

Molina Healthcare of Texas Prior Authorization Code Matrix Update

Effective: April 1, 2021

Molina is updating the Prior Authorization (PA) Code Matrix for April 1, 2021. 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 Code	Code Description	Service Category	Lines of Business (LOB)	NOTES
Q5122	Injection, pegfilgrastim-apgf, biosimilar, (nyvepria), 0.5 mg	Healthcare Administered Drugs	All Lines of Business	Addition of Codes/PA Required
63082	Vertebral corpectomy (vertebral body resection), partial or complete, anterior approach with decompression of spinal cord and/or nerve root(s)	OP Hosp/Amb Surgery Center (ASC) procedures	All Lines of Business	Addition of Codes/PA Required
63300	Vertebral corpectomy (vertebral body resection), partial or complete, for excision of intraspinal lesion, single segment	OP Hosp/Amb Surgery Center (ASC) procedures	All Lines of Business	Addition of Codes/PA Required
63304	Vertebral corpectomy (vertebral body resection), partial or complete, for excision of intraspinal lesion, single segment	OP Hosp/Amb Surgery Center (ASC) procedures	All Lines of Business	Addition of Codes/PA Required
63308	Vertebral corpectomy (vertebral body resection), partial or complete, for excision of intraspinal lesion, single segment	OP Hosp/Amb Surgery Center (ASC) procedures	All Lines of Business	Addition of Codes/PA Required
C9069	Injection, belantamab mafodotin-blmf, 0.5 mg	Healthcare Administered Drugs	All Lines of Business	Addition of Codes/PA Required
C9070	Injection, tafasitamab-cxix, 2 mg	Healthcare Administered Drugs	All Lines of Business	Addition of Codes/PA Required
C9071	Injection, viltolarsen, 10 mg	Healthcare Administered Drugs	All Lines of Business	Addition of Codes/PA Required
C9072	Injection, immune globulin (asceniv), 500 mg	Healthcare Administered Drugs	All Lines of Business	Addition of Codes/PA Required
C9073	Brexucabtagene autoleucel, up to 200 million autologous anti-cd19 car positive viable t cells, including leukapheresis and dose preparation procedures, per therapeutic dose	Healthcare Administered Drugs	All Lines of Business	Addition of Codes/PA Required
C1825	Generator, neurostimulator (implantable), non-rechargeable with carotid sinus baroreceptor stimulation lead(s)	OP Hosp/Amb Surgery Center (ASC) procedures	All Lines of Business	Addition of Codes/PA Required

C9770	Vitrectomy, mechanical, pars plana approach, with subretinal injection of pharmacologic/biologic agent	OP Hosp/Amb Surgery Center (ASC) procedures	All Lines of Business	Addition of Codes/PA Required
C9771	Nasal/sinus endoscopy, cryoablation nasal tissue(s) and/or nerve(s), unilateral or bilateral	OP Hosp/Amb Surgery Center (ASC) procedures	All Lines of Business	Addition of Codes/PA Required
C9772	Revascularization, endovascular, open or percutaneous, tibial/peroneal artery(ies), with intravascular lithotripsy, includes angioplasty within the same vessel (s), when performed	OP Hosp/Amb Surgery Center (ASC) procedures	All Lines of Business	Addition of Codes/PA Required
C9773	Revascularization, endovascular, open or percutaneous, tibial/peroneal artery(ies); with intravascular lithotripsy, and transluminal stent placement(s), includes angioplasty within the same vessel(s), when performed	OP Hosp/Amb Surgery Center (ASC) procedures	All Lines of Business	Addition of Codes/PA Required
C9774	Revascularization, endovascular, open or percutaneous, tibial/peroneal artery(ies); with intravascular lithotripsy and atherectomy, includes angioplasty within the same vessel (s), when performed	OP Hosp/Amb Surgery Center (ASC) procedures	All Lines of Business	Addition of Codes/PA Required
C9775	Revascularization, endovascular, open or percutaneous, tibial/peroneal artery(ies); with intravascular lithotripsy and transluminal stent placement(s), and atherectomy, includes angioplasty within the same vessel (s), when performed	OP Hosp/Amb Surgery Center (ASC) procedures	All Lines of Business	Addition of Codes/PA Required
0017M	Oncology (diffuse large B-cell lymphoma [DLBCL]), mRNA, gene expression profiling by fluorescent probe hybridization of 20 genes, formalin-fixed paraffinembedded tissue, algorithm reported as cell of origin	Experimental/ Investigational	All Lines of Business	Addition of Codes/PA Required
76391	Other Diagnostic Radiology (Diagnostic Imaging) Related Procedures	Imaging & Special Tests	All Lines of Business	Addition of Codes/PA Required
C9762	Cardiac magnetic resonance imaging for morphology and function, quantification of segmental dysfunction; with strain imaging	Imaging & Special Tests	All Lines of Business	Addition of Codes/PA Required
C9763	Cardiac magnetic resonance imaging for morphology and function, quantification of segmental dysfunction; with stress imaging	Imaging & Special Tests	All Lines of Business	Addition of Codes/PA Required
Q4266	New Skin Homologous Autograft	Experimental/	All Lines of	Addition of

		Investigational	Business	Codes/PA Required
C9764	Revascularization, endovascular, open or percutaneous, any vessel(s); with intravascular lithotripsy, includes angioplasty within the same vessel(s), when performed	OP Hosp/Amb Surgery Center (ASC) procedures	All Lines of Business	Addition of Codes/PA Required
C9765	Revascularization, endovascular, open or percutaneous, any vessel(s); with intravascular lithotripsy, and transluminal stent placement(s), includes angioplasty within the same vessel(s), when performed	OP Hosp/Amb Surgery Center (ASC) procedures	All Lines of Business	Addition of Codes/PA Required
C9766	Revascularization, endovascular, open or percutaneous, any vessel(s); with intravascular lithotripsy and atherectomy, includes angioplasty within the same vessel(s), when performed	OP Hosp/Amb Surgery Center (ASC) procedures	All Lines of Business	Addition of Codes/PA Required
C9767	Revascularization, endovascular, open or percutaneous, any vessel(s); with intravascular lithotripsy and transluminal stent placement(s), and atherectomy, includes angioplasty within the same vessel(s), when performed	OP Hosp/Amb Surgery Center (ASC) procedures	All Lines of Business	Addition of Codes/PA Required
S8037	Magnetic resonance cholangiopancreatography (mrpc)	Imaging & Special Tests	Medicaid and Marketplace	Addition of Codes/PA Required
S8092	Electron beam computed tomography (also known as ultrafast ct, cine ct)	Imaging & Special Tests	Medicaid and Marketplace	Addition of Codes/PA Required
76390	Other Diagnostic Radiology (Diagnostic Imaging) Related Procedures	Imaging & Special Tests	Medicaid and Marketplace	Addition of Codes/PA Required
93702	Non-invasive Physiologic Studies and Procedures	Experimental/ Investigational	Marketplace	Addition of Codes/PA Required
0394T	Non-invasive Physiologic Studies and Procedures	Experimental/ Investigational	Marketplace	Addition of Codes/PA Required
0395T	Tumor, Lesion, and Oncology Procedures/Services	Experimental/ Investigational	Marketplace	Addition of Codes/PA Required

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.