

Molina Healthcare of Texas
Prior Authorization Code Matrix Update

Effective: January 1, 2025

Molina is updating the Prior Authorization (PA) Code Matrix effective **January 1, 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	Q4191	RESTORIGIN PER SQ CM	High-cost skin substitute
Add	Hyperbaric and Wound Care	Q4236	CAREPATCH PER SQ CM	High-cost skin substitute
Add	Hyperbaric and Wound Care	Q4248	DERMACYTE AMNIOTIC MEMBRANE ALLOGRAFT PER SQ CM	High-cost skin substitute
Add	Hyperbaric and Wound Care	Q4227	AMNIOCORETM PER SQ CM	High-cost skin substitute
Add	Hyperbaric and Wound Care	Q4229	COGENEX AMNIOTIC MEMBRANE PER SQ CM	High-cost skin substitute
Add	Transplants/Gene Therapy	J3392	EXAGAMGLOGENE AUTOTEMCEL (CASGEVY)	New CPT code effective 01/01/25 One time gene therapy treatment for sickle cell disease and beta thalassemia. Ages 12 and older.
Add	Transplants/Gene Therapy	J1414	FIDANACOGENE ELAPARVOVEC-DZKT (BEQVEZ)	New CPT code effective 01/01/25 – replaces C9172
Add	Outpatient Hospital and ASC	53865	CYSTOURETHROSCOPY INS TEMP	New CPT code effective 01/01/25 – replaces C9769
Add	Unlisted & Miscellaneous	G0282	E-STIM 1/MORE AREAS WND CARE OTH THAN DESC G0281	

Add	Unlisted & Miscellaneous	G0283	E-STIM 1 OR GT AREAS OTH THAN WND CARE PART TX PLAN	
Add	Transplant/Gene Therapy	38225	CAR-T THERAPY HRVG BLD DRV T LMPHCYT PR DAY	New code replacing 0537T
Add	Transplant/Gene Therapy	38226	CAR-T THERAPY PREPJ BLD DRV T LMPHCYT F TRNS	New code replacing 0538T
Add	Transplant/Gene Therapy	38227	CAR-T THERAPY RECEIPT AND PREP CAR-T CELLS F ADMN	New code replacing 0539T
Add	Transplant/Gene Therapy	38228	CAR-T THERAPY AUTOLOGOUS CELL ADMINISTRATION	New code replacing 0540T
Remove	Transplants/Gene Therapy	C9172	FIDANACOGENE ELAPARVOVEC-DZKT (BEQVEZ)	Code invalid effective 01/01/25
Remove	Durable Medical Equipment (DME)	A4239	SPLY ALW NONADJUNC NONIMPL CGM 1 MO SPLY Equal to 1 UOS	PA requirements removed within quantity and dx limits
Remove	Durable Medical Equipment (DME)	E2102	ADJUNCTIVE NONIMPLANTED CGM/RECEIVER	PA requirements removed within quantity and dx limits
Remove	Durable Medical Equipment (DME)	E2103	NONADJUNCTIVE NONIMPLANTED CGM/RECEIVER	PA requirements removed within quantity and dx limits
Remove	Transplant/Gene Therapy	0537T	CAR-T THERAPY HRVG BLD DRV T LMPHCYT PR DAY	Deleted/Invalid Code
Remove	Transplant/Gene Therapy	0538T	CAR-T THERAPY PREPJ BLD DRV T LMPHCYT F TRNS	Deleted/Invalid Code
Remove	Transplant/Gene Therapy	0539T	CAR-T THERAPY RECEIPT AND PREP CAR-T CELLS F ADMN	Deleted/Invalid Code
Remove	Transplant/Gene Therapy	0540T	CAR-T THERAPY AUTOLOGOUS CELL ADMINISTRATION	Deleted/Invalid Code
Remove	Outpatient Hospital and ASC	15819	CERVICOPLASTY	Deleted/Invalid Code
Remove	Genetic Counseling and Testing	81433	HEREDITARY BRST CA-RELATED DUP DEL ANALYSIS	Deleted/Invalid Code
Remove	Genetic Counseling and Testing	81436	HEREDITARY COLON CA DSRDRS DUP DEL ANALYS 5 GEN	Deleted/Invalid Code
Remove	Genetic Counseling and Testing	81438	HEREDTRY NURONDCRN TUM DSRDRS DUP DEL ANALYSIS	Deleted/Invalid Code

Remove	Outpatient Hospital and ASC	C9769	CYSTOURETHROSCOPY INS TEMP	Deleted/Invalid Code Replaced by 53865
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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.