# Moda Health – Texas

**Medical and behavioral health prior authorization requests 2025**

Legend: color denotes Mental Health

| Provider_Specialty | Code | Description | Reasons for Denial | APPROVED | DENIED | PARTIAL | TOTAL | Overturned on Internal Appeal | Overturned by an IRO |
|---|---|---|---|---|---|---|---|---|---|
| Allergy | CUD | Other | | 1 | 0 | 0 | 1 | | |
| Ambulatory Surgical Center | 27096 | Injection procedure for sacroiliac joint, anesthetic/steroid, with image guidance (fluoroscopy or CT) including arthrography when performed | | 3 | 0 | 0 | 3 | | |
| Ambulatory Surgical Center | 27096 | Injection procedure for sacroiliac joint, anesthetic/steroid, with image guidance (fluoroscopy or CT) including arthrography when performed | Not Medically Necessary | 0 | 1 | 0 | 1 | | |
| Ambulatory Surgical Center | 27125 | Hemiarthroplasty, hip, partial (eg, femoral stem prosthesis, bipolar arthroplasty) | | 1 | 0 | 0 | 1 | | |
| Ambulatory Surgical Center | 27130 | Arthroplasty, acetabular and proximal femoral prosthetic replacement (total hip arthroplasty), with or without autograft or allograft | | 1 | 0 | 0 | 1 | | |
| Ambulatory Surgical Center | 27427 | Ligamentous reconstruction (augmentation), knee; extra-articular | | 1 | 0 | 0 | 1 | | |
| Ambulatory Surgical Center | 29806 | Arthroscopy, shoulder, surgical; capsulorrhaphy | | 1 | 0 | 0 | 1 | | |
| Ambulatory Surgical Center | 62321 | Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, including needle | | 1 | 0 | 0 | 1 | | |
| Ambulatory Surgical Center | 62323 | Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, including needle | | 1 | 0 | 0 | 1 | 1 | |
| Ambulatory Surgical Center | 63650 | Percutaneous implantation of neurostimulator electrode array, epidural | | 1 | 0 | 0 | 1 | | |
| Ambulatory Surgical Center | 63685 | Insertion or replacement of spinal neurostimulator pulse generator or receiver, direct or inductive coupling | | 1 | 0 | 0 | 1 | | |
| Ambulatory Surgical Center | 64479 | Injection(s), anesthetic agent(s) and/or steroid; transforaminal epidural, with imaging guidance (fluoroscopy or CT), cervical or thoracic, single level | Not Medically Necessary | 0 | 1 | 0 | 1 | | |
| Ambulatory Surgical Center | 64480 | Injection(s), anesthetic agent(s) and/or steroid; transforaminal epidural, with imaging guidance (fluoroscopy or CT), cervical or thoracic, each additional level (List separat | Not Medically Necessary | 0 | 1 | 0 | 1 | | |
| Ambulatory Surgical Center | 64483 | Injection(s), anesthetic agent(s) and/or steroid; transforaminal epidural, with imaging guidance (fluoroscopy or CT), lumbar or sacral, single level | | 4 | 0 | 0 | 4 | | |
| Ambulatory Surgical Center | 64483 | Injection(s), anesthetic agent(s) and/or steroid; transforaminal epidural, with imaging guidance (fluoroscopy or CT), lumbar or sacral, single level | Not Medically Necessary | 0 | 1 | 0 | 1 | | |
| Ambulatory Surgical Center | 64484 | Injection(s), anesthetic agent(s) and/or steroid; transforaminal epidural, with imaging guidance (fluoroscopy or CT), lumbar or sacral, each additional level (List separately | | 4 | 0 | 0 | 4 | | |
| Ambulatory Surgical Center | 64493 | Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), lumbar or | | 1 | 0 | 0 | 1 | | |
| Ambulatory Surgical Center | 64494 | Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), lumbar or | | 1 | 0 | 0 | 1 | | |
| Ambulatory Surgical Center | 64495 | Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), lumbar or | | 1 | 0 | 0 | 1 | | |
| Ambulatory Surgical Center | 64520 | Injection, anesthetic agent; lumbar or thoracic (paravertebral sympathetic) | | 1 | 0 | 0 | 1 | | |
| Ambulatory Surgical Center | 64633 | Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); cervical or thoracic, single facet joint | | 1 | 0 | 0 | 1 | | |
| Ambulatory Surgical Center | 64634 | Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); cervical or thoracic, each additional facet joint (List separat | | 1 | 0 | 0 | 1 | | |
| Anesthesiology | 62323 | Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, including needle | | 1 | 0 | 0 | 1 | | |
| Cardiology | 93303 | Transthoracic echocardiography for congenital cardiac anomalies; complete | Not Medically Necessary | 0 | 1 | 0 | 1 | | |

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|---|---|---|---|---|---|---|---|---|---|
| Cardiology | 93304 | Transthoracic echocardiography for congenital cardiac anomalies; follow-up or limited study | Not Medically Necessary | 0 | 1 | 0 | 1 | | |
| Cardiology | 93306 | Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, with spectral Doppler echocardiography, and with | Not Medically Necessary | 0 | 1 | 0 | 1 | | |
| Cardiology | 93307 | Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiograp | Not Medically Necessary | 0 | 1 | 0 | 1 | | |
| Cardiology | 93308 | Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, follow-up or limited study | Not Medically Necessary | 0 | 1 | 0 | 1 | | |
| Cardiology | C8929 | Transthoracic echocardiography (TTE) with contrast, or without contrast followed by with contrast, real-time with image documentation (2D), includes M-mode recording, when per | Not Medically Necessary | 0 | 1 | 0 | 1 | | |
| Chemical Dependency | CDIP | Mental Health | | 4 | 0 | 0 | 4 | | |
| Chemical Dependency | CDRT | Mental Health | | 2 | 0 | 0 | 2 | | |
| Clinical Nurse Specialist | 95810 | Polysomnography; age 6 years or older, sleep staging with 4 or more additional parameters of sleep, attended by a technologist | | 1 | 0 | 0 | 1 | | |
| Clinical Nurse Specialist | 95811 | Polysomnography; age 6 years or older, sleep staging with 4 or more additional parameters of sleep, with initiation of continuous positive airway pressure therapy or bilevel v | | 1 | 0 | 0 | 1 | | |
| Durable Medical Equipment | E0466 | Home ventilator, any type, used with noninvasive interface, (e.g., mask, chest shell) | | 1 | 0 | 0 | 1 | | |
| Family Practice | 78451 | Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated techniqu | | 2 | 0 | 0 | 2 | | |
| Family Practice | 78452 | Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated techniqu | | 2 | 0 | 0 | 2 | | |
| Family Practice | 78453 | Myocardial perfusion imaging, planar (including qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when pe | | 2 | 0 | 0 | 2 | | |
| Family Practice | 78454 | Myocardial perfusion imaging, planar (including qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when pe | | 2 | 0 | 0 | 2 | | |
| Family Practice | 93320 | Doppler echocardiography, pulsed wave and/or continuous wave with spectral display (List separately in addition to codes for echocardiographic imaging); complete | | 3 | 0 | 0 | 3 | | |
| Family Practice | 93321 | Doppler echocardiography, pulsed wave and/or continuous wave with spectral display (List separately in addition to codes for echocardiographic imaging); follow-up or limited s | | 3 | 0 | 0 | 3 | | |
| Family Practice | 93325 | Doppler echocardiography color flow velocity mapping (List separately in addition to codes for echocardiography) | | 3 | 0 | 0 | 3 | | |
| Family Practice | 93350 | Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, during rest and cardiovascular stress test using treadmill | | 3 | 0 | 0 | 3 | | |
| Family Practice | 93351 | Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, during rest and cardiovascular stress test using treadmill | | 3 | 0 | 0 | 3 | | |
| Family Practice | 93352 | Use of echocardiographic contrast agent during stress echocardiography (List separately in addition to code for primary procedure) | | 3 | 0 | 0 | 3 | | |
| Family Practice | C8928 | Transthoracic echocardiography (TTE) with contrast, or without contrast followed by with contrast, real-time with image documentation (2D), includes M-mode recording, when per | | 3 | 0 | 0 | 3 | | |

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| Family Practice | C8930 | Transthoracic echocardiography (TTE) with contrast, or without contrast followed by with contrast, real-time with image documentation (2D), includes M-mode recording, when per | | 3 | 0 | 0 | 3 | | |
| Gastroenterology | 91110 | Gastrointestinal tract imaging, intraluminal (eg, capsule endoscopy), esophagus through ileum, with interpretation and report | | 1 | 0 | 0 | 1 | | |
| Hematology/Oncology | 0340U | Oncology (pan-cancer), analysis of minimal residual disease (MRD) from plasma, with assays personalized to each patient based on prior next-generation sequencing of the patien | Not Medically Necessary | 0 | 1 | 0 | 1 | | |
| Home Infusion | J2326 | Injection, nusinersen, 0.1 mg | | 1 | 0 | 0 | 1 | | |
| Hospital | 22551 | Arthrodesis, anterior interbody, including disc space preparation, discectomy, osteophytectomy and decompression of spinal cord and/or nerve roots; cervical below C2 | | 1 | 0 | 0 | 1 | | |
| Hospital | 22551 | Arthrodesis, anterior interbody, including disc space preparation, discectomy, osteophytectomy and decompression of spinal cord and/or nerve roots; cervical below C2 | Not Medically Necessary | 0 | 1 | 0 | 1 | | |
| Hospital | 22554 | Arthrodesis, anterior interbody technique, including minimal discectomy to prepare interspace (other than for decompression); cervical below C2 | | 1 | 0 | 0 | 1 | | |
| Hospital | 22554 | Arthrodesis, anterior interbody technique, including minimal discectomy to prepare interspace (other than for decompression); cervical below C2 | Not Medically Necessary | 0 | 1 | 0 | 1 | | |
| Hospital | 22612 | Arthrodesis, posterior or posterolateral technique, single interspace; lumbar (with lateral transverse technique, when performed) | | 1 | 0 | 0 | 1 | | |
| Hospital | 22630 | Arthrodesis, posterior interbody technique, including laminectomy and/or discectomy to prepare interspace (other than for decompression), single interspace, lumbar; | | 1 | 0 | 0 | 1 | | |
| Hospital | 22633 | Arthrodesis, combined posterior or posterolateral technique with posterior interbody technique including laminectomy and/or discectomy sufficient to prepare interspace (other | | 1 | 0 | 0 | 1 | | |
| Hospital | 22840 | Posterior non-segmental instrumentation (eg, Harrington rod technique, pedicle fixation across 1 interspace, atlantoaxial transarticular screw fixation, sublaminar wiring at C | | 1 | 0 | 0 | 1 | | |
| Hospital | 22845 | Anterior instrumentation; 2 to 3 vertebral segments (List separately in addition to code for primary procedure) | | **1** | **0** | **0** | **1** | | |
| Hospital | 22853 | Insertion of interbody biomechanical device(s) (eg, synthetic cage, mesh) with integral anterior instrumentation for device anchoring (eg, screws, flanges), when performed, to | | 2 | 0 | 0 | 2 | | |
| Hospital | 27125 | Hemiarthroplasty, hip, partial (eg, femoral stem prosthesis, bipolar arthroplasty) | | 2 | 0 | 0 | 2 | | |
| Hospital | 27130 | Arthroplasty, acetabular and proximal femoral prosthetic replacement (total hip arthroplasty), with or without autograft or allograft | | 2 | 0 | 0 | 2 | | |
| Hospital | 27446 | Arthroplasty, knee, condyle and plateau; medial OR lateral compartment | | 3 | 0 | 0 | 3 | | |
| Hospital | 27447 | Arthroplasty, knee, condyle and plateau; medial AND lateral compartments with or without patella resurfacing (total knee arthroplasty) | | 3 | 0 | 0 | 3 | | |
| Hospital | 62350 | Implantation, revision or repositioning of tunneled intrathecal or epidural catheter, for long-term medication administration via an external pump or implantable reservoir/inf | | 1 | 0 | 0 | 1 | | |
| Hospital | 62362 | Implantation or replacement of device for intrathecal or epidural drug infusion; programmable pump, including preparation of pump, with or without programming | | 1 | 0 | 0 | 1 | | |
| Hospital | 63012 | Laminectomy with removal of abnormal facets and/or pars inter-articularis with decompression of cauda equina and nerve roots for spondylolisthesis, lumbar (Gill type procedure | | 1 | 0 | 0 | 1 | | |
| Hospital | 63030 | Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disc; 1 interspace, | | 1 | 0 | 0 | 1 | | |

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| Hospital | 63042 | Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disc, reexploration, | | 1 | 0 | 0 | 1 | | |
| Hospital | 63047 | Laminectomy, facetectomy and foraminotomy (unilateral or bilateral with decompression of spinal cord, cauda equina and/or nerve root[s], [eg, spinal or lateral recess stenosis | | 1 | 0 | 0 | 1 | | |
| Hospital | 63052 | Laminectomy, facetectomy, or foraminotomy (unilateral or bilateral with decompression of spinal cord, cauda equina and/or nerve root[s] [eg, spinal or lateral recess stenosis] | | 1 | 0 | 0 | 1 | | |
| Hospital | 70450 | Computed tomography, head or brain; without contrast material | | 1 | 0 | 0 | 1 | | |
| Hospital | 70460 | Computed tomography, head or brain; with contrast material(s) | | 1 | 0 | 0 | 1 | | |
| Hospital | 70470 | Computed tomography, head or brain; without contrast material, followed by contrast material(s) and further sections | | 1 | 0 | 0 | 1 | | |
| Hospital | 72148 | Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material | | 1 | 0 | 0 | 1 | | |
| Hospital | 75571 | Computed tomography, heart, without contrast material, with quantitative evaluation of coronary calcium | Not Medically Necessary | 0 | 1 | 0 | 1 | | |
| Hospital | 75635 | Computed tomographic angiography, abdominal aorta and bilateral iliofemoral lower extremity runoff, with contrast material(s), including noncontrast images, if performed, and | Not Medically Necessary | 0 | 1 | 0 | 1 | | |
| Hospital | 76380 | Computed tomography, limited or localized follow-up study | | 1 | 0 | 0 | 1 | | |
| Hospital | 78451 | Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated techniqu | | 2 | 0 | 0 | 2 | | |
| Hospital | 78452 | Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated techniqu | | 2 | 0 | 0 | 2 | | |
| Hospital | 78453 | Myocardial perfusion imaging, planar (including qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when pe | | 2 | 0 | 0 | 2 | | |
| Hospital | 78454 | Myocardial perfusion imaging, planar (including qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when pe | | 2 | 0 | 0 | 2 | | |
| Hospital | 78491 | Myocardial imaging, positron emission tomography (PET), perfusion study (including ventricular wall motion[s] and/or ejection fraction[s], when performed); single study, at re | | 3 | 0 | 0 | 3 | | |
| Hospital | 78492 | Myocardial imaging, positron emission tomography (PET), perfusion study (including ventricular wall motion[s] and/or ejection fraction[s], when performed); multiple studies at | | 3 | 0 | 0 | 3 | | |
| Hospital | 93320 | Doppler echocardiography, pulsed wave and/or continuous wave with spectral display (List separately in addition to codes for echocardiographic imaging); complete | | 5 | 0 | 0 | 5 | | |
| Hospital | 93321 | Doppler echocardiography, pulsed wave and/or continuous wave with spectral display (List separately in addition to codes for echocardiographic imaging); follow-up or limited s | | 5 | 0 | 0 | 5 | | |
| Hospital | 93325 | Doppler echocardiography color flow velocity mapping (List separately in addition to codes for echocardiography) | | 5 | 0 | 0 | 5 | | |
| Hospital | 93350 | Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, during rest and cardiovascular stress test using treadmill | | 5 | 0 | 0 | 5 | | |
| Hospital | 93351 | Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, during rest and cardiovascular stress test using treadmill | | 5 | 0 | 0 | 5 | | |

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|---|---|---|---|---|---|---|---|---|---|
| Hospital | 93352 | Use of echocardiographic contrast agent during stress echocardiography (List separately in addition to code for primary procedure) | | 5 | 0 | 0 | 5 | | |
| Hospital | 93458 | Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; wit | | 1 | 0 | 0 | 1 | | |
| Hospital | 93458 | Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; wit | Not Medically Necessary | 0 | 1 | 0 | 1 | | |
| Hospital | 93462 | Left heart catheterization by transseptal puncture through intact septum or by transapical puncture (List separately in addition to code for primary procedure) | | 1 | 0 | 0 | 1 | | |
| Hospital | 93462 | Left heart catheterization by transseptal puncture through intact septum or by transapical puncture (List separately in addition to code for primary procedure) | Not Medically Necessary | 0 | 1 | 0 | 1 | | |
| Hospital | C8928 | Transthoracic echocardiography (TTE) with contrast, or without contrast followed by with contrast, real-time with image documentation (2D), includes M-mode recording, when per | | 5 | 0 | 0 | 5 | | |
| Hospital | C8930 | Transthoracic echocardiography (TTE) with contrast, or without contrast followed by with contrast, real-time with image documentation (2D), includes M-mode recording, when per | | 5 | 0 | 0 | 5 | | |
| Hospital | MHIP | Mental Health | | 1 | 0 | 0 | 1 | | |
| Internal Medicine | CUD | Other | | 1 | 0 | 0 | 1 | | |
| Laboratory Diagnostic | 81240 | F2 (prothrombin, coagulation factor II) (eg, hereditary hypercoagulability) gene analysis, 20210G>A variant | | 1 | 0 | 0 | 1 | | |
| Laboratory Diagnostic | 81241 | F5 (coagulation factor V) (eg, hereditary hypercoagulability) gene analysis, Leiden variant | | 1 | 0 | 0 | 1 | | |
| Lic Clinical Social Worker | MHOP | Mental Health | | 1 | 0 | 0 | 1 | | |
| Licensed Prof. Counselor | MHOP | Mental Health | | 1 | 0 | 0 | 1 | | |
| Mental Health | H0035 | Mental health partial hospitalization, treatment, less than 24 hours | | 1 | 0 | 0 | 1 | | |
| Mental Health | S9480 | Intensive outpatient psychiatric services, per diem | | 3 | 0 | 0 | 3 | | |
| Mental Health Psychiatry | 90867 | Therapeutic repetitive transcranial magnetic stimulation (TMS) treatment; initial, including cortical mapping, motor threshold determination, delivery and management | | 2 | 0 | 0 | 2 | | |
| Mental Health Psychiatry | 90868 | Therapeutic repetitive transcranial magnetic stimulation (TMS) treatment; subsequent delivery and management, per session | | 2 | 0 | 0 | 2 | | |
| Mental Health Psychiatry | 90869 | Therapeutic repetitive transcranial magnetic stimulation (TMS) treatment; subsequent motor threshold re-determination with delivery and management | | 2 | 0 | 0 | 2 | | |
| Mental Health Psychiatry | MHOP | Mental Health | | 1 | 0 | 0 | 1 | | |
| Mental Health Psychology | MHOP | Mental Health | | 2 | 0 | 0 | 2 | | |
| Neurology | 95941 | Continuous intraoperative neurophysiology monitoring, from outside the operating room (remote or nearby) or for monitoring of more than one case while in the operating room, p | | 1 | 0 | 0 | 1 | | |
| Oculoplastics | 15823 | Blepharoplasty, upper eyelid; with excessive skin weighting down lid | | 1 | 0 | 0 | 1 | | |
| Oculoplastics | 67903 | Repair of blepharoptosis; (tarso) levator resection or advancement, internal approach | | 1 | 0 | 0 | 1 | | |
| Oncology | 78811 | Positron emission tomography (PET) imaging; limited area (eg, chest, head/neck) | | 2 | 0 | 0 | 2 | | |
| Oncology | 78811 | Positron emission tomography (PET) imaging; limited area (eg, chest, head/neck) | Not Medically Necessary | 0 | 2 | 0 | 2 | | |
| Oncology | 78812 | Positron emission tomography (PET) imaging; skull base to mid-thigh | | 2 | 0 | 0 | 2 | | |

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| Oncology | 78812 | Positron emission tomography (PET) imaging; skull base to mid-thigh | Not Medically Necessary | 0 | 2 | 0 | 2 | | |
| Oncology | 78813 | Positron emission tomography (PET) imaging; whole body | | 2 | 0 | 0 | 2 | | |
| Oncology | 78813 | Positron emission tomography (PET) imaging; whole body | Not Medically Necessary | 0 | 2 | 0 | 2 | | |
| Oncology | 78814 | Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; limited area (eg, chest, | | 2 | 0 | 0 | 2 | | |
| Oncology | 78814 | Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; limited area (eg, chest, | Not Medically Necessary | 0 | 2 | 0 | 2 | | |
| Oncology | 78815 | Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; skull base to mid-thigh | | 2 | 0 | 0 | 2 | | |
| Oncology | 78815 | Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; skull base to mid-thigh | Not Medically Necessary | 0 | 2 | 0 | 2 | | |
| Oncology | 78816 | Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body | | 1 | 0 | 0 | 1 | 1 | |
| Ophthalmology | CUD | Other | | 2 | 0 | 0 | 2 | | |
| Optometry | 92060 | Sensorimotor examination with multiple measurements of ocular deviation (eg, restrictive or paretic muscle with diplopia) with interpretation and report (separate procedure) | Non-covered Service | 0 | 1 | 0 | 1 | | |
| Pain Maintenance | 62321 | Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, including needle | | 1 | 0 | 0 | 1 | | |
| Pain Maintenance | 63650 | Percutaneous implantation of neurostimulator electrode array, epidural | Not Medically Necessary | 0 | 1 | 0 | 1 | | |
| Pain Maintenance | 64493 | Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), lumbar or | | 1 | 0 | 0 | 1 | | |
| Pain Maintenance | 64494 | Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), lumbar or | | 1 | 0 | 0 | 1 | | |
| Pain Maintenance | 64495 | Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), lumbar or | | 1 | 0 | 0 | 1 | | |
| Pain Maintenance | L8687 | Implantable neurostimulator pulse generator, dual array, rechargeable, includes extension | | 1 | 0 | 0 | 1 | | |
| Pain Maintenance | L8688 | Implantable neurostimulator pulse generator, dual array, nonrechargeable, includes extension | | 1 | 0 | 0 | 1 | | |
| Pediatric Hematology/Oncology | 99221 | Initial hospital inpatient or observation care, per day, for the evaluation and management of a patient, which requires a medically appropriate history and/or examination and | | 1 | 0 | 0 | 1 | | |
| Pediatric Hematology/Oncology | CUD | Other | | 1 | 0 | 0 | 1 | | |
| Pediatric Hematology/Oncology | J9039 | Injection, blinatumomab, 1 mcg | | 1 | 0 | 0 | 1 | | |
| Pediatric Neurology | CUD | Other | | 1 | 0 | 0 | 1 | | |
| Pediatric Pulmonology | CUD | Other | Not Medically Necessary | 0 | 1 | 0 | 1 | | |
| Pediatrics | CUD | Other | | 1 | 0 | 0 | 1 | | |
| Physical Medicine & Rehab | 64483 | Injection(s), anesthetic agent(s) and/or steroid; transforaminal epidural, with imaging guidance (fluoroscopy or CT), lumbar or sacral, single level | Not Medically Necessary | 0 | 1 | 0 | 1 | | |
| Radiology | 70336 | Magnetic resonance (eg, proton) imaging, temporomandibular joint(s) | Not Medically Necessary | 0 | 3 | 0 | 3 | | |

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| Radiology | 70480 | Computed tomography, orbit, sella, or posterior fossa or outer, middle, or inner ear; without contrast material | | 1 | 0 | 0 | 1 | | |
| Radiology | 70481 | Computed tomography, orbit, sella, or posterior fossa or outer, middle, or inner ear; with contrast material(s) | | 1 | 0 | 0 | 1 | | |
| Radiology | 70482 | Computed tomography, orbit, sella, or posterior fossa or outer, middle, or inner ear; without contrast material, followed by contrast material(s) and further sections | | 1 | 0 | 0 | 1 | | |
| Radiology | 70490 | Computed tomography, soft tissue neck; without contrast material | | 1 | 0 | 0 | 1 | | |
| Radiology | 70490 | Computed tomography, soft tissue neck; without contrast material | Not Medically Necessary | 0 | 1 | 0 | 1 | | |
| Radiology | 70491 | Computed tomography, soft tissue neck; with contrast material(s) | | 1 | 0 | 0 | 1 | | |
| Radiology | 70491 | Computed tomography, soft tissue neck; with contrast material(s) | Not Medically Necessary | 0 | 1 | 0 | 1 | | |
| Radiology | 70492 | Computed tomography, soft tissue neck; without contrast material followed by contrast material(s) and further sections | | 1 | 0 | 0 | 1 | | |
| Radiology | 70492 | Computed tomography, soft tissue neck; without contrast material followed by contrast material(s) and further sections | Not Medically Necessary | 0 | 1 | 0 | 1 | | |
| Radiology | 70544 | Magnetic resonance angiography, head; without contrast material(s) | Not Medically Necessary | 0 | 1 | 0 | 1 | | |
| Radiology | 70545 | Magnetic resonance angiography, head; with contrast material(s) | Not Medically Necessary | 0 | 1 | 0 | 1 | | |
| Radiology | 70546 | Magnetic resonance angiography, head; without contrast material(s), followed by contrast material(s) and further sequences | Not Medically Necessary | 0 | 1 | 0 | 1 | | |
| Radiology | 70551 | Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material | | 1 | 0 | 0 | 1 | | |
| Radiology | 70552 | Magnetic resonance (eg, proton) imaging, brain (including brain stem); with contrast material(s) | | 1 | 0 | 0 | 1 | | |
| Radiology | 70553 | Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material, followed by contrast material(s) and further sequences | | 1 | 0 | 0 | 1 | | |
| Radiology | 71250 | Computed tomography, thorax, diagnostic; without contrast material | | 3 | 0 | 0 | 3 | | |
| Radiology | 71260 | Computed tomography, thorax, diagnostic; with contrast material(s) | | 3 | 0 | 0 | 3 | | |
| Radiology | 71270 | Computed tomography, thorax, diagnostic; without contrast material, followed by contrast material(s) and further sections | | 3 | 0 | 0 | 3 | | |
| Radiology | 71550 | Magnetic resonance (eg, proton) imaging, chest (eg, for evaluation of hilar and mediastinal lymphadenopathy); without contrast material(s) | | 1 | 0 | 0 | 1 | | |
| Radiology | 71551 | Magnetic resonance (eg, proton) imaging, chest (eg, for evaluation of hilar and mediastinal lymphadenopathy); with contrast material(s) | | 1 | 0 | 0 | 1 | | |
| Radiology | 71552 | Magnetic resonance (eg, proton) imaging, chest (eg, for evaluation of hilar and mediastinal lymphadenopathy); without contrast material(s), followed by contrast material(s) an | | 1 | 0 | 0 | 1 | | |
| Radiology | 72125 | Computed tomography, cervical spine; without contrast material | | 1 | 0 | 0 | 1 | | |
| Radiology | 72126 | Computed tomography, cervical spine; with contrast material | | 1 | 0 | 0 | 1 | | |
| Radiology | 72127 | Computed tomography, cervical spine; without contrast material, followed by contrast material(s) and further sections | | 1 | 0 | 0 | 1 | | |
| Radiology | 72128 | Computed tomography, thoracic spine; without contrast material | Not Medically Necessary | 0 | 1 | 0 | 1 | | |
| Radiology | 72129 | Computed tomography, thoracic spine; with contrast material | Not Medically Necessary | 0 | 1 | 0 | 1 | | |

# Moda Health – Texas

**Medical and behavioral health prior authorization requests 2025**

Legend: color denotes Mental Health

| Provider_Specialty | Code | Description | Reasons for Denial | APPROVED | DENIED | PARTIAL | TOTAL | Overturned on Internal Appeal | Overturned by an IRO |
|---|---|---|---|---|---|---|---|---|---|
| Radiology | 72130 | Computed tomography, thoracic spine; without contrast material, followed by contrast material(s) and further sections | Not Medically Necessary | 0 | 1 | 0 | 1 | | |
| Radiology | 72131 | Computed tomography, lumbar spine; without contrast material | | 2 | 0 | 0 | 2 | | |
| Radiology | 72132 | Computed tomography, lumbar spine; with contrast material | | 1 | 0 | 0 | 1 | | |
| Radiology | 72133 | Computed tomography, lumbar spine; without contrast material, followed by contrast material(s) and further sections | | 2 | 0 | 0 | 2 | | |
| Radiology | 72141 | Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material | | 4 | 0 | 0 | 4 | 1 | |
| Radiology | 72141 | Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material | Not Medically Necessary | 0 | 3 | 0 | 3 | | |
| Radiology | 72146 | Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material | | 2 | 0 | 0 | 2 | | |
| Radiology | 72146 | Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material | Not Medically Necessary | 0 | 3 | 0 | 3 | | |
| Radiology | 72148 | Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material | | 13 | 0 | 0 | 13 | | |
| Radiology | 72148 | Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material | Not Medically Necessary | 0 | 4 | 0 | 4 | | |
| Radiology | 72149 | Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; with contrast material(s) | | 1 | 0 | 0 | 1 | | |
| Radiology | 72158 | Magnetic resonance (eg, proton) imaging, spinal canal and contents, without contrast material, followed by contrast material(s) and further sequences; lumbar | | 1 | 0 | 0 | 1 | | |
| Radiology | 72192 | Computed tomography, pelvis; without contrast material | | 3 | 0 | 0 | 3 | | |
| Radiology | 72193 | Computed tomography, pelvis; with contrast material(s) | | 3 | 0 | 0 | 3 | | |
| Radiology | 72194 | Computed tomography, pelvis; without contrast material, followed by contrast material(s) and further sections | | 3 | 0 | 0 | 3 | | |
| Radiology | 72195 | Magnetic resonance (eg, proton) imaging, pelvis; without contrast material(s) | | 4 | 0 | 0 | 4 | | |
| Radiology | 72196 | Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s) | | 4 | 0 | 0 | 4 | | |
| Radiology | 72197 | Magnetic resonance (eg, proton) imaging, pelvis; without contrast material(s), followed by contrast material(s) and further sequences | | 4 | 0 | 0 | 4 | | |
| Radiology | 73206 | Computed tomographic angiography, upper extremity, with contrast material(s), including noncontrast images, if performed, and image postprocessing | Not Medically Necessary | 0 | 1 | 0 | 1 | | |
| Radiology | 73218 | Magnetic resonance (eg, proton) imaging, upper extremity, other than joint; without contrast material(s) | | 5 | 0 | 0 | 5 | | |
| Radiology | 73218 | Magnetic resonance (eg, proton) imaging, upper extremity, other than joint; without contrast material(s) | Not Medically Necessary | 0 | 5 | 0 | 5 | | |
| Radiology | 73219 | Magnetic resonance (eg, proton) imaging, upper extremity, other than joint; with contrast material(s) | | 4 | 0 | 0 | 4 | | |
| Radiology | 73219 | Magnetic resonance (eg, proton) imaging, upper extremity, other than joint; with contrast material(s) | Not Medically Necessary | 0 | 5 | 0 | 5 | | |

# Moda Health – Texas

**Medical and behavioral health prior authorization requests 2025**

Legend: color denotes Mental Health

| Provider_Specialty | Code | Description | Reasons for Denial | APPROVED | DENIED | PARTIAL | TOTAL | Overturned on Internal Appeal | Overturned by an IRO |
|---|---|---|---|---|---|---|---|---|---|
| Radiology | 73221 | Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s) | | 5 | 0 | 0 | 5 | | |
| Radiology | 73221 | Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s) | Not Medically Necessary | 0 | 5 | 0 | 5 | | |
| Radiology | 73718 | Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s) | | 15 | 0 | 0 | 15 | | |
| Radiology | 73719 | Magnetic resonance (eg, proton) imaging, lower extremity other than joint; with contrast material(s) | | 4 | 0 | 0 | 4 | | |
| Radiology | 73720 | Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences | | 4 | 0 | 0 | 4 | 1 | |
| Radiology | 73721 | Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material | | 15 | 0 | 0 | 15 | 3 | |
| Radiology | 73722 | Magnetic resonance (eg, proton) imaging, any joint of lower extremity; with contrast material(s) | | 4 | 0 | 0 | 4 | | |
| Radiology | 73723 | Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material(s), followed by contrast material(s) and further sequences | | 4 | 0 | 0 | 4 | | |
| Radiology | 74150 | Computed tomography, abdomen; without contrast material | | 3 | 0 | 0 | 3 | | |
| Radiology | 74150 | Computed tomography, abdomen; without contrast material | Not Medically Necessary | 0 | 1 | 0 | 1 | | |
| Radiology | 74160 | Computed tomography, abdomen; with contrast material(s) | | 3 | 0 | 0 | 3 | | |
| Radiology | 74160 | Computed tomography, abdomen; with contrast material(s) | Not Medically Necessary | 0 | 1 | 0 | 1 | | |
| Radiology | 74170 | Computed tomography, abdomen; without contrast material, followed by contrast material(s) and further sections | | 3 | 0 | 0 | 3 | | |
| Radiology | 74170 | Computed tomography, abdomen; without contrast material, followed by contrast material(s) and further sections | Not Medically Necessary | 0 | 1 | 0 | 1 | | |
| Radiology | 74175 | Computed tomographic angiography, abdomen, with contrast material(s), including noncontrast images, if performed, and image postprocessing | | 1 | 0 | 0 | 1 | | |
| Radiology | 74176 | Computed tomography, abdomen and pelvis; without contrast material | | 3 | 0 | 0 | 3 | | |
| Radiology | 74177 | Computed tomography, abdomen and pelvis; with contrast material(s) | | 3 | 0 | 0 | 3 | | |
| Radiology | 74178 | Computed tomography, abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regio | | 3 | 0 | 0 | 3 | | |
| Radiology | 74185 | Magnetic resonance angiography, abdomen, with or without contrast material(s) | | 1 | 0 | 0 | 1 | | |
| Radiology | 74712 | Magnetic resonance (eg, proton) imaging, fetal, including placental and maternal pelvic imaging when performed; single or first gestation | | 4 | 0 | 0 | 4 | | |
| Radiology | 75635 | Computed tomographic angiography, abdominal aorta and bilateral iliofemoral lower extremity runoff, with contrast material(s), including noncontrast images, if performed, and | | 2 | 0 | 0 | 2 | | |
| Radiology | 76380 | Computed tomography, limited or localized follow-up study | | 8 | 0 | 0 | 8 | | |
| Radiology | 76380 | Computed tomography, limited or localized follow-up study | Not Medically Necessary | 0 | 3 | 0 | 3 | | |
| Radiology | 78811 | Positron emission tomography (PET) imaging; limited area (eg, chest, head/neck) | | 2 | 0 | 0 | 2 | | |
| Radiology | 78811 | Positron emission tomography (PET) imaging; limited area (eg, chest, head/neck) | Not Medically Necessary | 0 | 2 | 0 | 2 | | |
| Radiology | 78812 | Positron emission tomography (PET) imaging; skull base to mid-thigh | | 2 | 0 | 0 | 2 | | |

# Moda Health – Texas

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|---|---|---|---|---|---|---|---|---|---|
| Radiology | 78812 | Positron emission tomography (PET) imaging; skull base to mid-thigh | Not Medically Necessary | 0 | 2 | 0 | 2 | | |
| Radiology | 78813 | Positron emission tomography (PET) imaging; whole body | | 2 | 0 | 0 | 2 | | |
| Radiology | 78813 | Positron emission tomography (PET) imaging; whole body | Not Medically Necessary | 0 | 2 | 0 | 2 | | |
| Radiology | 78814 | Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; limited area (eg, chest, | | 2 | 0 | 0 | 2 | | |
| Radiology | 78814 | Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; limited area (eg, chest, | Not Medically Necessary | 0 | 2 | 0 | 2 | | |
| Radiology | 78815 | Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; skull base to mid-thigh | | 2 | 0 | 0 | 2 | | |
| Radiology | 78815 | Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; skull base to mid-thigh | Not Medically Necessary | 0 | 2 | 0 | 2 | | |
| Radiology | C8900 | Magnetic resonance angiography with contrast, abdomen | | 1 | 0 | 0 | 1 | | |
| Radiology | C8901 | Magnetic resonance angiography without contrast, abdomen | | 1 | 0 | 0 | 1 | | |
| Radiology | C8902 | Magnetic resonance angiography without contrast followed by with contrast, abdomen | | 1 | 0 | 0 | 1 | | |
| Rheumatology | J0129 | Injection, abatacept, 10 mg (code may be used for Medicare when drug administered under the direct supervision of a physician, not for use when drug is self-administered) | | 1 | 0 | 0 | 1 | | |
| Sleep Disorders | 95811 | Polysomnography; age 6 years or older, sleep staging with 4 or more additional parameters of sleep, with initiation of continuous positive airway pressure therapy or bilevel v | | 1 | 0 | 0 | 1 | | |
| Surgery | 14301 | Adjacent tissue transfer or rearrangement, any area; defect 30.1 sq cm to 60.0 sq cm | | 1 | 0 | 0 | 1 | | |
| Surgery | 19301 | Mastectomy, partial (eg, lumpectomy, tylectomy, quadrantectomy, segmentectomy); | | 1 | 0 | 0 | 1 | | |
| Surgery Colon-Rectal | 15860 | Intravenous injection of agent (eg, fluorescein) to test vascular flow in flap or graft | | 1 | 0 | 0 | 1 | | |
| Surgery Colon-Rectal | 44208 | Laparoscopy, surgical; colectomy, partial, with anastomosis, with coloproctostomy (low pelvic anastomosis) with colostomy | | 1 | 0 | 0 | 1 | | |
| Surgery Colon-Rectal | 44213 | Laparoscopy, surgical, mobilization (take-down) of splenic flexure performed in conjunction with partial colectomy (List separately in addition to primary procedure) | | 1 | 0 | 0 | 1 | | |
| Surgery Colon-Rectal | 45300 | Proctosigmoidoscopy, rigid; diagnostic, with or without collection of specimen(s) by brushing or washing (separate procedure) | | 1 | 0 | 0 | 1 | | |
| Surgery Colon-Rectal | 50715 | Ureterolysis, with or without repositioning of ureter for retroperitoneal fibrosis | | 1 | 0 | 0 | 1 | | |
| Surgery Orthopedic | 27702 | Arthroplasty, ankle; with implant (total ankle) | | 1 | 0 | 0 | 1 | | |
| Surgical Oncology | 19301 | Mastectomy, partial (eg, lumpectomy, tylectomy, quadrantectomy, segmentectomy); | | 1 | 0 | 0 | 1 | | |
| Urology | 72192 | Computed tomography, pelvis; without contrast material | | 3 | 0 | 0 | 3 | | |
| Urology | 72193 | Computed tomography, pelvis; with contrast material(s) | | 3 | 0 | 0 | 3 | | |
| Urology | 72194 | Computed tomography, pelvis; without contrast material, followed by contrast material(s) and further sections | | 3 | 0 | 0 | 3 | | |
| Urology | 74150 | Computed tomography, abdomen; without contrast material | | 3 | 0 | 0 | 3 | | |
| Urology | 74160 | Computed tomography, abdomen; with contrast material(s) | | 3 | 0 | 0 | 3 | | |
| Urology | 74170 | Computed tomography, abdomen; without contrast material, followed by contrast material(s) and further sections | | 3 | 0 | 0 | 3 | | |
| Urology | 74176 | Computed tomography, abdomen and pelvis; without contrast material | | 3 | 0 | 0 | 3 | | |

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|---|---|---|---|---|---|---|---|---|---|
| Urology | 74177 | Computed tomography, abdomen and pelvis; with contrast material(s) | | 3 | 0 | 0 | 3 | | |
| Urology | 74178 | Computed tomography, abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regio | | 3 | 0 | 0 | 3 | | |
| | | | | | | | | | |

| | APPROVED | DENIED | PARTIAL | TOTAL | | |
|---|---|---|---|---|---|---|
| Totals | 419 | 85 | 0 | 504 | 7 | 0 |