No PA Required  No PA Required  No PA Required	Removed PA requirement as codes are technical codes  Removed PA requirement as codes are technical codes

Molina Healthcare of Texas

Prior Authorization: PA Code Matrix Update

15774	CD A EFING OF	N- DA D 1	N- DA D 1	D
15774	GRAFTING OF AUTOLOGOUS FAT BY LIPO EA ADDL 25	No PA Required	No PA Required	Removing PA requirement
	CC			
15787	ABRASION EACH ADDITIONAL 4 LESIONS OR LESS	No PA Required	No PA Required	Removing PA requirement
19294	PREPTUMOR CAVITY IORT W PARTIAL MASTECTOMY	No PA Required	No PA Required	Removing PA requirement
20930	ALLOGRAFT FOR SPINE SURGERY ONLY MORSELIZED	No PA Required	No PA Required	Removing PA requirement
20939	BONE MARROW ASPIRATION BONE GRFG SPI SURG ONLY	No PA Required	No PA Required	Removed PA requirement for this add on code. Primary codes already on matrix & require PA
22103	PRTLEXC PST VRT INTRNSC B1Y LES 1 VRT SGM EA	No PA Required	No PA Required	Removed PA requirement for this add on code. Primary codes already on matrix & require PA
22116	PRTL EXC VRT BDY B1Y LES W O SPI CORD 1 SGM EA	No PA Required	No PA Required	Removed PA requirement for this add on code. Primary codes already on matrix & require PA
22208	OSTEOTOMY SPINE POSTERIOR 3 COLUMN EA ADDL SGM	No PA Required	No PA Required	Removed PA requirement for this add on code. Primary codes already on matrix & require PA
22216	OSTEOT SPI PST PSTLAT APPR 1 VRT SGM EA VRT SGM	No PA Required	No PA Required	Removed PA requirement for this add on code. Primary codes already on matrix & require PA
22226	OSTEOT SPI W DSKC ANT APPR 1 VRT SGM EA VRT SGM	No PA Required	No PA Required	Removed PA requirement for this add on code. Primary codes already on matrix & require PA
22534	ARTHRODESIS LAT EXTRACAVITARY EA ADDL THRC LMBR	No PA Required	No PA Required	Removed PA requirement for this add on code. Primary codes already on matrix & require PA
22552	ARTHRD ANT INTERDY CERVCL BELW C2 EA ADDL NTRSPC	No PA Required	No PA Required	Removed PA requirement for this add on code. Primary codes already on matrix & require PA
22585	ARTHRODESIS ANTERIOR INTERBODY EA ADDL NTRSPC	No PA Required	No PA Required	Removed PA requirement for this add on code. Primary codes already on matrix & require PA
22614	ARTHRODESIS POSTERIOR POSTEROLATERALEA ADDL	No PA Required	No PA Required	Removed PA requirement for this add on code. Primary codes already on matrix & require PA
22632	ARTHRODESIS POSTERIOR INTERBODY EA ADDL	No PA Required	No PA Required	Removed PA requirement for this add on code. Primary codes already on matrix & require PA
22634	ARTHDSIS POST POSTERLATRL POSTINTRBDYADL SPC SEG	No PA Required	No PA Required	Removed PA requirement for this add on code. Primary codes already on matrix & require PA
22840	POSTERIOR NON- SEGMENTAL INSTRUMENTATION	No PA Required	No PA Required	Removed PA requirement for this add on code. Primary codes already on matrix & require PA
22841	INTERNAL SPINAL FIXATION WIRING SPINOUS PROCESS	No PA Required	No PA Required	Removed PA requirement for this add on code. Primary codes already on matrix & require PA
22842	POSTERIOR SEGMENTAL INSTRUMENTATION 3-6 VRT SEG	No PA Required	No PA Required	Removed PA requirement for this add on code. Primary codes already on matrix & require PA

220.42	DOCKEDIOD CECNENTAL	N DAD 1 1	IN DAD : 1	ID 1D4 : (C 1):
22843	POSTERIOR SEGMENTAL	No PA Required	No PA Required	Removed PA requirement for this
	INSTRUMENTATION 7-12			add on code. Primary codes already
	VRTSEG			on matrix & require PA
22844	POSTERIOR SEGMENTAL	No PA Required	No PA Required	Removed PA requirement for this
	INSTRUMENTATION 13			add on code. Primary codes already
	OR GRT VRT SE			on matrix & require PA
22845	ANTERIOR	No PA Required	No PA Required	Removed PA requirement for this
	<b>INSTRUMENTATION 2-3</b>	1	1	add on code. Primary codes already
	VERTEBRAL SEGMENTS			on matrix & require PA
22846	ANTERIOR	No PA Required	No PA Required	Removed PA requirement for this
22040	INSTRUMENTATION 4-7	Normicquiled	110171 Required	add on code. Primary codes already
	VERTEBRAL SEGMENTS			on matrix & require PA
34713	PERQ ACCESS AND	No PA Required	No PA Required	PA removed for this add code.
34/13		No FA Kequileu	No FA Required	
	CLOSURE FEM ART FOR			Primary codes are inpatient
2.15.1.1	DELIVERYNDGFT	X D. D		procedure codes.
34714	OPN FEM ART EXPOS W	No PA Required	No PA Required	PA removed for this add code.
	CNDT CRTJ DLVR EVASC			Primary codes are inpatient
	PROSTH			procedure codes.
34715	OPN AX SUBCLA ART	No PA Required	No PA Required	PA removed for this add code.
	EXPOS DLVR EVASC			Primary codes are inpatient
	PROSTH UNI			procedure codes.
34716	OPN AXILLARY	No PA Required	No PA Required	PA removed for this add code.
	SUBCLAVIAN ART	1	1	Primary codes are inpatient
	EXPOS W CNDT CRTJ			procedure codes.
49905	OMENTAL FLAP INTRA-	No PA Required	No PA Required	PA removed for this add code. Also,
.,,,,,,	ABDOMINAL	TtoTTTTtequica	1.01111tequiled	part of procedure.
52442	CYSTOINSERTION	No PA Required	No PA Required	PA removed for this add on code.
32442		No I A Required	No I A Required	
	TRANSPROSTATIC			Primary codes already on matrix &
61064	IMPLANT EA ADDL	N DAD 1 1	N DAD 1	require PA
61864	STRTCTC IMPLTJ NSTIM	No PA Required	No PA Required	PA removed for this add on code.
	ELTRD WO RECORDEA			Primary codes a lready on matrix &
	ARRAY			require PA
61868	STRTCTC IMPLTJ NSTIM	No PA Required	No PA Required	PA removed for this add on code.
	ELTRD W RECORDEA			Primary codes a lready on matrix &
	ARRAY			require PA
63035	LAMNOTMY W	No PA Required	No PA Required	PA removed for this add on code.
	DCMPRSN NR V EACH			Primary codes a lready on matrix &
	ADDL CRVCL LMBR			require PA
63043	LAMOT PRTL FFD EXC	No PA Required	No PA Required	PA removed for this add on code.
	DISC REEXPL 1 NTRSPC	1	1	Primary codes already on matrix &
	EA CRV			require PA
63044	LAMOT W PRTL FFD	No PA Required	No PA Required	PA removed for this add on code.
03044	HRNA8 REEXPL 1	Normicquiled	110171 Required	Primary codes a lready on matrix &
	NTRSPC EALMBR			require PA
63048	LAM FACETECTOMY	No DA Doguino d	No DA Do quino d	PA removed for this add on code.
03048		No PA Required	No PA Required	
	AND FOR AMTOMY 1			Primary codes already on matrix &
	SGM EA CRV THRC			require PA
	LMBR	N D	N. D. D	
63057	TRANSPEDICULAR	No PA Required	No PA Required	PA removed for this add on code.
	DCMPRN1 SEGEA			Primary codes already on matrix &
	THORACICLUMBAR			require PA
63066	COSTOVERTEBRAL	No PA Required	No PA Required	PA removed for this add on code.
	DCMPRN SPINE CORD			Primary codes a lready on matrix &
	THORACICEA SEG			require PA
63076	DISCECTOMY ANT	No PA Required	No PA Required	PA removed for this add on code.
	DCMPRNCORD	•	1	Primary codes already on matrix &
	CERVICALEANTRSPC			require PA
63078	DISCECTOMY ANT	No PA Required	No PA Required	PA removed for this add on code.
33070	DCMPRNCORD	1.01111toquilou	1.01111coquilou	Primary codes already on matrix &
	THORACICEANTRSPC			require PA
	THOMAS COLUMN TO THE STATE OF T		L	1.090.01.11

63082	VERTEBRAL	No PA Required	No PA Required	PA removed for this add on code.
03082	CORPECTOMY DCMPRN	No i A Required	No I A Required	Primary codes already on matrix &
	CERVICALEASEG			require PA
63086	VERTEBRAL	No PA Required	No PA Required	PA removed for this add on code.
03000	CORPECTOMY DCMPRN	Normequied	110171 Required	Primary codes a lready on matrix &
	CORD THORACIC EA SEG			require PA
63088	VCRPEC THORACOLMBR	No PA Required	No PA Required	PA removed for this add on code.
03000	DCMPRNLWR THRC	No 1 A Required	No I A Required	Primary codes already on matrix &
	LMBREASEG			require PA
63091	VCRPEC TRANSPRTL	No PA Required	No PA Required	PA removed for this add on code.
03071	RPR DCMPRN THRC	No 1 A Required	No I A Required	Primary codes already on matrix &
	LMBR SAC EA SEG			require PA
63103	VCRPEC LAT	No PA Required	No PA Required	PA removed for this add on code.
03103	XTRCAVITARY DCMPRN	110171 Required	110171 Required	Primary codes already on matrix &
	THRC LMBREA SEG			require PA
64913	NERVE REPAIR W NERVE	No PA Required	No PA Required	PA removed for this add on code.
04713	ALLOGRAFT EA ADDL	No i A Required	No i A Required	Primary codes already on matrix &
	STRAND			require PA
87426	CORONAVIRUS AGIA	No PA Required	No PA Required	New COVID code
0/420	CORONAVIRUSAGIA	No FA Required	No FA Required	New COVIDCOde
0223U	NFCT DS 22 TRGT SARS-	No PA Required	No PA Required	New COVID code
02230	COV-2	No PA Required	No PA Required	New COVIDCOde
0224U	ANTIBODY SARS-COV-2	No DA Doguino d	No DA Do avvino d	New COVID code
02240		No PA Required	No PA Required	New COVID code
C2170	TITER(S)	X DAD : 1	X DAD 1	N 1 1 CO754 11 1 1
G2170	AVF BY TISSUE W	Yes, PA Required	Yes, PA Required	New code-replaces C9754: deleted
G2151	THERMALE	** ** * 1	** D. D	code
G2171	AVF USE MAGNETIC/	Yes, PA Required	Yes, PA Required	New code-replaces C9755: deleted
	ART/VEN			code
22847	ANTERIOR	No PA Required	No PA Required	Removed PA requirement for this
	INSTRUMENTATION 8 OR			add on code. Primary codes already
	GRT VERTEBRAL			on matrix & require PA
220.40	SEGMENTS	N DAD ' 1	N DAD : 1	D 1D4 : (C 1)
22848	PELVIC FIXATION	No PA Required	No PA Required	Removed PA requirement for this
	OTHER THAN SACRUM			add on code. Primary codes already
C0754	CDE ATION AMERICAN			on matrix & require PA
C9754	CREATION AV FISTULA			Deleted code
	PERCUTANEOUS; DIRCT			
00755	ANY SITE			D 1 ( 1 1
C9755	CREATION OF			Deleted code
	ARTERIOVENOUS			
	FISTULA			
77002	PERCUTANEOUS	N- DA D 1	N- DA Din- d	Daniel IDA manifestation de la la
77003	FLUOR NEEDLE CATH	No PA Required	No PA Required	Removed PA requirement as code is
	SPINE PARASPINAL DX			add on for primary lost cost code
L5857	THER ADDON ADD LOW EXT PROS	Vac DA Daguina d	Vac DA Daguina d	DA requirement added due to high
L383/		Yes, PA Required	Yes, PA Required	PA requirement added due to high
	KNEE-SHIN SYS SWING			cost.
1 5050	PHASE ONLY ADD LW EXT PROS KNEE	Vac DA Daguina 1	Vac DA Da avina 1	DA magningment added due to high
L5858		Yes, PA Required	Yes, PA Required	PA requirement added due to high
	SHIN SYS STANCE			cost.
1 5050	PHASE ONLY	Vac DA Daguina 1	Vac DA Da avina 1	DA magnimum ant added due to hist
L5859	ADD LOW EXT PROS KN-	Yes, PA Required	Yes, PA Required	PA requirement added due to high
	SHINPROGFLX EXT			cost.
22052	ANY MOTOR	Vac DA Dar 1 1	Vac DA Da 1 1	DA 40 033 40 41 - 1 - 1 - 1 - 1 - 1 - 1 - 1
32853	LUNG TRANSPLANT 2 W	Yes, PA Required	Yes, PA Required	PA requirement added due to high
	O CARDIOPULMONARY			cost transplant code.
	BYPASS		1	

The process for obtaining prior authorization <u>has not</u> changed. Please complete the Prior Authorization/ Service Request Form with all pertinent information and medical notes as applicable. Service Request Form is available on the Molina Healthcare website under Provider and under Forms. (<a href="https://www.molinahealthcare.com/members/tx/en-US/healthcare-professionals/Pages/home.aspx">https://www.molinahealthcare.com/members/tx/en-US/healthcare-professionals/Pages/home.aspx</a>)