

Molina Healthcare of Texas
Prior Authorization Code Matrix Update

Effective: October 1, 2024

Molina is updating the Prior Authorization (PA) Code Matrix for October 2024. 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	Experimental and Investigational	0868T	GASTRIC EP MAPG SIMULT PT SX	Replacing code C9787
Add	Transplants/Gene Therapy	C9172	FIDANACOGENE ELAPARVOVEC-DZKT (BEQVEZ)	New code for Beqvez. Limited to once per lifetime. Treatment for hemophilia.
Remove	Experimental and Investigational	C9787	GASTRIC EP MAPG SIMULT PT SX	Deleted/invalid code
Remove	Genetic Counseling and Testing	0396U	OB PREIMPLTJ TST EVAL 300000 DNA 1NUCLEOTIDE	Deleted/invalid code
Remove	Durable Medical Equipment	A4335	Diaper wipes / also used for miscellaneous items	Amounts over Medicaid allowable will require prior authorization. Non-par providers require authorization.
Remove	Durable Medical Equipment	A4554	DISPOSABLE UNDERPADS ALL SIZES	Amounts over Medicaid allowable will require prior authorization. Non-par providers require authorization.

Remove	Durable Medical Equipment	A6250	SKIN SEALNT PROTECT MOISTURIZER OINTMNT TYPE SZ	Amounts over Medicaid allowable will require prior authorization. Non-par providers require authorization.
Remove	Durable Medical Equipment	T4536	INCONT PROD PROTVE UNDWEAR PULLON REUSBL SIZE EA	Amounts over Medicaid allowable will require prior authorization. Non-par providers require authorization.
Remove	Durable Medical Equipment	T4537	INCONT PROD PROTVE UNDPAD REUSABLE BED SIZE EA	Amounts over Medicaid allowable will require prior authorization. Non-par providers require authorization.
Remove	Durable Medical Equipment	T4539	INCONTINENCE PRODUCT DIAPER BRF REUSABLE SIZE EA	Amounts over Medicaid allowable will require prior authorization. Non-par providers require authorization.
Remove	Durable Medical Equipment	T4540	INCONT PROD PROTVE UNDPAD REUSABLE CHAIR SIZE EA	Amounts over Medicaid allowable will require prior authorization. Non-par providers require authorization.
Remove	Durable Medical Equipment	T4541	INCONTINENCE PRODUCT DISPOSABLE UNDPAD LARGE EA	Amounts over Medicaid allowable will require prior authorization. Non-par providers require authorization.
Remove	Durable Medical Equipment	T4542	INCONTINENCE PRODUCT DISPBL UNDPAD SMALL SIZE EA	Amounts over Medicaid allowable will require prior authorization. Non-par providers require authorization.
Remove	Durable Medical Equipment	T4521	ADLT SIZED DISPBL INCONT PROD BRF DIAPER SM EA	Amounts over Medicaid allowable will require prior authorization. Non-par providers require authorization.

Remove	Durable Medical Equipment	T4522	ADLT SIZED DISPBL INCONT PROD BRF DIAPER MED EA	Amounts over Medicaid allowable will require prior authorization. Non-par providers require authorization.
Remove	Durable Medical Equipment	T4523	ADLT SIZED DISPBL INCONT PROD BRF DIAPER LG EA	Amounts over Medicaid allowable will require prior authorization. Non-par providers require authorization.
Remove	Durable Medical Equipment	T4524	ADLT SZD DISPBL INCONT PROD BRF DIAPER X-LG EA	Amounts over Medicaid allowable will require prior authorization. Non-par providers require authorization.
Remove	Durable Medical Equipment	T4525	ADLT SZD DISPBL INCONT PROD UNDWEAR PULLON SM EA	Amounts over Medicaid allowable will require prior authorization. Non-par providers require authorization.
Remove	Durable Medical Equipment	T4526	ADLT SZD DISPBL INCONT PROD UNDWEAR MED EA	Amounts over Medicaid allowable will require prior authorization. Non-par providers require authorization.
Remove	Durable Medical Equipment	T4527	ADLT SZD DISPBL INCONT PROD UNDWEAR PULLON LG EA	Amounts over Medicaid allowable will require prior authorization. Non-par providers require authorization.
Remove	Durable Medical Equipment	T4528	ADLT SZD DISPBL INCONT PROD UNDWEAR XTRA LG EA	Amounts over Medicaid allowable will require prior authorization. Non-par providers require authorization.
Remove	Durable Medical Equipment	T4529	PED SZD DISPBL INCONT PROD BRF DIAPER SM MED EA	Amounts over Medicaid allowable will require prior authorization. Non-par providers require authorization.

Remove	Durable Medical Equipment	T4530	PED SZD DISPBL INCONT PROD BRF DIAPER LG SZ EA	Amounts over Medicaid allowable will require prior authorization. Non-par providers require authorization.
Remove	Durable Medical Equipment	T4531	PED SZD DISPBL INCONT PROD UNDWEAR SM MED EA	Amounts over Medicaid allowable will require prior authorization. Non-par providers require authorization.
Remove	Durable Medical Equipment	T4532	PED SZD DISPBL INCONT PROD UNDWEAR PULLON LG EA	Amounts over Medicaid allowable will require prior authorization. Non-par providers require authorization.
Remove	Durable Medical Equipment	T4533	YOUTH SIZED DISPBL INCONT PRODUCT BRF DIAPER EA	Amounts over Medicaid allowable will require prior authorization. Non-par providers require authorization.
Remove	Durable Medical Equipment	T4534	YOUTH SZD DISPBL INCONT PROD UNDWEAR PULLON EA	Amounts over Medicaid allowable will require prior authorization. Non-par providers require authorization.
Remove	Durable Medical Equipment	T4535	DISPBL LINER SHIELD GUARD PAD UNDGRMNT INCONT EA	Amounts over Medicaid allowable will require prior authorization. Non-par providers require authorization.
Remove	Durable Medical Equipment	T4543	ADULT SIZE DISP INCONTINENCE PROD ABOVE XL EA	Amounts over Medicaid allowable will require prior authorization. Non-par providers require authorization.
Remove	Durable Medical Equipment	T4544	ADULT SIZE DISPBL INCONT PULLUP ABVE EXTRA LG EA	Amounts over Medicaid allowable will require prior authorization. Non-par providers require authorization.

The following statement has been removed from the **Medicaid/CHIP Prior Authorization/Pre-Service Review Guide** under Genetic Counseling and Testing: *Except for prenatal diagnosis of congenital disorders of the unborn child through amniocentesis and genetic test screening of newborns or as otherwise mandated by state regulations. (Authorization is required for CHIP Perinate as it is not a standard covered benefit.)* All genetic counseling and testing codes require prior authorization.

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.