

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

**Effective: January 2023**

Molina is updating the Prior Authorization (PA) Code Matrix for January 2023. This is notification only and does not determine if the benefit is covered by the member’s plan. The following items are being updated requirements for prior authorization. For specific CPT/HCPC codes requiring PA please review the PA Code Matrix.

- Home Healthcare Skilled Nursing (G0299 and G0300) will require prior authorization after 30<sup>th</sup> visit per calendar year.
- Physical Therapy (PT)/Occupational Therapy (OT) will require prior authorization after 30<sup>th</sup> visit per calendar year.
- Speech Therapy (ST): For adults 21 and over, will require prior authorization after 30 visits per calendar year. For ages 20 and under, no prior authorization required for the initial evaluation. Additional visits require authorization.

Category	CPT Code	Description	Add/Remove/Update
<b>Occupational Therapy:</b> For participating providers OT requires a prior authorization after 30th visit per calendar year.	97535	Self care/home management training (ADL and compensatory training, meal preparation, safety procedures and instructions in the use of assistive technology devices/adaptive equipment)	Updated requirement
<b>Occupational Therapy:</b> For participating providers OT requires a prior authorization after 30th visit per calendar year.	97530	Use of dynamic activities to improve functional performance . Describes the activities that use multiple parameters (strength, rom,balance, etc) together and focus and achieving functional activity.	Updated requirement

<p><b>Occupational Therapy:</b> For participating providers OT requires a prior authorization after 30th visit per calendar year.</p>	97150	Therapeutic procedure(s), group (2 or more individuals)	Updated requirement
<p><b>Occupational Therapy:</b> For participating providers OT requires a prior authorization after 30th visit per calendar year.</p>	97140	Skilled manual therapy techniques (mobilization, manual lymphatic drainage, manual traction), one or more regions, each 15 minutes. (PROM is NOT manual therapy)	Updated requirement
<p><b>Occupational Therapy:</b> For participating providers OT requires a prior authorization after 30th visit per calendar year.</p>	97130	Therapeutic interventions that focus on cognitive function (eg, attention, memory, reasoning, executive function, problem solving, and/or pragmatic functioning) and compensatory strategies to manage the performance of an activity (eg, managing time or schedules, initiating, organizing and sequencing tasks), direct (one-on-one) patient contact; each additional 15 minutes (list separately in addition to code for primary procedure)	Updated requirement

<p><b>Occupational Therapy:</b> For participating providers OT requires a prior authorization after 30th visit per calendar year.</p>	<p>97129</p>	<p>Therapeutic interventions that focus on cognitive function (eg, attention, memory, reasoning, executive function, problem solving, and/or pragmatic functioning) and compensatory strategies to manage the performance of an activity (eg, managing time or schedules, initiating, organizing and sequencing tasks), direct (one-on-one) patient contact; initial 15 minutes</p>	<p>Updated requirement</p>
<p><b>Occupational Therapy:</b> For participating providers OT requires a prior authorization after 30th visit per calendar year.</p>	<p>97124</p>	<p>Therapeutic procedure, one or more areas, each 15 minutes; massage, including effleurage, petrissage and/or tapotement (stroking, compression, percussion)</p>	<p>Updated requirement</p>
<p><b>Occupational Therapy:</b> For participating providers OT requires a prior authorization after 30th visit per calendar year.</p>	<p>97113</p>	<p>Therapeutic procedure, one or more areas, each 15 minutes; aquatic therapy with therapeutic exercise</p>	<p>Updated requirement</p>
<p><b>Occupational Therapy:</b> For participating providers OT requires a prior authorization after 30th visit per calendar year.</p>	<p>97112</p>	<p>Therapeutic procedure, one or more areas, each 15 minutes; neuromuscular re-education of movement, balance, coordination, kinesthetic sense, posture, and/or proprioception for sitting and/or standing activities.</p>	<p>Updated requirement</p>

<p><b>Occupational Therapy:</b> For participating providers OT requires a prior authorization after 30th visit per calendar year.</p>	97110	Therapeutic procedure, one or more areas, each 15 minutes; therapeutic exercises to develop strength and endurance, range of motion, and flexibility. (Generally describe a service aimed at improving a single parameter, such as strength, ROM, etc.)	Updated requirement
<p><b>Physical Therapy:</b> For participating providers OT requires a prior authorization after 30th visit per calendar year.</p>	97113	Therapeutic procedure, one or more areas, each 15 minutes; aquatic therapy with therapeutic exercise	Updated requirement
<p><b>Physical Therapy:</b> For participating providers OT requires a prior authorization after 30th visit per calendar year.</p>	97116	Skilled improvement of gait, includes stair climbing	Updated requirement
<p><b>Physical Therapy:</b> For participating providers OT requires a prior authorization after 30th visit per calendar year.</p>	97124	Therapeutic procedure, one or more areas, each 15 minutes; massage, including effleurage, petrissage and/or tapotement (stroking, compression, percussion)	Updated requirement

<p><b>Physical Therapy:</b> For participating providers OT requires a prior authorization after 30th visit per calendar year.</p>	<p>97129</p>	<p>Therapeutic interventions that focus on cognitive function (eg, attention, memory, reasoning, executive function, problem solving, and/or pragmatic functioning) and compensatory strategies to manage the performance of an activity (eg, managing time or schedules, initiating, organizing and sequencing tasks), direct (one-on-one) patient contact; initial 15 minutes</p>	<p>Updated requirement</p>
<p><b>Physical Therapy:</b> For participating providers OT requires a prior authorization after 30th visit per calendar year.</p>	<p>97130</p>	<p>Therapeutic interventions that focus on cognitive function (eg, attention, memory, reasoning, executive function, problem solving, and/or pragmatic functioning) and compensatory strategies to manage the performance of an activity (eg, managing time or schedules, initiating, organizing and sequencing tasks), direct (one-on-one) patient contact; each additional 15 minutes (list separately in addition to code for primary procedure)</p>	<p>Updated requirement</p>

<p><b>Physical Therapy:</b> For participating providers OT requires a prior authorization after 30th visit per calendar year.</p>	97139	Unlisted modality (specify type and time if constant attendance)	Updated requirement
<p><b>Physical Therapy:</b> For participating providers OT requires a prior authorization after 30th visit per calendar year.</p>	97140	Skilled manual therapy techniques (mobilization, manual lymphatic drainage, manual traction), one or more regions, each 15 minutes. (PROM is NOT manual therapy)	Updated requirement
<p><b>Physical Therapy:</b> For participating providers OT requires a prior authorization after 30th visit per calendar year.</p>	97150	Therapeutic procedure(s), group (2 or more individuals)	Updated requirement
<p><b>Physical Therapy:</b> For participating providers OT requires a prior authorization after 30th visit per calendar year.</p>	97530	Use of dynamic activities to improve functional performance . Describes the activities that use multiple parameters (strength, rom,balance, etc) together and focus and achieving functional activity.	Updated requirement
<p><b>Physical Therapy:</b> For participating providers OT requires a prior authorization after 30th visit per calendar year.</p>	97535	Self care/home management training (ADL and compensatory training, meal preparation, safety procedures and instructions in the use of assistive technology devices/adaptive equipment)	Updated requirement

<p><b>Physical Therapy:</b> For participating providers OT requires a prior authorization after 30th visit per calendar year.</p>	S8940	Equestrian/hippotherapy, per session	Updated requirement
<p><b>Speech Therapy:</b> For adults 21 and over, at a participating provider no prior authorization is required for the first 30 visits per calendar year. For ages 20 and under, prior authorization is required after the initial evaluation.</p>	92507	TX SPEECH LANG VOICE COMMJ AND AUDITORY PROC IND	Updated requirement
<p><b>Speech Therapy:</b> For adults 21 and over, at a participating provider no prior authorization is required for the first 30 visits per calendar year. For ages 20 and under, prior authorization is required after the initial evaluation.</p>	92508	TX SPEECH LANGUAGE VOICE COMMJ AUDITRY 2 OR GRT INDIV	Updated requirement
<p><b>Speech Therapy:</b> For adults 21 and over, at a participating provider no prior authorization is required for the first 30 visits per calendar year. For ages 20 and under, prior authorization is required after the initial evaluation.</p>	92526	TX SWALLOWING DYSFUNCTION AND ORAL FUNCJ FEEDING	Updated requirement

<p><b>Speech Therapy:</b> For adults 21 and over, at a participating provider no prior authorization is required for the first 30 visits per calendar year. For ages 20 and under, prior authorization is required after the initial evaluation.</p>	92630	Auditory rehabilitation; pre-lingual hearing loss	Updated requirement
<p><b>Speech Therapy:</b> For adults 21 and over, at a participating provider no prior authorization is required for the first 30 visits per calendar year. For ages 20 and under, prior authorization is required after the initial evaluation.</p>	92633	Auditory rehabilitation; post-lingual hearing loss	Updated requirement
<p><b>Speech Therapy:</b> For adults 21 and over, at a participating provider no prior authorization is required for the first 30 visits per calendar year. For ages 20 and under, prior authorization is required after the initial evaluation.</p>	97129	Therapeutic interventions that focus on cognitive function (eg, attention, memory, reasoning, executive function, problem solving, and/or pragmatic functioning) and compensatory strategies to manage the performance of an activity (eg, managing time or schedules, initiating, organizing and sequencing tasks), direct (one-on-one) patient contact; initial 15 minutes	Updated requirement



<p><b>Speech Therapy:</b> For adults 21 and over, at a participating provider no prior authorization is required for the first 30 visits per calendar year. For ages 20 and under, prior authorization is required after the initial evaluation.</p>	<p>97130</p>	<p>Therapeutic interventions that focus on cognitive function (eg, attention, memory, reasoning, executive function, problem solving, and/or pragmatic functioning) and compensatory strategies to manage the performance of an activity (eg, managing time or schedules, initiating, organizing and sequencing tasks), direct (one-on-one) patient contact; each additional 15 minutes (list separately in addition to code for primary procedure)</p>	<p>Updated requirement</p>
<p><b>Speech Therapy:</b> For adults 21 and over, at a participating provider no prior authorization is required for the first 30 visits per calendar year. For ages 20 and under, prior authorization is required after the initial evaluation.</p>	<p>97533</p>	<p>Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact by the provider, each 15 minutes</p>	<p>Updated requirement</p>
<p><b>Speech Therapy:</b> For adults 21 and over, at a participating provider no prior authorization is required for the first 30 visits per calendar year. For ages 20 and under, prior authorization is required after the initial evaluation.</p>	<p>S9152</p>	<p>SPEECH THERAPY RE-EVALUATION</p>	<p>Updated requirement</p>

<b>Occupational Therapy</b>	97763	ORTHOTICS PROSTH MGMT AND TRAINJ SBSQ ENCTR 15 MIN	Removed
<b>Occupational Therapy</b>	97761	PROSTHETICS TRAINING INITIAL ENCTR EA 15 MINS	Removed
<b>Occupational Therapy</b>	97760	ORTHOTICS MGMT AND TRAINJ INITIAL ENCTR EA 15 MINS	Removed
<b>Occupational Therapy</b>	97750	PHYSICAL PERFORMANCE TEST MEAS W REPRT EA 15 MIN	Removed
<b>Occupational Therapy</b>	97542	WHEELCHAIR MGMT EA 15 MIN	Removed
<b>Occupational Therapy</b>	97537	COMMUNITY WORK REINTEGRATION TRAINJ EA 15 MIN	Removed
<b>Occupational Therapy</b>	97533	SENSORY INTEGRATIVE TECHNIQUES EACH 15 MINUTES	Removed
<b>Occupational Therapy</b>	97532	DEVELOPMENT OF COGNITIVE SKILLS EACH 15 MINUTES	Removed
<b>Occupational Therapy</b>	97168	OCCUPATIONAL THER RE-EVAL EST PLAN CARE 30 MINS	Removed
<b>Occupational Therapy</b>	97127	THERAPEUTIC IVNTJ W FOCUS ON COGNITIVE FUNCTION	Removed
<b>Occupational Therapy</b>	97116	THER PX 1 OR GRT AREAS EA 15 MIN GAIT TRAINJ W STAIR	Removed
<b>Occupational Therapy</b>	97036	APPL MODALITY 1 OR GRT AREAS HUBBARD TANK EA 15 MIN	Removed
<b>Occupational Therapy</b>	97035	APPL MODALITY 1 OR GRT AREAS ULTRASOUND EA 15 MIN	Removed
<b>Occupational Therapy</b>	97034	APPL MODALITY 1 OR GRT AREAS CONTRAST BATHS EA 15 MIN	Removed
<b>Occupational Therapy</b>	97033	APPL MODALITY 1 OR GRT AREAS IONTOPHORESIS EA 15 MIN	Removed
<b>Occupational Therapy</b>	97032	APPL MODALITY 1 OR GRT AREAS ELEC STIMJ EA 15 MIN	Removed
<b>Occupational Therapy</b>	97028	APPL MODALITY 1 OR GRT AREAS ULTRAVIOLET	Removed

<b>Occupational Therapy</b>	97026	APPLICATION MODALITY 1 OR GRT AREAS INFRARED	Removed
<b>Occupational Therapy</b>	97024	APPLICATION MODALITY 1 OR GRT AREAS DIATHERMY	Removed
<b>Occupational Therapy</b>	97022	APPLICATION MODALITY 1 OR GRT AREAS WHIRLPOOL	Removed
<b>Occupational Therapy</b>	97018	APPL MODALITY 1 OR GRT AREAS PARAFFIN BATH	Removed
<b>Occupational Therapy</b>	97016	APPL MODALITY 1 OR GRT AREAS VASOPNEUMATIC DEVICES	Removed
<b>Occupational Therapy</b>	97014	APPL MODALITY 1 OR GRT AREAS ELEC STIMJ UNATTENDED	Removed
<b>Occupational Therapy</b>	97012	APPL MODALITY 1 OR GRT AREAS TRACTION MECHANICAL	Removed
<b>Occupational Therapy</b>	97010	APPLICATION MODALITY 1 OR GRT AREAS HOT COLD PACKS	Removed
<b>Physical Therapy</b>	97010	APPLICATION MODALITY 1 OR GRT AREAS HOT COLD PACKS	Remove
<b>Physical Therapy</b>	97012	APPL MODALITY 1 OR GRT AREAS TRACTION MECHANICAL	Remove
<b>Physical Therapy</b>	97014	APPL MODALITY 1 OR GRT AREAS ELEC STIMJ UNATTENDED	Remove
<b>Physical Therapy</b>	97016	APPL MODALITY 1 OR GRT AREAS VASOPNEUMATIC DEVICES	Remove
<b>Physical Therapy</b>	97018	APPL MODALITY 1 OR GRT AREAS PARAFFIN BATH	Remove
<b>Physical Therapy</b>	97022	APPLICATION MODALITY 1 OR GRT AREAS WHIRLPOOL	Remove
<b>Physical Therapy</b>	97024	APPLICATION MODALITY 1 OR GRT AREAS DIATHERMY	Remove
<b>Physical Therapy</b>	97026	APPLICATION MODALITY 1 OR GRT AREAS INFRARED	Remove
<b>Physical Therapy</b>	97028	APPL MODALITY 1 OR GRT AREAS ULTRAVIOLET	Remove
<b>Physical Therapy</b>	97032	APPL MODALITY 1 OR GRT AREAS ELEC STIMJ EA 15 MIN	Remove
<b>Physical Therapy</b>	97033	APPL MODALITY 1 OR GRT AREAS IONTOPHORESIS EA 15 MIN	Remove

<b>Physical Therapy</b>	97034	APPL MODALITY 1 OR GRT AREAS CONTRAST BATHS EA 15 MIN	Remove
<b>Physical Therapy</b>	97035	APPL MODALITY 1 OR GRT AREAS ULTRASOUND EA 15 MIN	Remove
<b>Physical Therapy</b>	97036	APPL MODALITY 1 OR GRT AREAS HUBBARD TANK EA 15 MIN	Remove
<b>Physical Therapy</b>	97164	PHYSICAL THERAPY RE-EVAL EST PLAN CARE 20 MINS	Remove
<b>Physical Therapy</b>	97168	OCCUPATIONAL THER RE-EVAL EST PLAN CARE 30 MINS	Remove
<b>Physical Therapy</b>	97532	DEVELOPMENT OF COGNITIVE SKILLS EACH 15 MINUTES	Remove
<b>Physical Therapy</b>	97533	SENSORY INTEGRATIVE TECHNIQUES EACH 15 MINUTES	Remove
<b>Physical Therapy</b>	97537	COMMUNITY WORK REINTEGRATION TRAINJ EA 15 MIN	Remove
<b>Physical Therapy</b>	97542	WHEELCHAIR MGMT EA 15 MIN	Remove
<b>Physical Therapy</b>	97750	PHYSICAL PERFORMANCE TEST MEAS W REPRT EA 15 MIN	Remove
<b>Physical Therapy</b>	97760	ORTHOTICS MGMT AND TRAINJ INITIAL ENCTR EA 15 MINS	Remove
<b>Physical Therapy</b>	97761	PROSTHETICS TRAINING INITIAL ENCTR EA 15 MINS	Remove
<b>Physical Therapy</b>	97763	ORTHOTICS PROSTH MGMT AND TRAINJ SBSQ ENCTR 15 MIN	Remove
<b>Genetic Testing</b>	81329	SMN1 GENE ANALYSIS DOSAGE DELET Alys W SMN2 Alys	Remove
<b>Transplant</b>	Q2056	Ciltacabtagene Autoleucel (Carvykti)	Added

<b>Category</b>	<b>Update</b>	<b>Codes</b>
Experimental/Investigational	Add (PA)	0717T, 0718T
	Add (PA)	19303 53410 53420 53425 53430 54125 54410 54411 54416 54417 54520 54690 55175 55180 55866 55970 55980 56625 56800 56805 57106 57110 57291 57292 57296

		57335 57426
Pain Management Procedures	PA Update: No PA required in office or ASC setting. PA required if done in hospital setting outside of another procedure. No PA required if combined with another surgical procedure.	64450
Imaging & Special Tests	Remove (PA)	G0219, 77084, G0252, 71271
Multiple Categories	Add (PA)	0738T, 0739T, 0740T, 0741T, 0744T, 0745T, 0746T, 0747T, 0748T, 0766T, 0767T, 0768T, 0769T, 0770T, 0771T, 0772T, 0773T, 0774T, 0775T, 0776T, 0777T, 0778T, 0779T, 0781T, 0782T, 0783T, 22860, 30469, 33900, 33901, 33902, 33903, 33904, 43290, 43291, 55867, 69729, 69730, 81418, 8 1441, 81449, 81451, 81456, 96203, 98978, 99418, 0355U, 0356U, 0357U, 0358U, 0359U, 0360U, 0361U, 0362U, 0363U

The process for obtaining prior authorization **has not** 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/Forms.