

### Molina Healthcare of Texas Prior Authorization Code Matrix Update

#### Effective: July 1, 2025

Molina is updating the Prior Authorization (PA) Code Matrix effective **July 2025**. This is 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 and Wound Care	15271	APP SKN SUB GRFT T/A/L AREA/100SQ CM OR LT 1ST 25	
Add	Hyperbaric and Wound Care	15272	APP SKN SUB GRFT T/A/L AREA/100SQ CM EA ADL 25SC	
Add	Hyperbaric and Wound Care	15273	APP SKN SUBGRFT T/A/L AREA/100SQ CM 1ST 100SQ CM	
Add	Hyperbaric and Wound Care	15274	APP SKN SUB GRFT T/A/L AREA GT or equal to 100SCM ADL 100S	
Add	Hyperbaric and Wound Care	15275	SUB GRFT F/S/N/H/F/G/M/D LT 100SQ CM 1ST 25 SQ CM	
Add	Hyperbaric and Wound Care	15276	SUB GRFT F/S/N/H/F/G/M/D LT 100SQ CM EA ADDL25SQ CM	
Add	Hyperbaric and Wound Care	15277	SUB GRFT F/S/N/H/F/G/M/D GT or equal to 100SCM 1ST 100SQ	
Add	Hyperbaric and Wound Care	15278	SUB GRFT F/S/N/H/F/G/M/D GT or equal to 100SCM ADL 100SQ	
Add	Hyperbaric and Wound Care	A2005	MICROLYTE MATRIX PER SQ CM	
Add	Hyperbaric and Wound Care	Q4164	HELICOLL PER SQUARE CENTIMETER	
Add	Hyperbaric and Wound Care	Q4194	NOVACHOR PER SQ CM	
Add	Hyperbaric and Wound Care	Q4204	XWRAP PER SQ CM	
Add	Hyperbaric and Wound Care	Q4238	DERM-MAXX PER SQ CM	

Add	Transplants/Gene Therapy	Q2058	Obecabtagene autoleucel (Aucatzyl), up to 400 million CD19 CAR-positive viable T cells, including leukapheresis and dose preparation procedures, per therapeutic dose	Will replace temporary code C9301 effective 07/01/25. Administered in two doses: the first dose on day one and a second dose on day ten (+/-2 days)
Add	Transplants/Gene Therapy	J3391	Injection, atidarsagene autotemcel (Lenmeldy), per treatment	One-time treatment for metachromatic leukodystrophy (MLD)
Add	Prosthetics and Orthotics	L0720	Cervical-thoracic-lumbar-sacral-orthoses (CTLSO), anterior-posterior-lateral control, prefabricated item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual with expertise	
Add	Prosthetics and Orthotics	L5827	Endoskeletal knee-shin system, single axis, electromechanical swing and stance phase control, with or without shock absorption and stance extension damping	
Add	Prosthetics and Orthotics	L6700	UPPER EXT ADD EXTRNL PWR FTR MYOELEC CTRL MOD	
Add	Prosthetics and Orthotics	L7406	Addition to upper extremity, user adjustable, mechanical, residual limb volume management system	

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. Service Request Form is available on the Molina Healthcare website under Provider/Forms.